

Department of Homeland Security  
Federal Emergency Management Agency

# National Urban Search and Rescue Response System

A Component of the National Response Framework  
Emergency Support Function # 9



## US&R Operations Manual

### Annex F – Safety

#### Appendix A – Incident Within an Incident (IWI) Protocol

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**Appendix A – Incident Within an Incident (IWI) Protocol**

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**1-1 Overview**

This protocol is designed to address an emergency situation such as a collapse, aircraft crash, extreme injury to incident personnel, vehicle accident, etc., that may result in a near miss, serious injuries or fatalities, destruction of property, and mental anguish. The emergency situation may occur at any time and may be in an isolated area of the incident. The IST will manage the emergency by assigning additional responsibilities to IST members and Task Force personnel.

The protocol will supplement the existing operational planning and is intended for use by the Federal Emergency Management Agency National US&R Response System (the System) and is not designed to supersede standard ICS procedures but to supplement such procedures. All routine medical incidents should be administered under the ICS-206 Medical Plan. It is not intended to be all-inclusive, so the Command and General Staff (C&G) are expected to perform their respective duties as assigned.

The primary goal of this IWI protocol is to provide task force personnel the guidelines necessary to mitigate any major event, near miss, or administrative request. This may include, but not limited to, locating, triaging, extricating, and treatment of all injured patients in as quick and safe a manner as possible to the most appropriate facility for the incident. The secondary purpose of this protocol is to address situations such as an entrapment, aircraft crash, serious injuries, vehicle accident, etc., during a sanctioned training event or response in all-risk, all-hazard emergency incidents. In the occurrence of a minor event the Incident Medical Plan (ICS 206) guidelines will be used.

Notification of the IWI must be made to the appropriate IST supervisor (i.e. DIVS, OSC, ISTL). The IWI notification should include the nature of the event, conditions, action being taken and resource needs. The IST supervisor shall reallocate or assign additional resources to support and/or coordinate operations with the affected task force if required. As soon as possible, the IST supervisor or designee shall manage the IWI.

Names of the injured or deceased personnel or task force designators, or other identifying information are not to be transmitted on the radio. The IST Leader or designee is the only authorized source for release of such identifying information.

Deceased individuals are not to be moved, except to accomplish rescue work or to protect the health and safety of others. Personal effects of the deceased are not to be moved or removed. Flag off the area and keep the media from entering the area. If the decedent(s) needs to be moved, photographs shall be taken prior to movement. The involved task force will work directly with the local Medical Examiner and/or Coroner's office in documenting pertinent information on the incident.

Each person involved with the management of the emergency will complete a thorough documentation of their respective actions. This is extremely important and is not to be overlooked. The ICS-214 form should be utilized for initial notations, but subsequent narratives will be required.

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**1-2 Key Roles and Responsibilities**

**A. Incident Support Team (IST)**

The IST (Operations, Plans, Medical and Safety Officer) will collaborate with the local first responders and Emergency Medical Services (EMS) to ensure integration of local information into IST planning meetings, operational briefings, and Operational Action Plan documents, specifically the ICS 204 Assignment List and ICS 206 Medical Form. Local information can include, but not limited to travel routes, resource limitations, EMS availability and capability, target hazards, etc.

**B. Agency Having Authority / Agency Administrator**

If applicable, IST liaisons shall coordinate with the Agency Having Jurisdiction (AHJ) and the IST should include key local and state stakeholders, governing agencies, or designated agency safety and health officials in operational and planning meetings and briefings.

**2-1 Position Checklist**

**IWI Considerations**

When a secondary incident occurs, the closest operationally qualified resource will initially oversee the incident and state there is an IWI. Any US&R resource in the vicinity shall, to the best of their capabilities, immediately respond and support the IWI incident.

The first arriving US&R resource must be the IWI Incident Commander (IC) to establish control of the IWI as soon as possible. Using the existing organizational structure, the IWI IC shall reallocate or request additional resources to support and/or coordinate operations with other resources as needed. The IWI IC reports directly to the IST Division, Branch, or IST OSC if established.

The procedures contained in this plan must be communicated to the entire incident and any external partners/cooperators involved with the incident.

