ANNEX B

Terrorism Response

TABLE OF CONTENTS

Section 1- Introduction

Preface

The public safety community of Davis County cannot over-emphasize the importance of protecting and securing our assets and resources, whether public or private, against terrorist type activities. This plan is a comprehensive overview complete with response guidelines and protocols to help protect from, and in the event of a terrorist type incident in Davis County.

The population in Davis County is nearing 250,000. This does not include tourists. On a summer day with Antelope Island and local amusement parks and water parks full, this number would approach 300,000. A terrorist attack in or near the county would affect us in a variety of ways. Areas of concern would include various infrastructures such as government buildings, roadways, railways, utilities, privately owned businesses, schools, bridges, water supplies, and power stations. Also located with the county is a major portion of, and access roads into Hill Air Force Base. Considering all these factors, it is our duty to concern ourselves with the advance preparation on how to protect against, and respond properly, safely, effectively and efficiently to a terrorist type attack.

Based upon these concerns, Davis County is justified and compelled to spend the time, effort, and finances that are needed to plan for, prevent and mitigate incidents related to a terrorist attack. Protection of life, property and the environment are our top priorities.

This plan will outline protective measures and actions of Davis County government as well as provide a foundation for all jurisdictions and disciplines in the county that may respond to a terrorist threat. In the interest of public protection, all agencies involved in emergency response should know and exercise this plan.

Purpose

In light of the current world environment wherein terrorism incidents aimed at the United States, it's interests, and/or citizens are of frequent occurrences, and the much publicized and well-known fact that there exist many organizations based in hatred of the United States and it's allies, it is well within the scope of preparedness to include plans for a response to terrorism. Homeland security is the basic title for these plans. It includes all known aspects of emergency management, but with specific guidance based on the possibility of terrorism and a response to a terroristic incident. Even though the possibility of such an incident occurring in Davis County is very low, as citizens and government officials it is our duty to do our part in preventing and being prepared for such and incident. The consequences, if unprepared, could easily be catastrophic.

Section 2 – Terrorism Incident Response

INCIDENT MANAGEMENT

Overt Incident

An overt incident is an observable incident such as shooting or explosion.

General Concept

As noted in the Davis County Agency and Jurisdiction Incident Management Guidelines, Incident Command will be established, and incident command procedures will be followed on all incidents when two or more response disciplines, whether from the same or from differing jurisdictions have arrived at the same incident.

Establishing Command

The first arriving unit to an incident will assume command of the incident and formally establish command by notifying the dispatcher that they are in command. This unit may pass command to the next capable arriving unit if they are unable to remain in command due to circumstances encountered. Higher-ranking officers may assume command upon their arrival. Any transfer of command will be communicated over the radio to the responsible dispatch agency.

Responsibility for Incident Management

The responsibility for management of the incident is upon the agency that will have ultimate responsibility and jurisdiction, see *Table 4.1 - Incident/Unified Command Responsibilities*. The primary nature of a terroristic incident is a criminal act with medical, health, safety and public works components. Therefore, the lead commander should be in law enforcement. However, the incident commander must consider the multifaceted nature of the incident and use a unified command on multi-agency/discipline responses.

Unified Command

Unified command should be established when there are multiple agencies or disciplines involved in response to an incident and the responding agencies have committed significant resources, or multiple agencies have jurisdiction over the incident.

Incident Management Structure

The incident commander should consider use of and assigning officers to common positions used in incident command systems. These include, but are not limited to the following: Safety Officer, Information Officer, Liaison Officers, Operations Officer, Logistics Officer, Planning Officer, Finance Officer, Staging Officer, etc. Responsibilities within each function can be found in *Table 4.2 - Terrorism Incident Management Functions*.

Incident Management Procedures

Incident management communications should be conducted on an Operations or Event Channel. Dispatch may only be able to monitor that one assigned channel for incident management. The incident commander may assign other officers to use other channels to manage the function they have been assigned. Requests for resources, information, etc. to or from dispatch are the sole responsibility of the incident commander, however, this responsibility may be delegated. The Davis County Sheriff's Office mobile incident command vehicle is available for any incident anywhere in the county.

State and Federal Response

A variety of state and federal resources are available in response to Weapons of Mass Destruction (WMD)/Terrorist incidents. Valuable resources are found in the State Health Department, Division on Environmental Quality, Department of Public Safety, and the American Red Cross. The Federal Emergency Management Agency (FEMA), the Federal Bureau of Investigation (FBI), the Bureau of Alcohol, Tobacco, and Firearms (ATF) and other federal agencies are additional resources. Although it is preferred that these resources deploy only when requested, some may self-dispatch to the incident upon receiving news. The FBI and FEMA will respond due to Federal jurisdictional responsibilities. It is vital that the incident commander recognizes the scope of such an incident and develops the Incident Command structure necessary to oversee the incident, involving all levels of response.

Emergency Operations Center (EOC) Function

A city may choose to open their EOC to further manage a terroristic incident within or involving their city. The county may open their EOC under the direction of County Emergency Management Officials, the Sheriff or the County Commissioners. An EOC serves the needs of the local incident commander(s) in managing large-scale incidents.

Covert Incidents

A covert incident is an initially unobservable incident, such as bioterrorism, in which a number of persons exhibit signs and symptoms of exposure to a substance some time prior.

Responsibility for Incident Management

When a covert terrorism incident is recognized, the number of affected persons will likely extend beyond the boundaries of any one jurisdiction. The typical command structure of a local response may not be necessary. However, overall management of the incident at the city, county and state government level may likely be necessary to manage resources, collect and provide information, to establish policy in relationship to the incident, and to establish links with state and federal officials. Therefore, activation of the City and County EOCs may be necessary for the affected jurisdictions.

Agency/Discipline Responsibilities:

A. County Commission/Policy Group

1. Establish policy and pass emergency legislation as required to assist in maintaining order and providing for emergency response.
2. Declare a state of emergency.
3. Meet with other community leaders in an effort to assist all citizens in the county.
4. Oversee public relation releases.
5. Request State assistance.
6. Issue order for mass evacuation or shelter in-place.
7. Coordinate all support requirements for distribution of the Strategic National Stockpile assets, as appropriate.

B. Davis County Emergency Management

1. Activate the EOC.
2. Be responsible for management of the EOC.
3. Supervise the Coordination/Operations Group in the EOC.
4. Act as lead for consequence management phase of incident.

C. Law Enforcement Agencies

1. Overall Incident Command.
2. Develop Unified Command Structure.
3. Threat investigation and intelligence.

4. Assist with development of public warnings.
5. Control access to and prevent looting in damaged or evacuated areas.
6. Direct and control law enforcement forces deployed to the site of the incident.
7. Secure critical facilities as the situation warrants.
8. Lead investigation of the incident.
9. Collect and disseminate information and intelligence.
10. Coordination and cooperation with State and Federal law enforcement agencies.
11. Furnish liaison personnel to other agencies as required.
12. Provide security protection for the personnel and equipment of supporting units.
13. Provide law enforcement specialty teams as needed (Special Weapons and Tactics (SWAT) & Mobile Field Force).
14 Explosive Ordinance Device (EOD) Response.
15. Provide emergency medical services (Sheriff's Office).
16. Crime scene integrity/evidence preservation and collection.
17. Provide liaison to Joint Information Center (JIC).
18. Victim Identification.
19. Assure proper Personal Protection Equipment (PPE) use by responders.
20. Coordinate investigations to a biological attack with Davis County Health Department.
21. Provide security during mass prophylaxis operations
22. Compile a list (name, address, phone number) of all potentially exposed individuals when responding to an incident involving a suspected biological agent. Forward the list immediately to Davis County Health Department.
23. Provide guidance to Davis County Health Department in following proper chain of custody when submitting specimens potentially associated with a bioterrorist attack.
24. Exercise lawful authority to protect life and property threatened by terrorism incidents, to include imposing evacuation orders, curfews, enforcing quarantine/isolation.

D. Fire Agencies

1. Establish liaison at the Incident/Unified Command.
2. Assist with assessing affected areas for hazards.
3. Conduct all operations under the direction of the incident command.
4. Coordinate HAZMAT response.
5. Assess need for and coordinate urban search and rescue efforts.
6. Provide emergency medical services.
7. Patient identification and tracking.
8. Conduct special assignments as needed.
9. Patient Transportation.
10. Assign fire investigators to Law Enforcement investigative teams as needed.
11. Provide Decontamination of victims and responders.
12. Chemical/Warfare agent monitoring along with Public Health Officials.
13. Radiological monitoring along with Public Health Officials.
14. Assign a liaison to JIC.
15. Assure proper PPE use by responders.
16. Compile a list (name, address, phone number) of all potentially exposed individuals when responding to an incident involving a suspected biological agent. Forward the list immediately to Davis County Health Department.

E. Public Works

1. Assist in providing barricades for traffic/pedestrian control.
2. Provide debris clearance.
3. Provide assistance in evacuation as necessary.
4. Advise on traffic control matters.
5. Advise on closing of streets and thoroughfares.
6. Advise on detour routes.
7. Provide other assistance as required.

8. Assist with HAZMAT control as possible.
9. Provide building and structure inspection.
10. Assist in restoration of critical services following an event.

F. Utah Transit Authority (UTA)

1. Assist/cooperate with detouring bus routes and providing buses for emergency use.
2. Provide short-term sheltering using available buses.

