

**MADISON COUNTY EMERGENCY OPERATIONS PLAN
ANNEX N
TERRORISM, BIOTERRORISM AND WEAPONS OF MASS DESTRUCTION**

Updated: April 17, 2009

Primary Agencies:	Sheriff / Law Enforcement
	Health Department
Support Agencies:	Emergency Management
	Fire Departments
	Emergency Medical Services
	Social Services
	Administration
	Others as required or requested

I. PURPOSE

This plan is specific to bioterrorism, but includes other forms of terrorism, including weapons of mass destruction. It sets forth the procedures and protocols to be followed in the event of a bioterrorist attack, real or perceived, involving a biological agent alone or in combination with an explosive or incendiary device, or a chemical, biological or radiological agent or another weapon of mass destruction, conventional or unconventional.

II. CONCEPT OF OPERATIONS

- A. Public Health will respond to any and all bioterrorism threats or potential threats.
- B. The Sheriff or law enforcement agency of jurisdiction will respond to other incidents or potential threats.
- C. Public Health activities will remain under the control of the State Office of Public Health and the local Board of Health.
- D. The Health Director will work directly and report to the Emergency Management Coordinator to ensure the safety and well being of the public served.
- E. Investigation of incidents of terrorism or suspected terrorism including weapons of mass destruction, chemical and biological agents, etc. within the National Response Framework, and is the responsibility of the Federal Bureau of Investigation by order of the President of the United States.

III. ORGANIZATION

- A. Organization
 - 1. The Health Director or their designee is the principal coordinator for planning and directing the epidemiological investigations in the event of a terrorist or bioterrorist event.
 - 2. The Sheriff or law enforcement agency of jurisdiction is the principal coordinator for terrorism response.

IV. DIRECTION AND CONTROL

- A. The mechanics of activating, arranging and internal functioning of the public health lead agency are contained in the Madison County Health Department Preparedness and Infection Control Manuals.
- B. Law enforcement response guidance is maintained by the Sheriff and local police agencies as well as State and Federal law enforcement agencies.

V. CONTINUITY OF GOVERNMENT

- A. Staffing assignments for positions in the Health Department will allow 24 hour coverage to varying degrees. Selection and assignment of personnel will be the responsibility of the Health Department.
- B. Staffing assignments for positions in the Sheriff's Department will allow 24 hour coverage to varying degrees. Selection and assignment of personnel will be the responsibility of the Sheriff or chief law enforcement officer of jurisdiction.

VI. ADMINISTRATION AND LOGISTICS

- A. The mechanics of activating, investigating, monitoring expenditures and surveillance of biological agents or microbiological organisms known to be pathogenic to man is the responsibility of the Health Department.
- B. The mechanics of activating, investigating and monitoring expenditures of other possible acts of terrorism is the responsibility of the Sheriff's Department or law enforcement agency of jurisdiction.

Attachment 1 **TERRORISM AND BIOTERRORISM RESPONSE PLAN**

Purpose:

This attachment is specific to bioterrorism, but includes other forms of terrorism. It sets forth the procedures and protocols to be followed in the event of a bioterrorist attack, real or perceived, involving a biological agent alone or in combination with an explosive or incendiary device, or a chemical, biological or radiological agent.

Mission:

Our mission is to protect the health and safety of the residents and visitors within our county. This is accomplished by assuring that the necessary preparedness and response capacity exists for a bioterrorist event affecting persons inside of Madison County.

Goals:

The Goals of this plan are:

- To increase the county's ability to detect a covert attack, including biological attack;
- To increase and improve the district's response to an overt or covert bioterrorist attack;
- To reduce response time by the district;
- To reduce the severity of injuries or disease caused by a bioterrorist attack;
- To reduce loss of life due to a bioterrorist attack; and
- To reduce the economic impact to the county.

Scope:

This response plan is to be implemented for an act of bioterrorism occurring or likely to occur within the geographical boundaries of the county. Additionally, the Plan may be implemented as part of a mutual aid agreement in response to a bioterrorist event occurring in a neighboring county or state.

Overall Local Public Health Response:

Through the development of this plan the Health Department is able to provide the appropriate basic surveillance, detection and epidemiological investigation. The role of Madison County Health Department (MCHD) will be to coordinate the necessary public health response to a real or potential bioterrorist attack. When additional Local, Regional, State or Federal resources are needed to respond to the specific event, the MCHD will be responsible for making the contact with Emergency Management and coordinating local efforts with the assisting Regional, State or Federal agencies.

The Health Director will be the primary contact for the local Emergency Management Incident Command Center. The Health Director will designate others to assist in her absence. The Madison County Health Department has the lead role for all disease-related surveillance and control measures. Enhancement of preparedness and response capacity at the local level for an outbreak of disease due to bioterrorism will serve the dual function of protecting the residents of Madison County from naturally occurring infectious disease outbreaks (e.g. West Nile Virus encephalitis, influenza, Small Pox, etc.).

Multi-Agency Cooperation:

Response to a threat or act of bioterrorism will require the cooperation of multiple local agencies. Depending on the scope, scale and duration of the event, response may involve public (local, regional, state, federal) and private sector agencies. To assure coordinated efficient response, it is imperative that local plans and protocols which establish the roles and responsibilities of each responding agency be developed. MCHD will have Memoranda of Understanding between and among agencies as needed.

Response Capabilities:

During the first 24-48 hours after an event, most response by necessity will be that provided from local resources. A standardized assessment of manpower, supplies and facilities within the county has been reviewed and documented. With the potential of each event being different a review of our county's strengths and limitations will help us in responding to a major outbreak of infectious disease (e.g. salmonella, etc.) and under what situations requests for additional assistance will be needed. The response capability of local government may be overwhelmed by a large scale (multi-patient/multi-casualty) event. Similarly, the capability of the State to respond may be limited with a multi-site event within North Carolina.

Federal response capabilities are finite and may be overwhelmed in a multi-state event as different sites compete for limited Federal resources. Therefore, our local public health and other response entities must plan to be as self-supporting as possible.

Local Emergency Management Planning:

The Public Health EPI TEAM works directly with the local agencies in advance planning for an event. The County Emergency Management Coordinator is the designated coordinator of any major event as described in this document. Local agencies may include sheriff's department, fire, emergency services (Rescue and EMS), mental health, local doctors, transportation, public health, private medical offices, police departments, public schools, nursing homes and hospitals within our county. Each agency has an understanding of their possible role in the event of a terrorist or bioterrorist attack.

Criminal Investigation:

Terrorism, including bioterrorism, by definition, is a criminal act. Law enforcement will be notified immediately once an act of terrorism is suspected or identified. Response efforts should be coordinated with local law enforcement and the FBI as necessary.

Response Activation:

1. Assistance Request:

- Additional assistance from neighboring counties and the State may be requested through mutual aid agreements;
- Additional assistance from private entities, State and Federal agencies, neighboring counties and states (when mutual aid agreements exist) may be requested when local resources (government response agencies and/or medical care facilities or manpower) necessary to respond to a bio-terrorist threat or attack are exhausted; or when local resources are inadequate relative to the scope, scale or duration of an event; or when local resources necessary to deal with a specific event do not exist within local government or the medical care communities including both public health and private sector.

2. Activation:

- The Terrorism / Bioterrorism Response Plan is activated fully for all overt or covert acts of terrorism where the use of a biological agent has been confirmed or is suspected.
- All terrorist/ bioterrorist events will require local, state, and federal response.
- Activation will be made by the agency receiving the initial call, and in turn contact the local office of Emergency Management.
- The Madison County Health Department will notify all critical agencies: Emergency Management, the Public Health Regional Surveillance Team 6 (PHRST 6), NC Public Health and the Centers for Disease for Disease Control and Prevention (CDC).
- All critical agencies will be activated.
- NC Emergency Management will be notified by Madison County Emergency Management.
- A Joint Information Center (JIC) or Incident Command Center (ICC) will be established by Emergency Management and the Health Department, CDC, FBI and NC Division of Public Health generated information will be routed to the ICC.
- These agencies will provide the ICC with information for use in responding to inquire about the event.
- The MCHD, PHRST 6, N.C. Public Health Preparedness & Response and the CDC, may establish an epidemiological investigation unit.
- The Madison County Health Department will establish and maintain a Public Health Operations Center with the Health Director or designee serving as the Public Health Incident Commander (EPI TEAM Member/s).

- A County/State Emergency Operations Center (EOC) will be established under the guide of the Emergency Management Coordinator.
 - The Madison County Health Department may request outside private or public agency assistance as necessary to respond to an outbreak of disease. Requests for public health assistance should be made to NCDPH/the State Health Director.
3. Additional Response:
- Madison County Commissioners may declare a local State of Emergency and request State assistance. Once the local County EOC and State EOC have been activated, all requests for State assistance will go from the local Emergency Management Coordinator to Area Coordinators who will relay requests to the State EOC.

Organizational

1. Madison County Response:

Initial Responders will be law enforcement, emergency medical services, and /or fire services in an overt or rapidly identified attack or threat of attack. In the event of a covert attack, the initial responders will be the Madison County Health Department, medical personnel including, but not limited to, physicians, nurses, emergency medical services, infectious disease specialists, medical examiner/morticians, veterinarians, primary care facilities, and/or medical testing laboratories. In either situation, responders will operate under a modified Incident Command System. As the response increases and additional agencies (local, State, or Federal) are involved the organization may switch to a Unified Command System as agreed upon by local agencies. Organizational charts are attached for local county government, local EOC, local health department, etc.

NOTE: See separate plan for Small Pox Pre- and Post Event Immunizations, which are a part of the total bioterrorism plan for the Madison County Health Department and the communities served and protected.

2. Local Operations Control:

The Emergency Management Coordinator will work directly with the Madison County Health Department's Health Director who assumes control of the public health investigation and response and serves as public health advisor to the county, or official designated to lead the overall response effort. Because a terrorism/ bioterrorism incident is a criminal act that may involve a crime scene, law enforcement may form a joint command structure with public health. As additional agencies become involved representatives from these agencies will create a UCS (Unified Command System) where decisions will be made jointly for ongoing and future operations. If the FBI defines the event as an act of terrorism, it may take control of the response. Initially or subsequently, the Madison County Health Department will work with the EMC to assure the location of the command post will in no way be proximate to the area of contagion or exposure. It is imperative that law enforcement agencies understand and accommodate the public health implications of the situation so evidence gathering and other law enforcement activities do not significantly impede or interfere with the protection of the health and safety of our county residents.

3. Lead Response Agencies:

Presidential Decision Directive #39 establishes the FBI as lead for the crisis phase (when lives are in imminent danger) and FEMA, as lead for the consequence (recovery) phase of the response to terrorist attacks.

