

I. PURPOSE

To provide general guidance for the coordination of emergency operations and resources within Mower County to save lives, protect property, and restore order in the event of a situation involving terrorism.

II. POLICIES

County Emergency Responders shall perform the following tasks:

- A. Law Enforcement will exercise broad lawful authority, within existing capabilities, to protect life and property threatened by terrorism incidents, to include ordering evacuations, curfews, and other necessary actions to contain or control the incident.
- B. Fire and Rescue will provide fire control, rescue operations, and hazardous material response. City Fire Rescue shall provide the HazMat unit when required.
- C. Will establish overall direction, control, and/or coordination through a unified command and/or an EOC to support the response to a terrorism incident.
- D. Will utilize the Incident Command System (ICS) as the organizational basis for response to terrorism incidents.
- E. The police/sheriff's department shall access the bomb unit when required.
- F. The County Emergency Management Agency will coordinate all resource requirements during the incident.
- G. County Emergency Management will ensure that the appropriate state and federal agencies are notified, i.e. FBI, ATF, FEMA, state DEM, etc.
- H. This section may be used singularly or in concert with a unified command concept or full EOC activation.

Once the incident is determined to be an act of terrorism, the FBI becomes the lead federal agency in accordance with Presidential Decision Directives (PDD-39) U.S. Policy on Counterterrorism.

III. SITUATION

A terrorism emergency situation could occur at any time and with minimum of warning. In a terrorist incident, the area of operations is potentially a crime scene, hazardous materials site, and a disaster area-spanning the borders of several local jurisdictions. In order to organize a complex on-scene operation, operational boundaries are defined with common terminology and procedures for officials responding to the crime, the hazardous materials incident, and the disaster. Operational boundaries may be used to control access to the area, target public information messages, assign operational sectors among responding organizations, and assess potential impacts on the population and the environment

Crime Scene Boundary

The *crime scene boundary* defines the crime scene. The crime scene may include the areas that are referred to in technical operations as the *working point* or *red zone*. Access to the crime scene may be restricted by the state, federal, and local law enforcement. Response activities within the crime scene may require special procedures in order to protect evidence collection.

Hazardous Boundary

The *hazardous boundary* defines the hazardous materials site, which may be referred to in technical operations as the hot or isolation zones. Depending on the distribution of contaminants, the HazMat site may include some portion of the crime scene and the surrounding community. Access to the HazMat site may be restricted to response personnel wearing protective clothing and using proper decontamination procedures.

Disaster Boundary

The *disaster boundary* identifies the community at risk, which may need to take protective actions-such as shelter, evacuation, or quarantine. Access into this area may or may not be restricted on the authority of state and local health officials.

Assumptions

- Terrorist attacks are usually directed at population centers and buildings or facilities that conduct operations for government, transportation, or industry.
- Terrorist attacks may or may not be preceded by a warning or a threat and at first may appear to be an ordinary incident.
- Terrorist attacks may require a vast response effort from all levels of government (federal, state, and local).

- Terrorist attacks may result in large numbers of casualties-including fatalities, physical injuries, and psychological trauma.
- The attack may occur at multiple locations.
- The attack may be accompanied by fire, explosion, or other acts of sabotage.
- A booby trap may be set off to attract emergency responders; a secondary or tertiary device could be deployed to target them.
- The presence of a chemical or biological agent may not be recognized until some time after casualties occur.
- There may be a delay in identifying the chemical or biological agent present and in determining the appropriate protective measures.
- The chemical or biological agent may be a long-lasting persistent agent or may be non-persistent and dissipate quickly.
- Investigation of the cause of the event and those responsible for it are important law enforcement activities.
- Resources for combating terrorist attacks exist in local, state, and federal governments.
- Recovery can be complicated by the presence of persistent agents, additional threats, extensive physical damage, and psychological stress.
- County responding agencies can expect no outside support for four to six hours.

Constraints

- Local agencies have only limited capability for mitigating terrorism events involving weapons of mass destruction.
- County hospitals have limited civilian gross and or technical decontamination capability.