G. Public Information Officer

1. Establish a Joint Information Center
2. Notify media of JIC location
3. Coordinate materials for release with local/county/state authorities.
4. Prepare official news releases.
5. Identify critical messages and spokespersons.
6. Establish media safe areas and regular briefing schedules.
7. Develop printed and electronic material (press releases, fact sheets, photos, TV and radio programs, web sites, etc.).
8. Develop and distribute media messages that can reach niche populations (i.e. non-English speakers, children, elderly, etc.).
9. Monitor media outlets.
10. Correct media outlets and update messages as needed.

H. School District

1. Undertake established procedures for the safety of all students.
2. Provide a liaison to the county EOC if activated.
3. Provide buses for mass transportation needs.
4. Coordinate with the American Red Cross in establishing shelters as needed.
5. Coordinate with Davis County Health Department in establishing mass prophylaxis locations as needed.

I. City and County Attorney

1. Advise on legal matters incident to and in mitigation of the event.
2. Prepare emergency declarations and proclamations.
3. Provide assistance to Davis County Health Department to issue quarantine/isolation orders, to suspend public gatherings and to commandeer public buildings as required to protect public health.

J. Courts

1. Prepare for possible increased number of cases presented for hearing as a result of the event.
2. Provide for possible temporary locations where court functions can be carried out.
3. Prepare for the need of releasing prisoners.

K. Human Services Agencies (Council on Aging, etc.)

1. Establish contact with the EOC and advise on human services needs.

L. Health Department

Family and Community Health Services Division

1. Monitor disease status and investigate public health threats.
2. Issue public health alerts and advisories.

3. Institute measures (i.e. quarantine, isolation, suspension of public gatherings) to protect public health.
4. Identify isolation facilities and alternate medical care facilities for infectious patients.
5. Communicate risk to general population.
6. Coordinate disease investigations with law enforcement (conduct joint investigations when appropriate).
7. Follow chain of custody when conducting specimen collection.
8. Establish and maintain contacts with State and other health organizations.
9. Establish protocols (i.e. decontamination, control of disease spread) to address terrorism response issues.
10. Provide incident specific guidelines (i.e. protective measures, recognition of agent) to first responders.
11. Provide incident specific patient care guidelines to medical facilities.
12. Coordinate with other disciplines, such as HAZMAT, law enforcement and Fire.
13. Coordinate with local hospitals, medical clinics, laboratories, and veterinary clinics.
14. Implement surveillance and assessment procedures.
15. Provide guidance to medical community on disease recognitions, specimen collection/testing, prophylaxis, and control of disease.
16. Contact clinics/staff as needed per the incident.
17. Coordinate mass morgue operations and assist in identification, transportation and disposition of the deceased in cooperation with the State Medical Examiner's Office.
18. Assist in identifying mental health support.
19. Prepare requests for state and federal medical aid
20. Coordinate mass care/medication/vaccination programs.
21. Command Strategic National Stockpile operations in the county.
22. Provide a liaison to JIC.
23. Assure proper PPE use by responders.
24. Provide guidance on how to handle the 'worried well' – those individuals who were not exposed, yet fear they may flood medical facilities because they fear they have been exposed.

Environmental Health Services Division

1. Oversee initial investigation to identify possible chemical/biological agents.
2. Monitor air, water and land for contamination.
3. Liaison with state and federal health agencies.
4. Coordination with other disciplines, such as HAZMAT, law enforcement and Fire.
5. Assist fire officials in the development of decontamination guidelines.
6. Provide guidance on decisions to evacuate or shelter in-place.
7. Provide information regarding decontamination.
8. Oversee clean-up efforts/procedures.

M. Amateur Radio Emergency Services (ARES)

1. Open radio communications in the EOC and other locations as requested.
2. Provide radio communications for responders, as may be necessary/requested.

N. Bomb Squad

1. Differentiate between unattended and suspicious packages.
2. Identify explosive devices and render such devices safe.
3. Dispose of explosives.
4. Conduct post-blast investigation.
5. Advise on resources available to assist in incidents involving explosive devices.

Table 4.1 - Incident/Unified Command Responsibilities:

Completed/Not Applicable	Tasks
	Assess the incident situation Meet with prior IC, first arriving Officers Determine what has been accomplished/requested Determine the scope of the incident Determine current assignments/deployments
	Assess need for a Unified Command Based on the scope of the incident and the number of disciplines and jurisdictions involved
	Determine/recruit members for a Unified Command Request representation from appropriate disciplines/agencies
	Establish Incident Command Post Determine the appropriate location based on situation "See" the entire incident Safe location inside the outer perimeter
	Determine incident goals and objectives Prioritize based on life, property and environment Protect responders and save lives as first priority
	Activate elements of the Incident Command System as necessary Operations, Planning, Logistics, Finance, Safety, Liaisons, PIO, etc
	Brief the command staff and section chiefs
	Assign radio channels One channel for incident command, other channels for other aspects of operations
	Ensure that planning meetings are conducted as needed
	Approve the implementation of the incident action plan
	Ensure that adequate safety measures are in place Proper PPE, environment monitoring, etc
	Coordinate staff activity Conduct periodic staff incident status briefings
	Coordinate with key officials, the EOC and JIC Conduct periodic EOC briefings Coordinate with the EOC and JIC in press releases, informational releases
	Manage incident operations Review incident information/changes Review resource status/requests
	Approve resource requests All requests for resources come thru the IC to dispatch
	Approve demobilization plans

Table 4.2 – Terrorism Incident Management Functions

Terrorism Incident Role and Responsibility Matrix

Agency	Incident Management										Detection & Diagnosis			Prevention & Control							Fatality Management				Environment Surety		
P = Primary Responsibility S = Support Responsibility	Incident Command	Public Info/Warnings	Perimeter/Traffic Control	Communication	Evacuation	Mass Care/Sheltering	HAZMAT	Urban SAR	Fire Fighting	EOC	Ongoing Surveillance	Unusual Event Reporting	Lab Diag. & Reporting	Health Investigation	Criminal Investigation	Evidence Collection	Victim Medical Care	Immunoprophylaxis	Quarantine	Mental Health	Investigation & ID	Notification	Morgue	Disposition	Sampling & Testing	Vector Control	Remediation
Animal Control					S					S									S							S	
Assessor										S																	
Clerk/Auditor										S																	
Commissioners										P																	
Council on Aging					S	S				S																	
Emergency Management		S			S					P														S			S
Engineer										S																	
Environmental Health											S			S					S						P	P	P
Facilities Management										S																	
FBI	P													S	P	S									S		
Fire	P		S		S	S	P	P	P	S	S						S	S							S		
Hospital											S	S	S	S			P	S	S	S							
Information Systems										S																	
Justice Court										S																	
Library										S																	
Medical Examiner												S	S		S						P	P	S	P			
Mental Health																				P							
Personnel										S																	
Planning										S																	
Purchasing										S																	
Public Health - Lab												S	P														
Public Health - Local	P	S			S	S				S	P	P	S	P	S		S	P	P	S			P	S		S	S
Public Health - State		S			S	S				S	S	S	S	S	S		S	S	S	S				S			S
Public Works	S									S																	
Poison Control											S	S		S													
Recorder										S																	
Red Cross						P				S																	
Risk Management										S																	
School District					S																						
Sheriff	P	P	P	P	P	S				P					S	P	S	S	S		S	S		S			
Surveyor										S																	
Treasurer										S																	
Veterinary											S	S						S	S					S			

Communications

Primary Radio System

The 800 MHz radio system will be the primary method of communications for responders to an incident. Depending on the location of the incident, the primary dispatching agency will assign responders to appropriate channels. Depending on the scope of the incident and in an effort to avoid conflict with every-day radio traffic, dispatch and the incident commander should assess the need of switching to one or more operations channels. Unless the dispatching agency has sufficient staffing capabilities to do otherwise, dispatch will only monitor the main incident command channel. To avoid confusion concerning requested and responding units, dispatch will only honor requests for additional units and resources from the incident commander or his designee. If the Utah Communications Agency Network (UCAN) repeater system fails, units will use the direct radio channels that are found in Zone 5. Zone 5 channel 8 would become the incident command channel. If needed, Zone 5 channel 10 would become the operations channel.

In the event of a large-scale terrorist incident, ARES should be activated to assist with communications and coordination efforts and as a back up in case of primary radio failure. Areas of particular assignment would be EOC's, shelters and mass prophylaxis dispensing sites. ARES personnel will function under the direction of the EOC operations and coordination group. They may also be assigned to specific location and come under the direction of incident commanders.

Mobile Command Center

A city or county mobile command center may function as the incident command location or as the primary dispatch center for an incident. If used as the primary dispatch center, it should have all communications capabilities.

Secondary Radio System

Responders have very limited secondary radio capabilities if the 800 MHz system totally fails. There is some capability using VHF radios, but very limited. Communications would be dependent upon mobile phones and HAM radios. In the event of a complete UCAN failure, Davis County ARES personnel would be immediately requested to respond to all dispatch centers. Assignments to specific locations would be made from these centers with ARES personnel assigned to each incident commander.

Notification

The following outlines potential notification procedures. This sequence will need to be modified any time there is a change in status, such as verification of a credible threat, information updates, and notification of an actual event. Additional agencies or organizations should be added as appropriate.

If received at city level

1. Notify local FBI office.
2. Notify county emergency services.
3. Notify city departments (police, fire, public works, emergency management).
4. Notify other levels as appropriate dependent upon nature of threat and security considerations.