The Governor of North Carolina has established the Division of Emergency Management, Department of Crime Control and Public Safety, as the lead agency for all state-level disaster response.

4. State Response:

DHHS and NCDPH response will be based in the DHHS Command Post and will, as a member of the State Emergency Response Team (SERT), be part of the Unified Command and maintain staff within the State Emergency Operations Center (EOC). NCDPH will provide epidemiological investigation advice and support to the Madison County Health Department through its Communicable Disease Control Section. DHHS will assist local responders, as necessary. If NCEM establishes a secondary EOC proximate to the event, DHHS and NCDPH may stage personnel at that site as well. Additional epidemiological support personnel may be provided through NCDPH. In the event the disease agent is zoonotic (contagious to humans via animals) the State Department of Agriculture (DOA) may participate in the investigation and response. NCDPH and DHHS may request additional support from CDC. DHHS will interact with SERT to provide logistical support for its response activities.

5. Federal Response:

The CDC will provide, as requested, epidemiologic and laboratory support to NCDPH. Upon request of the Governor or his designee in consultation with NCPDH, the CDC will activate and deploy the Strategic National Stockpile (SNS). At the request of CDC, additional resources of the U.S. Department of Health and Human Services and other Federal agencies will be made available. If the disease agent is zoonotic in nature, the US Department of Agriculture may become involved. Additional Federal assistance may also be made available through the FBI and FEMA.

6. State and/or Federal Operational Control:

If the event is large enough in scale or duration or otherwise sufficiently serious to require support from state or federal agencies, the UCG Operational Command Center (OCC) will expand to include representatives from those agencies following the UCS. In general, state and federal agencies will provide assistance to the local response effort and will assume control only when requested by local authorities or directed by a higher authority. Once the SERT is activated, the NCEM Emergency Operations Center (EOC) command center will become the initial command post for response to a terrorist event. The Director of SERT is the SERT Leader and has authority and responsibility for consequence management as delegated by the Secretary of Crime Control and Public Safety under NCOS 166 A. If the FBI and /or FEMA are involved in the response, they will direct emergency response jointly with the SERT, all under the umbrella of Homeland Security.

7. Homeland Security and the Regional Surveillance Team:

We are a part of the Region 6 Public Health Regional Surveillance Team our partners for preparedness in Western North Carolina.

- Bioterrorism
- Natural Disasters
- Infectious Disease
- Food borne Outbreaks

8. Identification and Transport of the Biological Agent, Disease or Toxin, Chemical, Radiological, Explosive and Corrosive.

The identification of the agent used in or disease resulting from an act of bioterrorism will most likely be made differently depending on whether the act is overt or covert.

A. Overt Attack:

In an OVERT ATTACK, where knowledge of the use of a biological agent is known before or soon after the attack, initial identification of the agent or resulting disease or toxin may be made by:

- First responders (law enforcement, hazardous materials teams, fire departments, emergency management) trained in and equipped to provide identification of chemical, radiological, explosive, corrosive or biological weapons;
- Local health care providers who identify a cluster of illness, a syndrome, or characteristic signs and symptoms of illness associated with the specific agent/disease of concern;
- A local or State Medical Examiner as a result of post mortem examination;
- The FBI;
- North Carolina State Laboratory of Public Health, particularly as a result of requested laboratory testing performed on environmental media or biological tissues and fluids;
- North Carolina Division of Public Health epidemiologist
- The CDC.

The State Laboratory of Public Health or the CDC will confirm the biological agent and/or disease, perform antibiotic susceptibility testing and other specialized tests as necessary, and recommend preferred and alternative treatments. The FBI's laboratories may assist in the identification or transmission of the agent, or to identify other agents associated with terrorism.

B. Covert Attack:

Because infectious agents require an incubation period prior to causing disease in those exposed and because most health care providers and others are unfamiliar with agents of bioterrorism and the symptoms and clinical features of the diseases they cause, it is likely that a covert attack with a biological agent would not result in detection for days or even weeks after the exposure occurred. Other agents associated with acts of terrorism must also be considered.

In a COVERT ATTACK initial identification may be made by:

- A local or State Medical Examiner as a result of post mortem examination;
- A private laboratory or laboratory operating as a part of a medical practice during routine laboratory testing performed on environmental media, or biological tissue or fluids;
- An astute local physician or other health care provider who suspects that signs and symptoms of illness in an individual or group of individuals are unusual and are compatible with exposure to an agent associated with bioterrorism;
- An infectious disease specialist at a hospital or other medical facility;
- Epidemiologists and laboratories at local or state public health offices and laboratories;
- Trained emergency medical systems personnel; or
- Epidemiologists and laboratory technicians at the CDC.

The CDC would make confirmation of the biological agent, disease, or toxin. FBI laboratories may also confirm the identity of the agent, disease or toxin.

C. Transport:

In an overt or covert attack, collection and transport of tissue, blood, or other samples that may contain the agent of concern would be made in accordance with FBI and CDC biological recommendations and guidelines. These are listed as a separate protocol at the local public health laboratory.

D. Notifications

When a bioterrorism event occurs or is suspected, a system of notification occurs with the Madison County Health Department and the Madison County Emergency Operations System. (See Telephone or Notification Tree Diagrams in the Madison County resources guide.)

If the first identification is made locally by a physician, hospital, laboratory or Medical Examiner's (ME) office, the Madison County Health Department should be notified. The Madison County Health Department in turn will notify the County Emergency Management Director and all critical agencies. NC Public Health will notify the CDC. The Madison County Emergency Management office will notify the NC Emergency Management and/or regional teams.

In some cases the person or entity making the original tentative diagnosis may contact NCDPH, NCEM, NC Medical Examiner or the CDC directly. In that case notification would travel backwards to the local level.

If the local Medical Examiner (ME) makes the initial diagnosis the ME will notify the State Medical Examiner's office which, in turn, would notify NCDPH. NCDPH will then notify the CDC, NCEM and the local community through the Madison County Health Department.

E. Response Priorities

The first priorities in a terrorism/ bioterrorism event are:

- To protect and preserve human life;
- To notify all critical local, state and federal response entities;
- To conduct an epidemiological investigation to characterize the nature of the illness or disease outbreak (if known) including symptoms, clinical signs, mode of transmission, incubation period, and communicability;
- Identify the agent(s) via standard and specialized laboratory procedures;
- Identify the location(s) of the outbreak and potential source(s) and route(s) of exposure(s) and methods of control;
- To establish and maintain surveillance for new outbreaks of disease;
- To support the medical and health care community in their efforts to provide public health, mental health and clinical services for those impacted;
- To reduce/eliminate the spread of contagion or contamination;
- To minimize fear and panic on the part of the public.

WHAT IS TERRORISM?

Terrorism is the use of or threat of violence against persons or property in violation of the criminal laws of the United States for purposes of intimidation, coercion or ransom. Terrorists often use threats to create fear among the public, to try to convince citizens that their government is powerless to prevent terrorism, and to get immediate publicity for their causes.

United States Federal Statute defines terrorism as "violent acts or acts dangerous to human life that appear to be intended (i) to intimidate or coerce a civilian population; (ii) to influence the policy of a government by intimidation or coercion; or (iii) to affect the conduct of a government by assassination or kidnapping". This definition appears in United States Code, Title 18, Section 2331 (18 USC 2331).

The Federal Bureau of Investigation (FBI) categorizes terrorism in the United States as one of two types-domestic terrorism or international terrorism.

Domestic terrorism involves groups or individuals whose terrorist activities are directed at elements of our government or population without foreign direction.

International terrorism involves groups or individuals whose terrorist activities are foreign based and/or directed by countries or groups outside the United States or whose activities transcend national boundaries.

BIOLOGICAL AND CHEMICAL WEAPONS

Biological agents are infectious microbes or toxins used to produce illness or death in people, animals or plants. Biological agents can be dispersed as aerosols or airborne particles. Terrorists may use biological agents to contaminate food or water because they are extremely difficult to detect. Chemical agents kill or incapacitate people, destroy livestock or ravage crops. Some chemical agents are odorless and tasteless and are difficult to detect. They can have immediate effect (a few seconds to a few minutes), or delayed effect (several hours to several days).

Biological and chemical weapons have been used primarily to terrorize an unprotected civilian population and not as a weapon of war. This is because of fear or retaliation and the likelihood that the agent would contaminate the battlefield for a long period of time. The Persian Gulf War in 1991 and other confrontations in the Middle East were causes for concern in the United States regarding the possibility of chemical or biological warfare. While no incidents occurred, there remains a concern that such weapons could be involved in an accident or be used by terrorists.

Investigations may include:

A. An Epidemiologic Investigation

An epidemiological investigation seeks to identify and characterize the illness or disease and track the condition back to the original source(s) of exposure in the environment. The investigation seeks to identify the risk factors associated with exposure and subsequent development of disease and other variables that influence morbidity and mortality. If exposure is ongoing, or multi-focal or if the disease is contagious, as new cases are identified, or as the disease spreads from person to person, each new case and their contacts must be tracked to determine if additional sources of contagion or exposure exist. The ultimate goal of the epidemiological investigation is to prevent new outbreaks, contain existing outbreaks and minimize morbidity and mortality by preventing exposure to those who have not been exposed, interrupting the chain of transmission and identifying those exposed who have not developed disease so they may receive appropriate post-exposure prophylaxis and treatment. Epidemiologic surveillance and investigation efforts must continue as long as new cases occur and present for medical care, new casualties caused by the illness are identified and reported, or until the incubation period for the disease in the exposed population has expired.

The level of response, extent and duration of epidemiologic surveillance and investigation will depend on many factors including the agent or disease suspected or identified, incubation period of the agent, whether the release was a limited single event, multiple or on-going, the number of potential casualties, etc.

The Madison County Health Department will coordinate the initial investigation until the involvement of NCDPH and/or CDC epidemiologists, at which time they would provide direction and oversight of the investigation with the Madison County Health Department.

The department will continue to coordinate investigative efforts in the county with other critical agencies. Staff from the Madison County Health Department EPI Team will assist NCDPH (state

and regional capacities) and the CDC in surveillance, investigation and coordination-related efforts.

Should staff resources in the Madison County Health Department prove insufficient, assistance may be requested from other counties through the Emergency Management Assistance Compact (EMAC) and from NCDPH may request additional staff from CDC to join the investigation.