The following positions and responsibilities can be staffed at the task force or IST level depending on the scope and nature of the event. Response configurations, such as Mission Ready Packages (MRP), should staff positions meeting their capabilities until reinforcements arrive. Communication and coordination must occur to reduce redundancy and duplication of efforts. An IWI may occur during Training, Transit, In-theatre, including Mobilization & Demobilization.

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**Position Responsibilities**

The following position responsibilities are provided as guidelines to manage the IWI:

**A. US&R Branch**

- A-1. Supports IST/TF operations
- A-2. Notification(s) to affected Task Force(s) and Sponsoring agencies
- A-3. Communicates with other governmental agencies as needed
- A-4. Authorizes the release of sensitive information

**B. IST Leader (ILTL)**

- B-1. Ensures that the IWI protocol is implemented to support TF operational needs
- B-2. Appoints Deputy IST Leader to oversee or manage the IWI
- B-3. Notifies the FEMA US&R Branch Chief/JFO/IMAT(s), RRCC(s) and other federal partners
- B-4. Notifies the AHJ/EOC/Stakeholders if applicable
- B-5. Provide briefing to Command and General Staff and at ICP for incident personnel as appropriate

**C. IST Deputy Leader – (DISTL)**

- C-1. Manages the IWI.
- C-2. Determines the need for ordering additional IST support to handle the IWI.
- C-3. Assign appropriate organization based on complexity or severity of incident.
- C-4. Insures hospital liaison or patient advocate is assigned for personnel at the hospital.
- C-5. Activates a MERT if applicable or requested.
- C-6. Protects patient's rights – HIPAA; NO Social Media Authorized.

**D. IST Information Officer (PIO)**

- D-1. Collect pertinent emergency information.
- D-2. Coordinate information release with ISTL and Joint Information Center (JIC).
- D-3. Contact the Sponsoring or home agency's PIO to coordinate roles of the Agency and the Team with respect to personnel information release.
- D-4. Assign Information Officers to field media inquiries at event site and/or other designated locations.
- D-5. Coordinate with ISTL, IST LOFR and IST SO regarding event actions and public informational needs.
- D-6. No personal information is to be released until approved by the ISTL.
- D-7. Restrict media from entering the scene until all Operations and Investigation activities are cleared.
- D-8. Coordinate with the ISTL and JIC on how information will be released.

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**E. IST Liaison Officer (LOFR)**

- E-1. Ensure coordination with investigating agencies.
- E-2. Assist other positions as needed.
- E-3. Coordinate with key local and state stakeholders.
- E-4. Assist TF and IST leadership positions as needed.
- E-5. Protects patient's rights – HIPAA; NO Social Media Authorized.

**F. IST Operations Section Chief (OSC)**

- F-1. Obtain situational awareness of the event (size-up or report on conditions).
- F-2. Identify an initial on scene Incident Commander (IC) for the event. In most cases this will be the closest Division Supervisor (DIVS) to the incident.
- F-3. Designate a single communications point, unless otherwise directed.
- F-4. Identify the nature of the incident (auto/aircraft accident, etc.) and number of assigned personnel, vehicle or aircraft involved.
- F-5. Identify Location and provide Lat/Long coordinates of site.
- F-6. Identify and ensure appropriate incident organization to possibly include Triage, Extrication, Treatment and Transportation Units, Medical Group, etc.
- F-7. Identify special needs, i.e. Law Enforcement, Rescue, and Haz-Mat response.
- F-8. Coordinate with the Logistics for on scene support.
- F-9. Coordinate with the IST Medical Manager and/or Task Force Medical Team Manager or Medical Specialist for location of receiving hospitals for patients (Form 206).
- F-10. Coordinate for air transportation needs with IST Air Ops Branch if established.
- F-11. Coordinates with Law Enforcement or their liaison to ensure the incident scene is secured.
- F-12. Coordinate and supports the TF/IST SO investigation and Law enforcement agencies involved.
- F-13. Protects patient's rights – HIPAA; NO Social Media Authorized.