If received at county level

1. Notify local FBI office.
2. Notify County Emergency Services.
3. Notify city or cities that may be affected.
4. Notify county departments (commission, sheriff, health, public works, behavioral health)
5. Notify appropriate state agencies
6. Notify other levels as appropriate dependent upon nature of threat and security considerations.

If received at state level

1. Notify local FBI office.
2. Notify local law enforcement agencies.
3. Notify county emergency services.
4. Notify appropriate state agencies.
5. Notify other levels as appropriate dependent upon nature of threat and security considerations.

If received at Federal level

1. Notify Utah Department of Public Safety.
2. Notify appropriate federal agencies.

Notify other levels as appropriate dependent upon nature of threat and security considerations.

Emergency Responder and Public Protection/Precautions

Hazards

Emergency response personnel must be protected from the various hazards that may be present at terrorist incident. These include:

Mechanical hazard - Any type of mechanical harm causing trauma (includes gunshot wounds, bomb fragments or shrapnel).

Etiological hazard - Disease causing material including: bacteria (e.g., anthrax), rickettsias (e.g., Q fever), viruses (e.g., hemorrhagic fever), and toxins (e.g., ricin or botulinus).

Thermal hazard - From both extremely hot and cold liquids.

Chemical hazard - Toxic or corrosive substances (e.g., acids such as sulfuric or hydrochloric; caustics such as ammonium hydroxide; toxic substances such as nerve agents, pesticides, or other chemical agents).

Radiological hazard - Alpha, beta, and gamma radiation from nuclear material.

Asphyxiation hazard - Lack of oxygen in the atmosphere due to displacement by heavier-than-air vapors or depletion of oxygen by other causes.

The basic principles of protection from these hazards are time, distance and shielding. Based on information received by dispatch, primary responders should consider staging in secure locations at a safe distance upwind from the scene until personnel equipped with proper PPE to enter the scene can assess hazards. It is the responsibility of the incident commander to ensure all responders are suited in proper personal protective equipment to enter the incident environment. Upon determination that a chemical or biological agent is present at the scene, most appropriate methods for decontamination procedures will be initiated and conducted on all persons who have been contaminated. Fire HAZMAT personnel will conduct decontamination procedures.

Incident Scene Control

Containment/Perimeters:

The typical terrorist event usually results in wide spread panic and chaos. Initial responders may face injured and/or contaminated victims fleeing the scene. It is critically important to establish inner and outer control perimeters around the scene as quickly as possible and designate areas where victims can be directed for treatment. The outer perimeter is designed to keep all unofficial persons from entering the scene. The inner perimeter is designed to protect responders from hazards. Entry into the inner perimeter usually requires a specific level of PPE. It is the primary responsibility of law enforcement to establish the outer perimeter, and when possible, assist fire personnel with the inner perimeter.

Secondary Devices:

In past incidents, terrorists have used secondary explosive devises. Great caution must be exerted in identifying these possible threats. At suspected terrorist incidents, multiple staging and triage areas should be established some distance from the scene to avoid concentrating resources, personnel and victims close to the initial scene where these devices may be located.

Public Protection Considerations

Evacuation

The decision to evacuate the public is based on information that indicates the public is at greater risk by remaining in or near the hazard area. Evacuation is a very time and personnel consuming project. Often, the public is actually exposed to the hazard as they evacuate. When the decision is made to evacuate, evacuation routes/directions must be provided to evacuees.

Shelter-in-place

Sheltering-in-place requires the population to remain in-doors and seek protection within the structure that they occupy or in a nearby structure. If the danger to the public is determined to be less by having them shelter-in-place, rather than to evacuate, then sheltering-in-place should be announced. With certain hazards (i.e., short term airborne chemical or radiation hazards or line-of-sight exposure to explosives) the best decision is probably to shelter-in-place. One distinct advantage of shelter-in-place over evacuation is the relative short time and ease of implementation. When evaluating whether to evacuate or shelter-in-place consideration should be given to the following:

1) The degree or severity of public dangers or threats as a result of the hazard
2) The number of individuals or population area affected by the hazard
3) Availability of the resources needed to evacuate the affected population
4) Means available to notify the public and provide emergency instructions before and during the evacuation
5) Safe passage for the evacuees
6) Special needs of the evacuees
7) The ability to provide shelter and sustenance to evacuees including
8) The nature of the hazard
9) The estimated amount of time a chemical or biological agent is present in the air at harmful levels.

Relocation

In the event that any citizens are evacuated from their homes, the American Red Cross (ARC) will be tasked the responsibility of locating and providing sheltering and other necessities. An incident commander may designate a gathering location for evacuee's prior to the arrival of ARC personnel, however, ARC is responsible for sheltering of evacuee's.

Investigations and Crime Scene Management

In the event of a threat of terrorism, it is the responsibility of the local law enforcement agencies to initially investigate. This may entail making phone calls, sending officers to a location, assigning detectives to follow leads, or notifying the JTTF/State Homeland Security. Whatever the case, reports need to be forwarded to the JTTF/State Homeland Security. They may be able to provide assistance to local officers in validating information or threats. It is also the responsibility of the JTTF/State Homeland Security to compile such reports state and nationwide.

It is the responsibility of the FBI to be the lead agency in the investigation of an actual terrorist incident. As soon as it is determined that an incident is possibly a terroristic act, the incident commander shall have the dispatch center notify the local FBI. Other State and Federal investigative agencies may also respond to the incident. It is the responsibility of the local incident commander to insert these resources into the management structure and expand the unified command to the Federal level. The local jurisdictional incident commander does not lose responsibility for his jurisdiction and remains part of the unified command, however management of an actual terrorism crime scene is the formal responsibility of the FBI.

In the case of an attack using a biological agent, extensive coordination or even joint investigations between law enforcement and public health is essential. Epidemiologic investigations will be required to protect public health and stop the spread of disease. Such investigations require meticulous accumulation of information in the field. The health department will share outbreak investigations and disease surveillance information that may have bearing on law enforcement activities. Law investigation will be

required to identify the perpetrator(s). Law enforcement will share discoveries with public health that could have bearing on the care or treatment of ill or exposed persons.

Mutual Aid

A current mutual aid agreement between all fire and law enforcement agencies is in effect in Davis County. This agreement includes response to all types of incidents. Mutual aid may also respond from adjacent counties. Nothing in this plan should contradict the existing agreement. However, due to the costs associated with HAZMAT response, it is extremely important that all jurisdictions have a cost recovery ordinance in place to help facilitate recuperation of costs when a responsible party can be identified.

Donation/Volunteers

The incident commander will need to assign personnel to manage volunteers and donations. United Way 211 operators will be tasked with receiving calls and gathering information from volunteers and donators. This information will be passed to the assigned personnel for proper use and assignments of these resources.

Debris Management

A WMD incident will likely result in at least some, and very probably a tremendous amount of debris. The unified command will need to take into consideration the need to manage the debris on site. However, decisions regarding disposal of the debris will be the responsibility of local, county, and possibly state and federal authorities. Care should be taken to ensure disposal of debris does not hamper the criminal investigation associated with the incident.

Urban Search and Rescue (US&R)

Urban Search and Rescue involves rapid deployment task forces specialized in locating, extricating and providing on-site medical care to trapped victims. The closest US&R team in located in Salt Lake City (SLC). Other teams may respond upon request from other areas of the United States. As listed prior, it is the responsibility of Fire Officers in the unified command to request and coordinate this resource. More extensive information is found in ESF 4.

Section 3 – Bioterrorism/Chemical/Radiological Preparedness & Response

Assumptions

1) As demonstrated in the past, there is a capacity within terrorist organizations and other individuals to develop chemical and biological weapons.

2) As reported in various sources, there are numerous quantities of radioactive material unaccounted for in many countries around the world. This radioactive material may be used in "radiological dispersion devices."

3) Chemical, biological and radioactive materials can be dispersed in a variety of means including, but not limited to explosive devices, powders, liquids, aerosols and solids. They can be dispersed into the air, water and foods.

4) Exposure to biological agents will probably result from a covert act, occurring days or weeks before it is discovered.

5) Exposure to chemicals or radiological agents will probably result from overt acts due to an immediate detection of odors, and methods of distribution.

6) Biological, chemical and radiological agents may be dispersed along with an explosive device, or be secondary to a primary method of attack.

7) A terrorist attack using biological, chemical or radioactive agents may result in a massive number of casualties who may be contaminated, as well as experiencing physical injuries and psychological trauma.

8) Contaminated persons will need to be decontaminated.

9) Responders will need appropriate PPE when responding go such an attack.

10) Hospitals will need decontamination capabilities.

11) Methods for disseminating large quantities of medications to the public may be required.

12) The medical treatment of casualties will be delayed to some extent when decontamination of such patients is required.

13) Terrorist attack could occur at any time and with a minimum of warning and could at first appear to be an accidental event.

14) In a terrorist attack, the incident location is a crime scene.

15) There may be a delay in identifying the agent and in determining appropriate protective measures.

16) Recovery can be complicated by presence of persistent agents, additional threats, extensive physical damage and psychological stress.

17) There will be a strong public reaction to the event.

Analysis of Specific Threats

Chemical Agents

Chemical Warfare Agents are chemical substances designed as weapons that result in death or injury to exposed populations. These may be pulmonary agents, cyanogen agents, vesicants, nerve agents and/or riot control agents.