IV. CONCEPT OF OPERATIONS

The county and its local governments play key roles in crisis management; these entities initially have sole responsibility for consequence management, with involvement continuing throughout. During a terrorist threat or actual incident, it will likely require the response by state and federal governments.

With the response of multiple levels of government, the coordination between and among such agencies is a necessity. The Incident Command System (ICS) is a means for ensuring that the required close coordination is realized. County and state government will organize responses to terrorist threats and incidents according to the Incident Command System.

Crisis management, the purview of law enforcement, may operate from a general threat, to a credible threat, through the incident. Consequence management, the purview of all response agencies, may operate before, during, and after an incident and continue until demobilization of emergency operations.

V. NOTIFICATIONS

If Received at City Level - Notification Actions

- Notify City Emergency Management Agency in-turn who will notify Mower County LEC/Sheriff and they will work with local law enforcement to investigate further need and call FBI if deemed necessary.
- Notify city departments (i.e., PD, FD, and public works [include other city departments as required])
- Notification of other levels dependent upon nature of threat and security considerations

If Received at County Level - Notification Actions

- Notify local FBI office
- Notify county Emergency Management Agency
- Notify city or cities that may be impacted
- Notify county departments: Sheriff, RFD, public works, PD, and medical (include other county agencies as necessary)
- Notify appropriate state agencies

IV. RESPONSE

City/County emergency responders shall perform the following tasks:

- Law Enforcement
 - Threat Investigations
 - Traffic Control ingress/egress
 - Liaison and security functions
 - Evidence collection
 - Secure the scene
 - Evacuation of public
 - Establish Command Post
 - Establish staging area for media

- Fire-Rescue and Hazmat
 - Implement the ICS
 - Implement a response
 - Analyze hazardous materials
 - Provide for the mobilization plan
 - Treat a terrorist act as a crime scene
 - Collect and interpret hazmat data
 - Plan response operations according to competencies of personnel, PPE, equipment
 - Provide mass decontamination
 - Chemical, biological and radiological decontamination

- EMS
 - Normal functions
 - MCI Triage, treatment, transport
 - Hazmat rehab
 - Coordinate with local hospitals
 - Evacuate patients
 - Monitors situations of health threats
 - Initiate alerts
 - Liaison for CDC
 - Medical Examiner
 - Coroner
 - Mortuary services
 - Coordinates operations for immunizations or quarantine procedures
 - Animal Control

- Public Health

- Provide medical guidance as needed
 - Coordinate with EMS, other hospitals, and other medical response personnel to insure proper tracking and treatment of patients
 - Identification and implementation of quarantine needs to include security
 - Depending on situation, deploy medical personnel, supplies and equipment to disaster site(s).
 - Prepare site for the dead
 - Provide information to public regarding public health issues and treatment options/locations.
 - Monitors situations of health threats
 - Initiate alerts
 - Liaison for CDC
 - Medical Examiner
 - Coroner
 - Mortuary services
 - Coordinates operations for immunizations or quarantine procedures
 - Animal Control
- Public Transit
 - Provide transportation for evacuation
 - Vehicles for mass patient transport
 - Respond to shuttling
- Public Works
 - Barricades
 - Debris clearance
 - Assist with traffic control (detours)
 - Support shuttles
 - Supply auxiliary power
 - Water purification

ATTACHMENT A

TERRORIST WEAPONS, EFFECTS, & EMERGENCY RESPONSE NEEDS

I. Conventional Weapons, Explosives & Incendiary Devices

A. Weapon Types

1. **Conventional Weapons & Explosives.** Conventional weapons include guns, rocket- propelled grenades, and similar weapons. Explosives include military and commercial explosives, such as RDX, Tritonol, dynamite, and ammonium nitrate - fuel oil (ANFO). The casualty potential of conventional explosive devices may be increased by packing metallic materials such as bolts or nails around the explosive to generate lethal fragments that can inflict casualties at considerable distances.
2. **Incendiary Devices.** Incendiary devices are designed to ignite fires. They may use liquids, such as gasoline or kerosene, or gases, such as propane, as their fuel. Incendiary devices have been a favorite weapon of terrorists due to the ready availability of materials needed to build such devices.
3. **Combination Device.** Conventional explosive and incendiary materials may be used in combination to produce blast damage and fires.