**G. IST Division Supervisor (DIVS)**

The IST DIVS will:

- G-1. Identify the nature of the incident (auto/aircraft accident, etc.) and number of assigned personnel, vehicle or aircraft involved.
- G-2. Take charge of the scene and identify/determine needs.
- G-3. Identify Location and provide Lat/Long coordinates of site.
- G-4. Notify OSC, give location, type of event, number of injured, severity and the additional resources required.
- G-5. Identify special needs, i.e. Law Enforcement, Heavy Rescue, and Haz-Mat response.
- G-6. Reallocate or request additional resources as needed.
- G-7. Coordinate and oversees EMS response.
- G-8. Provide direction for assigned US&R resources.
- G-9. Protects patient's rights – HIPAA; NO Social Media Authorized

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**H. Task Force Leader (TFL)**

- H-1. Assign personnel, to the best of their ability, and support the IWI.
- H-2. Notifies the IST of an IWI.
- H-3. Request resources/personnel based on complexity or severity of incident.
- H-4. Provide TF briefing as appropriate.
- H-5. Requests Critical Incident Stress Management (CISM) for affected personnel.
- H-6. Insures hospital liaison or patient advocate is assigned to any injured personnel sent to the hospital.
- H-7. Protects patient's rights – HIPAA; NO Social Media Authorized.
- H-8. Limit TF members to on-scene communications only.

**I. (IST or TF) Safety Officer (SO)**

- I-1. Evaluate safety issues at the incident site.
- I-2. Coordinate with the IST Division/Group Supervisor (DIVS) or designee overseeing the IWI.
- I-3. Initiates the investigation of the emergency and coordinates with the IST SO.
- I-4. Secures witnesses names and initial statements and all evidence relating to the accident, if applicable.
- I-5. Coordinates with Logistics, ESF-13 or designee and other agencies.
- I-6. Coordinates investigation with the IST SO and local investigative agency, if applicable.
- I-7. Obtains sketches and photos of event scene.
- I-8. Verify that agency reporting requirements have been followed.
- I-9. Coordinates with IST Medical to ensure and/or coordinate Critical Incident Stress Management (CISM) for affected personnel.
- I-10. Protects patient's rights – HIPAA; NO Social Media Authorized.

**J. (IST or TF) Planning Section Chief (PSC) or Planning Team Manager (PTM)**

- J-1. Assign staff to support Communication personnel if required to document all communications related to the IWI.
- J-2. Be prepared to brief other Command and General Staff on the incident.
- J-3. Develop a plan to coordinate with supporting agencies (ESF-9, Red Cross, CISM, Chaplin).
- J-4. Ensure this plan is briefed on and shared with all resources on the incident.
- J-5. Gather all incident documentation, 214's, photo's, charts, maps, et al.
- J-6. Protects patient's rights – HIPAA; NO Social Media Authorized.

**K. (IST or TF) Communications Personnel**

The TF communication specialist or designee will ensure the communication needs to support the event is established and maintained.

- K-1. Requests additional resources as needed.
- K-2. Protects patient's rights – HIPAA; NO Social Media Authorized.

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**L. (IST or TF) Logistics Section Chief (LSC) or Logistics Team Manager (LTM)**

- L-1. Order needed resources for the emergency.
- L-2. Monitor support functions and assess additional needs.
- L-3. Provide ground transportation as needed.
- L-4. Ensure communications has been established.
- L-5. Provide support as needed to Communications personnel. This may include removing all non-essential personnel from the communications area.
- L-6. Coordinate with OSC, SO for on-site security support as needed.
- L-7. Coordinate with SO to locate and secure personal effects of injured personnel (unless otherwise directed).
- L-8. Coordinate and support operations for the Major Event Review Team (MERT) if established.
- L-9. Protects patient's rights – HIPAA; NO Social Media Authorized.

**M. (IST or TF) Medical Officer or Medical Team Manager (MTM)**

- M-1. Coordinate with the resources at scene to identify and prioritize transport options in terms of efficiency, based on resource availability, proximity, and potential for success—with a contingency plan in case the preferred mode of transportation cannot be used.
- M-2. Coordinate proper medical response with Operations.
- M-3. Coordinate with the Communications personnel as needed.
- M-4. Reference the Medical Plan (Form 206) for EMS information.
- M-5. Establish and maintain communications to provide the IST Medical Officer status updates.
- M-6. Contact local receiving facilities to include clinic(s), hospital(s) and tertiary care and specialty referral center(s), e.g., trauma or burn center. Contact should determine availability and limitations and define route for on-line medical control.
- M-7. Coordinate with IST SO to ensure and/or coordinate Critical Incident Stress Management (CISM) for affected personnel.
- M-8. Protects patient's rights – HIPAA; NO Social Media Authorized.