They can be disseminated via aerosols and/or liquids. They may remain a hazard for an extended period of time or disperse rapidly into the surrounding atmosphere. A terrorist incident involving a chemical agent will demand immediate reaction from emergency responders. Of the chemical agents, nerve agents are the most toxic.

Some indications that a chemical attack may have occurred include:

- Numbers of individuals exhibiting serious health problems, ranging from nausea, excessive secretions (salivation, diarrhea, vomiting), disorientation and difficulty breathing to convulsions and death.
- Unusually large number of sick or dead wildlife.
- Lack of insect life.
- Considerable number of persons experiencing water-like blisters and/or rashes.
- Discernable pattern to casualties. This may be 'aligned' with the wind direction or related to where the weapon was released.
- Surge of similar 911 calls.
- Mass casualties without obvious trauma.
- Presence of unusual liquid droplets (e.g. surfaces exhibit oily droplets of film or water surfaces have an oily film with no recent rain)
- Presence of unexplained or unusual odors (where that particular scent or smell is not normally noted).
- Presence of low-lying clouds or fog-like condition unrelated to weather.

Pulmonary Agents

Pulmonary agents (or choking agents) pose an inhalation hazard and are not absorbed through the skin. These agents include phosgene (CG), diphosgene (DP) and chlorine (Cl). Of these, phosgene is considered to be the most dangerous. Symptoms of exposure to pulmonary agents could include coughing, choking, tightness of chest, nausea, headache, watering eyes, breathing discomfort, fluid-filled lungs and/or fatigue.

Phosgene (CG)

Phosgene was used for the first time in 1915 and accounted for 80% of all chemical fatalities during World War I.

CG	
Physical State	Colorless gas.
Odor*	Newly mown hay.
Action Rate	Immediate to three hours, depending on concentration.
Treatment	Termination of exposure, ABCs (airway, breathing, circulation) of resuscitation, enforced rest and observation, oxygen therapy for signs of respiratory distress, manage airway secretions and prevent/treat bronchospasm, other supportive therapy as needed.
Protection Required	First responders should wear full firefighter protective clothing or Level A or Level B, plus positive pressure, full-face piece, NIOSH-approved, self-contained breathing apparatus.
Decontamination	*Victim:* Because of its physical and chemical properties, CG will not remain in its liquid form for long and decontamination is not required except when it is used in very cold climates. Aeration in closed spaces. *Equipment:* N/A.
Persistency	Non-persistent. Its vapor density is 3.4 times that of air and may remain for longer periods of time in low-lying areas.

*Do NOT rely upon olfactory detection of pulmonary agents.

Diphosgene (DP)

During World War I, gas masks were designed to filter out phosgene. DP was created by combining phosgene with chloroform, which destroyed the gas filters.

DP	
Physical State	Colorless, oily liquid.
Odor*	Newly mown hay, green corn.
Action Rate	Immediate to three hours, depending on concentration.
Treatment	Termination of exposure, ABCs (airway, breathing, circulation) of resuscitation, enforced rest and observation, oxygen therapy for signs of respiratory distress, manage airway secretions and prevent/treat bronchospasm, other supportive therapy as needed.

Protection Required	First responders should wear full firefighter protective clothing or Level A or Level B, plus positive pressure, full-face piece, NIOSH-approved, self-contained breathing apparatus.
Decontamination	*Victim:* None needed in the field, aeration in closed spaces. *Equipment:* N/A.
Persistency	Non-persistent.

*Do NOT rely upon olfactory detection of pulmonary agents.

Chlorine (Cl)

The Germans staged the first major successful chemical attack of World War I using chlorine. Today, chlorine is one of the most commonly manufactured chemicals in the United States.

Cl	
Physical State	Yellow-green gas.
Odor*	Bleach.
Action Rate	Immediate.
Treatment	Termination of exposure, ABCs (airway, breathing, circulation) of resuscitation, enforced rest and observation, oxygen therapy for signs of respiratory distress, manage airway secretions and prevent/treat bronchospasm, other supportive therapy as needed.
Protection Required	First responders should wear full firefighter protective clothing or Level A or Level B, plus positive pressure, full-face piece, NIOSH-approved, self-contained breathing apparatus.
Decontamination	*Victim:* None needed in the field, aeration in closed spaces. *Equipment:* N/A.
Persistency	Non-persistent.

*Do NOT rely upon olfactory detection of pulmonary agents.

Cyanogen Agents

Cyanogen agents (or blood agents) pose a hazard by interfering with oxygen utilization at the cellular level. Inhalation is typically the route of entry. Symptoms of exposure to cyanide agents could include giddiness, headache, confusion, nausea, rapid breathing rate or difficulty breathing, cramps, and loss of consciousness and/or bluing of skin.

Hydrogen cyanide (AC)

AC	
Physical State	Colorless, highly volatile liquid that gives off colorless vapor.
Odor*	Faint odor of bitter almonds.
Action Rate	Very rapid.
Treatment	Termination of exposure, intravenous sodium nitrite and sodium thiosulfate, supportive care.
Protection Required	First responders should wear positive pressure, full-face piece, NIOSH-approved, self-contained breathing apparatus.
Decontamination	*Victim:* Because of its physical properties, AC will not remain for long in its liquid state. If exposed to a vapor, decontamination should not, therefore, be necessary. If liquid agent is present, remove clothing and wash victim's skin with soap and water or water alone for two to three minutes. *Equipment:* N/A.
Persistency	Non-persistent. Highly soluble and stable in water.

*Do NOT rely upon olfactory detection of cyanogen agents.

Vesicants

Vesicants (or blister agents) are persistent in the field, are chemically stable and wage a three-pronged attack against skin, eyes and respiratory tract. They can be employed as vapors, liquids or solids. These agents include distilled mustard (HD), nitrogen mustard (HN) and lewisite (L). Symptoms of exposure to vesicants could include stinging sensation upon contact, burns or blisters, red/watering eyes, blurred vision, light sensitivity, and/ or blindness. Those areas of the body that tend to be sweaty (i.e. groin, armpits) are more susceptible to vesicants.

Distilled mustard (HD)
Wet skin absorbs more mustard than does dry skin. For this reason, HD exerts a casualty effect at lower concentrations in hot, humid weather because the body is moist with perspiration.

HD	
Physical State	Oily, colorless to amber liquid.
Odor*	Like garlic or horseradish.
Action Rate	Delayed, usually four to six hours until first symptoms appear.
Treatment	Termination of exposure, general supportive care as given for any severely ill patient, supportive care as given to a burn patient.
Protection Required	First responders should wear full firefighter protective clothing or Level A or Level B, plus positive pressure, full-face piece, NIOSH-approved, self-contained breathing apparatus.
Decontamination	*Victim:* If exposed to vapor, remove all clothing in a clean air environment and shampoo or rinse hair to prevent off-gassing. If exposed to liquid, wash victim in large volumes of warm water or hot water using liquid soap and mild to moderate friction with a single-use sponge or washcloth. Rinse eyes, mucous membranes or open wounds with sterile saline of water. *Equipment:* N/A.
Persistency	Persistent. Dependent upon the amount of contamination by liquid, the munitions used, the nature of the terrain and the soil, and the weather conditions. Heavily splashed liquid persist for one to two days or more in concentrations that produce casualties of significance under average weather conditions and a week to months under very cold conditions. HD on soil remains vesicant for about two weeks. HD is calculated to evaporate about five times more slowly than GB. Persistency in running water is only a few days, while persistency in stagnant water can be several months.

*Do NOT rely upon olfactory detection of vesicants.

Nitrogen Mustard (HN)
HN is used as a delayed-action casualty agent that has a persistency considerably longer than HD.

HN	
Physical State	Oily liquid.
Odor*	None when pure.
Action Rate	Serious effect occurs within four to six hours, minor effects sooner.
Treatment	Termination of exposure, general supportive care as given for any severely ill patient, supportive care as given to a burn patient.
Protection Required	First responders should wear full firefighter protective clothing or Level A or Level B, plus positive pressure, full-face piece, NIOSH-approved, self-contained breathing apparatus.
Decontamination	*Victim:* If exposed to vapor, remove all clothing in a clean air environment and shampoo or rinse hair to prevent off-gassing. If exposed to liquid, wash victim in large volumes of warm water or hot water using liquid soap and mild to moderate friction with a single-use sponge or washcloth. Rinse eyes, mucous membranes or open wounds with sterile saline of water. *Equipment:* N/A.
Persistency	Persistent. Considerably longer than for HD.

*Do NOT rely upon olfactory detection of vesicants.

Lewisite (L)
Lewisite produces effects similar to mustard; the main difference is that L produces immediate pain. Lewisite absorption is an important feature, since it penetrates ordinary clothing and even rubber.

L	
Physical State	Colorless to brownish liquid
Odor*	Geraniums. Very little odor when pure.
Action Rate	Rapid.
Treatment	Termination of exposure, general supportive care as given for any severely ill patient, supportive care as given to a burn patient. Antidote (British-Anti-Lewisite) for exposure to Lewisite may be available and will alleviate some effects.
Protection Required	Protective mask and clothing. First responders should wear full firefighter protective clothing or Level A or Level B, plus positive pressure, full-face piece, NIOSH-approved, self-contained breathing apparatus.
Decontamination	*Victim:* Rapid, topical application of 2,3-dimercaptopropanol, known as British anti-Lewisite

	(BAL), reacts with Lewisite to form a stable non-toxic cyclic product.
Persistency	Persistent. Somewhat shorter than for HD, very short duration under humid conditions.

*Do NOT rely upon olfactory detection of vesicants.