B. Weapons Effects

1. **Conventional Explosives**
 - a. Significant blast damage to structures, including building and wall collapse, and blast casualties.
 - b. Fragmentation casualties from bomb fragments, debris, and broken glass.
 - c. Fires are possible.
2. **Incendiary Devices**
 - a. Fires.
 - b. Secondary explosions are possible.
 - c. Burn casualties.
3. **Combination Devices**
 - a. Significant blast damage to structures, including building and wall collapse, and blast casualties.
 - b. Fires.
 - c. Fragmentation casualties from bomb fragments, debris, and broken glass.

C. Indications of Use

1. **Conventional Explosives**
 - a. Prior warning or threat.
 - b. Presence of triggering devices, such as blasting caps or timers.

- c. Explosive residue at scene or results of such from detection instruments.
 - d. Indications of deliberately introduced fragmentation materials.
2. Incendiary Devices
 - a. Prior warning or threat.
 - b. Multiple fire locations.
 - c. Signs of accelerants or results from detection instruments.
 - d. Presence of propane/butane cylinders in other than typical locations e)
Presence of containers for flammable liquids.

D. Emergency Response Guidance

If hazardous materials are encountered during an emergency response, consult the US Department of Transportation *Emergency Response Guidebook* (ERG) and other appropriate references for information on associated hazards, evacuation distances, etc. When multiple reference sources provide inconsistent/conflicting information, always use worst-case scenario protective measures.

E. Response Needs

1. Personal protective equipment for emergency responders.
2. Medical evacuation and treatment for mass casualties.
3. Search and rescue teams for collapsed structures.
4. Firefighting.
5. Haz-mat response team.
6. Mortuary support for mass fatalities.
7. Evacuation assistance.
8. Access control of incident site.
9. Shelter and mass care for evacuees.
10. Investigative resources

II. Nuclear Devices & Materials

A. Types of Weapons

1. Radiation Dispersal Device. Radioactive materials in powder form are packed around conventional explosives. When the explosive device detonates, it disperses the radioactive material over a wide area. Such devices do not require weapons grade radioactive materials; they may be constructed from materials obtained from medical or industrial equipment in common use.
2. Improvised Nuclear Device (nuclear bomb). Use of this type of device is considered unlikely. It would be extremely difficult for terrorists to build or acquire such a device because a substantial quantity of weapons-grade

fissionable materials, extensive equipment, and technical expertise would be needed.

3. Nuclear Weapon. It is considered very unlikely that terrorists would be able to use military nuclear weapons because such weapons are normally secured, strictly controlled, and incorporate safety features to prohibit unauthorized use.

B. Effects of Weapons

All of the weapons listed could spread radioactive materials if detonated, which could pose immediate danger to life at high levels of concentration and long-term adverse health effects at lower levels of concentration. In addition, each of these weapons can produce both immediate radiological effects and residual radioactive contamination.

1. Radiological Dispersal Device
 - a. Some blast damage to structures.
 - b. Some blast or thermal casualties resulting in severe injury or death.
 - c. Some fragmentation damage to structures and casualties among people.
 - d. Localized radiological contamination
 - e. Fires are possible.
2. Improvised Nuclear Device or Nuclear Weapon
 - a. Extensive blast damage to structures, including building and wall collapse
 - b. Significant blast or thermal casualties resulting in severe injury or death.
 - c. Significant fragmentation casualties from debris, broken glass, and other materials.
 - d. Extensive radiological contamination.
 - e. Extensive fire effects.

C. Indications of Use

1. Prior warning or threat.
2. Reports of stolen radiological sources or nuclear materials.
3. Use of these weapons may produce damage and casualties similar to that produced by a conventional high explosive bomb. Radiological detection equipment will be needed to confirm the presence of radioactive materials.