- B. Chemical Investigations - Potential toxic agents used in warfare.
 - Irritants - including teargas and sting gas.
 - Vesicants - i.e. mustard gas.
 - Toxins - includes cyanide.
 - Pulmonary agents - i.e. phosgene.
 - Nerve agents - i.e. sarin, tabun, soman, GF, VX.
- C. Radiological Investigations – Man-made sources include some electronic equipment, and nuclear weapons testing. Nuclear power plant accident. Terrorist event.
- D. Corrosive Investigations - Result from chemical spills or incidents. Hydrofluoric acid.
- E. Explosive Investigations - Potential bomb threats. See Weapons of Mass Destruction Plan below.
- F. Modeling the potential spread of infection or contamination, estimating morbidity and mortality and supplementing the Madison County Health Department and State Medical Care Facilities' Resources.

When there is an intentional or accidental release or spill of a chemical or radiological agent that could or does result in community exposure and health risk, the Local Health Director will be notified through local protocols. The PHRST 6 will be available to assist the Local Health Director at her discretion during the event.

The Chempack Project is a resource of nerve agent antidotes provided to state and local government by the Center for Disease Control Prevention (CDC) as a sustainable resource that increases the capacity to respond quickly to a nerve agent event. The Pharmacy Manager at Mission Hospital maintains oversight and overall readiness of the Chempack. "Out of Hospital" request from the Health Department, other hospitals, EMS, SMAT and others must request the Chempack container or its contents through the local Emergency Management after all other local resources have been depleted. (*See the Chempack Environmental Management and Emergency Response Plan Policy Number 404 from Mission Hospitals Safety Policy and Procedure Manual attached for details*).

The Madison County Health Department EPI Team in coordination with Madison Emergency Management, NCDHHS Health Statistics Division, NCDPH Epidemiology, Public Health Regional Surveillance Team, NC Emergency Management and the CDC, will model the potential spread of the agent or disease and develop best case and worst case scenarios with respect to morbidity and mortality. Based on that modeling, the Madison County Health Department and the NCDPH will work with local and regional hospitals, health care facilities, and providers to evaluate their capacity to respond to the disease outbreak (e.g. health care manpower, pharmaceuticals, medical supplies, hospital beds, facilities for administering prophylaxis, treatment or quarantine, etc.) and their anticipated need for additional capacity.

If that evaluation indicates an expected shortfall in response capacity, the Madison County Health Department and the appropriate agencies within the county, in conjunction with the PHRST 6, the Medial Reserve Corp and ServNC will assist the local health care providers and facilities in meeting shortages or insufficiencies in capacity. One or a combination of the following will meet shortfalls:

- (i) Regional agreements with surrounding counties to assist each other;
- (ii) Cooperation and assistance provided by the North Carolina Hospital Association (NCHA) or through mutual assistance between hospitals;

- (iii) NC Emergency Management through state and county mutual assistance compacts;
- (iv) From the National Pharmaceutical Stockpile (NFS) or Vendor Managed Inventory (VMI) through the CDC (pharmaceuticals and medical supplies) and/or; reducing the spread of infection or contamination.

The single most effective means of reducing the spread of infection or contamination is to prevent further exposure to the agent (including the environment in which it is found and the scenarios that are known to be associated with exposure), and if the agent is communicable, to reduce transmission between the infected and the non-infected. Measures taken to achieve this may include, but are not limited to:

- Hazard/Agent Identification: This involves identifying the toxin or biologic agent present in environmental samples or human tissue via laboratory procedures. Pending laboratory results, a preliminary identification may be made based on symptoms and clinical findings in those exposed, particularly when the clinical picture is pathognomonic.
- Hazard Assessment: Upon identification, the adverse health effects of a known biotoxin can be determined from appropriate scientific/medical references. Upon the identification of a specific infectious agent, the natural occurrence, reservoir, mode of transmission, incubation period, period of communicability, susceptibility and resistance to antibiotics, and methods of control may be obtained from appropriate references.
- Control Methods: Control methods are agent-specific and may be divided into preventive measures and control measures directed toward the case, contact of the case and the immediate environment.
- Preventive measures include immunizing persons at high risk of being exposed to the agent of concern; educating those at risk about the mode(s) of transmission and ways to interrupt transmission; eliminating or interrupting exposure pathways through avoidance or use of personal protective equipment; (See Small Pox Immunization Protocol).

Control measures directed toward the case, contacts and immediate environment. These include agent-specific infection control procedures such as the use of standard precautions and airborne, droplet, or contact transmission-based precautions; isolation (separation of infected persons or those believed to be infected; usually in a hospital setting); quarantine (enforced restriction of activities or limitation of movement of persons presumed exposed to a communicable disease, usually at the community/population level, in a manner so as to prevent contact with those not exposed); post exposure prophylaxis and treatment of those exposed; and killing or reducing the numbers of organisms in the environment of concern via washing, disinfection, sterilization fumigation, etc.

Those exposed to certain communicable agents may be isolated or quarantined until it can be assured that they will no longer pose a threat of transmission. Various scenarios may occur depending on the agent. In general, existing hospital will be responsible for caring for those acutely/seriously ill due to any agent unless other arrangements have been made to send these patients to a special hospital or other treatment facility. While an outbreak of smallpox will present some unique considerations related to isolation and quarantine, it should be kept in mind that cases of measles, which is much more contagious than smallpox, are admitted and treated in community hospitals.

Possible scenarios include:

Quarantine of hospitals or other facilities that have admitted patients exposed to or infected with an agent, or diagnosed with a disease associated with bioterrorism (e.g., smallpox) until contacts and those potentially exposed have been vaccinated.

Quarantine of hospitals or other sites that have been directly targeted by attack with an agent associated with bioterrorism (e.g., smallpox). The Health Director for the Madison County Health Department will have power to order isolation and quarantine when and where it is needed. (Public Health Law)

Transportation to alternative care facilities for those under medical treatment, but not exposed to the bioterrorist agent (e.g., moving less ill or unexposed patients to another facility or area of an existing

facility to accommodate more critically ill patients in need of specialized treatment and care (e.g., moving patients out of the ICU to other facilities to treat cases of inhalation anthrax or botulism).

Transport to alternative care facilities for those exposed to or sick from a bioterrorist agent (e.g., all anthrax cases will be treated at hospital X or all plague cases will be treated at hospital Y). These sites will be identified at the time of the incident for the Madison County Health Department and the residents of our county. EMS will transport sick individuals, the transportation department will transport medical staff to the home bound and non-exposed individuals, the school buses will transport in the event of a mass or countywide immunization or treatment event.

Agreed use or procurement of facilities for evaluation or prophylaxis and treatment (e.g., utilization of a school or other facility for distributing antibiotic prophylaxis for those exposed to anthrax; use of a school or other facility for vaccinating individuals against smallpox) has been made. The Madison County Health Department has already identified a school site in the event of such an incident/s.

- Madison High School
- Madison County Home-based isolation or quarantine of exposed/infected persons and their families (e. g., plague, smallpox);
- Quarantine of all or sections of a community (e.g., pneumonic plague, smallpox);
- Voluntary or ordered closings of places people gather (e.g., churches, schools, day care centers, theaters, community centers, restaurants, stores, laundromats, and parks, etc.)
- Closing local airports to all but emergency related travel into or out of the county (e.g. pneumonic plague, smallpox);
- Closing all roads, railways and other routes of travel into or out of the impacted area or the County (e.g. pneumonic plague, smallpox);
- Declaring martial law to control spread of disease, mass panic, rioting, etc.

Note: The website www.publichealthlaw.net has complete detailed information related to quarantine. The Madison County Health Department's health director has a copy of the current laws.

CONTACT INFORMATION FOR CRITICAL PERSONS

A list of contacts for our county and region are attached in this document. The information includes ways to reach these individuals, or those on call for them, 24/7. Phone numbers for both work and home, pager or cell phone numbers, postal and mail address with directions to the homes of key leadership/critical agency individuals are listed with the EMC in each county.

A list is provided for all State and Federal agencies identified as possible contacts as identified in the local and county plan.

See separate lists of individual agencies phone trees in this plan.

BACTERIAL AND VIRAL DISEASE ORGANISMS/AGENTS

The Centers for Disease Control and Prevention and the Federal Bureau of Investigation maintain a list of agents that are known or highly probable choices for use as bio weapons.

www.bt.cdc.gov/Agent/Agentlist.asp

For additional information from CDC on bioterrorism see its website: www.cdc.gov/health/diseases.html, and select "B" or Bioterrorism from the list.

The biological agents of greatest concern at this time include those that cause the following diseases: Anthrax, Smallpox, Plague, Botulism, Brucellosis, and Tularemia. The NCPH Infectious Disease and Bioterrorism Plan (Attachment 7 to Annex B) of the NC EOF contains a detailed list of reference related to bioterrorism and agents of concern.

The appendices to the NC Public Health Bioterrorism Preparedness and Response Plan (NC Department of Health and Human Services) contain current hardcopy information on biological agents of concern and the important epidemiological and clinical features associated with each. An outline of this information is included later in this plan.

DEFINITIONS AND ABBREVIATIONS

Alternate Care Facility - Identified facilities usually adjacent to or near hospitals that can be used to augment or replace hospitals. (No hospital in Madison County).

Area Command - Area Command is an expansion of the incident command function primarily designed to manage a very large incident that has multiple incident management teams assigned.

Basic Plan - The County Emergency Response Plan.

Biological Agent - Germs or pathogens, living microorganisms, such as bacteria, viruses, fungi or the toxins they produce, that can cause disease in humans, animals, or plants, either naturally or artificially.

Bioterrorism - The terrorist use of microorganisms or toxins derived from microorganisms to produce death or disease in humans, animals or plants.

Critical Agencies - The Madison County Health Departments, Alpha Omega Health Inc., Law Enforcement, Fire, Medical Examiner, EMS, Emergency Management, HAZ MAT, FBI or SBI.

CDC - The Centers for Disease Control and Prevention.

Decontamination (DECON) - The physical removal or chemical alteration or destruction of chemical contaminants or pathogens from personnel and equipment.

DHHS - The North Carolina Department of Health and Human Services.

Disease Agent - Any pathogen capable of causing disease.

EOC - Emergency Operations Center

Epidemic - a disease attacking many people in a community or region simultaneously or over a defined interval of time.

Epidemiology - The study of the causes, distribution, risk factors associated with, and control of diseases in populations.

EPI TEAM - (Epidemiological, i.e. EPI) A team of professionals from nursing, environmental health, laboratory, management, and other identified agencies local and state level involved in the investigation of disease outbreak.

Evacuation - The removal of potentially endangered persons from an area threatened by, or having experienced, an incident involving the release of a chemical, biological, or radiological material.

FBI - Federal Bureau of Investigation.

Madison County Health Department - The local public health agency serving Madison County.

Hazardous Materials - Any material that is explosive, flammable, poisonous, corrosive, reactive, or radioactive, (or any combination thereof), that requires special care in handling because it poses a hazard to public health, safety, and/or the environment.

