

ASRC BOARD OF DIRECTORS MEETING

25 FEB 95

MINUTES

Meeting was called to order at 1035 by Dave Carter.

BUSINESS MEETING

Attendance: (People in bold were present)

AMRG - Keith Conover
AMRG - Charles Kollar
MSAR - Peter McCabe
MSAR - Darrel Hale
SMRG - Gary Mechtal
SMRG -
TSAR - Dave Carter
TSAR - Candi Capozzi

BRMRG - Audrey Wilson
BRMRG - Bob Koester → Proxy given to Jean Avery
RSAR - Mark Pennington
RSAR -
SWVaMRG - Brian Ferguson
SWVaMRG - Tony Bordeaux
*PVRG - Michael Vatalaro
*PVRG - Karen Vandersall

*Probationary Group

OTHERS: Mark Jones-TSAR, Rob Christie-SMRG, Patrick Turner-BRMRG, Rita Krenz-BRMRG (ops meeting only)

Minutes (Candi Capozzi) - The minutes for 17 DEC 94, were distributed, reviewed and accepted with no corrections. **Motion to accept (Yes 4 No 0 Abs 0)**

Officer and Committee Reports

Treasure's Report: (Read by Dave Carter for Patrick Turner):

Since the last meeting, we have had an income of \$345.00. Thank you to BRMRG, TSAR, SWVaMRG, and SMRG for paying their 1995 dues. AMRG, PVRG, MSAR and RSAR still owe their 1995 dues. RSAR still owe their 1994 dues.

Since the last meeting, we had a debit of \$228.72. \$8.00 went to postage for the Alert Dispatch Officer; \$20.36 went to office supplies for maintaining mission files, and \$200.36 went to pay for our pager expenses. I am sorry for any trouble that the pagers going off on Monday 20 February. This was my fault and it will not happen again. Our pager account has now been prepaid through our May bill.

I have opened a personal banking account with Crestar Bank and have moved all of our money into this account. As long as we keep over \$500 in the account, there will be no finance charges. I have closed the account with Nations Bank. I need to have Dave Carter and Camille Birmingham sign the account card so that they can write checks until the next election. As of 24 February 1995, our account stood at \$1202.77.

Two more items: The first is that a while ago, there was interest in the ASRC as unit starting to purchase ASRC materials (patches, stickers, magnetic car tags) which could then be resold to the individual groups or to members at a slight mark up. Is this something that the BOD wants me to start looking in to?

Finally, the 1995 budget: listed below are the unavoidable costs and projected income. This does not include any funds for the officers. We need to alter our financial structure so that: (1) Our officers do not have to take financial burdens upon themselves; (2) the ASRC can pay for our radio license renewal when it comes up; and (3) we are not constantly budgeting a deficit.

Projected Income	
Individual Dues	\$275.00
Group Dues	\$390.00
Total	<u>\$665.00</u>

Known Unavoidable Debits	
Pager Cost	\$400.72
State Corporation Fee	\$ 25.00
Already Spent	<u>\$ 28.36</u>
Total	\$454.08

Chairman's Report (Dave Carter):

- The SAR Coordinator's position is scheduled to be posted on Monday 27 Feb. Please pass the word along to the folks that might be interested. It will require a State Personnel Application. I am crossing my fingers that the selection process will be fair and in the best interest of the SAR community. I am also hoping that pre-selection has not already taken place.
- The GSAR Institute coming up is small in comparison to past institutes. This is due to a shortage of funds. SARTA will schedule a full blown institute with Camp Virginia JAYCEES for Nov/Dec of this year. If DES, the new coordinator and other players can get their act together and find funds then SARTA will relinquish the dates to the Commonwealth. However, if it doesn't happen an institute will still be held.
- I attended a meeting during January in Maryland where Peter McCabe was attempting to begin the process to start a SAR council type of organization. I was pleased at the number of people who showed up representing eight different SAR groups. This group has great potential to overcome the many jurisdictional and other such issues in Maryland. I wish them good luck in their efforts.
- Keith Conover recently expressed in letters to a variety of folks and myself his concerns over ASRC turning away from it's roots in the "wilderness". He is deeply concerned that the MRA will wrest this role away from the ASRC. What was not clear was how we would be physically able to respond to New York, Vermont, Maine, New Jersey, PA, etc., when such incidents occur when we can barely field enough people to run a mission in Virginia.
- Steve Houck will not be able to attend this meeting, but sends his regards. All is quiet on the radio front, except our aircraft license will expire in September. He is working the paper work and will need a check for about \$125.00 at the right time.

Training Report (Candi Capozzi): I have been working on the simulation set for September and asked for input at the last meeting for what you want to train in. I received no inputs. I am again asking for input. Also the park personnel would like to know if we want them to run the staff portion, half and half, or do we do it all.

Safety Report (Gary Mechtal): Not Present

Operations Report (Gary Mechtal): Not Present

Communications Report (Steve Houck): Not Present

Medical Report (Rob Christie):

- Hope to get automated here soon. There is a potential problem some people are expired or about to expire. I am trying to make a new PCR (run sheet) for the ASRC that will more fit what we do and the information we need.
- The VA state protocols for First Responder through CT through Paramedic are being reviewed and will be updated appropriately.
- I am still trying to update our list of personnel who are medically qualified please send in any updates and information as soon as possible. I still have not received the information needed since Amy's request.

ADA Committee (Peter McCabe): I have nothing to report

Old Business

Status of 501 (C)(3): (Dave Carter) Bob Koester was supposed to have sent out a letter to each group advising of what was needed to send in for this date this has not been done. We need this status so that we can raise funds. *Patrick Turner has volunteered to take this project over.*

Appointment of Medical Chair (Dave Carter): Rob Christie has agreed to take the Medical Chair and we need to vote on this at this time. *Motion Candi Capozzi, Second Keith Conover Yes 6 No 0 Abs 0.*

Annual Meeting (Cindie Lambert) - Not Present

What to do about Affiliate Groups (Gary Mechtal): Gary is not here yet we will hold this until he shows up.

Committee Report on Physically Disadvantaged (Peter McCabe): Nothing to report, The excuse for not doing anything is the ASRC as an organization has to address the policy of whether or not we will allow people with disabilities to act as IS's. As the policy stands now everyone must go through the same training FTM, FTL and so on. Do we want to say that a communications officer and/or plans officer does not have to be field trained.

(DC) You should get with your committee and discuss this. What are the aspects of this? Where we legally medically etc... Should we have a policy that you must be able to do this to be at base

(RC) Take a look at disabilities on a one by one basis.

(KC) Make physical standards that you must meet to be able to take this class and perform that function. The EMT classes all have that type of criteria.

Consensus of the board that we should examine this issue and Peter was given the charge of this.

Simulation (Dave Carter and Candi Capozzi) Let's help Candi get this off the ground. As she said there has been no responses to any of the request for ideas or aid. The questions were asked in her report. The park personnel would like to know if we want them to run the staff portion, half and half, or do we do it all. From the discussion that went around the room it was decided that a half ASRC and half park personnel staff would be good and that a full blown field exercise is what is wanted. Dave Carter will help to set up the scenario.

Medical Legal (Keith Conover)

-Will review with lawyer Andy Appel, he will keep working on this as his load decreases. He is putting together a detailed wilderness EMS legal briefing that he will send to Kenneth Brody, the assistant legal counsel for the PA Department of Health, for review.

-Atlantic Council - Medical command is illegal to cross state lines according to Harry Teter of the Atlantic EMS council.

-We are in the process of redoing the reciprocal agreement for reciprocity for wilderness.

-Would also like to get ASRC classified as DMAT teams federalized for small disasters, such as a search.

-A handout was given with more information (Handout included in minutes)

-Trying to set up Wilderness EMT course set to WEMSI standards at Allegheny Community College in Cumberland.

-Protocols and policies confused - any motion made regarding medical protocols is invalid, the board cannot decide on protocols.

Motion, Keith Conover - Resolve that the motion accepted by the board at the last meeting, regarding the ASRC medical protocols for PA is null and void, as only physicians may establish medical protocols, which is the practice of medicine.

Second Candi Capozzi

Yes 7 No 0 Abs 1

Motion, Keith Conover - Table the proposed ASRC policies to next meeting.

Second Jean Avery

Yes 8 No 0 Abs 0

New Business

New Staff/IC proposals (Dave Carter): We are going to do new staff proposals first at the request of Deming Herbert.

For IC, Jean Avery

Motion Bob Koester (by Proxy)

Letters of Recommendation read from William Dixon, Bob Koester, and Dave Carter

Letters of Support read from Deming Herbert, Mark Buursink

Second Audrey Wilson (by Proxy)

Yes 7 No 0 Abs 1

For IC, Ruth Carter

Motion Candi Capozzi

Letter of Recommendation read from Dave Carter (letter serving as all three required)

Second Peter McCabe

Yes 6 No 0 Abs 2

For IC, Mark Eggman

Motion Dave Carter

Letters of Recommendation read from Dave Carter and Bob Koester

Second Gary Mechtal

Yes 7 No 0 Abs 1

Lisa Hannon's induction to SAR Hall of Fame (Deming Herbert): Call Deming if interested in attending.

SAR Coordinator's Job Announcement (Dave Carter): The SAR Coordinator's job is approved as a critical job to be filled. If anyone is interested fill out a state application and get it turned in. You can do a resume, but it still must have a state application with it.

There is still a question of whether outsiders can be on the board. Big concerns however are pre-selection. There are several rumors that William Dixon has already been selected for this job. Also several of Winnie Pennington and a couple rumors that state an outsider to the SAR world, but insider to the politics has gotten the job. All we can hope for is that the process will be fair.

ASRC Logo Being used Commercially (Michael Vatalaro): Someone brought to our attention that our patch was used in a commercial retail magazine. Halfway thru the magazine on a full page add. A letter from an individual - stating that they loved their boots. Using the ASRC patch. Concerned about what to do.
Gary Mechtal was asked to look into this and report back to the BOD.

Medical Mutual Aid Agreement (Mark Jones): As a favor to the departing Amy Rue I have written letters to Pennsylvania and West Virginia telling them who we are and what we do and what we would like, as of today we have not heard anything back from either state. There are copies of the letter here for anyone to review and to bring our new medical chair up to date.
(DC) Please pursue this.

Appalachian Alert out (Peter McCabe): Please make corrections to officers and return and will be out in a week.

Maryland SAR Council (Peter McCabe and Gary Mechtal): Maryland is developing a SAR council. (MSARCo) is unofficial name. Meet in Frederick, Maryland on January 28, 1995. Quite a few SAR organizations attended. Another meeting was held in Rockville, Maryland, the name of MASARO (Maryland Association of Search and Rescue Organizations) came out of this meeting along with some objectives.

Closed Business Meeting 1235

Operations Meeting

Overview of Operations Goals

- | | |
|---|---------------------------------|
| • Approve next version of Operations Manual | Open |
| • Initiate data collection process | Complete |
| • Initial operation analysis program | Open |
| • Statistical report per meeting | None to date |
| • MOU with MDF | Postponed |
| • Improve RA to ASRC alert mechanisms | Open |
| • FTL performance/training | Passed to Training |
| • On-scene management | Complete (needs follow-up work) |
| • Rapid Response | Working |
| • Safety Officer Authority | W. Dixon new S.O. |
| • IC Meeting | Complete |
| • Ops Officer Manual | Working |

Ops Manual Update

- Had one review
- Split up manual
- Initial portion is out
- Final portion by General membership meeting

Rapid Response Issue

Concerns

- AMRG response to Mass Casualty Incident
- Issue over immediate response - what happens if get called direct or what happens if an accident happens and your right there
- Estimate ASRC approval cycle
 - if call comes in to non-AO
 - 10 min to 1 hr (source: Mechtel)
 - Take data
 - contact AO
 - AO call back

AO checks with RA
RA available?
AO messages to initial caller

- Other possible issues:
 - Vertical rescue??
 - Stopping by roadside/while on training??
 - Medical Standbys??
 - Another SAR group requests aid??

Rapid Response History

AMRG: A mass casualty incident
ESAR (MSAR): Mass casualty incident
AMRG: Training session(s) vertical rescue
SMRG: Broken leg @ PATC event (while in uniform)
SMRG: Direct calls from Mid-Atlantic Dogs
Others??

Here's the Problem our present process is good for: Customers who call us via DES and the Standard lost person search. However our goal is to help the lost and injured. What of indirect contact procedures? Police calling an individual that they know does this kind of work, While you are at another activity, Another SAR team calls you direct, or Fire/Rescue calls direct.

So what do we do? Here are some possible solutions. Ignore the problem, because the incident rate is too low. Train a lot more AO's. Develop SOP's for unusual cases. Allow ad hoc response to unusual cases. Or Provide the authority, but review cases with teeth. Any other suggestions will be welcome.

What happens if we ignore the problem. Sure this is the simple answer and it does not make much of an impact and we said the incident rate is low. But this would not solve the problem and would make AMRG unhappy. Plus there are a wide variety of cases, what about our image in the community, what of our liability. This could lead to others running open looped and give us the appearance of the "Good old boy" attitude.

We could train many more AO's, what would that do. This is simple answer, but could be a difficult approach because of the training involved, but it would certainly help if there were more AO's around.

However, Will an AO always be contacted? A wide variety of cases are still not covered, we still have the community image issue and what of liability.

Developing SOP's for unusual cases, this could be easy and could provide a complete solution. But how to we police this?, what about our liability if a decision made in error. This also will be more work to develop, more work to train people. How do we capture the broad nature of the problem and what about documentation.

Using an ad hoc response to unusual cases, this is easy and can provide a complete solution. But what of the liability if in error?? and this would take more work to develop.

Authorize, but reviewing with teeth can provide a complete solution to this problem also. Again, we wonder of the liability if in error. It will take more work to develop this and the ASRC does not have a good history of developing plans with teeth.

Recommendations:

1. Ignoring the problem, incident rate too low - this is not an option
2. Training more AO's, this is a maybe
3. Develop SOP's for unusual cases - again a maybe
4. Allow ad hoc response to unusual cases - this is not an option
5. Provide authority, but review with teeth - again a maybe

We could use a combination of 2, 3, and 5.

Use AO's to initiate whenever possible, encourage more AO's, authorize AO's for direct decision without RA (under certain circumstances) i.e. a call another well-established SAR group, a call from Fire/Rescue. Identify who can initiate under what circumstances. Senior on-scene person. Is it an immediate life/death situation. Provide an escape clause with teeth, something to cover unknown cases. There will be a need to review the process. What should the penalties be. Demotion, Expulsion.

(DC) We seem to be barking up the right tree but there are several branches. Pursue the idea, one of the things we do not do well is document, just capture the details.

GM told to pursue 2, 3, and 5 and report back.

Roles of Affiliate Vs Certified Groups

Roles are currently poorly defined at a high level, therefore derived requirements are poorly defined for example. What uniform do they wear, How do they respond to incidents, What other activities can they participate in, What

is the authority of the ASRC over affiliates? Here is our history on this issue: Circa 1985-1986 - Mechtal and Shea led effort to define. The intent was to open up conference to more SAR providers - 4-wheel drive groups, dog groups, horse groups and/or logistics groups. The issues are; loss of control by the "core groups", reduces level of effort needed by affiliates, process definitions. ESARs was the first group, they moved on to become Certified (now MSAR).

(DC) How do we make a clear distinction.

At present there is no real issue at low level. There is no reason affiliates cannot use our uniform or our licenses (radio, medical, etc..) ASRC does not police our assets, however this is true of certified groups too! All ASRC incident response is dictated by policy: ASRC response, Non-ASRC response. The policy is transparent to affiliate vs certified. Only difference between affiliate and certified are the number of people at training levels and equipment requirements.