D. Emergency Response Guidance

1. Radiation Dispersal Device -ERG Guide 163

2. Improvised Nuclear Device or Nuclear Weapon -ERG Guide 165

E. Response Needs

1. Personal protective equipment for emergency responders.
2. Mass personnel decontamination.
3. Medical evacuation and treatment for mass casualties.
4. Urban search and rescue teams for collapsed structures.
5. Firefighting.
6. Radiological monitoring and assessment teams.
7. Mortuary support for mass fatalities.
8. Evacuation assistance.
9. Access control for incident site and contaminated areas.
10. Shelter and mass care for evacuees.

III. Chemical Weapons

A. Weapon Types. Letters in parenthesis () are military designators for these agents.

1. Nerve Agents. Nerve agents are some of the most toxic chemicals in the world; they are designed to cause death within minutes of exposure. Lethal doses of these agents may be obtained by inhaling the agent in aerosol or vapor form; or, by having the agent deposited on the skin in liquid form. Examples include Sarin (GB), Soman (GD), and V agent (VX),
2. Blister agents. Blister agents cause blisters, skin irritation, damage to the eyes, respiratory damage, and gastrointestinal effects. Their effect on exposed tissue is somewhat similar to that of a corrosive chemical like lye or a strong acid. Examples include Mustard (H) and Lewisite (L).
3. Blood Agents. Blood agents disrupt the blood's ability to carry oxygen and cause rapid respiratory arrest and death. Examples include potassium cyanide and hydrogen cyanide (AC).

4. Choking Agents. Choking agents cause eye and airway irritation, chest tightness, and damage to the lungs. These agents include industrial chemicals such as chlorine (CL) and phosgene (CG).
5. Hallucinogens, Vomiting Agents, and Irritants. These materials cause temporary symptoms such as hallucinations, vomiting, burning and pain on exposed mucous membranes and skin, eye pain and tearing, and respiratory discomfort. Although the effects of these agents are typically short lived, they are generally designed to incapacitate people and typically do not pose a threat to life.

B. Other Emergency Response Considerations.

1. Agent Form

Some nerve and blister agents are normally in liquid form. When used as weapons, most chemical agents are delivered in aerosol form to maximize the area covered, although some may be delivered as a liquid. An aerosol is defined as a suspension or dispersion of small particles (solid or liquids) in a gaseous medium. Dissemination methods range from spray bottles and backpack pesticide sprayers to sophisticated large-scale aerosol generators or spray systems.

2. Persistency

Chemical agents may be either persistent or non-persistent. Non-persistent agents evaporate relatively quickly. Persistent agents remain for longer periods of time. Hazards from both vapor and liquid may exist for hours, days, or in exceptional cases, weeks, or months after dissemination of the agent.

C. Weapons Effects

The primary effects of chemical agents are incapacitated or killed personnel.

1. Minute doses of nerve agents cause pinpointing of the pupils (miosis), runny nose, and mild difficulty breathing. Larger doses cause nausea, vomiting, uncontrolled movement, loss of consciousness, breathing stoppage, paralysis, and death in a matter of minutes. G-agents are non-persistent, while V agents are persistent.
2. Blister agents cause eye irritation and reddening of the skin in low doses. Larger doses produce eye and skin blisters, airway damage, and lung damage, causing respiratory failure. Some blister agents, such as mustards, are persistent in soil, while other blister agents are considered non-persistent.

3. Blood agents inhibit the transfer of oxygen in the body and produce intense irritation of the eyes, nose, and throat, breathing tightness, convulsions, and respiratory arrest, causing death. Blood agents are considered non-persistent.
4. Choking agents produce eye and airway irritation and lung damage, which may lead to death. Choking agents are generally non-persistent.
5. Vomiting agents and irritants have relatively short-term incapacitating effects. These symptoms seldom persist more than a few minutes after exposure and the agents are considered non-persistent.

