

WMD SOGS

PROTOCOL FOR RESPONSE TO NUCLEAR, BIOLOGICAL, CHEMICAL OR BOMB EMERGENCIES

Purpose:

The purpose of this Response Protocol is to provide general guidelines to first responding personnel to a WMD incident in Mahoning county and adjacent communities. The Response Protocol provides a general response criteria for responders from receipt to the initial call through recovery and restoration. This protocol will provide first responders with local resources and professionals to help identify and mitigate WMD incidents.

Terminology:

Domestic Terrorism. A premeditated criminal act intended to cause mass public death, injury or destruction of property within the borders of the United States.

WMD. Weapons of Mass Destruction. Often referred to as an NBC attack - nuclear, biological, and chemical.

Nuclear. May be in the form of a nuclear bomb, but is more likely to be in the form of a conventional bomb used to disperse readily available radioactive materials.

Biological. Living germs, bacteria, or viruses that may cause disease and death in humans. Can enter the body through inhalation, ingestion, through a break in the skin, or through body openings or orifices. Inhalation through the lungs is usually the targeted portal of entry. Multiple victims unknowingly affected over a period of 24 hours to 10 days. Includes Anthrax, Cholera, Smallpox, Ricin and the Plague.

Chemical. Super toxic chemicals for the purpose of poisoning victims. Generally a liquid but normally disseminated as an aerosol or gas. Will immediately produce a victim. May be an incapacitating or toxic agent. Toxic agents are classified how they affect you and include: choking agents (severely stress respiratory system tissue), blood agents (interfere with the ability of blood to transport oxygen), blister agents (cause severe burns to eyes, skin and tissues of the respiratory tract), and nerve agents (disrupt nerve impulse transmissions). Includes Sarin (nerve gas), Mustard Gas (blistering agent), Chlorine (choking agent), or Hydrogen Cyanide (blood agent).

Bomb. A device when detonated is intended to cause blast injuries or may be used to distribute chemical or biological agents. May cause blast pressure injuries, fragmentation injuries, or thermal injuries.

DMAT. Disaster Medical Assistance Team. A National Medical Response Team is comprised of three rapid deployment teams or DMAT's. The response team is manned by physicians, nurses, EMT's and paramedics. Will respond after a WMD even occurs or at the request of the FBI.

DMORT. Disaster Mortuary Response Team. A team of multi-fatality specialists including medical examiners, funeral directors, fingerprint and identification specialists. Can make portable morgues available.

GENERAL RESPONSE CRITERIA:

There are two types of Domestic Terrorism acts:

1. Threats or warnings (hoaxes)
2. Actual occurrences.

Some of the following Response Criteria will apply to a threat or hoax. This document, however, will only address actual Domestic Terrorism incidents.

Incidents involving nuclear, biological, chemical or bombs may be either of accidental cause or a premeditated criminal act. The fire department response to control these types of incidents, whether accidental or intentional, is similar, but there are some important differences. When you are dealing with a WMD incident, you must consider that there may be:

1. A super toxic material
2. Mass casualties
3. Mass fatalities
4. A need to provide for mass decontamination
5. A crime scene and a need to preserve evidence
6. A need to interact with local, state, and federal agencies
7. Mass hysteria
8. A secondary devices designed to kill responders may be present.

Incident Phases:

Response to an incident generally can be broken down into four fairly distinct, yet overlapping phases.

Notification Phase

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Incident recognized, Incident reported, Threat issued

Response Phase

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Hazard Assessment, Scene control begins

Recovery Phase

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Last ambulatory victim removed

Restoration Phase

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Contamination survey completed

I. Notification Phase:

The first responder may not, at first, know that the response is to a potential. The first opportunity to determine the type of call will be with the call taker (dispatcher). If the call taker has prior training to determine that a WMD incident has occurred, he/she may then be able to provide the first responder with information that a WMD is involved. If the dispatcher recognizes that the incident involves WMD, and this information is relayed to responding units, the first responders will be able to better provide for the safety of the arriving personnel.

Call Taking. If the Dispatch Center receives a report giving any of the following cues, the dispatcher must consider that an NBC attack may have occurred:

- People dying for no apparent reason
- Mass casualties
- Downwind casualty pattern
- A low order explosion
- Dead animals or birds
- Dead, discolored vegetation
- Unexplained liquid spills
- Unusual odors
- Visible emissions; smoke, mist or cloud
- Unexplained symptoms
- A pre-warning given.

Dispatching. In order to prevent a panic by citizens who may monitor radio transmissions, local communications should work out a discreet system of notification to public safety officials who may be dispatched as first responders. Consider a standard alert to the responders with instructions to call the Communications Center by telephone for further information.

II. Response Phase:

A. Hazard Assessment Process

Size-up:

Size up the incident and assess the hazard; hoax or actual nuclear, biological, chemical, or bomb incident.