The real issue is the high level description is flawed. Do we want to make it wide open? Do we want to separate classifications. Should provide voice at BOD level (suggest one vote). Requirements should be tailored for type of affiliate. I.E. why FTM level for 4 wheel drive or communications group?, why hand-helds radios for 4-wheel drive groups?

We should make it easy to attract and acquire affiliate groups, ASRC administrative overhead is high! Review of new group's established MOU's et al. Never done!

Suggested approach, continue culture change, be receptive to new groups. Change bylaws: Offer vote!! Adjust ops manual as needed on a case by case basis, place responsibility on new group prior to end probationary period. Need to update our training standards as necessary, get new group to initiate effort. Require complete operational review prior to accepting new groups with emphasis on their existing agreements, their performance, and their standards.

Gary handed out OPS manuals: These are not the finals. Is it a consensus that group equipment changes do not effect PVRG for their certification next BOD. **YES**

(DC) Is this the Operations Manual for the ASRC (GM) **YES**

A couple of new issues

-New Rosters

-Minors joining - how do you operate. Gary to do Paper of what issues

Safety officer report (Gary Mechtal): Got a verbal from William Dixon. There is a virus throughout Shenandoah valley and Shenandoah National Park called Hampta. Nothing on On-Scene safety office.

1995-1996 Tentative Operation Goals (Gary Mechtal):

1. Develop organization and process to do operations properly.
2. Initiate round-table discussions on common practices for incident management.
3. Initiate review of mission documentation.
4. Initiate Operations Analysis process.
5. Develop baseline Vertical Rescue standards.
6. Study operational growth options.

General comments:

Ops officers from groups should be helpers.

Maybe put more effort into training non-ASRC people.

The Top Down Review (Dave Carter): Is still not done and I propose that we take 3 of the next 6 meetings to be working meetings instead of BOD meetings.

What does ASRC mean

What are we trying to accomplish

Where are we going

Most groups are already redefining the way they do business.

Mission Files (Patrick Turner): The mission files are somewhat a mess, some are named and some had mission numbers from the state. For filing and reference purposes we would like to assign ASRC mission numbers. Starting with 1 and going on. This will make it a little easier to track. *It was the consensus of the BOD that this be done and the go ahead was given.*

Bike SAR (Tony Bordeaux): A paper was handed out up dating Bike SAR. This paper defined bike SAR's uses and set into Ops manual format the equipment, training, operating procedures and types of tasks. Any question, comments or additions need to be directed to SWVaMRG.

Next BOD (Dave Carter): Will be held at VPI, Blacksburg, VA. Elections and General Membership Meeting will be held. Activities are planned including a night orienteering course. The only changes to the By-laws are what we discussed in this meeting.

Announcements for the good of the order:

Mar 11-12 - Center for Emergency Medicine/Wilderness EMT part I, Camp Soles, SW PA

April 8-9 - WEMSI-Recognized WEMT Part 1: Muncy Terraces, 15 miles east of Williamsport.*

April 22-23-24 - WEMSI -Recognized WEMT Part 2: Crystal Lake, 30 NE of Williamsport, off Rt 220.*

* Register through Bloomsburg State University, 717-389-4323 - Cost \$300 - 325 for both weekends.

SMRG FTM course being held 11-12 and 25-26 March and 8-9 April contact Todd L'Herrou.

(Rob Christie) Jeff Mitchell (CISD) will be speaking at the Baltimore Sheredan March
-In Stanton, VA 25-26 March

(Dave Carter) TSAR simulation at SeaShore State Park 25-26 March at 0800.

Appalachian Trail Club will hold it's annual meeting 1 - 8 July. There will be 1500 hikers per day.

Motion to close meeting Gary Mechtal
Second Dave Carter

Adjourn at 1535

Candi-

Overall, the February ASRC Board minutes look great. I have just a few minor clarifications to suggest for the next meeting, as I won't be there. These all have to do with the Medical Legal section on page three.

1. Andy Appel is Legal Advisor for the ASRC/CEM Wilderness EMS Institute, and an active member of the WEST team in Lancaster, PA.
2. "Medical command is illegal across state lines . . ." unless specifically authorized, and in our area there is only one situation in which an interstate agreement allows this: transport from one state to a medical facility in another state, which is authorized by the current Atlantic EMS Council (PA, NJ, RI, DE, DC, MD, VA, and WV).
3. "We are in the process of redoing. . . ": actually, it's the Atlantic EMS Council that's redoing the reciprocity agreement to include other kinds of cross-state medical command, and will consider wilderness rescue as one of the eleven situations they will try to deal with in the new agreement.
4. Jack Grandey of AMRG/ER-NCRC (WEMSI Operations Director) is also investigating having ASRC and NCRC teams, or maybe just the medical personnel on them, declared special-function federal Disaster Medical Assistance Teams, which would mean we wouldn't have to worry about state EMS regulations and state Medical Practice Acts.

Thanks!

William--

Thanks for your email question about medical direction for ASRC EMTs in various states. Your question is about which procedures and treatment protocols EMTs should follow: protocols for the state in which they are certified as EMTs, or protocols in the state in which they are operating. This is actually a complicated question without a simple answer.

I'll take a few paragraphs to lay out some background; please share with others as you wish. I'll also cross-post this to the other ASRC Groups. To check on the accuracy of this summary, I'll send it to lawyers Harry Teter of the Atlantic EMS Council, Andy Appel of the Wilderness EMS Institute, and Kenneth Brody of the Pennsylvania Department of Health. I'll post any corrections or additions they have, and will at some point develop this discussion into a more detailed description of regional wilderness scope of practice, but in the interests of timeliness, here is my understanding:

MEDICAL PRACTICE ACTS

First, consider the practice of medicine. Each state has a Medical Practice Act that restricts the practice of medicine to those who are licensed by the state. There are two primary reasons for licensing physicians from the state's view: 1) it provides money for the state in the form of licensing fees (a form of tax), and 2) it provides the state's citizens some protection from quacks by establishing criteria for licensing. From the physicians' viewpoint, it both elevates the profession to a higher level and restricts entry to those who meet the criteria, allowing more prestige, higher fees, and some protection against incompetents in their midst. Again, controlling the practice of medicine is entirely a state prerogative, and the federal government basically isn't involved at all. This means that the privilege to practice medicine ends at the state line.

DELEGATED PRACTICE

From the earliest time, physicians didn't want to do everything themselves. They wanted to delegate certain tasks (applying leeches, drawing blood, administering medications) to others. States have universally allowed this "delegated practice" in their Medical Practice Acts. So, a physician could tell an office medical technician to give a vaccination, or tell an office orthopedic technician to apply a cast, and it was OK (not a violation of the Medical Practice Act). However, the physician has to directly order the "technician" (the generic term used in most Medical Practice Acts), and accept responsibility for the technician's work quality.

NURSING AND EMS

After a while, nursing became a profession, with standardized training. Nurses, too, demanded licensure, for the same reasons as physicians. Physicians agreed, too, because it gave them a big benefit. Just like the industrial revolution allowed us to build things with uniformly manufactured interchangeable parts, registered nurses became (somewhat) interchangeable. This meant the physician didn't have to take total responsibility for the nurse's training; a R.N. could be assumed to meet certain minimum standards. As part of this process, state laws laid out what R.N.s could and couldn't do. Similar state laws for Physician's Assistants, Nurse Practitioners, and other "technicians" also evolved.

As EMS developed, paramedics and later EMTs were placed in a similar "interchangeable parts" category by state laws. However, as with nursing and to a lesser extent medicine, the state laws vary.

MEDICAL CONTROL

Some prehospital personnel just provide first aid. Most states don't see first aid as the practice of medicine and don't regulate it.

Some (let's use the new term "out of hospital" from now on) out-of-hospital personnel clearly practice medicine: paramedics. Paramedics can only practice medicine at the direction of a physician. This can be "on-line command"/"direct medical control" where this paramedic and physician are talking over the radio, or "off-line command"/"indirect medical control" where a physician medical director provides protocols and standing orders, and reviews the performance of paramedics. To provide the interchangeable paramedic and physician parts, state laws provide specific authorization for this kind of delegated practice.

Do EMTs practice medicine? With the new EMT-Basic Curriculum, which includes medication administration (epinephrine, nitroglycerine, and albuterol), the answer is clearly yes. Under the old Curriculum, some states, deliberately or by ignoring the issue, classed EMT-Basics with first aiders and let them practice without medical direction. However, the trend is clearly away from EMTs as "first aiders."

MUTUAL AID

What happens when a paramedic or an EMT goes across state lines? Well, basically, the EMT or paramedic has no right to practice medicine at all in the other state unless specifically granted by that state. And, indeed, many states have established reciprocity arrangements for both EMTs and Paramedics. The Atlantic EMS Council consists of PA, NJ, RI, DE, DC, MD, VA, and WV. It has reciprocity for EMT and paramedic between all members. However, unfortunately this reciprocity doesn't apply to the physicians who are providing medical control. This means you, as an EMT or paramedic, can practice your limited kind of medicine in a "foreign" state only under the medical direction of a medical control physician from the "foreign" state.

The Atlantic EMS Council is now working on a new cooperative agreement that will cover medical direction between the states, and at the February meeting, Wilderness EMS Institute staff will present the needs of the wilderness community and see if the new agreement can provide for wilderness EMS mutual aid between various states.

EMS LIMITATIONS

Pennsylvania's Act 45 (Emergency Medical Services act) can only be definitively construed to apply to emergency care given on or near ambulances or other EMS vehicles, per discussions with the Pennsylvania Department of Health's lawyers. This does not permit the Pennsylvania Dept. of Health to manage or regulate what we think of as wilderness EMS.

Therefore, the Wilderness EMS Institute (WEMSI) has instituted a pilot program of "delegated practice" wherein out-of-hospital providers act as generic Pennsylvania Medical Practice Act "technicians" rather than as EMTs or paramedics. These providers are called "Wilderness Medics" to differentiate them from EMTs and paramedics (though all the pilot Wilderness Medics are trained as and function as paramedics when on the street). This is, we hope, a temporary measure, and we are working with the Pennsylvania Emergency Health Services to see if we can incorporate wilderness EMS within the state EMS system, probably by modification of the state EMS law to specifically include wilderness and backcountry patients in the definition of EMS.

Surprisingly, this limitation of Pennsylvania EMS can be interpreted to mean that an EMT or paramedic in the Pennsylvania backcountry is outside the EMS scope of practice. Certainly, the existing EMS protocols and medication limitations prevent "street" EMTs and paramedics from administering care meeting national wilderness EMS standards when in the backcountry.

Luckily, WEMSI has established a set of clinical standards for how backcountry medical care at the EMT-Basic level should be performed: the WEMSI WEMS Protocols. These specifically state that they may be taken as orders from the WEMSI Medical Director. Thus, someone with EMT-Basic training in the Pennsylvania backcountry, while being outside the scope of practice of a "street" EMT, could follow the WEMSI Protocols and be assured that (1) the patient is getting appropriate care, and (2) the EMT is functioning as a generic "technician" of the WEMSI Medical Director, and thus not practicing medicine without a license.

The status of EMTs and paramedics in the backcountry of other states is not known to me. Probably, we need a legal opinion from each state. Andy Appel, the Legal Advisor for WEMSI, plans to compile such data, and I'll forward it as it becomes available. However, there are national and regional clinical standards for the treatment of patients in the backcountry. These standards are in part reflected in the Position Statements of the Wilderness Medical Society, and the Rural Affairs Committee NAEMSP. Clinical guidelines for delayed/prolonged transport:

BOTTOM LINE

At present, your EMT or paramedic from any Atlantic EMS Council state is good in any other state. However, you need to follow the protocols of that state when you're in it.

The very bottom line, though, is that when in doubt, do the very best for your patient that you can. Providing bad care because you're afraid of the legal consequences is an almost sure way to get in both medical and legal trouble. Providing good care even if you're not sure it's "legal" is the best way to care for your patient and keep yourself clear of the court system.

Just about any lawyer will tell you the same; lawyers are always giving me this advice in medical-legal seminars. A good example is a child who comes to the Emergency Department with a significant injury. In some legal sense, I can't treat a minor without the parent's permission. However, if I delay Emergency Department care pending the parent's permission, I'm taking a big medical and legal risk. I don't even ask if we have parental permission until after I see the child and figure out if the child needs treatment. Unless the medical treatment I'm contemplating is clearly elective or can wait without any detriment to the child at all, I go ahead and do it: suturing a wound, giving an antibiotic, whatever. Only later do I worry about parental permission. Since what the lawyers tell me to do what I want to do anyway, it's very satisfying.

If in the field and you have a choice between what is right and what you think is legal, choose what's right and you'll probably do better in court, if it ever comes to that, than if you did what's "legal."

I hope this is of some help. I'm sure the lawyers will have corrections and amplifications, and I'll make sure you get them. Thank you.

Wilderness EMS Institute
Internet email memo
February 3, 1995

To: William Dixon
From: Keith Conover, M.D., Medical Director
cc: WEMSI email mailing list recipients,
Mr. Appel, Mr. Brody, Ms. McClain, Mr. Teter
Subj: Wilderness EMS Legal Aspects

I just got off the phone with Kenneth Brody, the assistant legal counsel for the Pennsylvania Department of Health. He reviewed my prior memo to you, and generally agreed, with one exception, and had a few more thoughts to offer. He will review the detailed wilderness EMS legal briefing that Andrew H. Appel, Esq., the WEMSI Legal Advisor, will send him for review; I will post it when available. However, it'll be another month or so until that's available, so I wanted to get this information to you now.

STREET EMTs IN THE WILDERNESS

=====

As regards "street" EMTs and paramedics in the wilderness:

Mr. Brody said the scope of practice of "street" EMTs and paramedics can be thought of as extending into the wilderness. For example:

Assume a "street" EMT or paramedic is in exceptional circumstances that are not a part of his or her "regular" or "street" EMS job, (e.g., in a wilderness rescue with life or limb potentially at risk). Assume the patient needs something that's not acceptable for

"street" EMS, at least in Pennsylvania. E.g., the patient needs a shoulder dislocation reduction to facilitate evacuation, or needs a medicine such as phenytoin = Dilantin(r). Assume there is contact with a Medical Command Physician. Assume the Medical Command Physician has some understanding of wilderness EMS. In such a case, "Medical Command Physicians are expected to exercise broad discretion in what they direct the EMT or paramedic to do, consistent with their ability to practice medicine." If the physician ordered the EMT to reduce a shoulder dislocation (and the EMT had previous training in this), or ordered the paramedic to give PO phenytoin, there might be the potential for disciplinary action by the Board of Medicine or state EMS, but such boards are expected to exercise broad discretion, particularly when the situation is one not foreseen by the EMS law, when considering a potential disciplinary action. This is not ideal, but should suffice for many wilderness EMS situations.

However, as Mr. Brody and I discussed, note that the above applies to those who find themselves in exceptional circumstances outside their normal EMS practice. For medically-trained members of search and rescue teams, whose main EMS practice is taking care of wilderness patients, a wilderness patient would not be an exceptional case but the norm, and the non-EMS delegated medical practice option discussed below would be a better legal route to providing wilderness medical care.

NON-EMS WILDERNESS DELEGATED PRACTICE IN PENNSYLVANIA

=====

Mr. Brody agreed that Pennsylvania's legal provisions for delegated practice by physicians are broad, and can include the kind of delegated practice that WEMSI uses: "Delegated practice isn't limited to just the office, or just the hospital." The Medical Practice Act places no restrictions on when or where a physician may delegate practice.

However, he did note that there may be liability concerns for both physician and delegatee-- this kind of delegated practice doesn't have the same liability protection as afforded under the EMS Act. We of WEMSI know this, but our physicians are covered for their Wilderness EMS activity by their existing malpractice insurance, and while our field providers would like the same legislative protection as their "street" counterparts, don't plan to let this stop them from giving care to those in need.

