

SECTION

3

RENO, SPARKS AND WASHOE COUNTY
LOCAL EMERGENCY PLANNING COMMITTEE

Regional Hazardous Materials Emergency Plan

Weapons of Mass Destruction
Terrorism Response and
Management Annex

Approved by LEPC
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Section 3: Weapons of Mass Destruction Terrorism Response and Management Annex

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OVERVIEW

This plan defines the framework for developing and sustaining a comprehensive and integrated approach to addressing terrorism in the Reno, Sparks and Washoe County Operational Area. It is a blueprint for the development of a regional effort for responding to and combating terrorism, with special emphasis on terrorist acts employing weapons of mass destruction (WMD) such as nuclear, biological or chemical (CBRNE) agents.

A. CBRNE Emergencies

Chemical, Biological, Radiological, Nuclear, or Explosive emergencies are an actual or imminent set of threat conditions which may be intentionally introduced within the cities of Reno and Sparks and the Washoe County Operational Area. The Operational Area is defined as the City of Reno, the City of Sparks and all other named communities of the unincorporated area that comprise Washoe County. These incidents are essentially deliberate and intentional releases of hazardous materials or CBRNE agents that constitute a complex emergency requiring the involvement of multiple agencies. Specialized response and management capabilities are required to effectively mitigate the impact of these situations.

CBRNE incidents can involve the release of warfare agents (known as weapons of mass destruction or WMD) or the intentional release of Toxic Industrial Chemicals (TICs).

B. Situation and Threat Background

Recent events make CBRNE emergencies a plausible scenario necessitating detailed contingency planning and preparation of emergency responders in order to protect the civilian populace and the environment in major urban and rural areas of Washoe County.

Both chemical and biological agents can be delivered by a variety of means including dispersal via explosive devices (chemical or bio-bombs), mechanical devices such as crop dusting aircraft, mosquito control trucks, or garden spray devices, or dispersal through a building's water or ventilation system. Additionally, conventional attacks on chemical plants, bioengineering facilities, or goods in transit (i.e., an intentional Hazmat incident) must be considered. Such routine shipments offer a prime target, either for hijacking in order to appropriate the materials or a more conventional attack aimed at extortion or the release of the agents.

Bioterrorism may involve aerosol dispersal and could result in vague, flu-like symptoms (i.e., the on-set of symptoms will typically occur within days to weeks after the initial exposure making detection difficult). The medical emergency management concerns are complex, since little experience exists in coping with the impact of biological agents on a large scale in a civilian environment. *The traditional first response agencies may not be the agencies who first become aware of such events.*

Detection, identification, and epidemiological investigation will be the responsibility of public health agencies.

C. On-Going Preparedness Efforts

This annex provides a starting point for CBRNE terrorism preparedness and response efforts. Like all emergency plans, this is a “living” document which must be revised and refined as more knowledge about these threats and new capabilities are developed to respond, manage and mitigate the consequences of terrorists acts.

MANAGEMENT ISSUES

D. Operational Context for Responding to and Combating Terrorism

An integrated unified operational context that embraces a cohesive command, control and intelligence architecture is essential to the management of terrorism in Washoe County. This framework is defined below.

E. Overview

To achieve optimal effectiveness, all emergency response elements within the Washoe County Operational Area must be integrated into a comprehensive terrorism response and management structure. Preparation for and response to the challenges of terrorist incidents in the Washoe County Operational Area requires coordination with a variety of Federal agencies. For example, the Federal Bureau of Investigation (FBI) is the lead federal agency for “Crisis Management” and terrorism investigations. Similarly, the President has designated the Federal Emergency Management Agency (FEMA) as the lead agency to coordinate “Consequence Management” response efforts with the lead State and local consequence management agencies. The Terrorism Incident Annex of the Federal Response Plan (FRP) implements Presidential Decision Directive 39 (PPD-39) and defines Federal roles in terrorist incidents. Despite these designated roles, local agencies will be in the forefront of emergency response to terrorist incidents. Local jurisdictions have the responsibility to manage the consequences of terrorist incidents occurring within their borders.

“Crisis Management” describes measures to resolve the hostile situation, including law enforcement efforts aimed at prevention, interdiction and threat management, as well as efforts to support investigation and prosecution.

“Consequence Management” describes efforts to respond to and mitigate the impact of a terrorist incident on people and the infrastructure. It involves measures to treat the injured, protect public health and safety, restore essential services and provide emergency relief. Responsibility for consequence management remains at the local level. As seen in Figure A, “crisis management” and “consequence management” activities will be carried out concomitantly.

F. Prevention

Prevention efforts include intelligence gathering, physical security, and random anti-terrorist measures (RAM) at key facilities and infrastructure. Prevention measures will be defined in confidential target-specific play books whose development will be coordinated through local law enforcement agencies.

G. Warnings

Warnings are derived from the analysis of criminal intelligence and investigations (i.e., capabilities and intentions). The analysis will also provide incident management personnel with net assessments of event-related threat information to aid crisis decision-making. The FBI, area law enforcement agencies and public health departments will act as a network for identifying and analyzing information regarding current and future threats within the Washoe County Operational Area. This group will act as a multi-agency link for the analysis, synthesis and fusion of threat information. It will provide periodic intelligence estimates (advisories and alerts) recommending action or alerting area emergency management officials about specific threats and future preparedness needs. Advisories, alerts are derived from the analysis of criminal intelligence and investigations (i.e., trends and potentials).

H. Dissemination of Indications and Warnings

Dissemination of indications and warnings information is intended to provide the early warning information necessary to prevent or mitigate the impact of a potential terrorist incident. The group provides the link between existing crisis and threat warning capabilities and the local emergency response community. The classes of information disseminated are as follows:

Warning of an imminent event threatening public safety is the responsibility of the FBI, in accordance with the Intelligence Units within local law enforcement who will coordinate dissemination of warnings. When any agency has specific, credible threat information warranting issuance of a warning, the information will be immediately shared. Once advised, the FBI will immediately disseminate the warning to all affected response agencies and local government management. Public and first responder safety is the paramount concern throughout this process.