In addition the Size-Up should include:

- Weather (big influence on dispersal pattern of aerosols)
- Wind
- Temperature
- Description of Terrain

The following are indicators of NBC attacks:

Bomb Attack:

Signs - Mass casualties, blast debris, blast injuries, burn injuries, statement of victims

Symptoms - Trauma and burn injuries, lacerations, amputation

Nuclear Attack:

Signs - Dissemination device, low order explosion, blast injury from a dissemination device.

Symptoms - Radiological symptoms will not appear for days or years.

Biological Attack:

Signs - Unusual number of sick or dying, dissemination device, low order explosion (only package or container blows up), visible emission, cloud or mist. Unexplained liquid spills, unusual liquid droplets.

Symptoms - Most biological agents do not exhibit symptoms until several hours or days after exposure.

Chemical Attack:

Primary Signs -

- People dying for no apparent reason
- Mass Casualties
- Casualty Pattern (downwind or in enclosed area)
- Dissemination Device
 - May find device or view device exploding. A low-order explosion with no apparent damage or surrounded by a cloud.
- Explosion
 - Air
 - Ground
 - Structure
 - Underground
- Warning Given or Credit Taken

Secondary Signs -

- Dead Animals or Birds
- Dead, discolored vegetation
- Things out of place
 - Unexplained liquid spills, unusual liquid droplets
- Unusual Odors
 - Sweet
 - Fruity
 - Irritating
 - Flower
 - Garlic/Horseradish
 - Changes in odor
 - Rotten eggs
 - Forest
 - Pepper
 - New mown hay
 - Almond/Peach

- Visible Emission
 - Smoke
 - Mist
 - Cloud

Symptoms of Victims - Many chemical agents do not exhibit symptoms until several hours or days after exposure.

- Unexplained Symptoms

Dizziness	Convulsions
Runny Nose	Unconsciousness
Choking	Frothing at mouth
Cough	Immediate pain or irritation to skin
Tightness in chest	Burning eyes
Blurred vision	Drooling
Fever	Muscle Twitching
Difficulty Breathing	Welts/Blisters on Skin
Reddening of skin or lips	Diarrhea
Nausea and vomiting	

Notify Mahoning County Mobile Response Team:

- Emergency Management Agency
- Medical Facilities
- Mahoning County Health Department
- YSU Environmental/Safety
- Mahoning County Hazmat Team
- Youngstown Bomb Squad
- Local Law Enforcement
- The Mahoning County Fire Chiefs (Current President)
- FBI
- ATF
- EOD (Explosive Ordinance Disposal, US Army)
- DMT
- DMORT

Keep in mind:

- Personnel from the Response Team may be required to confirm that the incident is only a hoax.
- The first responder should apply the appropriate steps of the Hazard Assessment Process and Scene Control Guidelines until a hoax is confirmed.
- The first responder must be prepared to utilize all assets available for an actual incident.

Who do I call if it is a confirmed terrorist attack involving a:

Bomb	Nuclear Device	Biological Device	Chemical Release
Bomb Squad	YSU	YSU	HazMat
EMA	EMA	EMA	EMA
Local Law	Local Law	Local Law	Local Law
FBI	FBI	FBI	FBI
ATF	HazMat	Health Dept.	Health Dept.
EOD		HazMat	

Medical Facilities should be put on alert.

Request DMAT, DMORT as needed.

II. Response Phase:

A. Scene Control Guidelines

In addition to pre-existing local protocol utilize the following guidelines:

1. Implement Incident Command System (Must assume that this is a Unified Command situation). The *Unified Command* will usually involve
 - a. Local Fire
 - b. Local Police
 - c. FBI
 - d. HazMat
 - e. EMA
 - f. Health Department
2. Position your equipment upwind, uphill and upstream from the incident site, if possible.
3. Establish a perimeter. Isolate the area. Establish Hot, Warn, and Cold zones.
4. Protect yourself (safety of personnel). Wear appropriate personal protective equipment (PPE) if you have to enter the contaminated area. Bunker gear with SCBA is not equivalent to either OSHA Level A or Level B protection, and may only provide minimal protection against chemical agents.
5. Rescue victims. Must be done by personnel with appropriate level of PPE (Hazmat).
6. The first responder should never come in contact with the victims and risk contamination.
7. Corral casualties and exposure victims. Using an amplified voice, direct walking victims to a holding area to await decontamination. Non-ambulatory victims must await for personnel who have proper PPE to provide care and relocate them to the decontamination area.
8. Contain spill/release (Hazmat).
9. Neutralize spill/release (Hazmat).
10. Set up Decon stations (HazMat) uphill and upwind of the contaminated area. Protect modesty.
11. Assist HazMat with Decontamination. Do not attempt to decontaminated your equipment. Leave in the Hot Zone for later disposition.
12. Triage and assist in providing EMS care to victims after they have been decontaminated.