Nerve Agents

Nerve agents pose a threat through inhalation, ingestion or absorption through the skin and can be employed as vapors, liquids or solids. These agents include Tabun (GA), Sarin (GB), Soman (GD), GF and VX. Nerve agents interfere with the central nervous system by reacting with the enzyme acetylcholinesterase and creating an excess of acetylcholine, which affects the transmission of nerve impulses. Symptoms of exposure to nerve agents could include pinpointing of pupils, muscular twitching, dimness of vision, runny nose, tightness of chest, difficulty breathing, excessive sweating, drooling, nausea, vomiting, involuntary urination and defecation, convulsions, and/or coma. Symptoms occur immediately and can be lethal within minutes. Antidotes may be effective even if given to a victim having advanced symptoms, as long as the victim continues to breathe.

Tabun (GA)

GA was the first of the nerve agents developed by the Germans before World War II. It enters the body primarily through the respiratory tract, but is also highly toxic when absorbed through the skin and digestive tract.

GA	
Physical State	Colorless to brown liquid that gives off colorless vapor.
Odor*	Faintly fruity, none when pure.
Action Rate	Very rapid.
Treatment	Termination of exposure, administer antidote (MARK 1 kit), administer diazepam if casualty is severe, ventilation and suction of airways for respiratory distress, supportive therapy.
Protection Required	First responders should wear full firefighter protective clothing or Level A or Level B, plus positive pressure, full-face piece, NIOSH-approved, self-contained breathing apparatus. Clothing off gasses G-agents for about 30 minutes after contact with vapor, consider this fact before unmasking. Immediately remove all liquid from clothing.
Decontamination	*Victim:* If exposed to vapor, remove all clothing in a clean air environment and shampoo or rinse hair to prevent off-gassing. If exposed to liquid, wash victim in large volumes of warm water or hot water using liquid soap and mild to moderate friction with a single-use sponge or washcloth. Rinse eyes, mucous membranes or open wounds with sterile saline of water. *Equipment:* Use 5% solution of common bleach (sodium hypochlorite) or calcium hypochlorite solution (48 ounces per 5 gallons of water) to decontaminate scissors used in clothing removal, clothes and other items.
Persistency	Non-persistent. Dependent on munitions used and the weather. Heavily splashed liquids persist one to two days under average weather conditions. GA evaporates about 20 times more slowly than water. GA in water can persist about one day at 20 degrees C and about six days at 5 degrees C.

*Do NOT rely upon olfactory detection of nerve agents.

Sarin (GB)

The Germans developed GB after they developed GA, hence the designation GB. It is a volatile liquid at room temperature.

GB	
Physical State	Colorless liquid.
Odor*	Almost none when pure.
Action Rate	Very rapid.
Treatment	Termination of exposure, administer antidote (MARK 1 kit), administer diazepam if casualty is severe, ventilation and suction of airways for respiratory distress, supportive therapy.
Protection Required	First responders should wear full firefighter protective clothing or Level A or Level B, plus positive pressure, full-face piece, NIOSH-approved, self-contained breathing apparatus. Clothing off gasses G-agents for about 30 minutes after contact with vapor, consider this fact before unmasking. Immediately remove all liquid from clothing.
Decontamination	*Victim:* If exposed to vapor, remove all clothing in a clean air environment and shampoo or rinse hair to prevent off-gassing. If exposed to liquid, wash victim in large volumes of warm water or hot water using liquid soap and mild to moderate friction with a single-use sponge or

	washcloth. Rinse eyes, mucous membranes or open wounds with sterile saline of water. *Equipment:* Use 5% solution of common bleach (sodium hypochlorite) or calcium hypochlorite solution (48 ounces per 5 gallons of water) to decontaminate scissors used in clothing removal, clothes and other items.
Persistency	Non-persistent. Depends on munitions used and the weather. Evaporates at approximately the same rate as water or kerosene. GB is less persistent than GA.

*Do NOT rely upon olfactory detection of nerve agents.

Soman (GD)

Soman is the most poisonous of the G-agents, apparently because of the ease with which it can penetrate into the central nervous system. The physiological effect of GD is essentially the same as that of GA and GB, however, after a few minutes, antidotes are not as effective for GD as they are for other nerve agents. The addition of thickeners increases GD persistency and hazard.

GD	
Physical State	Colorless liquid that gives off colorless vapor.
Odor*	Fruity; impurities give it the odor of camphor.
Action Rate	Very rapid. Death usually occurs within 15 minutes after absorption of fatal dose.
Treatment	Termination of exposure, administer antidote (MARK 1 kit), administer diazepam if casualty is severe, ventilation and suction of airways for respiratory distress, supportive therapy.
Protection Required	First responders should wear full firefighter protective clothing or Level A or Level B, plus positive pressure, full-face piece, NIOSH-approved, self-contained breathing apparatus. Clothing off gasses G-agents for about 30 minutes after contact with vapor, consider this fact before unmasking. Immediately remove all liquid from clothing.
Decontamination	*Victim:* If exposed to vapor, remove all clothing in a clean air environment and shampoo or rinse hair to prevent off-gassing. If exposed to liquid, wash victim in large volumes of warm water or hot water using liquid soap and mild to moderate friction with a single-use sponge or washcloth. Rinse eyes, mucous membranes or open wounds with sterile saline of water. *Equipment:* Use 5% solution of common bleach (sodium hypochlorite) or calcium hypochlorite solution (48 ounces per 5 gallons of water) to decontaminate scissors used in clothing removal, clothes and other items.
Persistency	Non-persistent. Dependent on munitions used and the weather. Heavily splashed liquids persist one to two days under average weather conditions. GD is calculated to evaporate about four times as slowly as water. Addition of agent thickeners can greatly increase persistency.

*Do NOT rely upon olfactory detection of nerve agents.

Cyclohexyl Sarin (GF)

GF is a slightly volatile liquid that is almost insoluble in water. It enters the body primarily through the respiratory tract but is also highly toxic through the skin and digestive tract.

GF	
Physical State	Liquid.
Odor*	Sweet, musty, peaches, shellac.
Action Rate	Very rapid.
Treatment	Termination of exposure, administer antidote (MARK 1 kit), administer diazepam if casualty is severe, ventilation and suction of airways for respiratory distress, supportive therapy.
Protection Required	First responders should wear full firefighter protective clothing or Level A or Level B, plus positive pressure, full-face piece, NIOSH-approved, self-contained breathing apparatus. Clothing off gasses G-agents for about 30 minutes after contact with vapor, consider this fact before unmasking. Immediately remove all liquid from clothing.
Decontamination	*Victim:* If exposed to vapor, remove all clothing in a clean air environment and shampoo or rinse hair to prevent off-gassing. If exposed to liquid, wash victim in large volumes of warm water or hot water using liquid soap and mild to moderate friction with a single-use sponge or washcloth. Rinse eyes, mucous membranes or open wounds with sterile saline of water. *Equipment:* Use 5% solution of common bleach (sodium hypochlorite) or calcium hypochlorite solution (48 ounces per 5 gallons of water) to decontaminate scissors used in clothing removal, clothes and other items.
Persistency	Non-persistent. GF is about as persistent as GA. FG evaporates about 20 times more slowly

	than water. Heavily splashed liquids persist one to two days under average weather conditions.

*Do NOT rely upon olfactory detection of nerve agents.

VX (No Common Name)
VX has a low volatility; therefore, liquid droplets on the skin do not evaporate quickly, increasing absorption. VX by this percutaneous route is estimated to be more than 100 times as toxic as GB. VX by inhalation is estimated to be twice as toxic as GB.

VX	
Physical State	Amber-colored oily liquid.
Odor*	None.
Action Rate	Very rapid.
Treatment	Termination of exposure, administer antidote (MARK 1 kit), administer diazepam if casualty is severe, ventilation and suction of airways for respiratory distress, supportive therapy.
Protection Required	Protective mask and clothing. First responders should wear full firefighter protective clothing or Level A or Level B, plus positive pressure, full-face piece, NIOSH-approved, self-contained breathing apparatus.
Decontamination	*Victim:* If exposed to vapor, remove all clothing in a clean air environment and shampoo or rinse hair to prevent off-gassing. If exposed to liquid, wash victim in large volumes of warm water or hot water using liquid soap and mild to moderate friction with a single-use sponge or washcloth. Rinse eyes, mucous membranes or open wounds with sterile saline of water. *Equipment:* N/A
Persistency	Persistent. Dependent on munitions used and the weather. Heavily splashed liquid persists for long periods under average weather conditions. In very cold weather, VX can persist for months. VX is calculated to be approximately 1,500 times slower in evaporating then GB.

*Do NOT rely upon olfactory detection of nerve agents.

Riot Control Agents
Riot control agents are irritants characterized by a very low toxicity and a short duration of action. These agents include Tear Gas (CS) and Mace (CN). Symptoms of exposure to riot control agents could include burning and pain on exposed mucous membranes and skin, eye pain and tearing, burning in the nostrils, respiratory discomfort and/or tingling of exposed skin.

Tear Gas (CS)
CS is used as a riot control agent in many countries. It is also commonly used as a training agent for simulation of chemical warfare conditions and for testing of respirators.