I. Integrating Federal, State, County and Local Responses

The strategic activities of all response efforts will be coordinated through the Regional Emergency Operations Center (EOC). Due to the FBI's direct Federal crisis management responsibilities, national security considerations, and the need for rapid access to Federal or military resources to manage a WMD-T incident, the Reno office of the FBI may directly request Federal resources for the CBRNE incidents independently, or at the request of the Operational Area. The process by which the FBI requests technical (or other) assistance from supporting Federal agencies or departments is

coordinated by FBI headquarters at the request of the Reno office and with the concurrence of the Director and the Attorney General. Any such orders for resources must be relayed to the EOC and field FBI commanders.

J. City, County and Regional Emergency Operations Center (EOC)

The EOC is a critical component of effective management of emergencies in the Operational Area. It will become the centerpiece of efforts to support the management of terrorist attacks as well. Since incident management of terrorist incidents is complex, involving multi-agency, multi-disciplinary efforts, effective management of mutual aid resources is essential. The EOC will act as a focal point for coordinating strategic issues and resource allocation. A Unified Command System is imperative due to the multi-jurisdictional make-up of the Reno, Sparks and Washoe County unincorporated area. A regional EOC is recommended as the best manner to achieve a unified command and the most effective methodology to manage the response.

OPERATIONAL ELEMENTS FOR CBRNE DEFENSE AND MITIGATION

K. Operational Elements

Operational elements for managing terrorist incidents involving weapons of mass destruction (WMD-T) and CBRNE agents will include typical jurisdictional response assets as well as specialized operational area, state and federal response teams. Local response will entail law enforcement (including bomb squads and special weapons teams), fire, EMS, Hazmat units and District Health Department personnel. Specialized state assets and out of area resources will be mobilized through the Nevada Division of Emergency Management. Federal resources include multiple agencies such as the National Medical Response Team for Weapons of Mass Destruction (NMRT-WMD), military CBRNE management units, and the Domestic Emergency Support Team (DEST). The DEST is an interagency advisory team that supports the FBI on-scene commander.

L. Federal Health and Medical Resources

The Department Of Health and Human Services (DHHS) is the lead agency which prepares for a national response to medical emergencies arising from the terrorist use of weapons of mass destruction, and has developed a *DHHS Health and Medical Services Support Plan for the Federal Response to Acts of Chemical/Biological Terrorism*. Their response may include threat assessment, consultation, agent identification, epidemiological investigation, hazard detection and reduction, decontamination, public health support, medical support, and pharmaceutical support operations. The Centers for Disease Control and Prevention (CDC) develop antibiotic, vaccine and antidote stockpiles and research and develop new vaccines and agent identification tests.

Mental Health consequences are coordinated through DHHS's Substance Abuse and Mental Health Services Administration (SAMHSA).

A key DHHS chem/bio terrorism response element is their Chem/Bio Rapid Deployment Team. This team is made up of members from DHHS, CDC, the Agency for Toxic Substances and Disease Registry (ATSDR); the U.S. Army Medical Research Institute for Infectious Disease; the U.S. Army Medical Research Institute for Chemical Defense; the U.S. Army Technical Escort Unit; the Naval Medical Research Institute, the Edgewood Research, Development and Engineering Center, the Environmental Protection Agency, and the Department of Energy.

DHHS's U.S. Public Health Service Office of Emergency Preparedness coordinates medical and health responses at the federal level. Local response capabilities are enhanced through coordination of:

- The Metropolitan Medical Response System (multidisciplinary teams of physicians, basic and advanced life support specialists and logistics personnel specially trained to respond to a local, regional or national medical crisis due to a chem/bio terrorism event). Although these Metropolitan Medical Response Teams are developed by NDMS, they are for local use and cannot be deployed by NDMS. Las Vegas has an MMRS team.
- The National Disaster Medical System (NDMS) provides assistance and resources for medical response, patient evacuation, and definitive medical care. NDMS is a public/private partnership which includes as Federal partners DHHS, the Department of Defense, Department of Veterans Affairs and FEMA. Specialized response teams deployable by NDMS include locally trained and funded Disaster Medical Assistance Teams (DMATs), Disaster Mortuary Teams (DMORTs) and other specialized teams throughout the country. Federal resources also include National Medical Response Teams; teams that specialize in chem/bio response. These are located in Los Angeles, Denver, Winston-Salem, and Washington D.C. Deployment of NDMS response teams, supplies and equipment may be associated with the Department of Defense.
- Stockpiles of antidotes and other necessary pharmaceuticals nationwide and training of medical personnel in NDMS hospitals in association with the Department of Veterans Affairs.
- CDC provides a 24-hour hotline for biological information: 1-800-CDC-INFO (1-800-232-4630). CDC provides grants to State and local health departments and State laboratories to prepare for and respond to chem/bio terrorism events. Grant areas include planning, surveillance and epidemiology, laboratory diagnostic capabilities and rapid dissemination of advisories to health agencies, the media and the public.

- California has multiple deployable DMATs and one NMRT in Los Angeles. These resources may be put on alert or activated by the federal lead agencies (FBI and DHS) in a terrorist event. Federal NDMS system resources may be requested by the State Health Officer through direct contact with the Office of Emergency Preparedness at the U.S. Public Health Service by contacting 1-800-USA-NDMS. Local requests for NDMS resources should be funneled through the State Health Officer, or DEM.

M. Local Health and Medical Issues and SOPs

Local public and private resources are documented in the Washoe County District Board of Health Multi-Casualty Incident Plan, the LEPC Plan and the Emergency Management Plans for the jurisdictions of Reno, Sparks, and Washoe County.