INTER-STATE ISSUES

=====

Mr. Brody noted that Pennsylvania state law has already has a provision for ambulances coming into Pennsylvania from outside Pennsylvania in exceptional circumstances. In such circumstances, for example disasters, they can operate under their own out-of-state medical control.

I didn't get the exact reference for this from him, but on reviewing the EMS law I found the following in the Pennsylvania Emergency Medical Services Act (1985), Section 12, Minimum Standards for Ambulance Service: "(t) Exemption.--The following are exempted from the licensing provisions of this act: (1) privately owned vehicles not ordinarily used to transport patients. (2) A vehicle rendering temporary service as an ambulance in an emergency when

ambulances based in the locality of the emergency are insufficient to render services required."

However, this doesn't say anything about the EMS personnel not needing a license/certification to practice in Pennsylvania, nor does it cover cases where the EMS personnel are working without an ambulance, as is the case for Wilderness EMS. It also doesn't say who gives these ambulances medical command, nor which protocols or standing orders they follow, their home ones or Pennsylvania's. I'll have to get back to him on these points.

A possibility that I did not discuss with Mr. Brody, but occurred to me later, is to define a Wilderness Ambulance. This is suggested in the National Association of EMS Physicians' EMS textbook:

"The goals of wilderness EMS equipment are the same as for ambulance equipment: high quality prehospital care. However, much of ambulance equipment is inappropriate for the wilderness. For instance, an ambulance cot is a poor choice for cliff or cave rescue. However, the underlying reasons for ambulance equipment requirements may, after consideration, give clues about equipment for wilderness EMS.

Consider a wilderness "ambulance." The litter team members' booted feet are its "tires." Blistered feet or slippery shoes on a rescue team may be just as hazardous as bald tires on an ambulance. Training in good foot care, and proper personal equipment, are essential parts of the wilderness

"ambulance." One might argue that the rescue team's equipment can be all team equipment, with no need for personal equipment, but a quick thought about boots will belie this. A five-mile hike in not-broken-in "team" boots would make any rescuer into a casualty.

The rescuers' headlamps are the wilderness ambulance's headlights. Night-time rescuers carrying a patient and using hand-held flashlights are probably worse off than providers in an ambulance with no headlights and no interior lighting.

These analogies can, of course, be carried to extremes, but are a useful starting place for examining the equipment needs of a wilderness rescue team."

(from: Conover K. Wilderness. In: Kuehl AE, ed. National Association of EMS Physicians' Prehospital Systems and Medical Oversight, 2E. St. Louis: Mosby, 1994.)

This "Wilderness Ambulance" idea is also reflected in the WEMSI proposal to modify Pennsylvania's EMS law to provide for wilderness "life support units":

"... As a rough guide only, we suggest the following additions to the Pennsylvania EMS law...

1. "Advanced wilderness life support unit." The assembled personnel and equipment to provide advanced life support in a wilderness/backcountry context."

2. "Basic wilderness life support unit." The assembled personnel and equipment to provide basic life support in a wilderness/backcountry context.

...

12. "Wilderness life support service." An entity which regularly engages in the business or service of providing emergency medical care and evacuation of patients in a wilderness/backcountry context within this Commonwealth. The term includes Advanced Life Support services that may or may not evacuate patients.

Next, a recommended addition to section 4 (4) on the emergency medical services system: "Include an adequate number of ambulances and other transportation and evacuation means, including teams to treat and evacuate persons from wilderness and backcountry sites, to meet the individual characteristics..."

Recommended addition to section 5 (9): "Establish minimum standards for, license and inspect ambulance and wilderness life support services in accordance with section 12."

(from PROPOSED ADDITIONS TO THE PENNSYLVANIA EMERGENCY MEDICAL SERVICES LAW (Act of 1985, P.L. 164, No. 45), REGARDING WILDERNESS EMERGENCY MEDICAL SERVICES, from the Wilderness EMS Institute, submitted in 1994 as

testimony to the Pennsylvania House Health and Welfare Committee hearings on EMS)

If Pennsylvania were to enact legislative changes for Wilderness EMS, the Section (t) exception above could also be modified to include Wilderness Life Support Units.

I'm not sure if the existing section (t) exception can be extended to wilderness EMS personnel from out-of-state without an ambulance; I'll have to ask Mr. Brody about this.

Mr. Brody also pointed out that EMS agencies from other states that expect to run into Pennsylvania on a regular basis can apply to become recognized PA EMS medical command centers. There is no requirement that a command center be located in Pennsylvania; the physicians would have to get licenses for Pennsylvania, (there's no "EMS reciprocity" for command physicians) but otherwise the command center can become just like any other Pennsylvania command center as well as providing command for its home state.

I thought there was an existing reciprocity among all the participating states, which allowed EMT and paramedic reciprocity across state lines. I had thought that this meant that EMTs and paramedics from any Atlantic EMS Council state could go into another state without need for EMT or paramedic licensure/certification in that state. Mr. Brody said that isn't so; EMTs and paramedics still need Pennsylvania licensure to be able to operate here (except for the exceptional case of ambulances coming into the state, mentioned above). The copy of the PA EMS law I have here confirms this: (28

PA. CODE Chapter 2, section 2.5, "reciprocity") "(a) The Secretary may enter into a reciprocity agreement with the appropriate official of a state which has certification requirements which the Secretary finds to be equivalent to those of Pennsylvania. (b) Persons applying for Pennsylvania certification who hold current certification for which such an agreement is effective will be issued a Pennsylvania certification, if they can demonstrate a need for such certification." So, "reciprocity" means you don't have to retest, but you have to apply for a Pennsylvania EMT or paramedic (but note this won't apply to any levels in between, as Pennsylvania has only EMT and paramedic certification).

And, based on the above, Mr. Brody didn't think that for "street" EMS there is need in Pennsylvania for an interstate agreement on medical command reciprocity, as I believe the Atlantic EMS Council is considering: there are adequate means for both unexpected exceptional cases and routine cross-state ambulance EMS.

Well, I suspect this memo raises more questions than it answers. However, I hope that in the not-too-distant future we'll get all these questions answered and get wilderness EMS, including interstate issues, on a solid legal footing.

Thank you.



APPALACHIAN SEARCH & RESCUE CONFERENCE, INC.

P.O. BOX 440

NEWCOMB STATION

CHARLOTTESVILLE, VIRGINIA 22904

25 February 1995 Treasurer's Report

Since the last meeting, we have had an income of \$345.00. Thank you to BRMRG, TSAR, SWVaMRG, and SMRG for paying their 1995 dues. AMRG, PVRG, MSAR, and RSAR still owe their 1995 dues. RSAR still owe their 1994 dues.

Since the last meeting, we had a debit of \$228.72. \$8.00 went to postage for the Alert Dispatch Officer; \$20.36 went to office supplies for maintaining mission files, and \$200.36 went to pay for our pager expenses.

I am sorry for any trouble that the pagers going off on Monday 20 February. This was my fault and it will not happen again. Our pager account has now been prepaid through our May bill.

I have opened a personal banking account with Crestar Bank and have moved all of our money into this account. As long as we keep over \$500 in the account, there will be no finance charges. I have closed the account with NationsBank. I need to have David Carter and Camille Birmingham sign the account card so that they can write checks until the next election. As of 24 February 1995, our Crestar Account stood at \$1202.77

Two more items: The first is that a while ago, there was interest in the ASRC as a unit starting to purchase ASRC materials (patches, stickers, magnetic car tags) which could then be resold to the individual groups or to members at a slight mark up. Is this something that the BOD wants me to start looking in to?

Finally, the 1995 budget: listed below are the unavoidable costs and projected income. This does not include any funds for the officers. We need to alter our financial structure so that: (1) Our officers do not have to take financial burdens upon themselves; (2) the ASRC can pay for our radio license renewal when it comes up; and (3) we are not constantly budgeting a deficit.

Projected Income

Individual Dues	\$275.00
Group Dues	\$390.00
Total	\$665.00

Known Unavoidable Debits

Pager Cost	\$400.72
State Corporation Fee	\$ 25.00
Already Spent	\$ 28.36
Total	\$454.08

Submitted
[Signature]

CHAIRMAN'S REPORT
FEBRUARY 1995

1. Information regarding ASRC's rules, regulations, etc. was provided to The Chesapeake Search and Rescue Team out of Baltimore Maryland and the Bridgewater Tactical Team. No further contact has been made regarding either of them becoming an affiliate group.
- * 2. The SAR Coordinator's position is scheduled to be posted on Monday 27 Feb. Please pass the word along to folks that might be interested. It will require a State Personnel Application. I am crossing my fingers that the selection process will be fair and in the best interest of the SAR community. I am also hoping that pre-selection has not already taken place.
- * 3. The GSAR Institute coming up is small in comparison to past institutes. This is due to a shortage of funds. SARTA will schedule a full blown institute with Camp Virginia JAYCEES for Nov/DEC of this year. If DES, the new coordinator and other players can get their act together and find funds then SARTA will relinquish the dates to the Commonwealth. However, if it doesn't happen an institute will be held.
- * 4. I attended a meeting during January in Maryland where Peter McCabe was attempting to begin the process to start a SAR Council type of organization. I was pleased at the number of people who showed up representing eight different SAR groups. This group has great potential to overcome the many jurisdictional and other such issues in Maryland. I wish them good luck in their efforts.
- * 5. Keith Conover recently expressed in letters to a variety of folks and myself his concerns over ASRC turning away from its roots in the "wilderness". He is deeply concerned that the MRA will wrest this role away from ASRC. What was not clear was how we would be physically able to respond to New York, Vermont, Maine, New Jersey, PA, etc., when such incidents occur when we can barely field enough people to run a mission in Virginia.
LAST CORRESPONDENCE KEITH HAD NOT GOTTEN A HOLD OF DR LINDSEY
- * 6. Steve Holk will not be able to attend this meeting, but sends his regards. All is quiet on the radio front, except our aircraft license will expire in September. He is working the paper work and will need a check for about \$125.00 at the right time.

EMS COMMITTEE NEEDS AND ONGOING PROJECTS

PROJECT

Responsible individual or need

Medical Committee Chairman

New chairperson needed by February 1, 1995.

Volunteer needed- preferably an ALS provider.

Patient care report development

He is working on developing a PCR suitable for use by ASRC members in the field. It will include the minimum data set as required by the Commonwealth.

Robert Christie, SMRG

SAR EMS Seminar

One day seminar on topics related to our needs within SAR. Dr. Lindbeck has expressed an interest in teaching just such a thing.

Coordinator needed -
Logistics - Camille Birmingham??
Advertisement -
Registration -

Providers to be cleared as STs

The information Dr. Lindbeck requested has been sent to him. Follow-up will be necessary to make sure he gets back to us in a timely manner.

Amy L. Rue, SMRG

Update of group EMS information

A couple groups never did send in the EMS personnel and/or gear information as requested. Continued follow-up is necessary until complete.

Amy L. Rue, SMRG
Group Medical Officers

Update of the VA Protocols

It is time that a thorough review of the current VA protocols be made and that they be updated appropriately.

Amy L. Rue
Contact A. Rue asap if you are interested in participating in a review session.

ASRC Protocol Training

Either one session centrally located or regionalized sessions to review and train based upon the ASRC protocols.

Coordinator needed

Quality Improvement Review

Historical review of medical care provided by the ASRC.

Data collection needed
Coordinator needed

Ulysses
St. Stephen
Lutheran Church
St. Stephen
Lutheran Church
St. Stephen
Lutheran Church

In recognition of the fact that education alone may not be sufficient to prevent abuse from occurring, St. Stephen Lutheran

PREVENTION

Education about child abuse and child sexual abuse is essential for each member of the congregation, especially the children. Educational programs that instruct both adults and children about the nature, impact and detection of abuse will be sponsored and supported by St. Stephen Lutheran Church, utilizing the resources within the congregation along with the resources of the appropriate government agencies and other concerned organizations. We envision that an annual program, reviewing both abuse and the policies and procedures of St. Stephen Lutheran Church, will be conducted for congregational child and youth workers. All parents and other interested persons will be invited to attend. Community wide programs will be scheduled as needed.

EDUCATION

For the purposes of this policy statement, the term "child abuse" shall mean any non-accidental physical injury, sexual contact or exploitation, neglect or emotional distress inflicted upon a child. We recognize that any person, including a minor, Lutheran church recognizes that child abuse, whether of a physical or sexual nature, is a criminal action which will not be tolerated in either our congregation or our community. Therefore, we advocate the following policies and procedures in our effort to provide a safe place for all young people within our congregation and our community and to provide an effective means for dealing with any incidence of child abuse, should the need arise.

St. Stephen Lutheran Church recognizes the growing problem of child sexual abuse and has developed this policy statement. The objective of this statement is to alert our Christian community of this problem and to educate pastors, church leaders, and parents about the issues and dynamics involved. Recognition that the problem exists must be the starting point. This recognition must include acknowledging the potential for abuse to occur within the church. Ignorance of this fact will only be harmful to our children. Both the children of our congregation and the children of the community which we serve have the absolute right to develop their God-given potential free from the threat of sexual and physical abuse.

INTRODUCTION

ST. STEPHEN LUTHERAN CHURCH
POLICY STATEMENT ON
CHILD PHYSICAL AND SEXUAL ABUSE

Church must take preemptive actions that will lessen the possibility of abuse occurring on church premises or during church sponsored youth activities. Such actions shall include:

- * All confirmed persons working with children or youth shall be informed that any and all accusations of abuse will be taken seriously and investigated by the proper authorities, both within and outside the church.

- * All confirmed persons working with children or youth shall annually sign a form attesting to the fact that they have read and understand this policy statement.

- * Before a volunteer person will be permitted to work with children or youth, that person must have regularly attended worship at the church for six months and be a member of the church or have indicated a desire to join the church. If the person prefers not to join the church, an explanation shall be offered along with references and a completed screening form, which will be kept confidential. After consideration of this information, a determination of the willingness of the church to allow such person to work with youth shall be made by the congregational council.

- * Following approval of this policy, all confirmed persons working with children or youth shall complete a screening form asking for previous history of working with children or youth, along with questions pertaining to conviction of crimes involving children or youth or a history of personal abuse. All information contained in the screening form shall be kept strictly confidential.

- * No child or youth may participate in a church sponsored activity without the awareness and consent of his/her parents or legal guardians. Consent will be assumed if the parents or legal guardians bring the child to the church sponsored activity or if the parents of legal guardians have arranged for the transportation of the child. For some events, written permission may be required.

- * Any overnight event involving children or youth shall have at least three adults present. In addition, written parental consent will be required.

- * Every effort shall be made to avoid situations involving one adult and one child or youth. Such situations can either increase the potential for abuse to actually occur or give rise to misinterpretation of the one-to-one encounter. Therefore, adults are cautioned to evaluate the need for such a situation and to avoid such situations if possible.

In addition to the above measures, we affirm the following as additional preventive measures:

- *The church will seek to make its premises as "abuse proof" as possible. This may include such things as installing windows in classroom doors so that the activities taking place are visible to

Children will be asked to take
the rest room before bringing them
in at which the parents will not be

Must be accompanied to the rest room and
if not available to accompany the
every effort will be made to have the child not
with a single adult.

PROCEDURE

If a person suspects that a child has been abused, we
strongly encourage him/her to make a report to the
County Dept. of Social Services (887-2300), so that
the incident can be properly investigated. In addition, the
pastor shall be notified as soon as possible. If the person
suspected of the abuse is the pastor, the president of the
congregation shall be notified. The president of the
congregation shall contact the office of the bishop for guidance
and any appropriate action.