13. Consult with local hospitals who must plan on receiving mass casualties.
14. Transportation of patients to appropriate hospitals.
15. Initiate defensive contamination control operations for incidents with limited victims in order to limit the spread of contamination. This includes diking water runoff. For mass decontamination incidents, control of runoff water is not able to be achieved for the amounts of water necessary to decontaminate large numbers of victims. (FB Hazmat)
16. Be alert to the presence of secondary devices and perpetrators in the area. The perpetrators may be the first victims. Establish protocol to deal with this possibility. (Consider an automatic pull back upon discovery of a second device.)
17. Personal security of on scene personnel and victims must be a consideration. Is an ambush attack of the incident site, decon site, staging location a possibility? Consult with local police and FBI for scene security.
18. Preserve evidence as much as possible, realizing that when you neutralize the source of the hazard, you may be destroying evidence that could be used later in apprehending and prosecuting the perpetrators.
19. Public service announcements to warn people away from area. Where to locate uninjured and uncontaminated victims, etc. In addition, extensive attempts must be made to prevent a “panic reaction” among those that might potentially be exposed to the agent involved. Early statements by technical experts and political leaders can help defuse public feelings of confusion and fear.
20. Delegate the final clean-up to responsible party.

Unified Command

Single/Unified Command Differences

The primary differences between the Single and Unified Command structures are:

- A. In a Single Command structure, a single Incident Commander is solely responsible, within the confines of their authority, to establish objectives and overall management strategy associated with the incident. The Incident Commander is directly responsible for follow-through, to ensure that all functional area actions are directed toward accomplishment of the strategy. The implementation of planning required to effect operational control will be the responsibility of a single individual (Operations Section Chief) who will report directly to the Incident Commander.
- B. In a Unified Command structure, the individuals designated by their jurisdictions, or by departments within a single jurisdiction, must jointly determine objectives, strategy and priorities. As a Single Command structure, the Operations Section Chief will have responsibility for implementation of the plan. The determination of which agency or department the Operations Section Chief represents must be made by mutual agreement of the Unified Command. It may be done on the basis of greatest jurisdictional involvement, number of resources involved, by existing statutory authority, or by mutual knowledge of the individual’s qualifications.

Determining Who Will Be In Charge

1. When possible we must plan for unified command situations prior to an incident.
2. The nature and location of the incident will determine the need for unified command.
3. The predetermination of command responsibilities will eliminate problems in determining who's in charge.
4. Secure formal agreements with all appropriate agencies prior to the incident, regarding participation in unified command and appropriate roles.

Making the Transition from Single Command to Unified Command

- Must have only one command post in unified command.
- Unified command must agree on the appointment of the operations chief.
- The operations chief will be given the authority to implement the incident action plan developed by the unified command.

III. Recovery Phase:

- Within the limitations of available PPE, continue to support decontamination of victims, personnel and equipment.
- Follow up with medical assessments after the incident to ensure first responders don't exhibit symptoms of the agent exposure.

IV. Restoration Phase:

Members of the Mobile Response Team along with the appropriate Federal Agencies will provide leadership and guidance in the restoration phase. The actions required to restore an incident site back to normal fall within the normal range of duties and responsibilities of the individual members of the Mobile Response Team.

MOBILE RESPONSE TEAM RESOURCE LIST

ATF Local Office:

Call 330-747-8285

Army Explosive Ordinance Disposal (EOD)

Call 1-800-435-8036 *Review handout for EPA permits required

Bomb Squad, Youngstown:

Call Youngstown Police Department 330-747-7911

DMAT:

Dr. Lawrence Wood

St. Elizabeth Hospital

Phone St. Elizabeth to contact 330-746-7211

DMORT:

Tony Quahliero, Embalmer for Clemente McKay Funeral Home

330-755-7469 Office

330-542-2060 Home??

Coroners Office can contact. Call 330-740-2175

Emergency Management Agency:

Walt Duzzny 330-740-2200 Office

To page call Rural Metro @ 330-744-4161

M-700 on DSA radio frequency

Sonny Chinowth (same)

M-736 on DSA

FBI:

The FBI has been federally designated as the lead agency in a confirmed domestic terrorist event.

HazMat Team, Mahoning County:

Ted Everett, Chief

Call 330-740-6222

Health Department, Mahoning County:

Mat Stefanik, Head of Environmental Safety

John Hallas

Call 330-788-7041 or 270-2855

Health Department, City of Youngstown:

Neil Altman

Call 330-742-8766

Hospitals, Local:

Forum Health Care	747-1444 North Side
	747-0777 South Side
	726-2100 Beeghly
St. Elizabeth	746-7211
Youngstown Osteopathic	744-9200

Mahoning County Fire Chiefs:

Current President Bill Opsitnik New Middletown Fire Department at 755-1401

YSU/Environmental Safety:

Len Perry, Director of Environmental and Occupational Health and Safety Department
742-3700 Office or call YSU police 742-3527

Updates. The agencies on this list were chosen because they can provide valuable information or a valuable service during a WMD emergency. The knowledge and expertise that each agency on this list is can provide will remain relatively constant even though personnel may change from time to time. Because personnel may change within an agency, it is important to update this resource list at regular intervals.