A major additional focus to previous response planning is planning for an emergency biological event secondary to an unannounced release of a biologic agent. In this specific scenario it most likely will be the health and medical community which first becomes alerted and activates a community-wide response. State agencies, such as the State Health Division, must also quickly become involved.

Individual agency Standard Operating Procedures for health and medical response should address the following issues associated with WMD events:

- Epidemiological surveillance for emerging biological events and notification of appropriate agencies.
- Mass immunizations and chemoprophylaxis.
- Dealing with mass fatalities.
- Mass decontamination capabilities (80% of patients in a hazardous material incident get to the hospital on their own).
- Security of critical hospital facilities.
- Locating stores of antibiotics, antitoxins, antidotes and vaccines.
- Obtaining large stores of chemical antidotes for the field.
- Specialized triage and treatment guidelines for the field.
- Chain of evidence issues for patient's clothing and chemical and biological samples.
- Both field and laboratory capabilities for chemical and biological detection.
- Ventilator resources for biological or toxin agents requiring high-level respiratory support.
- Overflow planning for large numbers of extremely critical patients/alternate types of facilities.
- Increased need for Personal Protective Equipment (PPE) for on scene and off scene medical personnel to handle large numbers of contaminated patients.

- Contingency planning for quarantine and environmental protection issues.
- Local, State, Federal interface processes required for all WMD events.

RESPONSE ISSUES

N. Response Overview

Response to a threatened or actual CBRNE incident is a time critical, demanding and complex task requiring special resources from local, state and federal agencies. Immediate action is necessary to minimize death and injury due to exposure to many agents.

O. Phases of Response

CBRNE terrorism preparedness and response activities are categorized into four phases of response which correspond with known local threat conditions and readiness posture. These four phases are: Advisory, Alert, Warning, and Response.

1. Threat Condition 1: Advisory--Normal Operations

The FBI and local law enforcement scans trends and potentials and issues Advisories to provide emergency response agencies with information related to developments in terrorist trends and methods which may impact responder safety. Public Health officials conduct passive surveillance and disseminate routine public health bulletins.

2. Threat Condition II: Alert

The FBI and local law enforcement monitors known threat situations and issues Alerts which provide information on non-specific terrorist threats or heightened periods of potential terrorist activity in the Operational Area or specific threats outside the area which may warrant an enhanced level of local vigilance. If warranted, technical specialists are activated to initiate advance planning. Threat specific planning and training may be conducted as necessary.

3. Threat Condition III: Warning

A known impending threat has the potential to directly impact the Operational Area. Information exists to indicate a specific threat or a heightened threat of terrorist activity within the Operational Area. Public health may begin active and/or syndronic surveillance capabilities and closely monitor hospital capabilities.

Note: Notification to all affected agencies is mandatory.

4. Threat Condition IV: Response

The FBI and local law enforcement join together to provide the Incident Commander (or Unified Command) with an incident-specific intelligence assessment geared toward enhancing effective incident management. Incident action planning is ongoing. Threat specific briefings are provided, a review of response capability, logistical availability and command relationships is conducted. Response rehearsals and actual operations are conducted. Crisis and consequence management efforts are integrated at the field command and Regional (EOC) levels.

P. Crisis Management

Crisis Management is primarily a law enforcement activity. Crisis management includes activities to assess, manage or interdict a terrorist threat, as well as activities related to criminal intelligence, investigations and preparation for prosecution. Each affected jurisdiction will have a role in crisis management activities. Generally, the FBI and local law enforcement will coordinate crisis management activities. The FBI will coordinate its crisis management activities with operational area agencies responsible for consequence management efforts in order to ensure optimal incident management. In all incidents involving threatened use, confirmed presence, or actual use of a weapons of mass destruction the Federal Bureau of Investigation will be immediately notified by the responding jurisdiction.

Q. Threatened Use

A threat evaluation is essential in the case of a threatened release. The first step of the evaluation is a review of the threat information. The next step is the designation of a "Decision Authority" for determining a course of action. The designated Operational Area Decision Authority in cases of CBRNE Threats is the Sheriff (as Director of Emergency Operations) in consultation with the jurisdictional Police Chief. In addition, the FBI conducts and performs an in depth, comprehensive Federal threat assessment. The Federal threat assessment process is integrated with the Operational Area process. Factors which the Decision Authority shall consider while determining a course of action shall at a minimum include 1) a risk evaluation, and 2) a determination of potential impact. If the threat is deemed credible and/or feasible, the Decision Authority shall immediately initiate Incident Action Planning/Operational Planning, and will contact appropriate consequence management lead agencies immediately..

Essential Elements of Information (EEI's) for threatened acts include:

1. Does the threatened act threaten a densely populated area?
2. Does the threatened act threaten critical resources?
3. Is there any reason to suggest a hoax?
4. Is the act feasible and/or technically possible?

5. Could the threat be a diversion?
6. Is the threat similar to previous threats?

In the event an actual CBRNE agent is discovered prior to actual release, the jurisdictional law enforcement agencies and fire department will be immediately activated (see VII Incident Response Notifications). Upon consultation between the Incident Commander and the FBI on-scene commander (or Unified Command) any necessary specialized Federal response capabilities will be requested. (Examples of Federal resources include the Nuclear Emergency Search Team or military C/B response teams such as the Chemical Biological Quick Response Force, Tech Escort Unit, etc.) The confirmed presence of an explosive device or WMD capable of causing a significant destructive event, prior to actual injury or property loss is considered a significant threat.

