

# South Carolina NENA

TERT PACKAGE for Response Personnel

- Local Maps – from the mapping computer

- Radio unit numbers – from the books on the consoles

- Frequently called numbers are in the individual phone books – one will be left for you on each console, with “yellow page type listings”

- Most common places are listed in the CAD system, with phone numbers

- Duty schedules for on duty shifts for Law enforcement are posted on the specific radio console.

- Duty schedules for Investigators, Civil, Command, etc. are in the Duty book.

# South Carolina NENA

**TERT Requesting Agency Survey**

**This survey should be completed after you have requested and received aid from other TERT member Agencies.**

**YES NO**

Did the SC NENA Contact person respond to your request quickly?

Were you contacted back and advised of the response time of the team and the team leaders name?

When the team arrived, did you debrief them prior to actually putting them to work in the center?

Did you receive the number of TERT members that you requested?

Was the overall team courteous, helpful and knowledgeable?

The database recommended these members due to the type of equipment you are currently using. Did this match correctly?

Did your own Dispatchers welcome the TERT members and work well with them?

Would you use TERT again? If NO, please explain, IN DETAIL, below.

On a scale of 1-10, with 10 being the best, how do you feel the TERT program worked for you?

What would you like to see done differently next time?

Other Comments, Complaints, Suggestions: Or just feel free to type a narrative

to any of the questions from the previous page if you would like more room than was provided.

## South Carolina

### NENA

How a TERT Activation Occurs

- A Manmade or Natural Disaster Occurs
  - Local Officials determine a “Request for Assistance” is needed
  - Request is made to SC Emergency Management for assistance for Dispatchers.
  - SC Emergency Management notifies SC NENA contact person.
  - SC contact person then calls the affected Agency to get updated operational information.
  - “Run Card” system utilized to initiate response of similar agencies and personnel who are equally trained/certified, with similar equipment, procedures, etc.
  - Assisting PSAPs will then be contacted by the SC NENA representative and a formal request for deployment / response to the PSAP requesting assistance will be made.
- NOTE: PSAPs may decline to assist if such a response would deplete staffing within their Center, (due to staffing shortages), or otherwise negatively impact the PSAPs ability to perform their normal functions.
- SC Emergency Management will then be notified of who, (what Agencies) are responding, and the approximate ETA of the taskforce. The response goal is 12 hours or less within the State.

## South Carolina

### NENA

SOUTH CAROLINA NENA TERT CONTACTS

1. WILLIAM WINN

843-470-3100

P. O. Drawer 1228

Beaufort, SC 29901

[wwinn@bcgov.net](mailto:wwinn@bcgov.net)

2. Gwen Duhon

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## South Carolina NENA

### PSAP Registration Instructions

These instructions will help you fill out the PSAP Registration form for the TERT Program. Please type all of the information on the PSAP Registration form.

1. **PSAP Name/ Comm. Center Name** - What is the Official Name of your Center? So and So County, Such and Such City 911 Center, whatever your proper name is, enter that in the block.
2. **What is the name of the County that you are located in?**
3. **Are you a Primary or Secondary PSAP?**
4. **What is the mailing address of your PSAP?**
5. **What is the Physical address of your PSAP?**
6. **What is the phone number, Fax number and web site address or email address for your PSAP?**  
Please include area codes, and any extensions.
7. **What is the Name of your Director or Manager of your Center?**  
**Phone Number?**  
**Email Address?**
8. **How many:**
  - Full time employees per shift do you have?
  - Part time employees per shift do you have?
  - How many Call-Takers per shift?
  - How many Dispatchers per shift?
9. **What are your hours of Operation?**  
Please break this down by shifts. If you have special shifts for overlapping shifts, special shifts, call-taker shifts, or other special circumstances, please include and explain this.
10. **Do you provide basic or Enhanced 911 services to your community?**
11. **What is the 911 line surcharge rate that you charge your telephone customers?**
12. **How many separate Dispatch consoles are there in your Communications Center?**  
How many Call-Taker consoles. Please stipulate whether these positions may be used as either or must be used as indicated.
13. **Number of agencies dispatched for:**
  - Law Enforcement – How many –
  - Fire – How many –
  - Medical – How many –
  - Other - How many –
  - TOTAL –
14. **What type of (brand name)CAD system do you have?**
15. **Do any of your agencies:**
  - Utilized MDC's or MDT's for silent dispatch of incident calls?
  - Utilize Unit tracking?
  - Utilize AVL?
  - GIS/Mapping?
16. **What type (Brand name) of Phone system do you have?**
17. **What type of (brand name) Radio system do you have?**  
Can you use headsets on it, if so, what brands or types are compatible?
18. **What kind of Emergency Medical Dispatch system do you use, if any?**
19. **Do you feel that you can provide a team to assist another Communication Center in the event of an Emergency?**
  - How many from your Center could deploy at once?
20. **What is the name of the City/County Commission Chairperson, Sheriff, Chief of Police, etc., that is in ultimate control of your PSAP?**
  - Mailing Address
  - Phone Number
  - Fax Number
  - Email
21. **Name of the person within your agency that is willing to act as the Contact Person for the Tert Program.**
  - Name
  - Phone number

- Cell number
- Pager number
- Email address
- Mailing address

**22. Name of 2<sup>nd</sup> person within your agency that is willing to act as the Contact Person for the Tert Program, in lieu of the 1<sup>st</sup> not being available.**

- Name
- Phone number
- Cell number
- Pager number
- Email address
- Mailing address

**ADDITIONAL INSTRUCTIONS**

- Your Department must have signed up and participate in the SC State Mutual Aid Plan.
- Your Department must have a letter authorizing you to participate from your jurisdictional Electoral Body.
- You must request and maintain registration of your PSAP with NENA.
- You must fill out this form in its entirety and submit it in a timely manner.

## South Carolina

## NENA

### TERT Member Response Survey

**This survey form should be completed after you have returned from a requested TERT Response.**

**YES NO**

Did the SC NENA Contact person give you all the required information, such as location, directions, contact name and number, and team leaders name?

When you arrived, were you briefed by the Agency concerning what they needed from you?

Did you receive a TERT package when you arrived?

Did it contain all the necessary information?

The database recommended your Agency due to the type of equipment you are currently trained on. Did this match correctly?

Did you feel that the right amount of Dispatchers were requested?

Do you feel that you were welcomed by the Agency?

Do you feel that you were welcomed by the other Dispatchers at the Agency?

Do you feel that you were of help to the Center?

What would you like to see done differently next time?

Other Comments, Complaints, Suggestions: Or, just feel free to type a narrative to any questions from the previous page if you would like more room than was provided.