Hazardous Material Incident - The uncontrolled non-permitted release of hazardous materials during storage or use from a fixed facility or during transport outside of a fixed facility that may impact public health, safety and/or the environment.

Incident Command System or Center (ICS or ICC) - The combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish stated objectives pertaining to an incident.

Isolation - the separation of a person or group of persons infected or believed to be infected with a contagious disease to prevent the spread of infection.

Joint Information Center (JIC) - The combination of two or more public information officers from different agencies operating within a common organizational structure with responsibility to manage the dissemination of information related to an incident.

Joint Operations Center (JOC) - The combination of two or more agencies operating within a common organizational structure to manage specific parts of an incident.

MSCT - Medical Services Coordination Team

NCEM - North Carolina Emergency Management.

NCGS - North Carolina General Statute

NCHA - North Carolina Hospital Association

NCDPH - North Carolina Division of Public Health

NCDHHS -NC Dept. of Health and Human Services

OCC- Operational Command Center

Pandemic - An extremely widespread international epidemic of single disease.

PHOC - Public Health Operations Center

Quarantine- the restriction of activities or limitation of freedom of movement of those presumed exposed to a communicable disease in such a manner as to prevent effective contact with those not so exposed.

Resources - All personnel and major items of equipment available, or potentially available, for assignment to incident tasks on which status is maintained.

SBI - State Bureau of Investigation

SERT - State Emergency Response Team

SNS – Strategic National Stockpile - a national stockpile of pharmaceuticals and medical supplies controlled and managed by the CDC that may be deployed to the state at the request of the Governor or his designee.

Staging Area - That location where incident personnel and equipment are assigned on a three (3) minute available status.

Madison County Health Department - The local Public Health Agency serving Madison County.

Toxin - A noxious or poisonous substance formed or elaborated during the metabolism and growth of certain microorganisms, capable of causing illness and even death in those exposed (e.g., botulism toxin results in botulism).

Unified Command - In ICS, Unified Command is a unified team effort which allows all agencies with responsibility for the incident, either geographical or functional, to manage an incident by establishing a common set of incident objectives and strategies. This is accomplished without losing or abdicating agency authority, responsibility or accountability.

(Attachment 2 - Small Pox Plan follows below)

Background

The last naturally acquired case of smallpox occurred in 1977, and there has not been routine vaccination of the general population of the United States since the early 1970's. With waning immunity in those who were vaccinated, and a large percentage of the population at risk for smallpox in light of a bioterrorist attack. It is anticipated the Centers for Disease Control and Prevention (CDC) and the Federal Government would coordinate the response to a possible or confirmed outbreak of smallpox. However, it will take time until a final plan is enacted. This document is a guideline for the Madison County Health Department to follow as a part of the State Smallpox Plan to date.

The variola virus causes smallpox. It is spread person-to-person via close contact with an infected patient and exposure to respiratory droplets containing the virus, but infection can also occur via aerosols and contact with an infected patient's bedding (Henderson, JAMA 1999). The incubation period is typically 12 to 14 days, at which time patients typically develop high fevers, headache, backache, and a rash. The rash begins as a maculopapular eruption of the face and mouth, which then spreads to the trunk and extremities (Henderson, JAMA 1999). The rash then becomes vesicular and subsequently pustular prior to scabbing. The overall mortality rate from smallpox approximates 30%, but is much higher in the less common hemorrhagic and malignant forms of smallpox.

Prior to the onset of rash, patients are not infectious (Henderson, JAMA 1999). There is no approved treatment for smallpox; care is supportive. Post-exposure vaccination with the vaccinia vaccine is effective in preventing the development of smallpox.

Smallpox Release

If release of smallpox is overt, i.e. announced, then it is expected that the Federal response would be in place prior to individuals becoming infectious (i.e., before the onset of rash). Public and private health care systems will work together on a county level to deal with those concerned that they have been exposed, isolated, contact tracing, and distribution of vaccine. The focus of this document will be for the scenario of a covert release of smallpox or for the case of a patient with a rash suspicious for smallpox.

Initial Presentation of Suspected Cases

There would be four different settings for the initial presentation of a patient with possible smallpox at a local medical facility where there has been covert release of the virus:

1. A patient may be at home and call the office of his/her primary care provider or the emergency department.
2. A patient may present to a clinic (primary care, dermatology) or urgent care clinic;
3. A patient may present to the emergency room;
4. A patient who is admitted to an area hospital may subsequently demonstrate signs or symptoms suggestive of smallpox. This document focuses on the response to a suspected case of smallpox in the first 24 hours and the subsequent events.

Overview of the Local Plan

The Madison County Health Department (MCHD) will be the lead agency in Madison County for any and all smallpox events. The MCHD will follow the most current North Carolina State approved plan and protocols.

The core activities for public health response to the presence of smallpox can be partitioned into three main groups:

1. Pre-event preparations
2. Event Response - "Ring" Vaccination
3. Mass Vaccination of Residents

Pre-event Preparations

Working directly with the local Emergency Management Team the Health Director has an established plan outlining how each local agency will address the needs of the community. The health department will function in accordance with our local Bioterrorism Response Plan. (Section one of the county EOP). The team will work in connection with the Public Health Regional Surveillance Team 6 based in Asheville.

Locally, the Health Department has identified the key staff (Epidemiology Team Members) to receive the first vaccines. Secondly, The Emergency Management team has worked to identify the other emergency response personnel that will need the second round of vaccine. Finally, a location has been identified for a Mass Site Vaccination Program as well as for the Secure Site for Storage of Vaccine.

Communication

In order for this plan to be effective each agency will need to maintain open communication regarding any bioterrorist event or suspected event. The Emergency Management Director and Health Director or designee will communicate between the local, state and public health agencies.

Epidemiology (Epi) Team

The MCHD Epi Team will respond as outlined in the documents contained in this plan. Working from the Overview Procedures they will implement any portions necessary to complete the investigation, monitoring, coordinating, evaluation, documentation and follow-up for any given event.

The Epi Team must remain flexible in light of ever changing guidelines, protocols and mandates issued from the State of North Carolina and/or the Federal Government. As a result of this changing situation, there is no truly definable guide, only a well-thought-out plan containing all the supportive and directive information that is currently available.

Small Pox Plan County Wide Duties and Responsibilities

Key Points:

The very best of planning will still be subject to change, we need to go forward with the knowledge to expect the unexpected.

Pre-Event we will have more control and may be able to help in each other's county in either stage. The mass vaccination event will be more on the spot and we may not have much advance notice, if any. We will need to use day one for getting everything set up at the site. Getting the vaccine ordered and stored securely will be a major point of concern.

1. *Communication Issues*

- Local Health Department
- Local doctor's offices
- Health Director and Epi Team
- Chain of Command locally - EMC to HD to Epi Team
- Chain of Command from PHRST 6

2. *Master List of County Residents*

- Voter Registration
- Census
- E911
- Townships or Voting Precincts
- Other

3. *Media*

- Contact Person Health Director/Designee
- Prepared Statements
- Media Release to run simultaneously
- Schedule regular times to give the news releases during the event.

4. *Clinical*

- List of area doctors and nurses
- List of available for the specific event
- Shift length/ hours/breaks/schedules
- Backup plan for other incidents
- Vaccine/Storage/Handling/Controlled Use
- Disease Investigation (Epi Team)
- Hospitals(out of county)Pharmacists/Local Medical Offices/Home Health/Nursing Homes/Funeral Home
- State Laboratory or the Regional State Lab
- Medical Evaluations
- Counter-indications
- Dressing Changes for the patient to take home (Need volunteer group to prepare)

5. *Environmental*

- Investigation of disease outbreak
- Other incidents
- Epi Team
- Storage and handling of food for workers in the mass event
- Work in connection with State and Federal guidelines

6. *Health Director*

- PR Person
- Public Health Incident Command
- Power of Isolation & Quarantine and other authority under public law

7. *Emergency Management*

- Incident Command

8. *Incident Command Center*

- The central point of command for the local agencies...

9. *State/Federal*

- CDC/STATE

10. *Regional Surveillance Team*

- Review of local plans
- Assistance with drills
- Assessment
- Disease surveillance
- Continuing Medical Education
- Assist with National Pharmaceutical Stockpile
- Outbreak Investigation assistance
- Early detection of event or outbreak
- Training
- Consultation
- Biological Sampling
- NFS information resource
- Liaison
- Provision of accurate, timely information to the public

11. *Liability Issues*

- Malpractice/standing physician orders
- General liability for the agencies involved
- Workers Comp for workers with complications as a result of the vaccine
- Federal Government

12. *Expenses*

- Supplies
- Labor costs for the event/tracking
- Emergency Disease Relief if available

13. *Grant Funding for Training*

14. *Security*

- Sheriff's Department/Police Dept./State Patrol
- Fire Department Volunteers

15. *Transportation*

- School Buses (residents to vaccination site)
- Transportation Vans (Home Health Nursing)

16. Emergencies

- EMS (one at each site minimum)

17. Traffic Control

- Appointed by Sheriff's Department.

Attachment 3 TERRORISM and WEAPONS OF MASS DESTRUCTION

The Terrorism Threat and What It Means to You:

Terrorism is defined as the unlawful use or threat of use of force or violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objections.

Over the past decade, local governments have had to address the issue of terrorism more than ever. Local government no longer can afford the luxury of being immune to terrorist threats. The fact that we are public officials or employees of governmental agencies makes each of us a target.

Additionally, we are the responders to terrorist attacks on private businesses or groups in our response jurisdictions.

This document is to be used as a guide in the event of a terrorist threat or actual event in Madison County. All responders must be aware of the potential for injury and/or death to both themselves and to others.

I. PURPOSE

This plan is intended to define the responsibilities of emergency personnel and others in response to domestic terrorist incidents. This plan includes terminology, assignments and responsibilities. This document is confined to the boundary of Madison County, and the Towns of Marshall, Mars Hill and Hot Springs. It is imperative that each level of government and each response organization be aware of the rules and responsibilities required for a professional response.

- A. Two major complications emergency personnel will encounter during a terrorist incident are:
 1. Limited numbers of trained Law Enforcement/EMS/Fire personnel available.
 2. Individuals or groups working without authority and/or independently from organized efforts.
- B. The legal foundation for this plan is found in the Presidential Decision Directive, PDD-39, dated June 1995, and PDD-62 dated May 1998, and Homeland Security.
- C. There are three primary phases associated with terrorist incidents:
 1. Crisis Management - Includes the broad spectrum of data collection and dissemination of information primarily to law enforcement and other groups that are part of the initial response. Also included are the first-in organizations and is a part of the efforts by all levels of government to ensure life, safety and rescue efforts.
 2. Consequence Management - Refers to response measures implemented to ensure continuity of essential services of government and to provide emergency relief to all levels of government. Consequence Management is primarily an emergency function. Crisis

Management and Consequence Management should be activated at the same time and work hand-in-hand to resolve and recover from acts of terrorism.