R. Actual Release

Notifications and response needs are similar to those described under confirmed presence (see VII Incident Response Notifications). The actual release of an CBRNE agent constitutes a complex emergency. In the event of an actual release, the following incident objectives are imperative:

- Secure a Perimeter and designate zones of operation
- Control & ID Agent Releases
- Rescue, Decon, Triage, Treat & Transport affected persons
- Move uninvolved crowds/persons to safe zones
- Stabilize the incident
- Avoid Secondary Contamination
- Secure Evidence & Crime Scene
- Protect Against Secondary Attack
- Protect Critical Medical Facilities

S. Consequence Management

Consequence management activities are directed toward saving lives and containing and mitigating the impact of terrorist incidents on the community. These activities include rescue, fire fighting, treatment of casualties (including pre-hospital and hospital-based care), hazardous materials response, and recovery. Crisis and consequence management activities will be closely coordinated during all phases of incident preparedness and response to minimize the impact of an incident on the community and ensure the greatest possible levels of public health and safety. This coordination is especially crucial in *Trans-Incident* situations (situations involving a transition from a threat to an act of terrorism). A regional EOC must be activated to provide support to field responders and to coordinate with state and federal authorities.

T. Impact on the Community

While many specialized resources will be mobilized to respond to an CBRNE incident, it will take time for that assistance to arrive. Many specialized resources (such as military response teams) need to be airlifted to the area requiring local resources to manage the initial phases of an CBRNE emergency. This initial response phase may range from a few too many hours (response times for Federal resources ranging from 2-24 hours can be expected). Local first responders (law enforcement, fire, Hazmat, EMS, etc.) will be augmented by federal resources to manage this crucial initial phase. Key initial activities include situation assessment, responder safety, containment, protective actions (evacuation/in-place protection), decontamination, treatment and transport of injured persons.

Community panic, intense media interest, and the convergence of contaminated persons and worried well at local hospitals and urgent care centers can be expected. Triage of the contaminated, uncontaminated and actual ill or injured is a critical process to use limited resources appropriately. Rapid assessment of the scope of the incident, activation of the emergency management infrastructure, designation of treatment areas and decontamination points are essential to mitigating potential community panic. Immediate control of hospital facilities and other medical facilities is warranted. Efforts to assess the situation and provide clear, easy to follow emergency management instructions to the public are essential. The following paragraphs describe some of the concerns expected during the initial stages of an CBRNE incident.

1. **Down Wind Evacuation and/or Shelter-In-Place:** A large release may result in a lethal plume that may travel for miles. Emergency agencies in neighboring jurisdictions must be advised of the release and should be included in incident management activities. The Incident Commander or Unified Command shall make all decisions concerning evacuations and shelter-in-place.
2. **Traffic Restrictions and Congestion:** Roads, freeways and transit systems may need to be closed to contain the incident. Regardless of the need, panic may cause some persons to self-evacuate. Traffic congestion and gridlock conditions and confusion may result. These factors will slow response by emergency agencies and specialized resources to affected areas. Detailed traffic management plans will need to be developed.
3. **Self Transport to Medical Providers:** Injured and contaminated victims may leave the immediate site of the incident and go to hospitals, urgent care centers or individual physicians seeking medical care. Other than hospitals, the care provider may not be adequately equipped to decontaminate mass victims or treat mass CBRNE casualties. This can extend the scope of the incident, potentially lead to secondary contamination and strain local medical and emergency response resources. Hospitals impacted by an influx of

casualties who have not been decontaminated will have to establish decontamination areas quickly. Contamination of hospitals may mean hospitals are no longer able to continue providing treatment.

4. **Psychological Casualties:** In the immediate aftermath of an CBRNE incident, responders should anticipate a number of people who think they have been exposed to or contaminated by the agent(s) even though there has been no actual exposure. Responding agencies must manage these persons and provide supportive care as necessary. Those “worried well” should be quickly segregated from those who require medical treatment.
5. **Scarce Supplies:** Sufficient equipment and supplies needed to manage an CBRNE event may not be available. Antidotes and other drugs used to treat CBRNE victims are usually not stockpiled in sufficient quantities for use in a mass casualty incident. Efforts to secure additional supplies will be an immediate need.

Personnel involved in managing potential CBRNE incidents must be aware of these concerns. Measures to address these issues must be incorporated into the Incident Action Plan and should be considered and assessed throughout the management of an CBRNE incident.

U. Community Awareness and Public Information Concerns

Conflicting information must be avoided and information regarding protective actions, appropriate evacuation measures, self-aid and decontamination information must be provided in a timely manner. The dissemination of such information will be handled by the Emergency Operations Center in close coordination with all affected individual agencies and jurisdictions.

FIRST RESPONDER CONCERNS

V. Indicators of WMD Deployment

Weapons of Mass Destruction (WMD) deployed in a civilian setting can include chemical, biological or radiological warfare agents, the intentional release of chemicals, or the release or explosion of nuclear or radiological materials.

W. Initial Actions by First Responders

In cases of actual release of CBRNE agents first responding units must immediately take steps to protect themselves. First responders suspecting a CBRNE release must: 1) remain calm, 2) don protective equipment (PPE), 3) from a safe vantage point, reassure victims that assistance is on the way, 4) wait for properly equipped help at a safe location (upwind, uphill, upstream). Essentially this involves **SAFELY ISOLATING**

and denying entry and making NOTIFICATIONS (see VII Incident Response Notifications).

The following checklist summarizes the essential ingredients of an initial CBRNE notification:

- Observed CBRNE Indicators
- Wind Direction and Weather Conditions at Scene
- Plume Direction (direction of cloud or vapor travel)
- Orientation of Victims (direction, position, pattern)
- Number of Apparent Victims
- Type of Injuries, Symptoms Presented
- Witness Statement or Observations
- Nature of CBRNE agents (if known) from detection equipment or monitors.
- Exact Location of Reporting Unit
- Suggested Safe Access Route and Staging Area.