CS	
Physical State	White crystalline solid substance. White smoke.
Odor*	Pepper-like odor.
Action Rate	Immediate.
Treatment	Termination of exposure, usually none needed, effects are self-limiting.
Protection Required	Respirator and ordinary field clothing secured at the neck, wrists and ankles.
Decontamination	*Victim:* Removal of clothing. If symptoms persist, decontaminate with water (do NOT use oil-based lotions or bleach).
Persistency	Non-persistent. Unstable in aqueous solution. CS may stick to rough surfaces (e.g. clothing) from which it is released slowly (at least one hour aeration is needed to cleanse such materials).

*Do NOT rely upon olfactory detection of riot-control agents.

Mace (CN)
CN is a riot control agent and is now superseded by CS as a training agent.

CN	
Physical State	Clear, yellowish brown solid. White smoke.
Odor*	Apple blossom.
Action Rate	Immediate.
Treatment	Termination of exposure, usually none needed, effects are self-limiting.

Protection Required	Respirator and ordinary field clothing secured at the neck, wrists and ankles.
Decontamination	*Victim:* Removal of clothing. If symptoms persist, decontaminate with water (do NOT use oil-based lotions or bleach).
Persistency	Non-persistent.

*Do NOT rely upon olfactory detection of riot-control agents.

Biological Agents

Biological agents are materials that include bacteria, rickettsias, viruses, and toxins. These materials can harm the body through ingestion, inhalation or dermal contact. An attack using biological agents may either be focused on a specific person or group of people, or widespread. The Centers for Disease Control and Prevention (CDC) classifies biological agents of concern into three categories (Category A, B or C) based upon their ability to be disseminated or transmitted from person to person, the mortality rates, potential to cause panic and social disruption and the ability of the public health system to respond.

Category A agents are of greatest concern because they can be easily disseminated or transmitted from person to person, result in high mortality rates, have the potential for major public health impact, likely to cause public panic and social disruption and require special action for public health preparedness. Category A agents includes anthrax (*Bacillus anthracis*), botulism, plague (*Yersinia pestis),* smallpox (Variola virus), tularemia (*Francisella tularensis)* and viral hemorrhagic fevers.

Category B agents are of secondary concern because they are moderately easy to disseminate, result in moderate morbidity rates and low mortality rates and require specific enhancements for diagnostic capacity and enhanced disease surveillance. This category includes Brucellosis, food safety threats (i.e. *Salmonella* species, *Escherichia coli*, *Shegella*), Glanders, Melioidosis, Psittacosis, Q fever, ricin toxin, Staphylococcal enterotoxin B, Typhus fever, viral encephalitis and water safety threats (i.e. *Vibrio cholerae*, *Cryptosporidium parvum*).

Category C agents include emerging pathogens that could be engineered for mass dissemination because of their availability, ease of production and dissemination, and potential for high morbidity and mortality rates and major health impact.

Isolation Guidelines, contains additional information regarding standard procedures for managing individuals with suspected or confirmed illness that may have been a result of a biological attack.

Unlike acute incidents involving explosives or hazardous chemicals, the initial response to a biological attack on civilians is likely to be made by direct patient care providers and the public health community. Some indications that a biological attack may have occurred include:

- Large numbers of individuals with similar disease or syndromes.
- Definite pattern of disease inconsistent with natural disease.
- Many cases of unexplained diseases or deaths.
- More severe disease than is usually expected for a specific pathogen or failure to respond to standard therapy.
- Unusual routes of exposure.
- Presence of a disease that is unusual given geographic area or transmission season.
- A single case of disease by an uncommon agent (smallpox, some viral hemorrhagic fevers)
- A disease that is unusual for an age group.
- Illness among people exposed to common ventilation systems but no illness in people not exposed to those systems.
- Increased numbers of sick or dead animals, often of different species.

Anthrax (Bacillus anthracis)

Anthrax	
Exposure	Percutaneous (skin), ingestion, inhalation.
Precautions	Standard precautions. No person-to-person transmission (except percutaneous route).
Symptoms	*Dermal:* localized itching followed by a depressed lesion that turns black.

	Ingestion: abdominal pain, nausea, vomiting, fever, bloody diarrhea. *Inhalation:* flu-like symptoms, abrupt onset of respiratory failure.
Incubation Period	*Dermal:* 1-7 days. *Ingestion:* 1-7 days. *Inhalation:* 2-60 days.
Treatment	Antibiotics, experimental vaccine.
Mortality (if untreated)	*Dermal:* up to 25%. *Ingestion/inhalation:* almost 100%

Botulism (neurotoxin from bacteria, Clostridium botulinum)

Botulism	
Exposure	Ingestion, inhalation.
Precautions	Standard precautions. No person-to person transmission by air.
Symptoms	*Ingestion:* gastrointestinal distress and symptoms similar to inhalation exposure. *Inhalation:* drooping eyelids, weakened jaw clench, difficulty swallowing or speaking, blurred vision, symmetric descending weakness (paralysis of arms first, followed by respiratory muscles, then legs), respiratory failure.
Incubation Period	*Ingestion:* 12-36 hours. *Inhalation:* 24-72 hours.
Treatment	Supportive therapy.
Mortality (if untreated)	Approximately 60%.

Plague (Yersinia pestis)

Plague	
Exposure	*Bubonic:* bacteria transmitted by bite from infected flea. *Pneumonic:* airborne transmission of bacteria.
Precautions	Isolation precautions. Person-to person transmission by air can occur.
Symptoms	*Bubonic:* high fever, malaise, nausea, sore throat, headache, painful lymph nodes, abdominal pain, can lead to blood infections. *Pneumonic:* high fever, chills, headache, cough with bloody sputum, chest pain, respiratory failure and shock.
Incubation Period	*Bubonic:* 2-8 days. *Pneumonic:* 1-3 days.
Treatment	Antibiotic therapy.
Mortality (if untreated)	*Bubonic:* approximately 60%. *Pneumonic:* almost 100%

Smallpox (Variola virus)

Smallpox	
Exposure	Inhalation, percutaneous (contact with rash).
Precautions	Isolation precautions. Person-to person transmission by air can occur.
Symptoms	Fever, malaise, headache, backache, rigors followed by rash (most prominent on the face and extremities).
Incubation Period	7-17 days.
Treatment	Vaccine (if administered within 4 days of exposure), supportive therapy.
Mortality (if untreated)	Approximately 30%

Tularemia (Francisella tularensis)

Tularemia	
Exposure	Inhalation, percutaneous (contact with tissue or fluids of infected person/animal or bite of infected tick, deerfly or mosquito).
Precautions	Standard precautions. No person-to person transmission by air.
Symptoms	Fever, chills, headache, cough, pneumonia, swollen lymph nodes.
Incubation Period	1-21 days.

Treatment	Antibiotic therapy.
Mortality (if untreated)	Approximately 35%.

Viral Hemorrhagic Fevers (VHF)
VHFs are a diverse group of viruses, which include Ebola, Marburg, Lassa viruses and others.

VHF	
Exposure	Inhalation.
Precautions	Isolation precautions. Person-to person transmission by air can occur.
Symptoms	Fever, flushing of the face and chest, bleeding, edema, hypotension, shock, malaise, headache, vomiting, diarrhea, capillary leaks.
Incubation Period	2-21 days depending on virus.
Treatment	Supportive care.
Mortality (if untreated)	Ranges from 0.2% to 90% depending on virus.

Nuclear/Radiological Devices
Although some terrorist organization have publicly acknowledged that they are interested in developing nuclear bombs, incidents involving nuclear materials will most likely involve the use of an explosive devise or other means to spread radiological materials. Materials for development of a device capable of dispersing radiological materials are present around the world. Identification of radiological material at the site of an explosion may be delayed due to the fact that radiological material cannot be detected by the senses and symptom of exposure are generally delayed for hours or days. Therefore, incident commanders need to take into consideration other factors such as current threats of such incidents and evidence at the scene that may suggest the possibility of radiological material.

The scenarios constituting an intentional nuclear/radiological emergency include the following:

1) Use of an Improvised Nuclear Device (IND) includes any explosive device designed to cause a nuclear yield. Depending on the type of trigger device used, either uranium or plutonium isotopes can fuel these devices. While 'weapons-grade' material increases the efficiency of a given device, materials of less than weapons-grade can still be used.
2) Use of a Radiological Dispersal Device (RDD) includes any explosive device utilized to spread radioactive material upon detonation. Any improvised explosive device could be used by placing it in close proximity to radioactive material.
3) Use of a Simple RDD that spreads radiological material without the use of an explosive. Any nuclear material (including medical isotopes or waste) can be used in this manner.

Some indications that a nuclear/radiological attack may have occurred include:

- Presence of nuclear or radiological equipment (e.g. spent fuel canisters or nuclear transport vehicles).
- Nuclear placards or warning materials along with otherwise unexplained casualties.

Nuclear/Radiological Incidents
Any explosion that may be considered a terrorist event should be monitored immediately by first responders to rule out radiological contamination. If radiological materials are found to be present, responders must take self-protective measures. Consideration must be given to time, distance and shielding. The NAERG recommends an isolation area of at least 80 –160 feet be established in all directions and to stay upwind.

Detection of Nuclear/Radiological Materials
Detection of these materials is accomplished using a variety of radiation detectors. Assistance may be requested from state and federal nuclear response agencies

Proper Self-Protection
Additional PPE may be necessary for responders to enter contaminated areas. All personnel in the determined hot zone should wear dosimeters.