CLOSING

We hope and pray that child abuse never occurs within the
congregation's youth programs. We also hope and pray that the
seemingly epidemic proportions with which child abuse is
plaguing our society are severely reduced and that, someday,
child abuse may be completely eradicated. If, however, an
incidence of child abuse comes to our attention, we not only are
committed to the proper legal actions, but also to the necessary
healing for the many people who will be affected. This will
require a deep faith and will provide a challenge to our
Christian commitment to love and forgive one another. May our
Lord and Savior Jesus Christ give us the courage and strength to
deal with the issue of child abuse.

ASRC Recent Operations

2/25/95

Agenda

- 1994-1995 Goals Status
- Ops Manual
- Rapid Response
- Affiliate vs Certified
- Safety
- Recent Operations
- Goals for 1995-1996

Initial 1994-1995 Goals Status

ASRC
Operations

GHM 94

Goals

Status

- | | |
|---|--------------|
| • Approve next version of Operations manual | Open |
| • Initiate data collection process | Complete |
| • Initial operations analysis program
<i>what does it mean so we can try the process</i> | open |
| • Statistical report per meeting | None to date |
| • MOU with MDF | Postponed |
| • Improve RA to ASRC alert mechanism | open |

Additional 1994 - 1995 Tasks

ASRC
Operations

GHM 94

Goals

- FTL performance / training
- On-scene management
- Rapid Response
- Aux. vs Cert Gp. Issues
- Safety officer authority
- IC meeting
- Ops Officer Manual

Status

Passed to Training

Complete *needs follow up work*

Working

Working

W. Dixon new S.O.

Complete

Working

Ops Manual Update

**ASRC
Operations**

GHM 94

- Had one review
- Split up manual
- Initial portion is out
- Final portion by Gen. Mem. Meet.

Rapid Response Issue

Concerns

- AMRG response to Mass Casualty Incident
- Issue over immediate response *what happens if we get called on what happens if an accident happens and Ed right there*
- Estimate ASRC Approval cycle
 - if call comes in to non-AO
 - 10 min to 1 hour (Source: Mechtel)
 - Take data
 - Contact AO
 - AO Call back
 - AO checks with RA
 - RA available?
 - AO messages to initial caller
- Other possible issues:
 - Vertical rescue ??
 - Stopping by roadside / while on training ??
 - Medical standbys ??
 - Another SAR group requests aid ??

Rapid Response History

**ASRC
Operations**

GHM 94

- AMRG: Mass Casualty Incident
- ESAR: Mass Casualty Incident
- AMRG: Training session(s) vertical rescue
- SMRG: Broken leg @ PATC Event (while in Uniform)
- SMRG: direct calls from Mid-Atlantic Dogs
- Others ??

The problem

- Our present process is good for
 - customers who call to us via DES
 - Standard Lost Person Search
- However our goal is to help the lost & injured
- What of indirect contact procedures?
 - Police calls individual
 - While doing something else
 - Another SAR team calls
 - Fire / Rescue calls

Possible Solutions

- Ignore problem, incident rate too low
- Train many more AOs
- Develop SOPs for unusual cases
- Allow ad hoc response to unusual cases
- Provide authority, but review with teeth
- Others ???

Pros

- Simple
- Not much of impact
- Low incident rate

Cons

- AMRG unhappy
- Wide variety of cases
- Image in community
- Liability ??
- Others running open looped
- Appearance of "Good-old-boy" attitude

Train many more AOs

ASRC
Operations

GHM 94

Pros

- Simple
- Default approach
- Certainly helps

Cons

- Will AO always be contacted?
- Wide variety of cases still not covered
- Image in community
- Liability ??

Develop SOPs for unusual cases

ASRC
Operations

GHM 94

Pros

- May be easy
- Can provide complete solution

Cons

- How to police it?
- Liability if in error ??
- More work to develop
- More work to train
- How to capture broad nature of problem?

Documentation

Ad hoc response to unusual cases

ASRC
Operations

GHM 94

Pros

- Easy
- Can provide complete solution

Cons

- Liability if in error ??
- More work to develop

Authorize, but review with teeth

ASRC
Operations

GHM 94

Pros

- Can provide complete solution

Cons

- Liability if in error ??
- More work to develop
- Developing "Teeth" in ASRC is hard. Failure to enact.

NOT Good history

Recommendations 1

ASRC
Operations

GHM 94

- | | |
|---|--------|
| 1) Ignore problem, incident rate too low | Red |
| 2) Train many more AOs | Yellow |
| 3) Develop SOPs for unusual cases | Yellow |
| 4) Allow ad hoc response to unusual cases | Red |
| 5) Provide authority, but review with teeth | Yellow |

*Red NOT a solution
Yellow maybe*

Recommendations 2

- Combination of 2, 3, and 5.
- Use AOs to initiate whenever possible\
 - encourage more AOs
 - Authorize AOs for direct decision without RA
 - Call from another well-established SAR group
 - Call from Fire / Rescue

*under
circumstances*

ON-SCENE

- ID who can initiate under what circumstances
 - Senior on-scene person
 - Must be able to decide this
 - Immediate life/death situation
- Provide escape clause with teeth
 - Something to cover unknown cases
 - Need review process
 - Penalties:
 - Demote
 - Expulsion

Barking up right tree but several branches

Pursue IDEA

One of ~~the~~ things we don't do well is document
Just capture the details

Roles of Affiliate vs Certified Groups

- Roles are poorly defined at a high level
- Therefore, derived requirements are poorly defined
- Examples:
 - Use of uniform ?
 - Response to incidents ?
 - Other activities ?
 - Authority of ASRC over affiliates?

History:

- Circa 1985-1986: Mechtel & Shea led effort to define
- Intent: open up conference to more SAR providers
 - 4-wheel drive groups
 - dog groups
 - Horse groups
 - Logistics groups
- Issues:
 - Loss of control by "core groups"
 - Reduced level of effort needed by affiliates
 - Process definition
- ESARs first group.
- ESARs moved on to become Certified.

DC How do we make a clear distinction?

CM OPS These are not final

→ Consensus that group equipment changes do not affect PVRC for their certification

SM New Rosters -

SM Issue Minor Joining - how do you operate Paper on what issues.

Present Status:

- Actually no real issue at low level
- No reason affiliates cannot use
 - uniform
 - our licenses (radio, medical, etc.)
- ASRC does not police our assets,
however, this is true of certified groups too!
- All ASRC Incident response is dictated by policy
 - ASRC response
 - Non-ASRC response
- Policy is transparent to affiliate vs. certified.
- Only difference between affiliate & certified
 - Numbers of people at training levels
 - Equipment requirements

*What is our
Responsibility?
Is that join
what level of commitment*

The Real Issue:

- Do we want to make it wide open*
• High level description is flawed
Do we want to separate classifications
- Should provide voice at BOD level (suggest one vote)
- Requirements should be tailored for type of affiliate
 - Why FTM level for 4-wheel drive ?
 - Why FTM for communications groups ?
 - Why hand-helds radios for 4-wheel drive ?
- We should make it easy to attract and acquire affiliate groups.
 - ASRC administrative overhead is high!
- Review of new group's established MOUs et al.
 - Never done.

Suggested approach:

- Continue culture change
 - be receptive to new groups
- Change bylaws: offer vote!!
- Adjust ops manual as needed
 - on case by case basis
 - place responsibility on new group prior to end of probationary period.
- Need to update our training standards as necessary
 - Get new group to initiate effort.
- Require complete operational review prior to accepting new group *with E*
 - emphasis on their existing agreements
 - emphasis on their performance
 - emphasis on their standards

Safety officer report

ASRC
Operations

GHM 94

- Verbal report *from WD*
- Virus throughout *Hampta*
Shenandoah valley
Shenandoah National Park
- Nothing on On-scene safety officer

Recent Operations Analysis

ASRC
Operations

GHM 94

No report

Tentative 1995-1996 Goals

ASRC
Operations

GHM 94

OPS only

Priority

Goal

- | | |
|---|--|
| 1 | • Develop organization & process to do operations properly |
| 4 | • Initiate Operations Analysis process |
| 3 | • Initiate review of mission documentation |
| 2 | • Initiate round-table discussions on common practices for incident management |
| 5 | • Develop baseline Vertical Rescue standards |
| 6 | • Study operational growth options |

OPS officers from group should be helped

Maybe put more effort into training NDA ASRC
People

TOP DOWN Review still not done and we support
Proposal for taking 3 meetings to be working meetings
not BOD's

What is ASRC mean
what are trying to accomplish
where are we going

MOST Groups are redefining they way they do business

Minutes of the first, unofficial Maryland SAR Council Meeting
January 28, 1995

These are my typed notes from the first meeting of the Maryland Search And Rescue Council meeting. The name Maryland Search And Rescue Council (MSARCo) is unofficial, but I don't know what else to call this thing. Besides, both Virginia and Pennsylvania have a SAR Council, so why not Maryland?

The Meeting started at 10:00, Saturday January 28, and was held at the Hampton Inn in Frederick Md.. (See the attached notice as reference.)

Attendees: (See the attached list as reference.)

Appalachian Search & Rescue Conference

Dave Carter	804-466-8094
Andrew Marsh	410-381-5309
Gary Mechtel	410-381-2593
Peter McCabe	301-596-9994

Civil Air Patrol, Md. Wing

Les Carter	410-280-1438
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Chesapeake SAR

Earl Hawkins	410-832-7856
R. A. Kilpatrick	410-636-0216
Ray Lancaster	410-247-2023
Mark N. Lewellen	410-757-6204
W. C. Lindsen	none given

Mason Dixon Search Dogs

Not present

MidAtlantic D.O.G.S.

Allen Rossi	301-460-1730
Jane Servais	301-424-6987

Search and Rescue Dogs of Maryland

Garrett Dyer	301-753-8162
Billy Stanton	301-843-7490
Peggy Stanton	301-843-7490

Southern Maryland SAR Dogs

Scott Earhart	301-373-8259
Gary Joy	301-994-1697

Tri-State Lost Person Search and Rescue

Robert Bayou

301-359-9541

Trot SAR

Anne Bennof

301-589-7587

Cole Brown

410-363-4916

Western Maryland Grotto, NCRC

Jonathan Hutcherson

301-724-2307

Alan Jackson

301-722-3913

Debbie Meyer

301-463-5881

Steve Meyer

301-463-5881

Kathy Stairs

301-264-3930

Chuck Stairs

301-264-3930

Mailing Addresses:**ASRC**

P.O. Box 440

Newcomb Hall

Charlottesville, Virginia

Civil Air Patrol, Md. Wing

105 Phipps Lane

Annapolis, Md. 21403

Chesapeake SAR

2405 Tionesta Road 1C

Baltimore, Md. 21227

Mason Dixon Search Dogs

Bel-Air Md.

Not present

MidAtlantic D.O.G.S.

P.O. Box 841

Rockville, Md. 20851

Search and Rescue Dogs of Maryland

P.O. Box 545

White Plains, Md. 20695

Southern Maryland SAR Dogs

P.O. Box 667

Hollywood, Md. 20636

Tri-State Lost Person Search and Rescue
None Given

Trot SAR
6 Woodhollow Ct.
Owings Mills, Md. 21117

Western Maryland Grotto, NCRC
932 Pine Swamp Road
Barton, Md. 21521

One of the first orders of business was to determine what could be accomplished at this gathering. As such, the following list of discussion topics was generated.

Topics Of Discussion for today (ordered as prioritized during the meeting)

- 1) Development of a State Wide Organization
- 2) Training Standards across the SAR organizations
- 2) Models of State wide Organizations
- 3) Distribution of the Case Loads across the teams
- 3) Field Exercises/Simulations to get everyone together
- 4) What is and how to affect the perception of the Volunteer SAR Organizations
- 5) Assign task groups to study issues, and recommend/report at the next meeting.
- 6) Responsible Agents: Who are they? What is their official role?
- 7) Another Meeting
- 7) Statewide Awareness of SAR providers
- 7) ERI & other training programs that could be used to improve training
- 7) Consistency / SOPs amongst the teams
- 7) Working with the Fire/Rescue Community and MSFA

A brief description of the Maryland Wing, CAP was provided by Les Carter. This included a description of CAPs role in the Bay Patrol.

A brief description of state aircraft resources was provided by Cole Brown. (See attached list as a list of known Maryland Resources.)

Models:

In order to address the first few items on the list, the various Models of how state-wide SAR communities operate were described.

Virginia Model:

In Virginia, two organizations play a major role in the SAR community, the Virginia SAR Council and the Virginia Department of Emergency Services (VDES). As a state government agency, tasked with coordination, VDES has been working for the last 10 years or so to improve the state-wide response to SAR incidents. VDES's authority flows from the plan called 1 AA wherein the governor has assigned the responsibility for coordination to VDES. One vehicle that VDES has used to improve coordination has been the development of MOUs (Memorandum of Understanding) with the various SAR teams. The use of a MOU provides the volunteer teams with some level of state recognition along with some level of liability coverage. The state has also adopted/created training standards and training courses for many ground search positions (Field Team Member, Field Team Leader, Tracker, Incident Commander). The VDES operations center is manned 24 hours a day, and acts as a clearing house for SAR within Virginia. Once an incident occurs and VDES is contacted, VDES will then call on the appropriate SAR resources within the state to respond to the incident. The only resources called are those organizations that have MOUs with VDES. Once on-scene, these resources generally prosecute the incident. However, VDES provides some on-scene support via State Coordination Officers (SCOs). An SCO is a state police sergeant who has been trained by VDES. The primary role of the SCO is to ensure that the SAR resources have the opportunity to conduct the incident in the best fashion possible. Therefore, the SCO is primarily concerned with the interaction between the SAR resources and the local government agencies.

The Virginia SAR Council (made up primarily, but not solely of volunteer teams) has numerous roles, including acting as the advisory/testing body to ensure that new teams wishing to enter into an MOU with VDES are viable. Another role is to provide a forum to discuss the evolution of SAR along with specific details of SAR responses in Virginia. That is, lessons learned are sometimes discussed at the meetings. Finally, VDES sets voluntary standards for the SAR teams in Virginia. To date, these have primarily been the development of management forms and processes to be used by overhead teams.

Pennsylvania Model:

This model is primarily based on the all-volunteer Pennsylvania SAR Council (PSARCo). In Pennsylvania, Annex V of the State Emergency Management Plan assigns each local jurisdiction with the authority and responsibility to manage emergency services. The exception is when an emergency crosses jurisdictional boundaries, then the Pennsylvania Emergency Management Agency (PEMA) may become involved.

Search is not legally addressed as a separate effort (i.e., there is no state legislation that specifically calls out search). Over the last 7 years PSARCo has

been working towards developing training standards. The Fire Academy is now teaching to some of these standards.

Recently, an agreement has been reached to enable PSARCo to appoint 3 or 4 Emergency Preparedness Liaison Officers (EPLOs) to help provide suggestions when PEMA becomes involved. When an incident occurs, and PEMA is asked to become involved, these EPLOs must go the PEMA Operations Center in Harrisonburg in order to participate.

The Pennsylvania Wing of the CAP has adopted the Pennsylvania SAR Council Standards.

New Mexico Model:

In New Mexico, the State Police are responsible for SAR. However, the state tests teams (against the teams internal standards) to ensure that the team can perform as advertised. Then the state can call upon the team as a state resource. The ICs are state resources. Once an individual has been activated as an IC, the individual becomes a state employee as long as the individual remains activated.

Colorado Model:

The Colorado model is based on the political constraints of that state. The State has a few, very large but sparsely populated countys. Each county conducts its own SAR activities. However, if the county requests out-of-county support, a central clearing house can be invoked to support the allocation of resources from across the state.

North Carolina Model:

In North Carolina, the SAR response is mainly county based. However, the state does have the capability of performing in a centralized coordination role. The primary focus has been to act as a reporting center for the SAR activities across the state.

Privatization Model:

The Privatization model suggests that the SAR Council raises the funding to hire the necessary staff to (1) provide coordination, (2) interface with the local and state responsible agents.