X. Initial Actions: Dispatch Personnel

Dispatch personnel play a key role in mobilizing proper response and support to a WMD incident. Public safety dispatchers (law enforcement, fire and EMS) are vital elements in recognizing and assessing CBRNE events. Dispatchers must be cognizant of potential target locations and the indicators of possible criminal or terrorist activity involving CBRNE agents. Dispatchers must know the indicators, signs and symptoms of exposure to CBRNE agents and recognize unusual trends or patterns of activity indicative of a possible CBRNE incident. Dispatchers must also be able to discern and elicit critical information regarding threats and CBRNE indicators encountered by field personnel.

Dispatchers should be familiar with the initial action checklist described and must make proper notification and communicate the CBRNE hazard to potential responders. It is strongly recommended that each public safety answering point (PSAP) and dispatch facility develop specific procedures for addressing CBRNE incident recognition and notifications. *In all cases, dispatchers must immediately ensure notification of the appropriate agencies and the Federal Bureau of Investigation (see VII Incident Response Notifications).*

Y. Decontamination (Decon)

CBRNE incidents may potentially involve civilians, law enforcement, fire service and medical personnel that have been exposed to potentially lethal agents. Prompt, safe and effective decontamination (decon) procedures are essential to protect exposed persons,

equipment and the environment from the harmful effects of these agents. Decon is the process used to reduce the hazards of CBRNE agents to safe levels. Decon minimizes the uncontrolled transfer of contaminants from the hazard site to clean areas. During decon operations, the safety of emergency response personnel is the first and most important consideration. Proper use of personal protective equipment (PPE), including personal protective clothing (PPC) and respiratory protection such as a self contained breathing apparatus (SCBA) reduces hazards to response personnel.

The risk of secondary contamination to rescue personnel, medical personnel on scene and at the hospital, other persons and to transport vehicles and equipment must be adequately assessed and protected against to avoid spreading the incident. Any contamination of the skin must be decontaminated immediately.

Hazardous materials teams and hospitals must establish standard decon procedures for a range of WMD/CBRNE incidents. These procedures should include provisions for selecting and establishing a decon site as well as specific operational protocols. All personnel assigned to these teams shall be thoroughly trained to safely and effectively carry out their responsibilities. Specific decon protocols must retain the flexibility to respond to a range of hazards or conditions at the incident scene or decon site.

RECOVERY CONCERNS

Z. Managing Mass Fatalities/Deceased Disposition

A terrorist incident involving weapons of mass destruction or CBRNE agents may yield fatalities. The number of deaths is dependent upon the specific conditions present at an incident. The most complex situation would involve a mass casualty situation requiring the establishment of fatality or decedent collection points.

Coroner's personnel will ensure appropriate mass fatality management. The Coroner's Office is responsible for determining the number of fatalities. Casualty tracking shall be coordinated with the Coroner, Law Enforcement and Medical/Health Operations in the EOC to ensure an accurate accounting of the number of fatalities and their disposition. The Coroner shall provide the official death count during any disaster. It is crucial that all involved agencies immediately relay all fatality information to the Coroner.

A mass fatality situation resulting from an CBRNE terrorist incident is compounded by the presence or risk of CBRNE contaminants. Deceased persons (and their personal effects) contaminated by CBRNE agents must be decontaminated before removal from the incident scene. Decedents and their personal effects will be managed by the Coroner's Office, however, contaminated bodies or items shall not be transferred to Coroner's personnel prior to decontamination. Additionally, no Coroner's personnel shall conduct operations within a contaminated area unless equipped with proper personnel protective equipment (PPE).

Additional technical assistance may be available from the United States Public Health Service (USPHS) and military specialists.

AA. Recovery, Site Decontamination and Restoration (Remediation Concerns)

Remediation efforts include site decontamination, cleanup and/or removal of contaminated soil, materials, vehicles, etc. Close coordination among all involved agencies is essential to minimize the long-term environmental impact of the release and ensure complete recovery.

BB. Incident Action Plan Elements

The following concerns must be addressed in the Incident Action Plan/Operations Plan for an CBRNE event:

- **Oversight:** Regulatory oversight is required following Hazmat releases to ensure that remediation of the site, equipment and all contaminated items is conducted within current environmental and occupational safety (OSHA) statutes and regulations. The area, facilities and items affected by the release must be held until the oversight agency declares them “fit to be re-occupied” or reuse. All items not released must be removed and properly disposed of pursuant to current local, state and federal laws. All personnel who assist in remediation efforts must be properly trained and equipped per OSHA regulations.
- **Investigation:** Investigative operations must be closely coordinated with the remediation effort. Coordination of investigations and remediation ensures proper evidence preservation and limits potential health and safety risks to investigators.
- **Specialized Resources:** Remediation efforts may require assistance from specialized agencies. The Terrorism Incident Annex of the Federal Response Plan charges the US Environmental Protection Agency (EPA) with activating environmental response capabilities to support the Federal response to acts of CBRNE terrorism. The EPA Federal On-Scene Coordinator (OSC) is the primary Federal representative for environmental responses. The Federal OSC can activate a wide range of resources for environmental remediation at an CBRNE incident. These resources include the United States Coast Guard’s National Strike Force, assistance from the National Oceanographic and Atmospheric Administration, and EPA contractor resources.

EPA contractor resources include the Superfund Technical Assessment and Response Team (START) and Emergency and Rapid Response Services (ERRS). START contractors can mobilize the fastest and can provide immediate monitoring, sampling,

analysis and technical support. ERRS contractors can mobilize within 2 to 48 hours and can provide containment, countermeasure, cleanup and disposal services.

EPA can also assist in radiological incidents. EPA resources include a radiation Environmental Laboratory in Las Vegas, Nevada and the Environmental Radiation Ambient Monitoring System (ERAMS) with sampling stations nationwide for monitoring the spread of contamination. *During an emergency, EPA resources can be accessed through the National Response Center at 1-800-424-8802.*

- **Logistical Needs:**

Specialized equipment is needed to manage an CBRNE incident. This equipment is usually in limited quantity within the typical equipment inventories of most civilian emergency response agencies. Essential equipment includes detection and identification equipment, personal protective equipment (PPE), mass decon equipment, etc. Each individual response agency must assess its equipment capabilities and needs in order to develop an effective response to CBRNE incidents.