3. Initial emergency response efforts will focus on the protection of human health, environment and property. Such efforts include: command and control, evacuation, fire suppression, rescue, mass casualty/triage operations, contaminant/control, and cleanup. Additional response will be associated with recovery and consequence management.

During such emergencies, law enforcement agencies will expand their operations as necessary to provide the increased protection required to prevent disaster conditions. Numerous federal and state law enforcement agencies are available to support local law enforcement agencies.

Possible targets in Madison County include:

- Transportation System (Rail, Pipelines, Truck)
- Governmental Complexes
- Special Events (with large audiences)
- Business/Industry
- Schools
- Electrical Lines, Stations and Sub Stations
- Water Treatment Plant and Intakes
- Forest Lands

II. SCOPE

A. Situation:

Terrorist incidents include the use of explosives, mass casualties, use of weapons of mass destruction and releases of hazardous materials. Weapons of mass destruction can include explosives, chemicals, biological, nuclear and incendiary devices. Such situations can pose significant health and safety concerns to the population, property and environment.

B. Assumptions

1. A terrorist incident could threaten a significant number of people in Madison County.
2. Emergency response personnel (Fire/EMS/Law Enforcement/Emergency Management) and qualified technical experts will be available with equipment and resources to detect, analyze, evaluate and cope with most incidents.
3. Planning, training and coordination of emergency response personnel serves to reduce hazards and associated risks. Proper development and execution of terrorist intelligence through the law enforcement community and providing information and training to emergency responders will significantly reduce the number of casualties from a terrorist attack or WMD incident.
4. First responders will be first on the scene and may not be prepared to manage it.
5. Jurisdictions may be able to cope with minor situations. However, should an incident become a major emergency, additional emergency resources could be rapidly deployed through existing mutual aid agreements and could be further augmented by county, state, federal and private industry resources.

6. A combination of trained personnel and operational equipment can be positioned to detect, measure, report, analyze, evaluate and conduct counter-measure operations. Trained local emergency response organizations can effectively manage an accident scene with technical assistance from State and Federal agencies.
7. First responders are likely to be on their own for several hours or more until specialized resources become available.
8. Substances involved in an incident can be identified within a reasonable time from many sources. These include:
 - USDOT Emergency Response Guidebook
 - NIOSH Guidebook
 - First Responder Chem-Bio Handbook
 - Defense Against Toxic Weapons
 - Material Safety Data Sheets
 - Product Containers
 - CHEMTREC, etc.
9. Emergency planning efforts will assume that most of the population will cooperate with local officials and follow recommended protective activities. Such measures could include evacuation instructions for relocation to designated areas.
10. Private automobiles/ school buses, and County Transportation vans will be the primary means of transportation for evacuation movement. Available alternate transportation resources would be coordinated to support evacuation of the public without transportation, special needs individuals (e.g. handicapped, mobility impaired, developmentally disabled) and the elderly.
11. The initial movement of population(s) at risk may occur immediately following the on-scene assessment of the situation by emergency response authorities, or by the issuance of an evacuation order by county officials.
12. Evacuees could be isolated from their homes for extended periods of time.
13. The first unit to arrive on the scene must not blindly rush to individual victims, but must first perform a rapid assessment of the situation and ensure that proper personnel, equipment and supplies are dispatched to provide essential lifesaving efforts. These actions and initial decision (in the first few minutes) will influence the entire response and management of the incident. Proper actions and decisions will avoid confusion, chaos and inefficiency. The responders must take in account the possibility of secondary devices for intentionally injuring emergency responders.

III. DEFINITIONS

Biological Weapons - Weapons using organic (plant or animal) material designed to injure or kill by use of illness producing bacteria, virus, rickettsia or toxin. Examples are anthrax, cholera, plague, ebola, botulism, and ricin.

Blister Agent - A chemical agent (vesicant) which causes severe blistering and burns to eyes, skin, and tissues of the respiratory tract. (Mustard gas or lewisite).

Blood Agent - A chemical agent that interferes with the ability of blood to transport oxygen and causes asphyxiation. (Hydrogen cyanide or cyanogen chloride are good examples).

Chemical Weapons - Weapons using inorganic substances to injure or kill. Examples are sarin gas, nerve gas, riot control gas and corrosive chemicals.

Chemical Harm - Refers to the six types of harm (TRACE-M) that can be encountered in a terrorist incident (Thermal, radioactive, asphyxiation, chemical, etiological and mechanical).

Choking Agent - A chemical agent that causes physical injury to the lungs, such as chlorine and phosgene.

Crisis Management refers to managing a crisis, such as a terrorist attack. It includes actions taken prior to the incident, such as intelligence, target identification and analysis, and target hardening, as well as the emergency response and the handling of the events after it has occurred. This is where bulk of law enforcement responsibilities fall regarding terrorism.

Consequence Management refers to managing the event after it has occurred to contain and keep it from exacerbating, and to restoration after the event has concluded. The Emergency Management Coordinator's responsibilities fall for the most part in this category.

Corrosive Materials - A chemical agent that can cause chemical harm at an incident scene. Liquids or solids causing visible destruction or irreversible alterations in human skin on contact.

Domestic Terrorism refers to acts perpetrated within a country by citizens of that country by groups or individuals who operate without foreign direction. National Terrorism is the older term used to describe domestic terrorism. The Oklahoma City bombing is an example.

Emergency Operations Plan (EOP). A document which:

- assigns responsibility to organizations and individuals for carrying out specific actions at projected times and places in an emergency that exceeds the capability or routine responsibility of any one agency;
- sets lines of authority and organizational relationships, and shows how all actions will be coordinated;
- describes how people and property will be protected in emergencies and disasters;
- identifies personnel, equipment, facilities, supplies, and other resources available for use during response and recovery activities. The Emergency Management Coordinator has responsibility for preparing and implementing this plan in the event of a major event of disaster.

Etiological refers to the study of human diseases and their causes

Etiological Harm - Exposure to a living microorganism or its toxins, which causes, or may cause, human disease. Biological agents.

Explosive Weapons - Weapons designed to explode, causing thermal and mechanical damage.

Federal Response Plan (FRP) - A plan developed to expedite Federal support to disasters, which is activated when the state's resources are insufficient to cope with a disaster. Implemented after the governor has requested Federal assistance. **NOTE:** The Federal Response Plan has been replaced by the National Response Framework.

GEDPAPER - An incident analysis process (Gathering information, Estimating course and harm, Determining strategic goals, Assessing tactical options and resources, Planning and implementing actions).

Hot zone - This generally refers to the immediate area of the hazard, where PPE is necessary to protect human life. Only trained specialist with PPE should be allowed into the hot zone.

Incendiary Weapons - Weapons designed to initiate combustion and start a fire.

Incident Command (IC) - Systematic management of the incident (Command Post). The IC may also refer to the Incident Commander.

International Terrorism refers to acts of terrorism by citizens of one country against fellow citizens in another country or against citizens of another country. The New York City Trade Center bombing is an example of international terrorism. Groups or individuals who are involved in domestic terrorism may represent radicals from the extreme left, the extreme right, or special interest beliefs, such as the anti-abortion movement, the animal rights movement, etc.

Irritating Agent - A chemical agent, such as riot control agents, which causes respiratory distress and designed to incapacitate. Pepper spray, Mace, and tear gas are examples.

NAERG - The North American Emergency Response Guidebook.

Nerve Agent - A substance, which interferes with the central nervous system, such as saran gas, Soman, tabun and VX agent.

PPE - Personal Protective Equipment.

Radiological Weapons - (Nuclear) Weapons using alpha particles, beta particles or gamma rays to inflict sickness or death. For example, detonating a conventional explosive in close proximity to nuclear material for the purpose of introducing alpha or beta particles or gamma rays to the environment.

Shielding - Refers to maintaining significant physical barriers between you and the hazard, such as vehicles, buildings, walls, and personal protective equipment.

Site Safety and Health Plan - A series of checklists used to manage an incident and to assure the safety of all involved. (An OSHA requirement in critical incident handling).

Size up - The rapid mental evaluation of the factors that influence an event (i.e. size up the scene).

Strategic goals - Broad, general statements of intent, such as protect human life.

Terrorism is defined by the Federal Bureau of Investigation as "the unlawful use offered against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in the furtherance of political or social objectives."

Regardless of the definition used, terrorism included three elements:

1. Terrorist activities are illegal, criminal acts and they involve the use of force;
2. The objectives are to intimidate or coerce; and
3. The actions are committed in furtherance of political or social objectives.

Thermal Harm - Thermal harm is the result of exposure to the extremes of heat and cold.

Times, Distance and Shielding (TDS) - The three types of protective measures commonly associated with hazardous materials training.

1. Limit the time you are exposed to the hazard;
2. Keep as much distance upwind and uphill, between you and the hazard as possible; and
3. Shield yourself with a wall, automobile, building or protective clothing.

Toxic Materials - A chemical that can cause harmful effects poisoning the system at an incident scene. Toxins can come from organic (animal, plant or microbe) or from an inorganic substance (chemical).

Transnational Terrorism refers to acts of terrorism by citizens of one country against citizens of another country carried out for a third country. The massacre of Puerto Rican pilgrims at Lod Airport, Tel Aviv, Israel, by members of the Japanese Red Army, carried out at the request of the Popular Front for the Liberation of Palestine (PFLP) is an excellent example of transnational terrorism.

Vesicant - A chemical agent, such as blister agent, which causes severe burns to eyes, skin and tissues of the respiratory system. Mustard gas for example.

Virus - The simplest type of microorganism, lacking a system for its own metabolism, they depend on living cells to multiply and cannot live long outside of a host. Smallpox, Ebola, Marburg and Lassa fever are examples.

Weapons of Mass Destruction (WMD) - The term currently used which refers to Federal Legislation which sets forth the Government's policy regarding the use of weapons of mass destruction by terrorists.

IV. CONCEPT OF OPERATIONS

As part of the awareness program associated with acts of terrorism, the first responders must ensure their own protection and the protection of all responding departments.

- A. Listed below are the primary components of the Concept of Operations. Primary first responders can address some components; the Incident Command System (ICS) will address other components.
 - 1. Threat assessment levels
 - 2. Notification process - internal and external, primary and support
 - 3. Command and control - ICS
 - 4. Entry protocols
 - 5. Roles, responsibilities and checklists
 - 6. Chain of evidence and evidence preservation
 - 7. Medical operations

The above is not an all-inclusive list, and is only intended to emphasize the need for a deliberate response process.