Insights into the Maryland Situation:

The discussion of which approach to champion in Maryland was postponed. It was noted that the State Police do have some MOUs with various agencies (e.g., the ASRC). However, the state has never exercised that MOU. Moreover, there has been a hesitancy in passing out the information (on SAR resources) to the local barracks. The appears to be an on-going effort by the State Police to organize evidence Search Teams in the state.

It was noted that the State Police have the lead role for conducting lost person searches in Maryland. However, if the incident is contained within a single jurisdiction, the local police can exercise authority over the incident. As noted below, based on our combined 1994 efforts, the vast majority of our calls came directly from the local police agencies.

Case Loads in 1994

This data was collected to identify unique incidents, not the number of responses generated per team. The idea was to get a rough estimate of the number of SAR incidents that we collectively participated in during 1994.

Location /groupings	Type	Number	Teams
St. Marys Co Calvert Co. Charles Town	Child/elderly	7	So. Md. SAR Dogs, SAR Dogs of Md
Garrett Co. Washington Co.	Adults	5	
Central Md.	Adult/Child	6	Trott ASRC Chesapeake SAR
Others, Statewide	ELT	70	CAP
	Air search	1	CAP
	water search by dogs	10	Mid Atlantic Dogs
	Child/elderly	5	Mid Atlantic Dogs
Totals, by type of incident:			
Lost Person		23	
water search		10	
ELT		70	
Air		1	

Note, the combined group could only recall on one occasion where the team(s) was (were) invited in by the MD. State Police.

Goals for a Statewide Organization

- Provide Resource List
- Improve Awareness
- Improve SAR Response

- Improve reporting
- Common MOUs
- SAR Duty Officer via this group
- Cross-training
- Common forms
- Mutual Aide / Intra & Inter state
- Improved / Organized Communications
- PLBs
- Influence State

MEMS

MFRI

MSFA

- Identify SAR Assets
- Newsletter / Information sharing

Steering Committee

One of the last items discussed during the meeting was the formation of an ad hoc steering committee. It was decided that the following people, (or a substitute) shall meet at 10:30 am on 2/18/95 in Rockville Md. to discuss and develop a mission statement. The chair of this working group is Garrett Dyer. The results are to be discussed at the next meeting.

Cole Brown
 Les Carter
 Garrett Dyer
 Gary Joy
 Ray Lancaster
 Mark N. Lewellen
 Gary Mechtel
 Steve (or Debbie ?) Meyer
 Jane Servais

There was no date, location, or time set for the next general meeting. The Steering committee should decide on when to call the next general meeting.

Respectfully Submitted,
 Gary Mechtel

AN INVITATION
FOR AN OPEN MEETING FOR INDIVIDUALS
AND TEAMS

PROVIDING PROFESSIONAL VOLUNTEER
SEARCH & RESCUE SERVICES FOR
LOST PERSONS IN MARYLAND

PURPOSE *Discuss The Status Of Lost Person SAR In
Maryland And Consider Development Of A
State Organization For Training and
Mutual Aid Assistance*

PLACE *Hampton Inn
Exit 31-B
I-270
Frederick, Maryland*

DATE *Saturday, January 28, 1995*

TIME *1000 - 1400 Hours*

QUERIES *Peter McCabe
c/o Maryland Search & Rescue Group
(301) 596-9994 evenings*

1/28/94 Md. Vol. SAR Team Meeting

NAME

Organization

Phone #

ANDREW MARSH

ASRC

(410) 381-5809

Steve Meyer

Western Md Grotto
Nat. Cave Rescue Comm.

301-463-5881

Debbie Meyer

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SO. MARYLAND SAR DOGS.

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So. Maryland SAR Dogs

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Billy Stanton

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SEARCH + RESCUE DOGS OF MD 301 853-8162

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TROT-SAR

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APPALACHIAN ALERT

THE APPALACHIAN SEARCH & RESCUE CONFERENCE

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CHARLOTTESVILLE, VIRGINIA 22904-0440

FEBRUARY 1995

A Publication of the Appalachian Search & Rescue Conference, Inc.

STARTING AGAIN

This issue is being mailed only to ASRC groups, and ASRC officers. Baseline data needs to be updated.

Appalachian Alert has taken an undeserved vacation since its July 1994 issue. No one really knows why. Whatever the reason, this rag does serve a purpose of inter-team communication, as well as letting others in the SAR community in the mid-Atlantic region and other states know what is happening in the ASRC.

The original purpose of Appalachian Alert was to collate information submitted by ASRC teams, and present information of interest to the wilderness search and rescue community in the mid-Atlantic region, describe activities of the ASRC board of directors, its committees, list ASRC group and training events, and related business.

The original purpose remains! Information should be received by the Editor -- at his address shown below -- the first week of every month. However, it's now realized there will not be an onslaught of information from ASRC groups. That's just not realistic.

If individuals or ASRC groups wish to report SAR related research or present opinion pieces, Appalachian Alert may be the forum for that presentation. Appalachian Alert is mailed to colleagues and programs in other states and regions involved in lost person SAR services and related emergency services.

Please review the following ASRC BOD roster, and team position rosters and mail changes to Peter McCabe or email to: Peter_McCabe@ed.gov.

The March issue of Appalachian Alert will be printed and mailed during the third week of March.

Many Thanks.... P. McCabe 2/24/95

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c/o Candi Capozzi

Annex N

Mountain bike Search and Rescue

Use: A bike search and rescue team would be most effective where time is of the essence. A bike team can search trails that a motorized vehicle might find inaccessible. A bike team would be most effective when used for hasty tasks, containment, and providing fast assistance to other teams in the field.

N.1 Team member training requirements:

Each team member will have achieved the training level of Field Team Member. Each member will also have to pass the bikeSAR requirements put forth by the team leader and the group training officer.

N.2 Equipment carried by each team member:

Bike helmet (ANSI, Snell, and or, ASTM certified)

appropriate clothing for the weather (shorts if necessary)

At least 27oz of water

personal first aid kit

Compass

source of light (head lamp, flashlight)

pen and paper

riding gloves

whistle

patch kit

knife

tube

2 trash bags

food for 24 hours

2 pairs of examination gloves

2 sources of flame

lighting system (at least 5 watts) (night ops)

rear facing red LED light (night ops)

-equipment carried by a whole team:

2 pumps

tire levers

allen wrenches (metric)

spoke wrenches (for matching nipple sizes)

crescent wrench

chain breaker (with HG pin if required)

pliers

emergency blanket

N.3 Operating procedures:

N.3.1 Judgement of terrain-

In some instances it may not be feasible to send a bike team. If it will take the same amount of time to cover the distance for a ground team then a ground team would be more efficient due to a higher POD.

N.3.2 Weather conditions-

The only limitations regarding weather is the presence of ice and snow (over 4 inches). When deciding about extreme cold, the bike FTL should be consulted to determine whether or not they are equipped for such weather.

N3.3 Team Components-

There has to be at least two riders per team, with the optimum amount being three especially at night.

N3.4 Types of tasks

- Hasty tasks of trails or roads.

- **Containment tasks.**
- **Provide fast response to areas where motorized vehicles are not capable.**
- **Roaming tasks which involve covering a network of trails within a specified area.**

Saturday February 18, 1995

To: Gary Mechtel
From: Chris Miller
Re: SAR Council Meeting in Rockville, 02/18/95

The following items were decided:

- 1) Name: "MASARO - Maryland Association of Search and Rescue Organizations".
- 2) Mission Statement: "The mission of MASARO is to assist the performance of SAR within the state of Maryland by promoting the effective consistency and cooperation between member organizations and local, state, and federal agencies."
- 3) Who to include: "Any SAR resource that can provide operational or logistical support for SAR activities."
- 4) Objectives:
 - a) Collect SAR team & agency profiles & information throughout the state, to identify to the state, local, and federal agencies that SAR resources are needed.
 - b) Statistical documentation of historical and current/ongoing SAR.
 - c) Provide a forum for the exchange of info and training opportunities.
 - d) Within the next year have joint training exercise with organizational members.

For the next meeting (3/18 @ 10:30): Provide group profile, to include:

- 1) one-paragraph description of what we do.
- 2) brochures
- 3) training standards
- 4) bylaws
- 5) primary, secondary, alternate callout numbers
- 6) non-emergency contact or representative
- 7) description of all searches our group has responded to in the last 3 years

Allegheny Mountain Rescue Group (and related activities) Schedule, First Quarter 1995, as of 2/11/94, email version; please send corrections/additions to: Keith Conover, M.D. (kconover + @pitt.edu)

*** latest addition: March 25-26 National Cave Rescue Commission Basic Orientation Class at Laurel Caverns; excellent intro to cave rescue ***

February? Mock AMRG Practical Test

*** postponed *** new date TBA Feb. 11-12 and 25-26 (S/S + S/S): Shenandoah Mountain Rescue Group Managing Search Operations class, Vienna, VA ***

Feb. 25 (Sat.): Appalachian Search and Rescue Conference Board of Directors meeting, 10:30 AM, Peabody Hall, University of Virginia, Charlottesville.

Feb. 25-26 (S/S): National Cave Rescue Commission Basic Orientation Class, Carter Caves State Park, KY*

Feb. 25-26 (S/S): Basic Wilderness Rescue, Camp Soles, SW PA, hosted by Center for Emergency Medicine and Allegheny Mountain Rescue Group** (will satisfy SAR prerequisite for WEMT)

Mar. 7 (Tues.): AMRG Meeting, Training: Communications and Signaling, 7:30 PM, Rm. 2126, Mercy Hospital

Mar. 10 (Fri): AMRG offering Hug-a-Tree class in Beaver County.

Mar. 11-12/25-26/Apr. 8-9 (all S/S): Shenandoah Mountain Rescue Group Field Team Member class, Vienna, VA ***

Mar 11-12 (S/S): Center for Emergency Medicine/Wilderness EMS Institute Wilderness EMT Part I, Camp Soles, SW PA**

Mar. 16-17 (Thur./Fri.): ASTM Disaster Meeting in concert with NDMS meeting, 3/11-16, Nashville, TN (ASTM: 1-215-299-5400. NDMS: 1-800-USA-NDMS).

Mar. 24-26 (_F_/S): Center for Emergency Medicine/Wilderness EMS Institute Wilderness EMT Part II, Camp Soles, SW PA**

Mar. 25 (Sat): Pennsylvania Search and Rescue Council meeting, Harrisburg

March 25-26 (Sat-Sun) National Cave Rescue Commission Basic Orientation Class at Laurel Caverns, near Uniontown, PA (Jim Kennedy at 412-246-9838)

Apr. 4 (Tues.): AMRG Meeting, Training TBA, 7:30 PM, Rm. 2126, Mercy Hospital

Apr. 22 (S/S) Appalachian Search and Rescue Conference Annual Meeting, Blacksburg, VA./SAR Training hosted by Southwest Virginia Mountain Rescue Group, Blacksburg, VA (Dave Zader 703-951-3161/swvamrg@vt.edu)

4/8-9 (Sat-Sun), WEMSI-Recognized WEMT Part I: Muncy Terraces, 15 miles east of Williamsport, PA****

4/22-23-24 (Sat_Mon_) WEMSI-Recognized WEMT Part II: Crystal Lake, 30 miles NE of Williamsport, off Rt. 220.****

Apr. 29-30 (S/S): National Cave Rescue Commission Eastern Region Staff Meeting/NCRC + Wilderness EMS Institute Instructor Workshop, Dailey, WV* (note change from incorrect date in last schedule)

March/April: ASRC Alert Officer Class in Pittsburgh. Date and Time TBA.

May 2 (Tues.): AMRG Meeting, Training TBA, 7:30 PM, Rm. 2126, Mercy Hospital

June 17-25: East Region National Cave Rescue Commission Level I/Level II NCRC class and WEMSI-Recognized Wilderness EMT Class.*

Contacts:

*John Appleby, ER-NCRC Regional Coordinator (H:215-541-4994/applebjb@ttown.apci.com)

**Pam Westfall or Brian Check, EMT-P (W:578-3203/checker + @pitt.edu)

***Todd L'Herrou (301-794-8953/lherrou@helix.nih.gov)

for all else: AMRG Training Officer: Mike Yee, EMT-P (462-7285/myee + @pitt.edu)

****Registration: through Bloomsburg State University, 717-389-4323; Cost: about \$300-325 for entire course (both weekends), including lodging, food, text, etc.; Coordinator: Brad Bason, (717-271-1314/bbason@delphi.com)

§ 9-306. Clear and present danger to child.

(a) *Petition.* — If an individual violates the provisions of § 9-304 or of this subtitle, the individual may file in an equity court a petition

(1) states that, at the time the act was done, a failure to do the act have resulted in a clear and present danger to the health, safety, or welfare of the child; and

(2) seeks to revise, amend, or clarify the custody order.

(b) *Defense.* — If a petition is filed as provided in subsection (a) of this section within 96 hours of the act, a finding by the court that, at the time the act was done, a failure to do the act would have resulted in a clear and present danger to the health, safety, or welfare of the child is a complete defense to any action brought for a violation of § 9-304 or § 9-305 of this subtitle. Code 1957, art. 27, § 2A; 1984, ch. 296, § 2.)

University of Baltimore Law Review. — For discussion of child abduction by a relative and Maryland's misdemeanor offense to deter parental child-stealing, see 8 U. Balt. L. Rev. 609 (1979).

§ 9-307. Penalties.

(a) *Violation of § 9-304.* — A person who violates any provision of § 9-304 of this subtitle is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$250 or imprisonment not exceeding 30 days.

(b) *Violation of § 9-305 — Not more than 30 days.* — If the child is in the custody of the lawful custodian for not more than 30 days, a person who violates any provision of § 9-305 of this subtitle is guilty of a felony and on conviction is subject to a fine not exceeding \$250 or imprisonment not exceeding 30 days, or both.

(c) *Same — More than 30 days.* — If the child is out of the custody of the lawful custodian for more than 30 days, a person who violates any provision of § 9-305 of this subtitle is guilty of a felony and on conviction is subject to a fine not exceeding \$1,000 or imprisonment not exceeding 1 year, or both. Code 1957, art. 27, § 2A; 1984, ch. 296, § 2.)

Subtitle 4. Missing Children.

§ 9-401. Definitions.

(a) *In general.* — In this subtitle the following words have the meanings indicated.

(b) *Law enforcement agency.* — "Law enforcement agency" means a county, or municipal police department or agency, or a sheriff's department.

(c) *Missing child.* — "Missing child" means a person who is:

(1) under the age of 18 years; and

(2) the subject of a missing persons report filed with a law enforcement agency in this State and whose whereabouts are unknown. (1985, ch.

Determinations of receipt of report

general. — On receipt of a report from a law enforcement agency, the law enforcement agency shall determine whether the missing child has not been located.

the missing child has not been located.

the missing child suffers from

the disappearance of the missing child.

the person filing the report

missing child may have been

the missing child has ever previously

filed with the State or local law enforcement agency.

the missing child is under the custody of a law enforcement agency.

actions by law enforcement agencies.

conclusion by the law enforcement agency.

specified in subsection (a) of this section.

shall immediately:

enter all necessary and available information into the Law Enforcement System.

Center (NCIC) computer network.

institute appropriate intensive search efforts.

notify the National Missing Children's Clearinghouse for Missing Children.

involving the missing child.

notify the appropriate local law enforcement agency.

possible, obtain any information regarding the child; and

enlist the aid of the State Police.

child.

actions by law enforcement agencies.

— If the conditions specified in subsection (a) of this section are met, the law enforcement agency shall immediately seek to determine the whereabouts of the missing child.

and shall immediately implement the procedures specified in subsection (b) of this section.

24 hours of the filing of a report.

child has not been located.

assistance by Maryland State Police.

the contrary, if a missing child has been located.

the filing of a missing persons report.

the State Police have reason to believe that the child is in a jurisdiction other than the State.

report was filed, the Maryland State Police shall immediately seek to determine the whereabouts of the missing child.