- **Detection and Identification:**

Detectors and measuring devices to sense the presence and nature of CBRNE agents are helpful. These devices include standoff and point detection for early warning, as well as portable devices for assessing and quantifying the nature and extent of a specific incident. Typical hazardous materials sensors are not generally suited for this task. Additional devices oriented specifically for use in detecting chemical and biological warfare agents are desirable. Specialized response resources such as the U.S. Army Technical Escort Unit (TEU) are additional sources of these capabilities.

INCIDENT RESPONSE NOTIFICATION

Note: The FBI shall be notified immediately of all devices and threats.

CC. Threat Condition 1: Advisory Normal Operations

The FBI and local law enforcement scan trends and potentials and issue **Advisories** to provide emergency response agencies with information related to developments in terrorist trends and methods which may impact responder safety. Public Health officials conduct passive surveillance and dissemination of public health bulletins.

Level I - Advisory	
General Information and Intelligence	
FBI	NDI

RPD	SPD
WCSO	NHP

DD. Threat Condition II: Alert

The FBI and local law enforcement monitor known threat situations and issue **Alerts** which provide information on non-specific terrorist threats or heightened periods of potential terrorist activity in the Operational Area or specific threats outside the area which may warrant an enhanced level of local vigilance. If warranted, technical specialists are activated to initiate advance planning. Threat specific planning and training may be conducted as necessary.

<p>Level II - Alert</p> <p>Suspected Device/General Threat (Reliable)</p>

FBI	NDI	Triad Coordinator	Emergency Managers
RPD	SPD	Health Department	REMSA
WCSO	NHP	NDEM	Target
RFD Special Opns Div Chief			

EE. Threat Condition III: Warning

A known impending threat has the potential to directly impact the Operational Area. Information exists to indicate a specific threat or a heightened threat of terrorist activity within the Operational Area.

Level III - Warning			
Confirmed Device/Specific Threat			
FBI	NDI	Triad Coordinator	Emergency Managers
RPD	SPD	Health Department	REMSA
WCSO	NHP	NDEM	Target
RFD Special Opns Div Chief			
<ol style="list-style-type: none"> 1. FBI will notify the media. 2. Local Emergency Managers will notify appropriate local officials. 3. NDEM will notify the Governors Office as necessary. 4. The Crisis Action Team will be activated. 5. Health Department will notify the hospitals and may begin active and/or syndromic surveillance. 			

FF. Threat Condition IV: Response

The FBI and local law enforcement join together to develop a NET Assessment and provide the Incident Commander (or Unified Command) with an incident-specific intelligence assessment geared toward enhancing effective incident management. Incident action planning is ongoing. Threat specific briefings are provided, a review of response capability, logistical availability and command relationships is conducted. Response rehearsals and actual operations are conducted. Crisis and consequence management efforts are integrated at the field command and Operational Area (EOC) levels.

Level IV - Response			
Confirmed Device/Specific Threat			
FBI	NDI	Fire Chiefs	Emergency Managers
RPD	SPD	Health Department	REMSA
WCSO	NHP	NDEM	Target
TRIAD Coordinator			
<ol style="list-style-type: none"> 1. FBI will notify the media. 2. Local Emergency Managers will notify appropriate local officials. 3. NDEM will notify the Governors Office as necessary. 4. The Crisis Action Team will be activated and/or the EOC activated. 5. Health Department will notify the hospitals. 			

BIOLOGICAL TERRORISM NOTIFICATION TREE

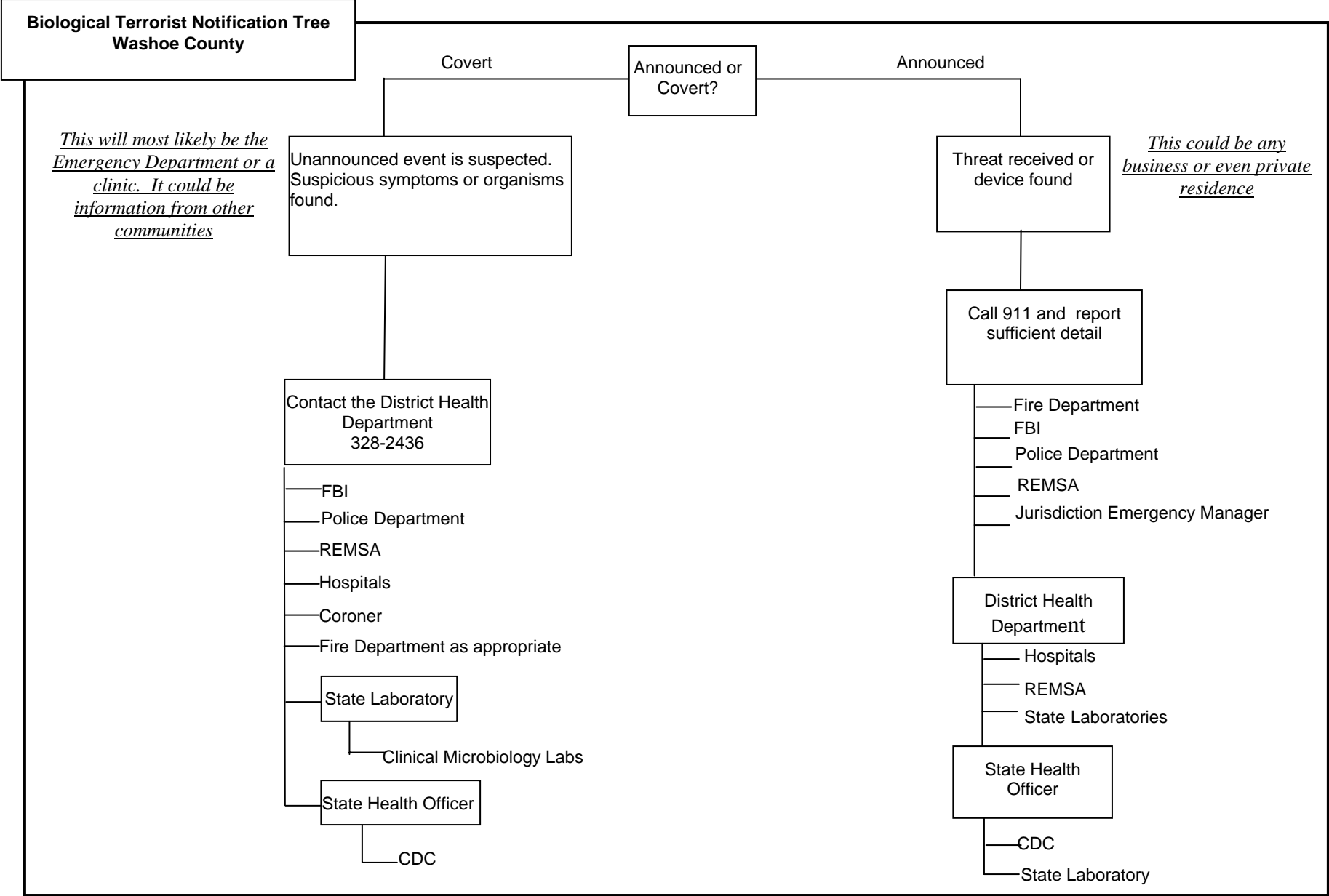
The Biological Terrorism Notification Tree for Washoe County is based upon the Centers for Disease Control and Prevention's guidelines, which stress that health facilities must have plans for both covert and announced bioterrorism events. The notification tree follows that guideline.