- B. Threat Assessment - Will be addressed by local law enforcement agencies, SBI, FBI, ATF and other law enforcement agencies.
- C. Notification Level - Internal/External - Primary/Support - Listed below are the primary response and support agencies, which are part of the notification process:
 - 1. Law enforcement - Local, State, Federal
 - 2. EMS
 - 3. Emergency Management
 - 4. Fire Service
 - 5. Hospitals
 - 6. Public Health Regional Surveillance Team (PHRST)
 - 7. Health Department
 - 8. State Emergency Management
 - 9. Public Information Officer(s)
- D. Command and Control – Response

In any response to a terrorist incident, the Incident Command System will be used. The Incident Command System will provide all responders with a full accountability system for the entire

incident. In addition, under the ICS concept numerous agency representatives can be the Incident Commander over the time frame and the incident. Incident Command in any WMD incident is absolutely essential to take absolute control of the scene and the incident. A Command Post will be set up as expeditiously as possible outside the affected area with representatives of the Sheriff's Office, Emergency Management Office, Fire Departments, Rescue and EMS. Other state and local law enforcement agencies as designated by the Emergency Management Office, and federal agencies as they arrive.

A designated area will be set up for the news media, also outside the effected area. Another designated area may need to be set up for relatives of victims, depending on the circumstances. The chief law enforcement officer for the affected jurisdiction is the overall commander for law enforcement and critical incident matters pending the arrival of the FBI Incident Commander. The Emergency Management Coordinator is the Incident Commander pending the arrival of the FBI for Consequence Management activities, and for Crisis Management activities pertaining to fire and rescue operations.

Unified Command:

This type of command and control is represented by multiple levels of government and is more often than not seen in the EOC environment. A Unified Command System consists of agencies of the city and county government as well as agencies of the state and federal government in a single location. This command structure is also found in large-scale incidents such as terrorism.

E. Assignment of Responsibilities

1. Jurisdictional Matters - The Madison County Sheriff's Office is charged with the responsibility of protecting all citizens of Madison County from unlawful or criminal conduct including a terrorist incident, and is the first responder in crisis management unless the incident occurs in a municipality of the county. Should the event occur in the Towns of Marshall, Mars Hill or Hot Springs, the Sheriff will make contact with the Police Chief and offer assistance.

Emergency Management is responsible for consequence management activities. In the event that local resources are insufficient to handle a major incident, Emergency Management will notify the State Emergency Management Office and request assistance.

Federal legislation, the Antiterrorism and Effective Death Penalty Act of 1996 gives primary jurisdiction to the Federal Bureau of Investigation (FBI) in matters of counterterrorism within the U.S. Presidential Decision Directive (PDD) 39 "United States Policy on Counterterrorism" enhances and strengthens the Federal Government role in this area.

The FBI has primary jurisdiction in the area of crisis management, and is assisted and supported by state and local agencies. The Federal Emergency Management Agency (FEMA) has the responsibility for consequence management in the event that local and state resources are exhausted and federal assistance is necessary. FEMA makes the contact to federal agencies.

2. Command Action Guidelines:
 - Park command vehicle upwind/upgrade and not too close.
 - Set up the command post in a place away from direct involvement with casualties and personnel either in a mobile command unit or fixed facility.
 - Give detailed situation report and establish command.
 - Estimate number of casualties, designate an exclusion zone.
 - Alert all personnel to use their SCBA and personal protective clothing
 - Request more resources immediately:
 - Additional alarms
 - EMS/Fire task forces

- Hazmat unit
- Bomb Squad
- Air supply unit(s)
- Command bus
- EPI Team
- Public Health Regional Surveillance Team (PHRST)
- Medical Response Team
- MCIT (Mass Casualty Incident Team)
- Establish and maintain direct telephone line or discreet radio channel to ECC.
- Consider using task force alarms as individual groups to manage specific functions.
- Assign a Fire Department to the command post for staff and command support.
- Consider need for a forward command post.
- Emphasize the possibility of secondary devices.
- Request the senior ranking law officer to report to and remain at the command post to:
 - Coordinate evacuation
 - Cordon area
- Provide scene security, designate and maintain scene access for arriving and departing ambulances, medic units, and other emergency apparatus.
- Serve as a liaison with the FBI.
- Establish sectors immediately and ensure use of vests.
- Have radio channels assigned to sectors to improve both operational control and efficiency.
- Alert hospitals to imminent mass casualties (Many may arrive in their own vehicles).
- Request buses to transport ambulatory patients.
- Consider using other Hazmat teams to assist with decontamination at the scene, field hospital(s) and/or area hospitals.
- Establish pre-decon areas to temporarily control citizens who may need decontamination. Separate people who are symptomatic from those who are not.
- Use tank water from one or more pumper for gross decontamination of patients.
- Set up and staff separate decontamination sites for civilians and emergency services personnel.
- Be prepared to direct and/or coordinate the inflow of resources from local, state, and federal agencies. Assign a liaison officer to assist with coordination.
- Make arrangements for replacement of contaminated personal protective equipment.
- Remember that the incident is also a crime scene. Preserve suspected evidence where practicable.
- Request canteen(s) for food and rehydration fluids.

3. Command Post

The Incident Command post will be established on arrival of the first units and will handle communications to and from the incident scene, news releases relating to the incident and all requests for resources and/or decisions regarding the incident. The Madison County Mobile Command Post will be sent to the scene for use of the Incident Commander and Command staff.

- Incident Commander - Will be responsible for overall response, coordination with other emergency services, coordination with command staff, municipal and Madison County government officials and accountability of personnel, equipment and the public.

4. Staging Area(s)

The Incident Commander will determine the location(s) for staging and will direct that responding resources report to the staging area. The Staging Officer is responsible for:

- Ensuring access into and out of the incident scene for personnel, equipment and supplies.
- Coordination with primary personnel.
- Maintaining a status log of personnel, equipment and/or supplies available from staging.
- Will coordinate such information with the Command staff.
- Maintaining communications necessary to support operational activities between field units, staging and the Command Post.

5. Emergency Medical Service

The individual in charge of the first responding unit shall assess the need for additional emergency medical response, coordinate triage and any medical evaluation, coordinate medical transportation, support decontamination, alert area hospitals and request additional equipment.

6. Scene Control

Law enforcement personnel will be responsible for access to the scene, crowd control, traffic control, evacuation coordination and support.

7. Hazardous Materials

Fire department personnel shall be the primary authority for managing hazardous material incidents which pose a threat to life and/or property. HAZMAT teams will be used for reconnaissance, decontamination, sampling and hazard mitigation.

8. Emergency Management

Emergency Management personnel will set up the Joint Information Center (JIC) and coordinate with state and federal agencies. Emergency Management will serve as a liaison to Public Health, Hospitals, Air and Water Quality, State Emergency Management and other agencies. Emergency Management will coordinate consequence management for scene recovery.

F. Public Information

This area of response for incidents of terrorism or suspected acts of terrorism is critical to ensure public confidence, eliminate rumors, provide accurate, timely information to concerned responders and to the citizens. This activity **MUST** be centrally located in the EOC setting. The establishment by local government of a Joint Information Center (JIC) with all levels of responding organizations of government present will be the basis of disseminating information to the media and the public.

G. Types of Emergency Conditions:

Potential types of local emergency conditions are as follows:

- Potential Emergency Condition - An incident which can be controlled by the first response agencies and does not require evacuation of other than the involved structure or immediate area. The incident is confined to a small area and does not pose an immediate

- threat to human health, the environment, or property.
- Limited Emergency Condition - An incident involving a greater hazard or larger area which poses a potential threat to human health, the environment or property and which may require protective action including limited evacuation or in-place sheltering.
- Full Emergency Condition - An incident involving a severe hazard or a large area which poses an extreme threat to human health, the environment and property and will probably require a large-scale evacuation; or an incident requiring the expertise or resources of county, state, federal and/or private agencies/organizations. In all probability, little if any advance warning of WMD will occur.
- The FBI provides terminology for increase in the range of incidents that can be used during the management crisis.
- Credible threat presented in verbal, written, intelligence-based form.
- An act of terrorism which exceeds local FBI capability.
- Limited consequence with confirmed explosive/WMD with injury or death.
- Major consequence of a detonation of an explosive/WMD with injuries and deaths.

H. Additional Law Enforcement requirements

Emergency law enforcement operations will be an expansion of normal functions and responsibilities. These responsibilities will include maintenance of law and order, traffic control, crowd control and security.

Other than by statutory requirements, law enforcement activities will remain under the control of the senior law enforcement officer for the jurisdiction in which the emergency operation is taking place.

Law enforcement agencies will have responsibility for both warning and assisting the public relative to an evacuation, for traffic control in and near an evacuated area and for the security of such areas pending the return of the populace.

During emergency situations, the Sheriff or designee may coordinate county law enforcement operations from the County Emergency Operations Center (EOC). In cooperation with the EOC, municipal law enforcement agencies will direct their law enforcement activities within respective command posts.

Coordination among law enforcement agencies will ensure security for vacated hazard areas, essential industries, prisoners, evacuating populations and congregate care facilities.

Civil Disturbances: when groups with conflicting viewpoints form, law enforcement agencies may gather intelligence by both overt and covert means. By monitoring the conditions, the responsible officials may sense when such gatherings are most likely to precipitate a commotion. By pre-planning and utilizing mutual aid agreements, responsible officials can have reasonable assurance that adequate support is available to counter a civil disturbance and maintain/or restore order.

Once a "State of Emergency" proclamation is issued by a municipality or Madison County, the issuing governmental body has the additional authority to effectively address the situation.

I. Special Services

- In-county public shelter operations will be coordinated by the American Red Cross (ARC) liaison, assisted by the County Department of Human Services.
- In an emergency situation Human Services may, out of necessity, expand their day-to-day operation.
- Human Services will be appropriately assisted by Madison County Emergency Management

- and other county agencies, as necessary.
- The Department of Social Services, will open and operate the special needs shelters/reception centers to care for the patients requiring special needs.
- By prior agreement, the staff of the evacuated nursing/rest homes are to assist in the operation of special care shelter facilities.
- The Madison County School systems will cooperate with Human Services and the American Red Cross in the operation of school facilities activated as public emergency shelters, including the furnishing of kitchen staff and custodial personnel.

J. Implementing Guidelines

The information below is meant as basic response guidelines for terrorist incidents. The IC must use discretionary judgment to ensure a timely, professional response. The only way to ensure the IC's decisions are in the best interest of responders and the public is to use all possible sources of information from all response organizations in the decision-making process.