Treatment Procedures
The treatment procedures that follow are general guidelines.
1. Decontamination
2. Emergent/field patient care
3. Transportation to proper medical facilities
4. Definitive medical care

County Emergency Response Personnel
Response to such an incident by county employees would include Sheriff's Office Paramedics and administrators, and staff from the health department. Sheriff's Office personnel should be restricted in their role as responders to treatment of victims after such victims have been properly decontaminated and in providing containment/perimeter control as necessary at a safe distance from the incident. Health department personnel should be restricted in their role as responders to detection of unknowns and guidance on measures to protect public health. They may also function as needed to provide medications and antidotes.

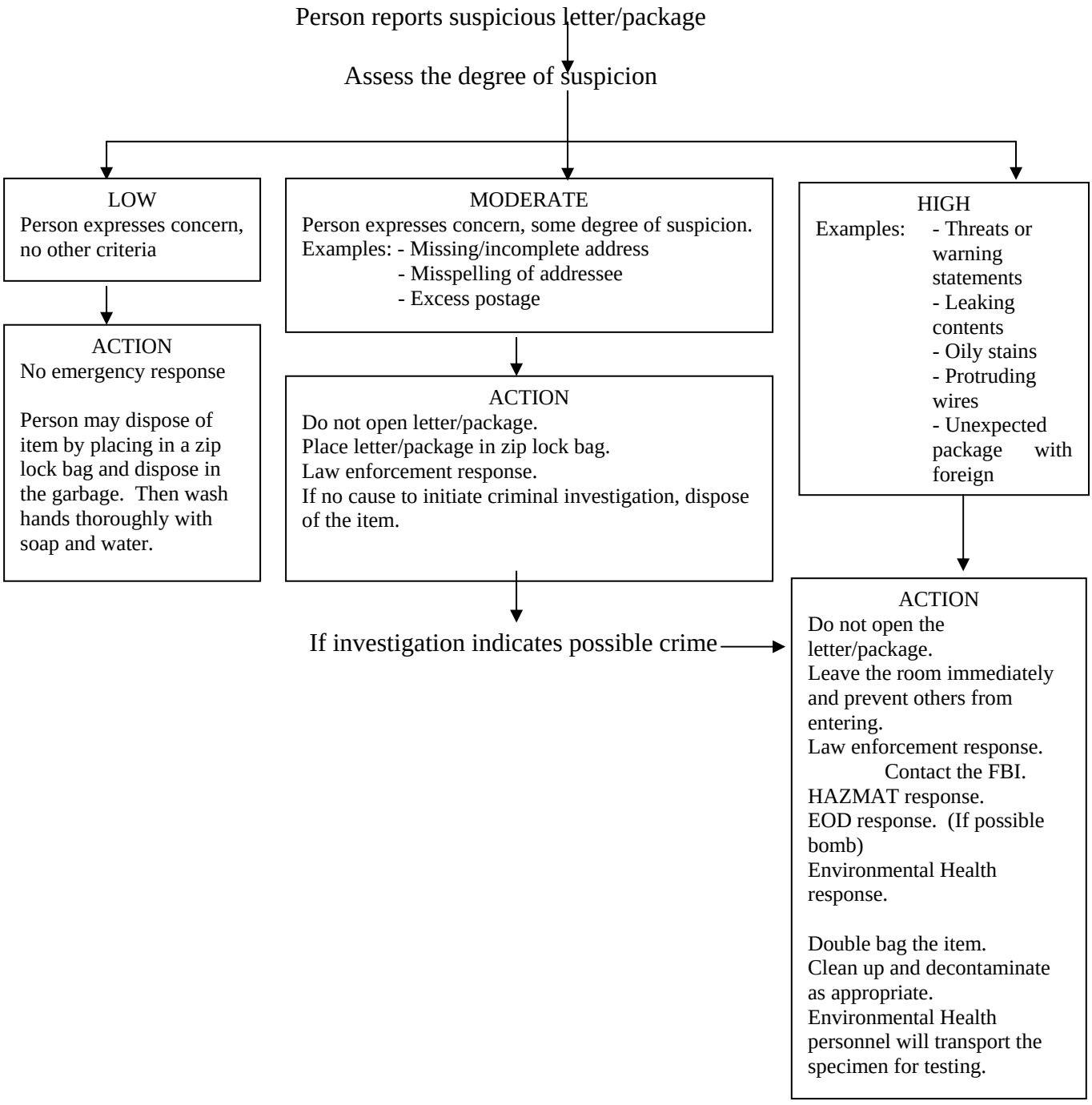
County Emergency Management Responsibilities
The County Emergency Services Director and Emergency Services Coordinator shall work with the County Health Department and City Emergency Response disciplines in an effort to acquire and place proper PPE, detection and monitoring equipment throughout the county. They shall also provide a forum in which all response disciplines can discuss response issues relating to Homeland Security and Terrorism Response.

Monitoring & Surveillance

It is the day-to-day responsibility of the County Health Department to conduct surveillance of disease in the population. Davis County Health Department maintains historical and current disease trends for the county. This information is essential in identifying that an outbreak is emerging (possibly due to a covert bioterrorist attack) in order to mount an effective response to control the outbreak. It is also the responsibility of the County Health Department to provide assistance to incident commanders in identifying unknowns and monitoring the air, ground and water for chemical and biological substances at an incident. It may be necessary to request state and federal assets to assist in this effort.

Attachment 1

Law Enforcement Guidelines For Suspicious Powder In Mail



APPENDIX -A-
DAVIS COUNTY GOVERNEMENT THREAT RESPONSE PROTOCOL

Davis County Government

Upon receipt of a specific or possible threat to Davis County, the Sheriff, Chief Deputies and County Commissioners will be notified and the Davis County Policy Group activated to the level necessary.

Davis County Sheriff's Office

The Davis County Sheriff's Office, Emergency Services Coordinator in the Special Services Division oversees homeland security operations for Davis County. Upon notification of a terrorist threat specific to, or possible in Davis County, this plan will be fully activated as outlined.

Homeland Security Structure

Division Commander	Captain Kenny Payne
Intelligence/Investigation	Detectives
Infrastructure Protection	
Coor/Emergency Management	Sergeant Brent Peters
Citizen Corps	Sergeant Brent Peters
Search & Rescue	Lieutenant Brad Wilcox
Public Information	Lieutenant Brad Wilcox

Operational Goals and Objectives

With respect to homeland security, the Davis County Sheriff's Office has identified as its Strategic Goals the following as outlined in the Davis County Homeland Security Plan.

Alert and Notification
Critical Infrastructure Protection
Dignitary Protection
Intelligence
Investigation
Public Information
Demobilization

Each of these areas will be assessed and addressed by the Policy Group and/or specific Sheriff's Office personnel on a case by case basis:

Alert and Notification

Davis County Sheriff's Office will initiate internal alert and notification to personnel and the public as necessary, based upon the specific threat and under the direction of the Sheriff and/or Chief Deputy. This notification will be accomplished using means at hand, i.e.; pagers, telephone, FAX, Emergency Alert System, etc.

Review the specific threat
Notify appropriate officials
Notify appropriate public sectors

Critical Infrastructure Protection (CIP)

Review of Davis County Critical Assets (See Appendix -B- in Annex A – Homeland Security.)
Determine the threat against those assets.

Review vulnerability assessments of those threatened assets.
Assess risk of loss of the infrastructure (if appropriate).
Apply countermeasures as appropriate.
Coordination among other jurisdictions will be necessary for the implementation of CIP.

Dignitary Protection

Review specific threat intelligence.
Determine if the threat affects government officials.
Assess and apply appropriate countermeasures as appropriate to designated government officials.
Coordination among other jurisdictions may be necessary for the implementation of dignitary protection.

Intelligence and Investigations

Review specific threat intelligence.
Assign officers as necessary for further intelligence gathering and investigations.
Establish reporting procedures.
Establish report update timetable.
If the potential exists for a biological hazard, assign a detective to work with the Davis County Health Department.

Public Information

Review specific threat intelligence.
If the threat is specific to Davis County, establish a Joint Information Center with all necessary parties in participation.
Establish guidelines for the dissemination of information specific to the threat.
Establish a timetable for briefings to the media.
Contact appropriate media.

Scale Down/Demobilization

Upon determination by the Davis County Policy Group that there is no longer a need to continue with the current level of activation, an order to scale down shall be given.
Personnel/resources will be released under the direction of the Coordination Group in accordance with the existing specific threat.
Upon determination by the Davis County Policy Group that there is no longer a realistic, specific threat to Davis County, an order for demobilization shall be given.
Personnel and resources will be called back/released under the direction of the Coordination Group.
Debriefing of personnel shall be at the discretion of supervising personnel, or at the direction of the Policy Group.