Specifically, an announced bioterrorism event will result in the notification of the entities noted in the "announced" branch of the tree. Entities should be notified, both for the sort of readiness and for the protection of 'first responders.' This portion of the tree appears self-evident, and has some built-in redundancy to assure effective communication of the response agencies/entities.

The "covert" branch of the notification tree is more complex due to the nature of the event. Since a covert attack may only be noticed after primary care providers or laboratories become aware of an increase in common clinical presentations of patients, many individual facts must be digested by public health professionals in the fields of epidemiology and laboratory medicine before deciding that such an event is underway. An example of the scenario is the famous religious cult attack on salad bars in The Dalles, Oregon in 1993. While a common bacterium, *Salmonella enteritidis* was used as the agent, it was only years after the fact that the event (involving more than 700 people) was recognized as a bioterrorist event.

The "covert" limb of the tree relies upon the judgment of health care professionals and those educated in epidemiology to detect a potential unannounced bioterrorist act. Such professionals will study a given situation, make a scientific assessment and commence the notification process, as outlined. Criteria that will be used could include:

1. A rapidly increasing disease incidence (e.g., within hours or days) in a normally healthy population.
2. An epidemic curve that rises and falls during a short period of time.
3. An unusual increase in the number of people seeking care, especially with fever, respiratory, or gastrointestinal complaints.
4. An endemic disease rapidly emerging at an uncharacteristic time or in an unusual pattern.
5. Lower attack rates among people who have been indoors, especially in areas with filtered air or closed ventilation systems, compared with people who have been outdoors.
6. Clusters of patients arriving from a single locale.
7. Large numbers of rapidly fatal cases.
8. Any patient presenting with a disease that is relatively uncommon and has bioterrorism potential (e.g. pulmonary anthrax, tularemia, or plague).



GLOSSARY

ADVISORIES: Provide emergency response agencies with information related to developments in terrorist trends and methods that may impact responder safety.

ALERTS: Provide information on *non-specific* terrorist threats or heightened periods of potential terrorist activity in the Operational Area or specific threats outside the area that may warrant an enhanced level of local vigilance.

Attack: Sabotage or the use of bombs, chemical or biological agents, nuclear or radiological materials, or armed assault with firearms or other weapons by a terrorist or quasi-terrorist actor that cause or may cause substantial damage or injury to persons or property in any manner.

Biological Agents: Biological agents are microorganisms or toxins from living organisms that have infectious or non-infectious properties which produce lethal or serious effects in plants and animals (including human beings).

Chemical Agents: Chemical agents are solids, liquids, or gases that have chemical properties that produce lethal or serious effects in plants and animals (including human beings).

Consequence Management: Measures to alleviate the damage, loss, hardship or suffering caused by emergencies. These include measures to restore essential government services, protect public health and safety, and provide emergency relief to affected entities. Consequence management response is under the primary jurisdiction of the affected state and local governments. *Limited consequences* are within State and local capabilities. *Major consequences* exceed State and local capabilities, requiring a Federal response. Federal agencies support local efforts under the coordination of the Federal Emergency Management Agency (FEMA).

Contamination: The deposit or absorption of chemical or biological warfare agents (or conventional hazardous materials) on structures, areas, personnel, or objects.

Contaminants: Contaminants are the chemical/biological (or conventional hazardous materials) agents that have been deposited or absorbed.

Contamination Reduction Zone (Warm): That area between the exclusion zone and the support zone. This zone includes decontamination stations and may require use of a lesser degree of personnel protection than the exclusion zone. It separates the contaminated area from the clean area and acts as a buffer to reduce contamination of the clean area. Also known as the warm zone.

Control Zones: The geographical areas established to control a hazardous materials incident (including those involving CBRNE agents). The three zones most commonly used are the exclusion (hot) zone, contamination reduction (warm) zone, and support (cold) zone.

Counter-terrorism: Offensive measures to deter and respond to terrorism; traditionally counter-terrorism describes covert activities directed toward specific terrorist groups.