1. **LOW (GREEN)** This Condition is declared when there is low risk of terrorist attacks. All departments and agencies should consider the following general measures in addition to the agency-specific Protective Measures they develop and implement:
 - Refining and exercising as appropriate preplanned Protective Measures;
 - Ensuring personnel receive proper training on the Homeland Advisory System and specific preplanned department or agency Protective Measures;
 - Institutionalizing a process to assure that all facilities and regulated sectors are regularly assessed for vulnerabilities to terrorist attacks, and all reasonable measures are taken to mitigate these vulnerabilities.
2. **GUARDED (BLUE)** This Condition is declared when there is general risk of terrorist attacks. In addition to the Protective Measures taken in the previous Threat Condition, all departments and agencies should consider the following general measures in addition to the agency-specific Protective Measures that they will develop and implement:
 - Checking communications with designated emergency response or command locations;
 - Reviewing and updating emergency response procedures; and
 - Providing the public with any information that would strengthen its ability to act appropriately.
3. **ELEVATED (YELLOW)** This Condition is declared when there is a significant risk of a terrorist attacks. In addition to the Protective Measures taken in the previous Threat Conditions, all departments and agencies should consider the following measures that they will develop and implement:
 - Increasing surveillance of critical locations;
 - Coordinating emergency plans as appropriate with nearby jurisdictions;
 - Assessing whether the precise characteristics of the threat require the further refinement of preplanned Protective Measures; and
 - Implementing, as appropriate, contingency and emergency response plans.
4. **HIGH (ORANGE)** A High Condition is declared when there is a high risk of terrorist attacks. In addition to the Protective Measures taken in the previous Threat Conditions, all departments and agencies should consider the following general measures in addition to the agency-specific Protective Measures that they will develop and implement:
 - Coordinating necessary security efforts with federal, state, and local law enforcement agencies;
 - Taking additional precautions at public events and possibly considering alternative venues or even cancellation;
 - Preparing to execute contingency procedures, such as moving to an alternate

- site or dispersing their work force; and
- Restricting threatened facility access to essential personnel only.

5. **SEVERE (RED)**. A Severe Condition reflects a severe risk of terrorist attacks. Under most circumstances, the Protective Measures for a Severe Condition are not intended to be sustained for substantial periods of time. In addition to Protective Measures in the previous Threat Conditions, all departments and agencies also should consider the following general measures in addition to the agency-specific Protective Measures that they will develop and implement:

- Increasing or redirecting personnel to address critical emergency needs;
- Assigning emergency response personnel and pre-positioning and specially trained teams or resources;
- Monitoring, redirecting, or constraining transportation systems; and
- Consider closing public and government facilities.

K. Chain of Evidence

This process is part of the protocols and is critical for ensuring preservation of any evidence collected. Although this phase of the operation is very critical to incident resolve from start to finish, it should NEVER take precedence over LIFE SAFETY operations. The law enforcement services at local, state and federal levels will provide guidance on this part of the incident operation. All agencies, both primary and support, must be aware of the importance of this issue.

Considerations:

- Do not throw away any debris or trash from scene.
- Debris removal will be controlled by law enforcement agency at local, state or federal level.
- Rescue personnel and medical personnel at the site and at the hospital will be familiar with this operation and will do all within their power to ensure preservation of evidence short of life safety or life and death situation. LIFE AND SAFETY ALWAYS COMES FIRST.
- Private contractors for debris removal MUST follow directions of law enforcement agency.
- Debris disposal will also be directed by law enforcement agencies.
- Other

L. Mass Decontamination

This segment of response to terrorist incidents is a very critical part of people in a very short period it is imperative to limit exposure, possible burden to hospitals, and spread of contamination. The primary departments assigned this program element are:

- Regional Response Team 6 (RRT-6)
- Madison County Volunteer Fire Departments
- Mutual Aid Fire Departments for:
 - Dependable source of clean water
 - Adequate resources to conduct operation
 - Adequate workforce to perform mission
 - Ability to conduct operation at multiple locations.

Local resources will be the primary source for this program element. The State will also provide assistance, and mutual aid requests can provide resources and personnel. In addition, elements of the military, North Carolina National Guard can assist in this phase of operation. Prior agreement with local and state units listed above will be part of local and state plans that address mass/large scale decontamination.

V. DECONTAMINATION ACTION GUIDELINES

- A. Consider wind direction & grade when deciding where to locate decontamination stations. Ensure that decon personnel use suitable respiratory protection and at least turnout gear, including butyl gloves. If available, use chemical protective gear.
- Avoid contact with unknown liquids on floor, ground, and other surfaces.
 - Designate pre-decon area (consider shelter, security and access to area).
 - Separate asymptomatic, symptomatic and non-ambulatory casualties.
 - Give directions to ambulatory casualties.
 - Set up separate decon areas for emergency services personnel and civilians.
 - Ensure site provides for privacy and security
 - Establish separate decon areas for males and females.
 - Assign male and female decon personnel at appropriate sites.
 - Cordon decon area using barrier tape and prepare decon signs for decon sites.
 - Decon immediately casualties who have liquid agent on skin and/or clothing. Note: Must wipe skin if agent is an oily liquid.
 - Consider decon "runoff", contain if practical.
 - Set up decon station(s) at field and other designated areas outside.
 - Prepare decontamination solution(s), mixing one part household bleach and nine parts water (1:9) yields at 0.5% solution (for skin decon). Full strength household bleach (5%) (for clothing and equipment decon).
- B. Mix "dry chlorine" granules (calcium hypochlorite) with water at the following ratio:
1 ounce of chlorine granules to 1 gallon of water = 0.5% solution
10 ounces of chlorine granules to 1 gallon of water = 5.0% solution
Keep water temperature for decon between 60 degrees Fahrenheit (16 degrees Centigrade) and 70 degrees Fahrenheit (21 degrees Centigrade).
- C. Determine method of water/solution application:
- Portable sprayers
 - Portable showers
 - Hose Streams (small diameter at low pressure)
- Determine type of decon:
- Passive (removal of clothing)
 - Dry
 - Wet
 - Cross Ventilation (electric fans preferred)
- D. Set up decon "tents" or other enclosures for added patient protection and privacy:
- Use salvage covers, pike poles, aerial ladder/tower or pumpers and rope to build temporary ambulatory and non-ambulatory decon areas.
- E. Consider using engine and truck companies to help set up and manage specific decon functions. Assign the following resources to each decon site:
- Engine Company (water supply).
 - Truck Company (cross ventilation, etc.).
 - Police Officers (security and control).
 - Provide Tyvek or other suitable disposable clothing, including shoes/sandals for

decontaminated casualties.

- Provide separate plastic bags for victims' clothing/personal property.
- Place clothing and personal property in separate bags.
- Use ID tracking system to maintain accountability of clothing/personal property.
- Consider using other hazmat teams to assist with decontamination at the scene, field hospital and/or area hospitals.
- Consider impact of using fans and/or fixed ventilation system to dissipate vapors.
- Rotate crews at no more than one hour intervals and send them to rehab sector.
- Remember: speed and thoroughness (whole body decontamination) are critical to the success of the decontamination operation if lives are to be saved.
- Review this reference periodically to improve recall!

F. Public Information

This area of response for incidents of terrorism or suspected acts of terrorism is critical to ensure public confidence, eliminate rumors, provide accurate and timely information to concerned responders and to the citizens. This activity **MUST** be centrally located in a joint effort by all levels of government and **MUST** be centrally located in the EOC setting. The establishment by local government of a Joint Information Center (JIC) with all levels of responding organizations of government present will be the basis for disseminating information to the media and the public.

Be prepared for a massive interest by the media. Past incidents have drawn reporters from newspapers, radio and television from miles away as well as helicopters. By immediately putting in place a public information procedure, panic on the part of the public will be lessened. It is advisable to contact the FAA to restrict airspace in the area.

Media personnel should be briefed as quickly as possible and re-briefed on a regular basis thereafter.

G. Rescue Operations

Key Factors and Steps to Help Decide Whether Rescue is a "Go" or a "No Go" Situation.

- **Weather Conditions:** Consider the impact of wind direction and speed, temperature and humidity, and precipitation on the behavior and spread of chemical agent(s) and on emergency operations. Use on-scene weather monitoring equipment if available.
- **Scene Hazard Assessment:** Avoid "tunnel vision." Don't just assume chemical related hazards. Also consider the possible presence of biological agents, radiological materials, and/or explosive devices.

H. **Reconnaissance (Recon):** Conduct Recon to determine if live victims are still in the area of the chemical agent release. Unless wearing a Level A suit, just view the contaminated area through a closed window, an entrance doorway or other reasonably safe location to gather victim information. The Recon team must wear at least their protective clothing, with openings taped and using SCBA. (Review separate reference for proper taping procedure).

I. Victim Information - Rescue Operations

- **Location:** Are casualties visible near an entrance? Are they in the line-of-sight? Can they be heard? Estimate how long it would take to reach and move them.
- **Number:** If there are enough hazmat team personnel in Level A suits available to rescue live victims in a timely manner, use them. Otherwise, consider using personnel who are wearing an acceptable protective alternative, with SCBA, as approved by the Incident Commander.
- **Condition:** Are casualties ambulatory or non-ambulatory? Signs and symptoms?