402. Determinations of law enforcement agency upon receipt of report.

In general. — On receipt of a report regarding a missing child by a law enforcement agency, the law enforcement agency shall immediately determine if:

- (1) the missing child has not been the subject of a prior missing persons report;
- (2) the missing child suffers from a mental or physical handicap or illness;
- (3) the disappearance of the missing child is of a suspicious or dangerous nature;
- (4) the person filing the report of a missing child has reason to believe the missing child may have been abducted;
- (5) the missing child has ever previously been the subject of a child abuse report filed with the State or local law enforcement agency; or
- (6) the missing child is under 14 years of age.

Actions by law enforcement agency when subsection (a) conditions exist. — Upon conclusion by the law enforcement agency that any one of the conditions specified in subsection (a) of this section exists, the law enforcement agency shall immediately:

- (1) enter all necessary and available information into the Maryland Interagency Law Enforcement System (MILES) and the National Crime Information Center (NCIC) computer networks;
- (2) institute appropriate intensive search procedures;
- (3) notify the National Missing Children Information Center and forward the State Clearinghouse for Missing Children a copy of the missing persons report involving the missing child;
- (4) notify the appropriate local department of social services and, to the extent possible, obtain any information that may assist in the locating of the missing child; and
- (5) enlist the aid of the State Police, when appropriate, in locating the missing child.

Actions by law enforcement agency when subsection (a) conditions do not exist. — If the conditions specified in subsection (a) of this section do not exist, the law enforcement agency shall:

- (1) immediately seek to determine the circumstances surrounding the disappearance of the missing child; and
- (2) implement the procedures set forth in subsection (b) of this section within 12 hours of the filing of a report regarding a missing child, if the missing child has not been located.

Assistance by Maryland State Police. — Notwithstanding any provision to the contrary, if a missing child has not been located within 24 hours of the filing of a missing persons report and either the local law enforcement agency or the State Police have reason to believe that the missing child may be located in a jurisdiction other than the jurisdiction where the missing persons report was filed, the Maryland State Police shall enter the investiga-

tion and, in cooperation with the appropriate local law enforcement agency, assist State and national efforts to locate the missing child.

(e) *Establishment of mandatory waiting period.* — (1) A law enforcement agency may not establish a mandatory waiting period before beginning investigation to locate a missing child.

(2) A law enforcement agency may not adopt rules, regulations, or policies that prohibit or discourage the filing of a report or the taking of action on a report that a child is a missing child or that a child is believed to be a missing child.

(f) *Notice upon location of missing child.* — Every person filing a report of a missing child shall be required to notify the local law enforcement agency or the State Police immediately upon the locating of the missing child, or if unlikely that the local law enforcement agency or the State Police has knowledge that the missing child has been located. (1985, ch. 496.)

§ 9-403. Clearinghouse for Missing Children; voluntary fingerprinting programs; advisory council.

(a) *Creation; responsibilities.* — There is a State Clearinghouse for Missing Children operated by the State Police that is responsible for:

(1) the receipt, collection, and distribution of general information and annual statistics regarding missing children; and

(2) coordination of law enforcement agencies and other interested persons or groups within and outside the State regarding information on children who have disappeared from, or are thought to be located in, Maryland.

(b) *Voluntary fingerprinting programs for children.* — The State Superintendent may develop, in cooperation with local law enforcement agencies, a plan for voluntary fingerprinting programs for children.

(c) *Advisory council.* — (1) An advisory council shall be appointed by the following responsibilities:

(i) review of the activities of the State Clearinghouse;

(ii) review of the training provided for, and investigatory procedures used by, law enforcement personnel in the locating of missing children;

(iii) examine possible methods for identifying missing children prior to enrollment in a public or nonpublic school; and

(iv) explore the feasibility and effectiveness of utilizing the Federal Parent Locator Service in locating missing children.

(2) The advisory council shall consist of the following members:

(i) 1 person from the Department of Juvenile Services, to be designated by the Secretary of the Department of Juvenile Services;

(ii) 1 person from the Maryland State Department of Education, designated by the State Superintendent of Schools;

(iii) 1 person from the State Police, to be appointed by the Superintendent of the State Police;

(iv) the Director of the Office for Children and Youth, who shall serve as chairman of the advisory council;

(v) the President of the Governor's Youth Advisory Council or a representative of the President from the Council;

(i) 1 member from the

President of the Associat

(ii) 1 member from the

the President of the

(iii) 2 members from the

of council member

shall be 2 years.

At the end of a term, a

until a successor is

Council members from

1987, ch. 290, § 1; 1

appropriate local law enforcement to locate the missing child.
waiting period. — (1) A law enforcement agency may not adopt rules, regulations or the filing of a report or the taking of any action with respect to a missing child or that a child is believed to be a missing child. — Every person filing a report to notify the local law enforcement agency of the locating of the missing child must notify the State Police or the State Police has been located. (1985, ch. 498)

Missing Children; voluntary programs; advisory council

There is a State Clearinghouse for missing children that is responsible for: distribution of general information regarding missing children; and coordination of agencies and other interested parties regarding information on children who are thought to be located in, Maryland.
Programs for children. — The State Clearinghouse, in cooperation with local law enforcement agencies, shall develop and implement programs for children. An advisory council shall be appointed by the State Clearinghouse;

provided for, and investigatory procedures shall be developed in the locating of missing children and in identifying missing children in a school; and the effectiveness of utilizing the services of missing children. The advisory council shall consist of the following members: the Director of Juvenile Services, to be designated by the Director of Juvenile Services; the State Department of Education, to be designated by the State Department of Education; the State Police, to be appointed by the State Police; the State Department of Children and Youth, who shall be appointed by the State Department of Children and Youth; the Governor's Youth Advisory Council, to be appointed by the Governor; and the State Clearinghouse, to be appointed by the State Clearinghouse.

(vi) 1 member from the State Sheriff's Association, to be designated by the President of the Association;
(vii) 1 member from the State Chiefs of Police Association, to be designated by the President of the Association; and
(viii) 2 members from the public at-large, to be appointed by the Governor.
Term of council members. — (1) The term of council members from the public shall be 2 years.
(2) At the end of a term, a council member from the public shall continue to serve until a successor is appointed.
(3) Council members from the public may serve successive terms. (1985, ch. 496; 1987, ch. 290, § 1; 1989, ch. 539, § 7.)

n as to child.

for an expert to gather sufficient facts to form an opinion; the doctor's testimony was admitted. *Burrows v. Sanders*, 99 Md. App. 82, 635 A.2d 82 (1994).

ing and conclusive.

significant length of time; where the child has formed a strong attachment to the third party, that there is a possibility of emotional effect, custody is changed; and where the child is living under the current custody of the third party. *Burrows v. Sanders*, 99 Md. App. 82, 635 A.2d 82 (1994).

Recognition and enforce-

use, that the sister states custody law applies the best interest of the child standard. *Malik v. Malik*, 99 Md. App. 521, 638 A.2d 4 (1994).

n State; Child Abduction.

State.

action. *Tindle v. State*, 326 Md. 25, 602 A.2d 1232 (1992).
of abduction or custody interference pros-
ns can be heard in the State where the
al custody has been deprived by acts or
ns which occurred outside the State.
v. State, 326 Md. 25, 602 A.2d 1232

Subtitle 4. Missing Children.

§ 9-402. Determinations of law enforcement agency upon receipt of report.

(b) Actions by law enforcement agency when subsection (a) conditions exist. — Upon conclusion by the law enforcement agency that any one of the conditions specified in subsection (a) of this section exists, the law enforcement agency shall immediately:

(5) enlist the aid of the Department of State Police, when appropriate, in locating the missing child.

(d) Assistance by Department of State Police. — Notwithstanding any provision of law to the contrary, if a missing child has not been located within 24 hours of the filing of a missing persons report and either the local law enforcement agency or the Department of State Police have reason to believe that the missing child may be located in a jurisdiction other than the jurisdiction where the missing persons report was filed, the Department of State Police shall enter the investigation and, in cooperation with the appropriate local law enforcement agencies, assist State and national efforts to locate the missing child.

(f) Notice upon location of missing child. — Every person filing a report of a missing child shall be required to notify the local law enforcement agency and the Department of State Police immediately upon the locating of the missing child if it is unlikely that the local law enforcement agency or the Department of State Police have knowledge that the missing child has been located.

Editor's note. — Section 3, chs. 165 and 166, Acts 1994, provides that "(a) The publishers of the Annotated Code of Maryland, subject to the approval of the Department of Legislative Reference, shall propose the correction of any agency names and titles throughout the Code that are rendered incorrect by this Act.

(b) The Department of Legislative Reference, in conjunction with the publishers of the

§ 9-403. Clearinghouse for Missing Children; voluntary fingerprinting programs; advisory council.

(a) Creation; responsibilities. — There is a State Clearinghouse for Missing Children operated by the Department of State Police that is responsible for:

(b) Voluntary fingerprinting programs for children. — The Department of State Police Superintendent may develop, in cooperation with local law enforcement agencies, a plan for voluntary fingerprinting programs for children.

(c) Advisory council.

(2) The advisory council shall consist of the following members:

(iii) 1 person from the Department of State Police, to be appointed by the Superintendent of the State Police;

Southwest Virginia Mountain Rescue Group
a member of the
Appalachian Search and Rescue Conference, Inc.

Report to the Board of Directors
Saturday 25 February 1995
Prepared by Tony Bordeaux

Searches

<u>Location</u>	<u>Number responding</u>
Fort Pickett, Va.	4
Montgomery county, Va.	30
<u>Montgomery county, Va.</u>	<u>25</u>
Totals: 3 searches	59 responding

Membership

4 new probationary
10 new active
6 new CQ's
2 Hug-a-fied
3 completed FTL land nav test

Modification to the Ops Manual

Rescue rope: Shouldn't we be following a written standard, such as NFPA 1983? Currently the Ops manual specifies that a rope for vertical use be in good condition. Shouldn't this be changed to state that a rope used for vertical rescue be new? If you would like a copy of the NFPA standards, contact Dave Zader at (703)951-2914 or e-mail: dzader@vt.edu.

House Bill 1456

House Bill 1456 is a bill that provides worker's compensation for volunteer rescue personnel injured during a rescue operation. SWVaMRG sent letters in support of H.B. 1456 to the governor, 2 senators and 2 house delegates. Attached to the letters were 47 signatures from members of SWVaMRG.

SWVaMRG Budget

SWVaMRG has submitted its budget request to the university budget board. We are asking for \$12,000 to enable the group to buy a copier, update medical equipment, and to cover operating costs for the coming year.

AIR SEARCH UNITS

All air units are equipped with Gyro Binoculars & Radio Systems

- a) Maryland State Police Aviation
SYSCOM - Helicopter Dispatch Center
Duty OFC. 1-800-648-3001
1-410 783-7525
- Aerospatiale Duaphine II Helicopters are equipped with Hoists,
FLIR unit 4" Screen, no recording Capabilities &
30 mill CL Night Sun, 2-3 hrs of fuel.
- 1) Middle River Martins State Airport - TROOPER "1"
 - 2) Andrews Air Force Base - TROOPER "2"
 - 3) Frederick Airport - TROOPER "3"
 - 4) Salisbury - Wicomico Co. Airport - TROOPER "4"
 - 5) Cumberland Airport -TROOPER "5"
 - 6) Centerville - (Next to Barrack) - TROOPER "6"
(Bell Jet Ranger) Daytime OPS only & No FLIR
 - 7) Patuxent Naval Air Station - TROOPER "7"
(Bell Jet Ranger) Daytime OPS only & No FLIR
 - 8) Norwood - Montgomery Co. - TROOPER "8"
 - 9) Martins - Cessna 182 No FLIR
- b) Department Of Natural Resources Police - Easton, Md
Hanger 1-800-628-9944
1-410-974-3181
- Sgt. Scott Zimmerman & Cpl Wayne Stallings
- 1) Bell B206L Jet Ranger - NATURAL "1" (N16717)
FLIR w/ 2 10" Screens - Recording Capabilites
External Speaker & PA
Night Sun
2-4 hrs of Fuel
 - 2) Hughes TH55A - NATURAL "2" (N82002)
External Speaker & PA
2-3 hrs of Fuel
 - 3) Aero Commander Plane Model 500A - NATURAL "3" (N6266X)
Twin Engine
4-6 hrs 130 gals. of Fuel
- c) U.S. Park Police Washington D.C.
SYSCOM 1-800-648-3001
Hanger 1-202-426-6969
- 1) Bell 412 - EAGLE "1"
This Helicopter is equipped with a Hoist & FLIR unit with 10" Screen
 - 2) Bell Jet Long Ranger B206L - EAGLE "2" - No FLIR
- d) Baltimore City Police Department Aviation - Martin State Airport
Lt. Walter Taylor & Sgt Douglas M.F. Womach
FLIR equipped w/ recorded & Several Helicopter - FOXTROT
1-410-682-3326
- e) Baltimore County Police Department Aviation - Martin State Airport
Roy R. Taylor, Jr. -
1-410-887-0279
- f) Civil Air Patrol - Maryland Wing

DOG SEARCH UNITS

- a) Mid Atlantic Dogs - Airscenting/Trailing Mont. Co. F/R 1-301-217-4644
Marian Hardy - 4 Orchard Way N. Rockville, MD 1-301-762-7217
Comm: 155.160, 155.205, 155.280 - 5 watt Portables
- b) Baltimore Co. Fire Dept. Advanced Tactical SAR Dog Unit Balt. Co. F/R 1-410-887-4592
Dan Kluge & Bill 2 Dog Teams Airscenting/Trailing 1-410-887-4500
Baltimore County FD 700 E. Joppa Rd. Suite 900 Towson, Maryland 21204
Comm. 155.160 & 800 MHz Repeater Portables
- c) Dogs-East - Airscenting/Trailing VA DES 1-804-674-2400
Ed Johnson - 136 Indiantown Rd King George, VA 22485 1-703-775-9568
Comm: 155.160, 155.205, 155.280 - 5 watt Portables
- d) Southern MD Search Dogs - Airscenting/Trailing 1-301-373-8259
Scott Eurhart - 365 Jones Warf Road Hollywood Maryland 20636
- e) Maryland SARDA - Airscenting/Trailing 1-301-843-1609
Bob Synder - PO box 545 White Plains, Maryland 20695
- f) Prince Georges County Sheriff's Department - Bloodhound Tracking/Trailing 1-301-952-4000
Ray L. Bunner
- g) Howard Co. Police Department - Tactical Section & K-9 Unit 1-410-313-2200
Michael A. Thorn, Sr. - Tracking & Patrol Dog
- h) Maryland State Police - Special Operations Division - K-9
1) Doug H. Lowery - Hagerstown - (Bloodhound, Tracking, Patrol, Airscenting) 1-301-
663-3101
2) Vernon Love - Berlin - (Tracking, Patrol) 1-410-
641-3101
- I) National Police Bloodhound Assn. 1-301-934-8672

EQUESTRIAN SEARCH TEAMS

- a) TROT-Search Team Voice Mail 1-410-442-8925
Cole Brown, Search Team Manager 6 Woodhollow Ct. Owings Mills, MD 21117 1-410-
363-4916
6 Operational Horse Teams Comm: 155.160, 155.205, 155.235 - 5 watt Portables
- b) Maryland National Capital Park Police - Montgomery Co. Station 1-301-924-5301
Rick Pelicano Norwood, MD 8 Operational Horse Teams

CRIME SCENE SEARCH TEAMS

- a) Western Maryland Crime Scene Search Team. 1-301-729-3101
Vivian Jamison or Bernie Zolmak (DNR Forestry) Cumberland, MD
- b) Central Maryland Crime Scene Search Team. 1-301-
663-3101
SGT. Bill Burke or Dorothy Bennet - Frederick, MD
- c) Baltimore Metro Volunteer Crime Scene Search Team. 1-410-
761-5130
Ed Wilson & Robert White - Glen Burnie, MD