Crisis Management: Measures to resolve the hostile situation, investigate, and prepare a criminal case for prosecution under federal law. Crisis management response is under the primary jurisdiction of the federal government with the Federal Bureau of Investigation acting as the lead agency. Crisis management response involves measures to confirm the threat, investigate and locate the terrorists and their weapons, and capture the terrorists.

Decontamination (Decon): That action required to physically remove or chemically change contaminants from personnel and equipment. Decon is the process used to reduce the hazards of CBRNE agents to safe levels.

Emergency Support Functions (ESFs): These are functional area-of-response activities established to facilitate the delivery of federal assistance during the immediate response phase of a disaster. Their purpose is the protection of lives, property and public health, and the maintenance of public safety. The specific ESFs are described below to facilitate requests for federal assistance. (Lead agencies are indicated in parentheses below.)

ESF 1 Transportation: This ESF coordinates federal transportation support to state and local government entities, voluntary organizations, and federal agencies requiring transportation to support a disaster or event requiring federal response. (Department of Transportation-DOT)

ESF 2 Communications: Assures the provision of federal telecommunications support to federal, state and local response efforts following a presidentially declared emergency, major disaster, extraordinary situation or other situation per the Federal response plan. (National Communications System-NCS)

ESF 3 Public Works and Engineering: Public works and engineering support includes technical advice and evaluations, engineering services, construction management and inspection as required. (Department of Defense-DOD, US Army Corps of Engineers)

ESF 4 Firefighting: The firefighting ESF is intended to detect and suppress fires resulting from or occurring coincidentally with a catastrophic event requiring federal assistance. (Department of Agriculture-USDA, Forest Service-USFS)

ESF 5 Information and Planning: This ESF collects, processes, and disseminates information about a potential or actual disaster or emergency to facilitate federal response and assistance. (Federal Emergency Management Agency-FEMA)

ESF 6 Mass Care: This involves the coordination of efforts to provide shelter, food, and emergency first aid activities at a major event requiring federal assistance. (American Red Cross-ARC)

ESF 7 Resource Support: The provision of logistical/resource support in events requiring a federal response, including relief supplies, space, office equipment,

contracting equipment and personnel to support immediate response activities are handled by this ESF. (General Services Administration-GSA)

ESF 8 Health and Medical Services: This ESF provides coordinated assistance to supplement state and local resources in response to public health and medical care needs following a significant natural or human-caused disaster situation. (Department of Health and Human Services-HHS)

ESF 9 Urban Search and Rescue: Urban Search and Rescue (US&R or USAR) activities include locating, extricating, and providing for the immediate medical treatment of victims trapped in collapsed structures. (Federal Emergency Management Agency-FEMA)

ESF 10 Hazardous Materials: The Haz-mat ESF provides federal support to state and local governments in response to an actual or potential discharge or release of hazardous materials following a disaster or event requiring federal response. (Environmental Protection Agency-EPA)

ESF 11 Food: This ESF identifies, secures, and arranges for the transportation of food to affected areas. (Department of Agriculture-USDA)

ESF 12 Energy: This ESF facilitates restoration of the nation's energy systems following a disaster or significant event evoking federal assistance. (Department of Energy-DOE)

Environmental: Atmospheric, hydrologic and geological media (air, water, soil); used in a hazardous materials context.

Exclusion Zone (Hot): That area immediately surrounding a hazardous materials or CBRNE release or spill. Contamination does or could occur in this area. This is the innermost of the three hazardous materials control zones. Special protection is required for all personnel while in this zone. Also known as the hot zone.

Federal Response Plan (FRP): The interdepartmental planning mechanism, developed under the leadership of the Federal Emergency Management Agency (FEMA), by which the federal government prepares for and responds to the consequences of catastrophic disasters. Federal planning and response are coordinated on a functional basis-known as emergency support functions-with designated lead and support agencies for each identified functional area.

Mitigation: Strategic activities undertaken by the government to preferably prevent incidents from occurring or minimize the consequences of those that occur-I.e., random anti-terrorist measures-(RAMs).

Nuclear Weapons: Nuclear Weapons (nukes) release nuclear energy in an explosive manner as the result of nuclear chain reactions involving fission and/or fusion of atomic nuclei.

Personal Protective Equipment (PPE): That equipment and clothing required to shield or isolate personnel from the chemical, physical and biologic hazards that may be

encountered at the site of a WMD or hazardous materials incident. Also known as personnel protective equipment.

Random Anti-Terrorist Measures (RAMs): A structured mechanism for enhancing the security posture at vulnerable locations to prevent terrorist attack, in event essentially hardening the target through enhanced physical security. The random element of a RAM program is ensured by rotating the areas/measure which are subjected to enhanced scrutiny on a daily or shift-by-shift basis.

Significant Threat: The confirmed presence of an explosive device or WMD capable of causing a significant destructive event, prior to actual injury or property loss.

Support Zone (Cold): The clean area outside of the contaminated control line. Equipment and personnel are not expected to become contaminated in this area. Special protective clothing and equipment is not required. This is the area where all incident management resources are assembled to support CBRNE or haz-mat operations.

Terrorist Incident: A violent act, or an act dangerous to human life, in violation of the criminal laws of the United States or of any State, to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives.

Trans-incident: Situations involving a transition from a threat to an act of terrorism.

Warnings: Provide information on specific threats or a heightened threat of impending terrorist activity within the Operational Area based upon the specific capabilities and intentions of a terrorist group.

Weapon of Mass Destruction (WMD): (A) Any destructive device as defined in section 921 of 18 U.S.C., section 2332(a), *which reads* any explosive, incendiary, or poison gas, bomb, grenade, rocket having a propellant charge of more than four ounces, missile having an explosive or incendiary charge of more than one quarter ounce, mine or device similar to the above; (B) poison gas; (C) any weapon involving a disease organism; or (D) any weapon that is designed to release radiation or radioactivity at a level dangerous to human life.