- Traumatic injuries? Entanglement? Mental state?
 - Exposure: Estimate how long they have been exposed to the chemical agent(s). 20 minutes? 30 minutes? Longer? Shorter?
- J. Rescue and Standby Teams: Select at least two personnel per team with appropriate personal protection. Ensure they are hydrated and wearing cooling vests, if available.
- Chemical Agent Hazard Reduction: Consider use of positive pressure ventilation (PPV) fans (electric preferred) or other fans to reduce or redirect vapor or aerosol concentration. Be sure that use of these fans will not spread chemical agent to endanger other people. If fans are acceptable, they should be placed in service while rescuers are donning their protective ensemble.
 - Review Information about Chemical Warfare Agents (CWA): Remember, all chemical warfare agents are heavier than air, except for HCN. The higher the vapor pressure of a CWA, the higher its rate of evaporation (volatility). Temperature and humidity can affect CWA properties and exposure risk.
 - SCBA (positive pressure): SCBA must be used for all rescue missions. SCBA provides an inhalation Protection Factor (PF) of 10,000. This is excellent respiratory protection.
 - Personal Protective Ensemble (PPE): Limit the initial exposure time to 2-3 minutes. No entry team will re-enter the contaminated area unless authorized and extreme circumstances clearly warrant doing so. Based on chemical warfare agent(s) released, the quantity, its properties, the circumstances surrounding its release, and vapor suppression measures used, the Incident Commander may allow the rescue personnel to operate in the contaminated area for a longer period.
 - Caution: Because concentrations of the chemical agent released in a building could result in different concentrations in the rooms and corridors, victims should be removed through doors or windows that lead directly to the outside. If this is not possible, the rescuers should consider the use of escape masks by victims who must leave through other rooms and corridors to reach the outside.
 - Caution: When deciding which way to remove victims, remember that the chemical agent released is likely to be heavier than air. So, victims at ground level should be removed through a window or door that leads directly to the outside. When evacuating upper floors, consider removing victims through upper floor windows or by roof, using ground or aerial ladders.
 - Caution: Face Piece Removal. After exiting the rescue area, rescuers must continue using their SCBA to prevent respiratory harm from "off-gassing" of chemical agent until their decontamination is complete. The regulator and face piece must be the last items removed.
 - Emergency Decontamination: Unless delay would compromise rescue, set up decontamination area before entry is made, locate setup as close as practicable, and monitor operations. Rescuers must remove their protective clothing before removing their regulator and face piece to avoid breathing any vapors possibly trapped in their clothing. Use chemical agent monitors.
 - Medical Monitoring: Check vital signs and ECG. Check again for chemical agent signs and symptoms.
 - Rehabilitation (REHAB): Provide rest and re-hydration. Re-check vital signs as necessary.
 - Remember this: Quick Reference is just a guide. Existing conditions, knowledge of the chemical agents, good judgment, combined with available personnel and personal protective equipment will greatly influence what level of protection is used by rescuers. The safety of both the rescuers and victims is of paramount concern. When Level A suits are not available, the mission of protected rescuers is to rescue live victims, nothing more.

VI. DIRECTION AND CONTROL

Within the county, there are five (5) primary categories of response agencies that generally respond to WMD incidents 24 hours per day. They are:

- 1) Sheriffs Department/Municipal Law Enforcement and State Highway Patrol
- 2) Municipal/Volunteer Fire Departments,
- 3) County EMS/Rescue Squads and,
- 4) The County Emergency Management.
- 5) Public Health (Disease outbreak or use of biological weapon)

The initial response efforts, combined with on-scene incident management, will be provided by appropriate emergency response agencies. The first dispatched agency arriving on scene will establish direction and control based on the size and complexity of the incident. The Incident Commander will call in additional resources as required.

The County Emergency Operations Center (EOC) is located at the 911 Center unless otherwise stated.

The Chairman, County Board of Commissioners, with support from heads of municipal governments, key county and municipal officials, and non-government personnel staff has overall responsibility and will exercise direction and control from the EOC, or the alternate EOC, during shelter and relocation operations.

The Madison County Manager and the Emergency Management Coordinator will act as the Chairman's principal advisors during WMD related emergencies.

EOC staffing and internal operations will be in accordance with the need.

EOC communications will include systems now in use by county and municipal governments on a day-to-day basis as well as the Emergency Alert System (EAS), if activated.

911 personnel should be alert to the potential for acts of domestic terrorism. They should be familiar with common terms and phrases associated with nuclear material, biological and chemical weapons of mass destruction, and explosives.

During the course of any call intake procedure, telecommunicators should gain as much information as possible about the incident upon which the call has been made. While collecting the basic information of who, what, when, where and so on, the telecommunicator should listen for key words as indicated above and gather appropriate information. If a key word is heard, that should initiate the domestic terrorism response protocol as follows:

- Dispatch both law enforcement, EMS and the appropriate fire unit to a staging site near to the location of the call.
- Responders should be advised that they are responding to a possible incident of domestic terrorism.
- When responders arrive at the staging site they will consult and make a determination, based on the information provided by communications, as to which unit should respond and the best approach route to the site.
 - If the event involves suspected chemical or biological agents fire personnel are to respond.
 - If the event involves explosives, police should respond.
 - approach scene from upwind/upgrade
 - wear at least respiratory protection and protective clothing
 - alert other first responders of potentially dangerous conditions
 - restrict entry to area
 - look for secondary devices

- To the extent possible radio and cellular phone use will be terminated when approach is made on the site so as not to accidentally trigger an explosive device.
- No other persons, civilian or sworn, should be allowed to approach the site.
- No other response units are to approach the site until the risk has been determined.
- The approach unit will assess the risk and return per radio (only if no explosive devices are found) the staging site with the assessment.
- If the risk is real, or appears to be real, the approach unit should immediately order the evacuation of the area and initiate appropriate action.
- If the threat is false return to normal protocols.
- Notifications - EOC staff will make the following notification if the risk is real or appears to be real:
 - Emergency Services Director
 - Appropriate Law Enforcement
 - Health Department
 - Public Health Regional Surveillance Team (PHRST 6)
 - RRT-6 (Emergency Management will notify RRT-6 only)
 - Hospitals
- Activate Emergency Response Plan

VII. ADMINISTRATION AND LOGISTICS

The agencies that may become involved in a WMD incident will develop and maintain emergency procedures and response capabilities as appropriate to address such incidences. Such capabilities will include appropriate hazardous materials training, coordination of the Incident Command System (ICS) and maintenance of mutual aid agreements.

Specific Fixed Facility Information: Information about each facility identified as having extremely hazardous substances will be collected, catalogued and maintained by the Madison County Emergency Management office and made available to emergency responders and the public as required.

Training/Logistics:

Each agency and organization assigned WMD responsibilities will be trained in the employment of assigned emergency equipment.

Radiological emergency equipment which is not issued to emergency response organizations will be stockpiled and maintained in reserve at the County Emergency Management Agency's facility.

Transportation, as required by shelter operations, relocation operations, or as required for securing supplies and equipment will be coordinated by the Madison County Emergency Management Office. Training is required at the operations level for all emergency responders in the subject of WMD, Incident Command, Search and Rescue, HAZMAT and other assigned duties.

Reporting for weapons of mass destruction incidents will be in accordance with reporting requirements and standard operating procedures.

VIII. COMMAND ACTION DECONTAMINATION GUIDELINES CHECKLIST

Initial Response:

- Stage Initial arriving units uphill and upwind from the incident
- Establish a command post
- Locate the Command Post away from direct involvement with casualties and personnel
- Establish a staging area
- Give detailed report and establish command
- Determine the number of casualties and designate an exclusion zone

- ☐ Instruct personnel to put on protective equipment
- ☐ Put on your own protective equipment
- ☐ Gather information on the agent (chemical/biological/explosive/radiological)
- ☐ Immediately call for more resources: city and county
- ☐ Additional alarms for EMS/Fire/Law Enforcement/Emergency Management
- ☐ Hazardous Material unit (Asheville-RRT6 Emergency Management will notify only) Mobile Air Units
- ☐ Bomb Squad
- ☐ ChemPack
 - Convulsions /apnea Blood Agents
 - Major signs/symptoms of exposure:
 - Pinpoint pupils
 - Runny nose/salivation
 - Tightness of the chest, coughing
 - Jerking and twitching
 - Difficulty breathing
 - Nausea/vomiting/diarrhea
 - Sudden loss of consciousness
 - AC Hydrogen Cyanide (AC is lighter than air)
 - CK Cyanogens Chloride (CK is heavier than air)
 - Signs/symptoms of inhalation exposure:
 - Headaches
 - Strong stimulated breathing
 - Loss of consciousness
 - Convulsions/apnea
 (Note: normal pupil size/no secretion) Besides these effects, CK may cause burning/stinging on contact with eyes, exposed skin or respiratory tract.
 - Blister Agents
 - HD Sulfur Mustard (delayed)
 - HN Nitrogen Mustard (delayed)
 - L Lewisite (effect immediate)
 plus all are heavier than air and can be absorbed through eyes, lungs/skin
 - Signs/symptoms of exposure:
 - Reddening of eyes/gritty irritation
 - Reddening of skin
 - Severe itching/burning of skin
 - Blisters with/without pain
 - Sore throat, hoarseness
 - Dry cough/ nausea/vomiting
 Note: signs/symptoms may not present until 2-24 hours after exposure to Mustard agents.
 - Choking Agents
 - CG Phosgene
 - PS Chloropicrin
 - CL Chlorine
 plus all are heavier than air
 - Signs/symptoms of exposure:
 - Mild irritation of eyes, nose, throat (immediate)
 - Shortness of breath, coughing, frothy secretions (2-24 hours later)

- Nausea/vomiting
- Pulmonary edema

Caution: Riot control agents have more severe irritant effects on the eyes, nose and throat, with some shortness of breath and coughing immediately after exposure.

Points to Remember:

1. Be aware of potential terrorist targets.
2. Nerve, blood, blister and choking agents are heavier than air except hydrogen cyanide.
3. The respiratory tract and eyes are particularly susceptible to chemical agent exposure. Pinpoint pupils, dimness of vision, pain above the eyes, and tightness in the chest are signs/symptoms of nerve agent exposure.
4. The immediate and ongoing use of SCBA (with minimal skin protection) will ensure survivability in a vapor hazardous environment.
5. An incident involving a chemical agent is still a hazmat incident.
6. Plan for decontamination of mass casualties; however, vapor exposure requires only the removal of clothing in a clean environment.
7. Consider benefit of using PPV, and/or foam to dilute or suppress a chemical agent.
8. Remember, a terrorist-related incident is a crime scene. Coordinate activities with law enforcement officers in the interest of safety, security, and preservation of evidence.
9. Coordinate/manage requested/not requested outside sources.

On Scene:

1. Place apparatus upwind/upgrade.
2. Use SCBA & wear protective clothing.
3. Be alert for signs of secondary devices.
4. Avoid contact with any pool of liquid.
5. Isolate/deny entry to area.
6. Observe/report signs symptoms of agent exposure. Ask victims about symptoms experienced and what happened.
7. Triage/decontaminate/treat victims.
8. Alert hospitals immediately of possible mass casualties.
9. Decontaminate victims exposed to a liquid agent by removing all of their clothing and/or applying copious quantities of water or household bleach solution diluted to 0.5%, * whichever is practicable. Protect eyes and face of the victims (use bleach for nerve and blister agents only.) If bleach is used, rinse off solution thoroughly with water after 10-15 minutes.

10. For vapor exposure only or as a precautionary measure, remove victim's clothes to at least their underwear (i.e. women: bra & underpants; men: underpants).

*The use of 0.5% bleach solution is noted in the Medical Management of Chemical Casualties Handbook, 2nd edition, September 1995. Aberdeen Proving Ground, MD.

11. Remember a terrorist attack is a crime scene. Preserve evidence where practical.
12. Request the hazmat team if it has not already been dispatched.
13. Request more resources immediately if the incident has already exceeded the capability of on-scene resources or is likely to escalate.
14. Review this reference periodically to improve recall.