GROUND SEARCH AND RESCUE

- | | | |
|--|-------|----------------|
| a) Applachian Search and Rescue Conference | VADES | 1-804-674-2400 |
| 1) Allegheny Mountain Rescue Group | | |
| John Ziminski , Pittsburg, PA | | |
| 2) Blue Ridge Mountain Rescue Group | | |
| Chris Matulew , Charlottesville, VA | | |
| 3) Richmond Search and Rescue | | |
| Todd L. Williams , Richmond, VA | | |
| 4) Shenandoah Mountain Rescue Group | | 1-703-255-5034 |
| Art Deads, Sr. , Vienna, VA <i>Vienna Va</i> | | |
| 5) Southwest Virginia Moutain Rescue Group | | |
| Vince Sero , Blacksburg, VA | | |
| 6) Tidewater Search and Rescue | | |
| Dave Carter, Norfolk, VA | | |
| 7) Maryland Search and Rescue - Explorer Post 616 | | |
| Peter McCabe, Columbia, MD | | |
| 8) Potomac Valley Search and Rescue - Explorer Post 617 | | |
| College Park, MD | | |
| b) Department Of Natural Resources - Forest/Parks Winter Rescue Team | | 1-410-461-0053 |
| Chris Anderson, Western Reg. Director | | 1-301-777-2366 |
| c) Cave Rescue - NCRC - National Cave Rescue Commission | | 1-804-674-2400 |

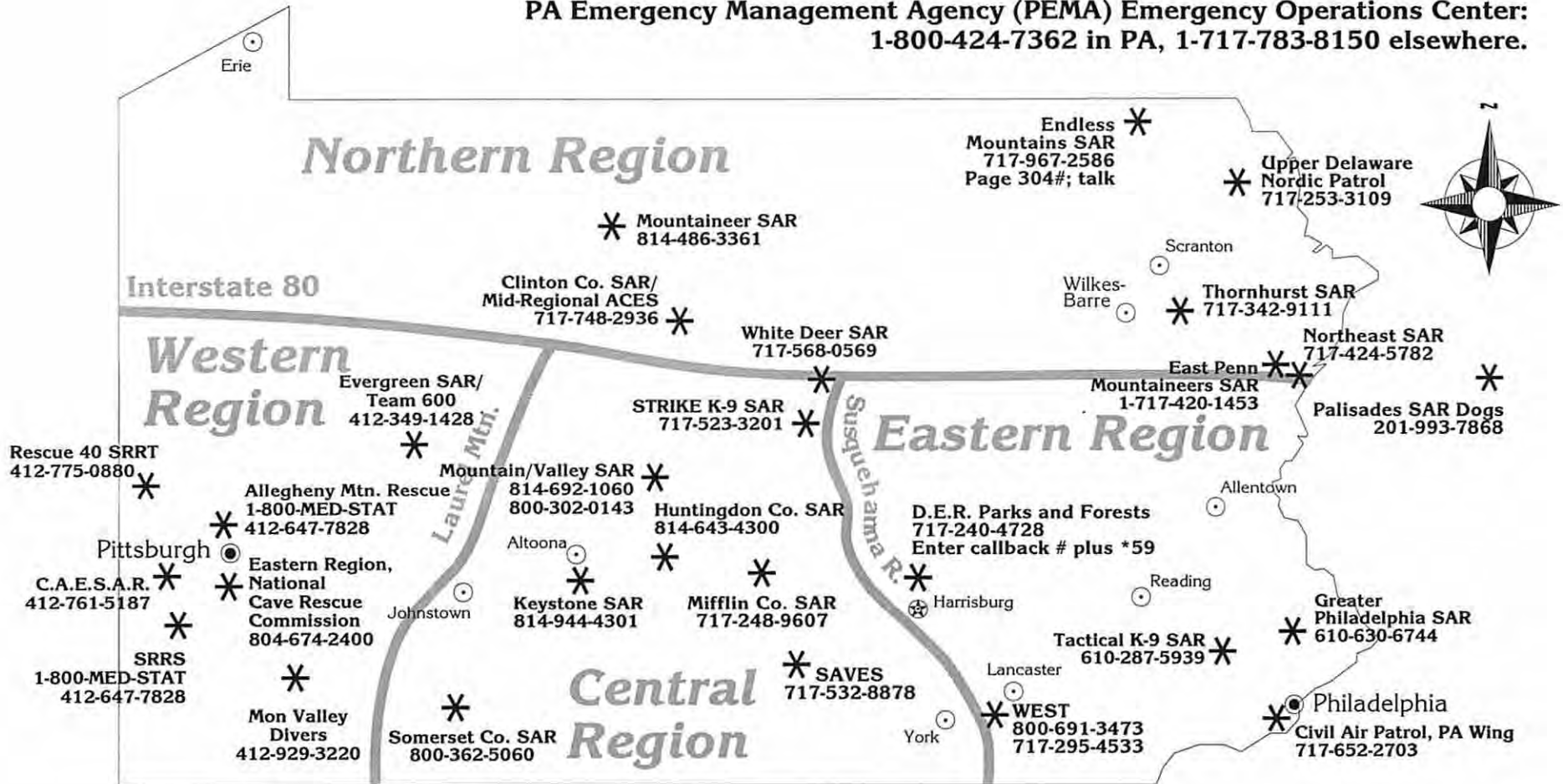
STATE & FEDERAL EMERGENCY MANAGEMENT SYSTEMS

- | | |
|--|----------------|
| a) Maryland Emergency Managment Agency, Pikesville, MD | 1-410-486-4422 |
| Dave McMillion, Director | |
| Edwin Tremper, Operations | |
| b) Air Force Rescue Coordination Center (AFRCC) Langley AFB, VA | 1-804-591-4119 |
| Col. James Ackert 205 Dodd Blvd Suite 101C Langley AFB, VA 23665 | |

ARDA

MASON Dixon Search Dogs
Bel - Air Md.

PSARC 24-hour Resource Referral:
1-800-MED-STAT (1-800-633-7828) in PA; 1-412-647-7828 elsewhere.
PA Emergency Management Agency (PEMA) Emergency Operations Center:
1-800-424-7362 in PA, 1-717-783-8150 elsewhere.



Pennsylvania Search and Rescue Team Emergency Contacts

Version 95-1
February 1995

0 15 30 60 MI.

Cities, Towns, Teams	0 to 50,000	○	1,000,000 and over	●
	50,000 to 500,000	◐	Capital	★
	500,000 to 1,000,000	◑	PSARC Teams	✱

- ✱ Maryland SAR Group 804-674-2400
- Mid-Atlantic Dogs 301-217-4644 Page #94
- ✱ TROT SAR 410-442-8925
- ✱ Shenandoah Mtn. Rescue 804-674-2400



**Potomac Valley Rescue Group
REPORT TO BOD
February 25, 1995**

Missions Attended

<u>Date</u>	<u>Location</u>	<u># Attended</u>
12/25/94	Nottoway Co. VA	5
1/13/95	Montgomery Co. VA	5

Membership

IS	2
FTL	4
FTM	10
CQ	33
Trainee	~10

Training

One member progressed to a FTL and one member progressed to a FTM. In addition one member is expected to complete testing for FTL and approximately 5 are expected to complete testing for FTM in the next few weeks. Several of our members have applied for GSAR training and may be completing FTL or FTM training before April if accepted.

Anyone who wishes to guest lecture on a topic of personal interest, please contact Marc Buursink. A lecture on Sleep Dep. would be greatly appreciated.

Other

PVRG is preparing for the rapidly approaching April deadline for acceptance into the ASRC as a full member group. Recently the mad dash for equipment has lead to the acquisition of a base radio package. Special thanks to Steve Houck for making this possible.



APPALACHIAN SEARCH & RESCUE CONFERENCE, INC.

P.O. BOX 440

NEWCOMB STATION

24 Feb. 1996 HARLOTTESVILLE, VIRGINIA 22904

803 Townsend Court
Norfolk, Virginia, 23502

Dear BOD,

Jenn Avery served as Plans Chief during the mission on 6 DEC 194 in Blacksburg, VA.

I arrived in the parking lot as a field team found the subject. Mike Kirk had been acting as AR until I arrived.

I found the paperwork and mission operations in general to be adequate. However, there was confusion in locating files and some of the paperwork that I asked for.

In part the staff was confused since no one had designated who was to do what until Jean took over and began to do the Plans Function. She was beginning to impose order on the paperwork when the subject was located.

Her work was adequate.

A handwritten signature in black ink, appearing to read "David A. Carter".

David A. Carter, IC

Board of Directors
Appalachian Search and Rescue Conference, Inc.
Charlottesville, Virginia

Friday, February 24, 1995

Dear Chairman Carter and Members of the Board,

I want to express my support for Jennifer Avery becoming an incident commander. This letter briefly describes what I feel are my reasons for supporting her and issues that I think you, the ASRC BOD, should consider in making any IC approval decision.

Recently she served as Plans Chief on the incident in King William County, working for Camille Birmingham who was ASRC agency representative and myself who was ASRC/VDES incident commander. She was directly responsible for the planning of over 70 tasks during the daylight operational period, working very well with operations chief Todd L'Herrou. On that mission she impressed me with her perception of a staff coordination problem that was developing. She brought it to my attention and the issues were resolved. In fact, the corrective measures taken resulted in a task being assigned immediately to cover an area where the subject was. From this example and other conversations with her, I have confidence in her technical SAR management skills.

As far as being politically tactful, Jenn has had a great deal of experience serving as Chair of the Board of Directors for the Blue Ridge Mountain Rescue Group. Representing the group, she has planned and successfully conducted many meetings with University of Virginia administrative and academic officials. She seems to be conscious of morale and works hard to lead the group when the going is rough. It is my understanding that she is a very good engineering student. I have been through a similar engineering program at the University of Virginia, and also been chair of BRMRG BOD, all while working a part-time job. I want to tell you that I admire how well she handles it all. She is personable and approachable, but can also be tough and disciplined. She seems to have a committed interest in SAR management. So I would like to see her have the opportunity to develop her management skills further as an incident commander for the ASRC.

As the Board of Directors for the corporation of ASRC, you have a rather special duty in the SAR community, that of approving incident commanders. I feel I should remind you that the VDES State Coordinator of Emergency Services, Mr. Addison Slayton, did officially approve the VDES SAR Incident Commander qualifications standard in April 1994. His action may be considered administrative law. I am not sure of this. In any case, I think it would be wise on the part of the ASRC to adhere voluntarily to parts of this standard as much as possible until VDES can fully implement it. This standard represents not only the ASRC's knowledge and performance expectations of an IC, but the expectations of all the SAR community and of VDES. I would not want to hear great political grumbling that ASRC just disregards the standard to which everyone else must adhere. We do have a unique position, one that has developed over time with trust in the quality of our personnel. ASRC incident commanders when responding to an incident as "IC" assume the burden of representing VDES; their actions and decisions

incur liability upon the state and upon the responsible agencies who we are assisting with our response. We are viewed by our requesting agencies as *the experts*. This means IC's as well as all other staff and technically trained field personnel need to continue their own training. The IC is particularly responsible for their own further education, re-education and maintenance of field skills. The real legalities of the IC-RA relationship is an area in which we all need a better understanding. This is a main reason that the state standard calls for an IC course. However in the absence of that course, I see no other way to prepare oneself than through experience and follow-up research on questions. Critique of one's own performance through open discussion with other IC's, staff and members of the SAR community is necessary to ensure everyone learns from each other's experiences. My experience with Jenn both as a staff member and as BRMRG Chair make me believe that she will critically review her experiences and share them constructively with the rest of the community.

I do not know; nor could I know to what extent Jenn will follow through with all the unwritten responsibilities of being an IC. But I do know that she is willing to try, and that I have confidence in her technical, management and political abilities.

Respectfully,

A handwritten signature in black ink, appearing to read 'William Dixon', with a stylized flourish at the end.

William Dixon
ASRC IC

TO: ASRC BOD

Page 31

ASRC-BOD-000001

ASRC-BOD-000001

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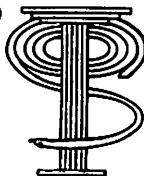
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Friday 23, 1995.

dbS
Productions
P.O. Box 1894
University Station
Charlottesville, VA 22903
(804) 977-1581 (800) 745-1581

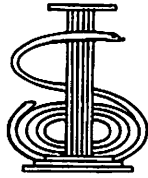


Dear ASRC Board,

I'm pleased to serve as the sponsor of Jenn during her the position of District Commander. May of you may not be familiar with Jenn's extraordinary abilities, but I can assure you that Jenn will be one of the ASRC's best IC's.

Jenn has satisfied the ASRC's requirements for IC by serving as District Staff for more than 6 months, passed the BRMC group vote unanimously (more than 30 member present), she satisfied her operations requirement while serving with me at the Caring County Board on November 6, 1994. She satisfied her plans requirement serving with William Dixon at King William County on October 28, 1994. Finally she served as plans with Dave Carter at Montgomery County on December 6, 1994. Williams at Davis tells

are involved in support of her application. At least they assured me before I left, in addition, ~~she~~ served under both John Parker and Steve Hammer during the ASRC Virginia Board. She served in both the positions and plans officer role. For this Board I have no letter but fortunately only three letters are required. suffice it to say the initial transition to ASRC movement was decided to be as rather



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page 2

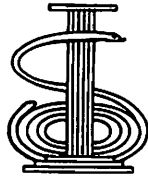
effective and smooth. In fact, this was Lisa's last testimony to her effective abilities (her second IC role). However, any IC knows it's the staff support you receive that makes the difference. Jenn has also served as FTH on both find and evacuation teams, performed logistics, deputy operations twice, briefing/debriefing, and plops on two occasions. In all positions, she has excelled.

Jenn is still relatively new to the ASRC and hence may not be familiar to many of you. I urge you not to abstain for this reason. Listen to her recommendations and vote with confidence. From the onset it was recognized she would be on the fast track. Ideally, an OPS or Plans officer should approach the IC with a request for more or less resources with sufficient lead time to implement the request. Unfortunately, few staff members have grasped this concept and continue to micromanage. Indeed, it seems to be that only ICs while as OPS or Plans have this big perspective. On my search in Craig County Jenn was able to offer just such advice. I have always been impressed with Jenn's ability and intuition of where a search should be headed at each particular phase. This intuition coupled with

[Faint, mostly illegible handwritten text covering the majority of the page. The text appears to be a letter or a report, but the words are too light to transcribe accurately.]



U.S. DEPARTMENT OF JUSTICE
DIVISION OF INVESTIGATION
WASHINGTON, D.C. 20535
JAN 10 1964
RECEIVED



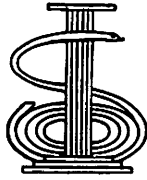
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Charlottesville, VA 22903
(804) 977-1581 (800) 745-1581

page 3

experience within the role of IC will make her one of the Conferences most effective Commanders. It almost seems to me that female ~~new~~ IC's need to be better than average among IC. I feel Jenn will continue this tradition.

During both incidents and within her role of BRURG chair I have been able to watch Jenn's character. She possess excellent political tact in dealing with high level school administrator, responsible agents, and ASRC personnel. Her rescue squad, ~~and~~ small town background, and military background will serve her well. Her leadership, management, and motivational skills are unquestioned within the group. She possess the ability to reach a consensus but also apply firm direction. She knows how to listen and when to speak, and boy can she delegate!

While, I wish she could have more experience I realized what is most important now is experience as an IC. I am not bringing her up because I feel there is a shortage of IC. I have not lowered my standards one bit. In fact, they may be slowly rising. She simply has that rare gift of knowing what needs to be done on the "Gestalt" of SAR.



dbS
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Charlottesville, VA 22903
(804) 977-1581 (800) 745-1581

page 4.