APPENDIX -B-
DAVIS COUNTY HOMELAND SECURITY
ALERT AND NOTIFICATION CALL DOWN LIST

Law Enforcement

	Office	Pager	Mobile	FAX
Capt. Kenny Payne	415-4131		543-9410	
Lt. Brad Wilcox	451-4144		540-9476	451-4167
Sgt. Brent Peters	451-4129	541-1373	698-9174	451-4167
Bountiful City Police Department	**298-6000**			**292-6441**
Lt. Steve Gray	298-6010	241-4685	381-6577	
Lt. Randy Pickett	298-6016	241-5015	381-3418	
Ch Paul Rapp	298-6015	202-8584	309-9652	
	Radio:	**Z 1-6**		
Centerville City Police Department	**292-8441**			**296-2078**
Chief Neal Worsley	292-8441		599-2412	
Lt. Paul Child	292-8441		599-2409	
Sgt. Von Steenblik	292-8441		599-2414	
	Radio:	**Z 1-1**		
Clearfield City Police Department	**525-28060**			**525-2862**
Chief Jim Schilling	525-2800		940-2014	
Asst. Ch Greg Krusi	525-2800		940-1989	
Lt. Mike Stenquist	525-2800		940-0555	
	Radio:	**Z 1-9**		
Clinton City Police Department	**774-2630**			**774-2605**
Chief Bill Chilson	774-2630		726-9948	
Dennis Cluff	774-2650		916-7371	
	Radio:	**Z 1-1**		
Farmington City Police Department	**451-5453**			**451-0839**
Chief Wayne Hansen	451-5453		940-2385	
Lt. Shane Whitaker	451-5453		381-2274	
	Radio:	**Z 1-1**		
Kaysville City Police Department	**546-1131**			**544-1147**
Chief. Mike Lee	546-1131		430-1748	
Cpt. Paul Miya	546-1131		430-1753	
Lt. Brent Ward	546-1131			
	Radio:	**Z 1-1**		
Layton City Police Department	**497-8300**		**336-3408**	
Chief Terry Keefe	336-3403		940-6290	
Lt. Quinn Moyes	336-3411		940-6283	
Ast. Ch. Allen Swanson	336-3411		940-6283	
Lt. Garrett Atkin	336-3411			
	Radio:	**Z 1-8**		

	Office	Pager	Mobile	FAX
North Salt Lake City Police Department	**936-3880**			**936-7800**
Chief Steve Harder	936-3880		381-0089	
Sgt. Craig Beckstrand	936-3880		381-5148	
Sgt. Mitch Gwilliam	936-3880			
	Radio: Z 1-1			
Sunset City Police Department	**825-1620**			**825-5124**
Chief Ken Eborn	614-9111		725-2293	
Lt. Shawn Valdez	614-9112		549-8950	
	Radio: Z 1-1			
Syracuse City Police Department	**825-4400**			**779-9365**
Chief Brian Wallace	825-4400		643-5776	
Lt. Tracy Jensen	825-4400		336-8636	
	Radio: Z 1-1			
West Bountiful City Police Department	**292-4487**			**294-3590**
Chief Mike Wright	292-4487	248-8506	301-9343	
Sgt. James Sheldon	292-4487			
Jeremy Adams	292-4487	241-9025	301-9417	
	Radio: Z 1-1			
Woods Cross City Police Department	**292-4422**			**296-0678**
Chief Paul Howard	292-4422	202-7891	560-6596	
Sgt. Brad Benson	292-4422	202-7883	599-5429	
Sgt. Ekolu Delo-Santos	292-4422			
	Radio: Z 1-1			
Utah Highway Patrol	**292-3304 or 773-2325**			**447-8131**
Lt. Ed Michaud	447-8120		580-5620	
Sgt. Matt Smith	447-8120		828-7514	
Sgt. Greg Lundell	447-8120		663-3111	
Sgt. Shane Nordfelt	447-8120		884-8315	
Sgt. Kim Farnsworth	447-8120		719-1436	
	Radio: Z 1-1			

Fire/EMS

		Office	Pager	Mobile	FAX
Davis County Sheriff's Office		**451-4151**			**451-4167**
	Capt. Kenny Payne	451-4131		543-9410	
	Lt. Brad Wilcox	451-4111		557-7447	
	Sgt. Brent Peters	451-4129	541-1373	698-9174	
		Radio: Z 2- 1			
Clinton City Fire Department		**774-2679**			**774-2678**
	Ch. Floyd Petersen	774-2682	591-1188	644-5701	
	FM Rob Sandman	774-2680	591-1186	914-3473	
	Ach Guido Smith	774-2685	591-1184	726-0115	
		Radio: Z 2-1			
Farmington City Fire Department		**451-2842**			**451-7865**
	Ch. Larry Gregory	451-2842		643-4142	
	Joe Wilcox	451-2425 (Home)			
	Gary McCloy			540-0100	
		Radio: Z 2-1			
HAFB Fire Department		**777-3022**			**777-0527**
	Ch Paul Erickson	777-2817			
	ACh. Jerry Spatz	586-4196		940-2670	
	ACh. Patrick Vega	586-4195		940-2281	
Kaysville City Fire Department		**544-2860**			**593-6878**
	Ch. Brett Larkin	544-2840	279-4721	940-6846	
	AChMike Egginton	546-8860	279-4723	721-9071	
	Brad Lee	544-2860	279-4724	940-6847	
		Radio: Z 2-1			
Layton City Fire Department		**336-3940**			**546-0901**
	Ch. Kevin Ward	336-3945		940-6945	
	BC Scott Adams	336-3946		940-7307	
	BC Ryan Eckardt	336-3950		940-7489	
	On Duty Batt Ch.	336-3940			
		Radio: Z 2-8			
North Davis Fire District		**525-2850**			**525-2870**
	Ch. Roger Bodily	525-2850		940-2004	
	Duty Captain	525-2850		(Dispatch)	
		Radio: Z 2-10			
South Davis Metro Fire District		**677-0166**			**677-0166**
	Ch.Jim Rampton	677-2405	279-4080	550-7602	
	Dep. Blaine Porter	677-2400			
	Dep. Jeff Bassett	677-2400		870-8544	
		Radio: Z 2-6			
South Weber City Fire					
	Ch. Tom Graydon	408-3578			
		Radio: Z 2-1S			
Sunset City Fire Department		**825-1628**			**775-0971**
	Ch. Neal Coker	825-1628		726-6965	
	Mitch Berkley			710-1683	
	Dana Weaver			698-3924	
		Radio: Z 2-1			

Fire/ EMS

		Office	Pager	Mobile	FAX
Syracuse City Fire Department		**825-4400**			**825-3001**
Chief Craig Cottrell		825-4400		928-9393	
Asst. Chief Peterson		586-4875		336-8101	
		Radio: Z 2-1			

Health Care

Davis County Health Department		**451-3337**			**451-3242**
Health Officer	Lewis Garrett	451-3351		712-9666	451-3242
Emer Response Coordinator	Ivy Melton-Sales	451-3581		807-8728	451-3242
Family Health Service	Sally Kershisnik	451-3316	279-4583	910-7292	451-3144
Epidemiology pager (bioterrorism)			241-8318		
Environmental		451-3296	241-7182		451-3122
	Delane McGarvey	451-3302	202-7511	721-8722	451-3122

Lakeview Hospital	**Operator**	**292-6231**
	ER	**299-2143**
	Radio:	**Z 10-1**

Davis Medical Center	**Operator**	**825-9561**
	ER	**774-7177**
	Radio:	**Z 10-2**

Emergency Management

	Home	Work	Pager	Mobile	FAX
Davis County					
Brent Peters	547-9568	451-4129	541-1373	698-9174	
Bountiful City					
Sol Oberg		298-6000			
Centerville City					
Paul Child		292-8441		599-2404	
Clearfield City					
Roger Bodily		525-2850		940-2004	
Clinton City					
Floyd Petersen	825-3136	774-2678		591-1188	
Farmington City					
Paul White	451-5108	536-8614		643-8732	
Fruit Heights City		**546-0861**			**546-0058**
Darren Frandsen		547-0103		927-7036	
Kaysville City					**544-5646**
John Thacker	544-0922	546-1235			
Layton City		**336-3820**			**336-3838**
Jim Mason	544-0916	336-3830		721-2627	
Laura Cardall	546-4127	336-3829		791-1156	
North Salt Lake City					
Steve Harder		936-3880		381-0089	
South Weber City					
Matt Dixon		479-3177			
Tom Graydon	476-1438	408-3578			
Sunset City					
Neil Coker		825-1629		726-6965	
Syracuse City					**825-3001**
Craig Cottrell		825-4400		928-9393	
West Bountiful City					
Randy Lloyd		292-4487		320-2848	
West Point City					
Tom Hansen		776-0970			
Woods Cross City					
Paul Howard		292-4422		560-6596	

APPENDIX -C-
Strategic National Stockpile Plan – Davis County

The release of selected biological or chemical agents targeted at the US civilian population would require rapid access to large quantities of pharmaceuticals and medical supplies. Such supplies may not be readily available within a community. For that reason, the Federal Government charged the Department of Homeland Security, in partnership with the Center for Disease Control (CDC), with the mission of ensuring the availability of life-saving pharmaceuticals, antidotes, medical supplies and equipment necessary to counter the effects of biological pathogens, chemical agents and nerve agents. The Strategic National Stockpile (SNS) Program stands ready for immediate deployment to any US location in the event of a terrorist attack directed at a civilian population.

The Health Department maintains and exercises the Davis County Health Department Strategic National Stockpile Plan. In a public health emergency, the health department would be the lead agency for distribution of medications, vaccines and antidotes. The health department is tasked with requesting, receiving and distributing SNS assets in Davis County. However, in order to accomplish such a massive task, local governments, police, medical providers, volunteer organizations and other may be asked to provide assistance. Such assistance could include:

1. Clerical support (completing paperwork, data entry)
2. Technical support (assistance with technical difficulties)
3. Communications support (provide means of communication if traditional methods are off line or are overloaded)
4. Transportation assistance – delivery of supplies to dispensing sites
5. Security – crowd control, traffic control
6. Protection of SNS assets (while at dispensing sites and during transit) and SNS volunteers
7. Procurement of equipment, basic supplies
8. Unloading/loading SNS supplies
9. Translation for non-English speaking individuals
10. Set up of dispensing sites