I have had the chance to review the DES knowledge requirements with her and of course found her proficient.

Jenn will be a remarkable IC the entire conference can be proud of. I'm confident her projection of calm, confident, professional leadership without arrogance will be a significant asset and model to the entire SAR community. I will be happy to serve under Jenn at some future search.

Lisa was the first to recognize Jenn's ability and served as her mentor. Since I had the chance to serve as Lisa's sponsor I find it particularly fulfilling to serve as Lisa's proxy and recommend Jenn in the strongest possible form. I strongly urge every voting board member to approve Jenn Avery as a conference IC.

Sincerely yours
Robert J. Hoester
IC

P.S. Admin note. Past votes count the number of voting members of the board present or represented by proxy. 2/3 or more of these must vote yes for the motion to carry.

FAX MESSAGE

TO: Blue Ridge Mountain Rescue Group
Membership
c/o Robert Koester

Phone: 804-924-3472
Fax: 804-293-5502

FROM: Marc Buursink
1436 Layman St.
McLean, VA 22101

Phone: 703-648-6918
Fax: 703-648-6953

RE: Jen Avery for Incident Commander

DATE: 22 February 1995

MESSAGE:

Please convey to the Group my wholehearted support for the nomination and promotion of Jen Avery to Incident Commander in the Appalachian Search and Rescue Conference. She will competently and enthusiastically lead ASRC resources at search and rescue missions and will ably represent the Commonwealth of Virginia through the effective management of associated SAR resources. Jen possesses the knowledge, skills, and experience to lead a mission and to carry out its ultimate goal of saving human lives. I will not hesitate, and will even jump at the chance, to serve as incident staff under her command.

Sincerely,



Marc Buursink

16 February 1995

Dear Members of the ASRC BOD:

I am writing this letter to support Jenn Avery's nomination for IC. Since she has never served under me on a search, this is not an official letter of recommendation, but I wanted to take the opportunity to make a few observations.

I do not believe that everyone is cut out to be an IC. Some who do become ICs are born; others are made. Most candidates, including myself, have to work to hone the skills and develop the temperament suitable to command. Occasionally, someone comes along who possesses the personality and traits of an IC and needs only to gain some search knowledge to pass through the hoops. Such people tend to hurtle along the IC track, stopping only to pick up the technical knowledge and experience of working on missions. Jenn Avery is such a person.

Although I am an ardent proponent of the theory that a good group Chair does not necessarily a good IC make, and vice versa, I am confident that Jenn's success as BRMRG Chair is due to many of the traits that will make her a successful IC. Jenn has steered BRMRG through the most difficult year of its existence; many times since Lisa died in May, Jenn has had to hold the group together with love and tenacity as interpersonal conflicts and low morale threaten the foundations on which BRMRG is built. Although Lisa was her mentor and one of her best friends, Jenn overcame her own grief to focus on the group and the concerns of the individual members. She has also been responsible for administering the Lisa Hannon Memorial Fund, a difficult task legally, financially, and morale-wise. As I write this, BRMRG is at a high point as far as morale, interest, and membership are concerned. Many group members have contributed to rebuilding the group since May, but Jenn has taken a large part of the burden upon herself and deserves much of the credit. She will even graduate on time in May.

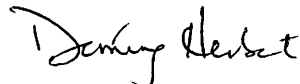
Some of Jenn's characteristics that make her a good group Chair are commitment, foresight, compassion, and a willingness to work with people to get things done. She knows how to delegate and allows those to whom she has delegated to do their jobs. She truly has the ability to gain an overall view of things and not give in to the tendency to micromanage. I think this last trait is one of her strongest ones and will serve her well as an IC.

Jenn is straightforward, intelligent, and resourceful. She is very perceptive and cuts to the heart of any problem or situation. She is most comfortable managing by consensus but does not hesitate to assert her leadership position if necessary. As an IC, she will know that she is in charge but will work with her staff as a team.

Jenn has excellent field skills and has shown interest in learning every step of the way. She gets along with people and easily earns respect. She became interested in search management because Lisa Hannon pushed her to fulfill her potential. Lisa recognized Jenn's leadership abilities and thought that she would make a fine IC; I hope the current ASRC BOD members will do the same.

In summary, I believe that Jenn Avery will be one of the most competent ICs the ASRC has ever produced and is the type of person we should actively recruit to follow the IC track. I support her nomination with excitement and enthusiasm.

Sincerely,

A handwritten signature in cursive script that reads "Deming Herbert".

Deming Herbert



APPALACHIAN SEARCH & RESCUE CONFERENCE, INC.

P.O. BOX 440
NEWCOMB STATION
CHARLOTTESVILLE, VIRGINIA 22904

24 Feb 1995

803 Townsend Court
Norfolk, VA. 23502

Dear Board of Directors,

Among other things, the training standards of the ASRC require three letters of recommendation for nomination as an Incident Commander within the Conference. I am nominating Ruth Carter as an IC.

This letter will serve as all three since She and I have worked together on numerous missions over the years and I probably know her best with regard to mission operations.

According to the IC/IS roster of 17 Dec 94, she was certified at the BOD of April 1 1992 as an Incident Staff Member.

RECOMMENDATION ONE: According to my personal SAR log she served as Plans Chief for the night shift on May 11 1994 during the Henry County mission at Axon VA. She also worked as Deputy Operations when we first arrived. The Operations Chief was a local fire rescue volunteer who is a VAVRS SAR instructor. He was extremely abrasive, but she was able to work closely with him at the field site before we moved to the fire department later in the evening. William Dixon was AR at this point.

I was AR/IC during the night. It was our job as assigned by the IC who was not an ASRC member, to prepare the Plans, TAF's, ect. during the night for an expected 200-300 people beginning at 0700 hours on May 11th.

Within one hour she had segmented the two areas (1.5 mile radius around the PLS and .5 miles around the subject's home) determined to be the search areas by the planning session held on the evening of May 10th. During the remainder of the night, she developed 52 search tasks and wrote the TAF descriptions. With the help of Jim Poole she put together the task packages and directed Jim and I in how she wanted the base set up.

When the local IC arrived in the AM, he was amazed and very thankful at the work she had done. The expected number of people did not show up. The local IC plus RA's decided to change their own emphasis, changing all the work she had done. However, the subject was found in one of the high POA areas she established with the MATTSUN she had directed during the night.

As IC/AR I can recommend, without hesitation, her ability to do Plans functions.

RECOMMENDATION TWO: According to my personal SAR log she served as Operations Chief on 8 Oct. 1993 during the search for an 18 year hunter missing in the Dismal Swamp. We arrived at 0322 Hours and established a base at the Dismal Swamp Wildlife Refuge Headquarters.

She requested a helicopter and additional personnel as the response from ASRC was disappointing. I got the helicopter from NIGHTINGALE and briefed the task she wrote to the aircrew.

The results were negative, but we later learned the subject saw the helicopter, although they did not see him.

She was quickly able to get the available resources into the field and established the proper and correct documentation to support the mission..

She created a new system to allow sweep searching of the 2 mile exactly square, featureless search area. This involved the use of number surveyors flags placed at 1/10 mile distances along two of the edges of the clearly defined search area. This flags were being placed when the subject walked out on his own at 0915Hrs.

As IC/AR I can recommend, without hesitation, her ability to do Operation functions.

RECOMMENDATION THREE : According to my personal SAR log, she was Plans initially on the Criddle mission at Hague VA 7-11-93 when we first arrived. The base was being moved to the Elementary school from the Volunteer fire department. The paperwork was a disaster and we spent hours sort, collating and creating the necessary files. We established the base and set up the area for operations to begin in the AM. She developed the IAP, printed it and created the necessary Task Packages.

We completed the IAP and Task Packages at 0400 hours and laid down to sleep until 0630Hrs. At 0700 Hrs she begin as Operations Chief and sent out the first team at 0743 hrs. Bob Koester took over as IC at 0745 Hrs.

As IC I can recommend, without hesitation, her ability to do Operation and Plans functions.

RECOMMENDATION FOUR : According to my personal SAR log she was Operations Chief/PLOPS on the lost person mission on 5/31/93 Paige County mission for two missing children.

We had been climbing at Great Falls when the pager went off. While I drove Ruth, Colleen and Mark Eggeman prepared the mission files and initial paperwork. Using the cellular phone she made arrangements to meet with Curt Nellis and to get resources in bound from SMRG, TSAR and BRMG.

Upon arrival we set up base on the side of a dirt road near the PLS. Ruth directed Colleen Eggeman in getting investigation established and to act as staging manager. The first local team was out within twenty two minutes of our arrival on scene.

This was politically sensitive mission and thus we had to be smooth in our interaction with the local fire chief. Ruth's handling of him was superb! He was really appreciative of our efforts at the end of the mission. As usual her paper work was correct and accurate.

As IC I can recommend, without hesitation, her ability to do Operation functions.

RECOMMENDATION FIVE : According to my personal SAR log she served as Operations/PLOPS on the lost person mission for a missing seven year old in Newport News, VA.

We were conducting the initial PSO class when we got the mission call. We moved the entire class as mission staff to the Morrison Elementary school to begin to set up base. Base was to be in the parking lot as school principal didn't want to open the school.

The initial files were created, staff was assigned and POA's develop (based on interview with detective Robinson.) She had begun creation of initial task packages when subject was located status one in a friend's apartment.

RECOMMENDATION SIX: According to my personal SAR log Ruth was Plans/PLOPS then later as Operations/Plops on the Surry County mission on 5 Sep 94 for Mr. Charity.

The subject had been missing for five days before he was reported as gone. We arrived at 2031 hours at Surry Sheriff's Office. During the night we prepared the IAP for the daylight hours and made up task packages and the IAP.

At 0530 we went to the PLS and established the base in the subject's friends front yard. Ruth took over as Operations/PLOPS and begin dispatching teams by flash light on the hood of her truck. When the DES motor home arrived Ruth moved Operations inside and then established staging in a tent erected by the local rescue squad.

In spite of the heat and humidity She established all the necessary files, kept the paperwork moving promptly and accurately and kept the teams in the field. The documentation created on this day and followed by others on the next day, eventually led to location of the subject a week later when the mission was reopened.

As IC I can recommend, without hesitation, Ruth's ability to do Plans/Operation functions.

RECOMMENDATION SEVEN: According to my personal SAR log Ruth was operations chief on the Floyd County mission, 7 June 1992.

We took over the Operation from Bob Koester and BMRG staff at 1800 on 7 June 1992. The base was a mess. Ruth was quickly able to establish order. After turnover from Bob K and staff, Ruth was able to establish order on the many rescue squad and fire volunteers who flooded the area. There was an obvious loss of control on this mission. Ruth was able to establish control on the Operations side and thus began to make sense of the efforts that had been done.

She was operations again on the next day 8 June 92 and kept up the effort in spite of declining resources. We finally had to suspend mission because of lack on an IC and staff.

As IC I can recommend, without hesitation, Ruth's ability to do Operation functions.

FOLKS: I can truthfully say to the BOD that Ruth has the ability to be an IC. She has repeatedly demonstrated the ability to do each and all of the functions necessary to make a mission happen. She has had numerous compliments from all over the SAR community about her efforts on missions.

She has been cheered by mission staff's when she arrived at missions. She has been told by numerous SAR personnel that they look forward to coming to missions where she is involved because they know she runs a solid mission and they can count on being listened to.

She is a hard task mistress and there are some ASRC people who feel she is too rigid. I have heard that some do not like her being as serious and demanding as she is. Some don't like her tone of voice. Some people on the BOD have been subject to her discipline and feel threatened by what she has done.

She teaches FTM, FTL, MSO, and was co-creator of the PSO course and teaches that as well. She knows SAR at all levels.

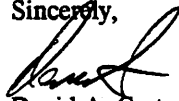
Outside of ASRC she is co-manager of the highest profitable Blue Ridge Mountain Sports Store in the BRMS system and has been hired by the company to write their training manual. This statement shows her ability to manage and organize in and out of ASRC.

In spite of the fact that she is my wife and friend, I as an IC know that I can count on her to do her job on any mission any where, under any conditions because we have been there and we have done that. I don't not have to worry about quality or quantity. It will be done on time and under budget.

I can say that there is one negative area. She is night blind and cannot drive at night. If she accepts a mission at night, someone will have to get her there.

I recommend her to the BOD as an IC since she not only meets but far exceeds the qualifications.

Sincerely,



David A. Carter, IC

24 Feb. 95

803 Townsend Court
Norfolk, Va. 23502

Dear BOD,

I am recommending Mark Eggeman as an IC. I will compile his efforts with me in one letter, rather than write separate letters. I have included his own letter chronicling his SAR history. He has served as follows:


Dec 1994 Operations Chief, Ft. Pickett mission. One shift. Did an excellent job in managing the operations section.

Jul. 1993, Plans Chief, Hague Mission, one shift an excellent effort.

Aug. 94, Nottoway County Search, AR, An excellent job.

Oct. 94, ~~Whitley~~ search, AR, Again an excellent job.

Mark has met the criteria as an IC in accordance with the Training Standards. He also has served as both IC and IS in many table tops and simulations demonstrating his ability to perform the functions of an IC in a controlled environment.


David A. Carter, IC

TO: ASRC BOD
 FM: Mark Egge
 DT: 12/05/1994
 RE: Candidate for IC

FORWARD
 For the purpose of IC nominations to be held at the December BOD, please note the following synopsis of my involvement with the conference.

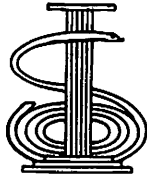
TRAINING and CERTIFICATIONS
 GSAR Level I Mar 88
 GSAR level II Jun 88
 Mantrucking Part I Mar 90
 MSO Aug 92
 PSO Feb 93
 Recertify FTL May 93
 Incident Staff Aug 93

INCIDENT STAFF MISSION EXPERIENCE
 Staging
 Assisted with Division Ops
 Investigations
 Plans and Deputy Ops
 Ops
 Deputy Ops
 Ops
 A.R.
 A.R.
 A.R.

SUMMARY
 Since I first became involved with the ASRC seven years ago, I have attended 20 searches starting with the Noepel Search in August of 1987. With few exceptions I have remained active in my home group (TSAR) often serving as an instructor for our group training sessions. I have often volunteered my time and assistance to Civil Air Patrol ground search training and simulations. Along the way I have attended 6 ground search simulations, 2 vertical simulations, 1 vertical rescue, and worked 4 plane crashes one of which resulted in the recovery of 5 bodies. This past summer I responded as an AR to a search in Nottway County where the sheriff had requested outside resources for the first time. In spite of my falling all over myself to make a good impression, the sheriff was pleased with our response.

If I can be of any further assistance in the selection process, please do not hesitate to contact me.

Mark Egge
 ASRC / TSAR Incident Staff



**dbS
Productions**

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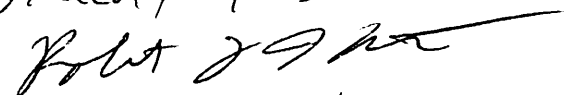
February 23, 1995

Dear ASRC BOD,

I have had the pleasure of working with Mark ~~Eggen~~ on several occasions in his long ASRC career. Most recently he served as my Operations officer in Montgomery County, Virginia. Mark possesses all the technical skill and knowledge required to perform as an Incident Commander. I am also quite comfortable with his tact, political skill, abilities under pressure, maturity, and level of "mellowness". In short he possesses the qualities that make a good IC.

My past deficiencies in ASRC administrative functions do not really concern me. I have always made the point when bring up new ICs that I don't care about administrative achievements since managing a group and managing a search are very different. In short, Mark has my full support.

Sincerely yours



Robert J. Koester

IC