D. Indications of Use

1. Prior warning or threat.
2. Explosions that disperse mists, gases, or oily film.
3. Presence of spray devices or pesticide/chemical containers.
4. Unexplained mass casualties or mass incapacitation without obvious trauma.
5. Casualties or incapacitations exhibit nausea, breathing difficulty, and/or convulsions.
6. Odors of bleach, new mown grass, bitter almonds, or other unexplained odors.
7. Dead birds, fish, or other animals and lack of insects at the incident site and areas downwind.
8. Alarms by chemical detection systems.

E. Emergency Response Guidance

1. Nerve Agents. Use ERG Guide 153. Antidotes to nerve agents, including atropine and 2-PAM Chloride, must be given shortly after exposure to be effective.
2. Blister Agents. Use ERG Guide 153.
3. Blood Agents
 1. If the agent is positively identified as Cyanogen Chloride, use ERG Guide 125.
 2. If the agent is positively identified as Hydrogen Cyanide, use ERG Guide 117.

3. If you suspect a blood agent has been used, but have not positively identified it, use ERG Guide 123.
4. Choking Agents
 1. If the agent is positively identified as Chlorine, use ERG Guide 124.
 2. If the agent is positively identified as Phosgene, use ERG Guide 125.
 3. If you suspect a choking agent has been used, but have not positively identified it, use ERG Guide 123.
5. Irritants
 1. For tear gas or pepper spray, use ERG Guide 159.
 2. For mace, use ERG Guide 153.

F. Response Needs

1. Personal protective equipment for emergency responders.
2. Mass decontamination capability.
3. Medical evacuation and treatment for mass casualties.
4. Haz-mat response teams.
5. Mortuary support for mass fatalities.
6. Evacuation assistance.
7. Access control for incident site and contaminated areas.
8. Shelter and mass care for evacuees.

IV Biological Weapons

A. Weapon Types.

Biological agents are intended to disable or kill people by infecting them with diseases or introducing toxic substances into their bodies. Such agents are generally classified in three groups:

1. Bacteria and Rickettsia. Bacteria and rickettsia are single celled organisms that cause a variety of diseases in animals, plants and humans. Bacteria are capable of reproducing outside of living cells, while rickettsia require a living host. Both may produce extremely potent toxins inside the human body.

Among the bacteria and rickettsia that have been or could be used as weapons are:

1. Anthrax
 2. Plague
 3. Tularemia or Rabbit Fever
 4. Q fever
2. Viruses. Viruses are much smaller than bacteria and can only reproduce inside living cells. Among the viruses that could be used as weapons are:
1. Smallpox
 2. Venezuelan Equine Encephalitis (VEE)
 3. Viral Hemorrhagic Fever (VHF)
3. Toxins. Toxins are potent poisons produced by a variety of living organisms including bacteria, plants, and animals. Biological toxins are some of the most toxic substances known. Among the toxins that have been or could be used as weapons are:
1. Botulinum toxins
 2. Staphylococcal Enterotoxins
 3. Ricin
 4. Mycotoxins

B. Other Emergency Response Considerations

1. Means of Dissemination

1. Inhalation of agent in aerosol form. An inhalation hazard may be created by spraying a biological agent. Many biological agents, such as viruses, may also be readily transmitted from an affected person to others in aerosol form by coughing and sneezing. This can result in the rapid spread of disease-causing agents.
2. Ingestion in food, water, or other products that have been contaminated with agents.
3. Skin contact or injection. Some agents may be transmitted by simple contact with the skin or by injection.

2. Unique Aspects of A Biological Agent Attack

1. As there are few detection systems for biological agents available, an attack with biological agents may not be discovered until public health

authorities or medical facilities observe people becoming sick with unusual illnesses. Casualties may occur hours, days, or weeks after exposure. Medical investigators will normally undertake to determine the source and cause of such illnesses and how it is spread.

2. In the aftermath of an attack with biological agents, public health agencies will normally take the lead in determining actions that must be taken to protect the public, although state and local governments may implement those actions.
3. There may be no local crime scene or incident site; the initial dissemination of the agent may have occurred in another city or another country and affected travelers may bring disease into the local area.
4. As people affected by some biological agents, such as viruses, are capable of spreading disease to others, the emergency response to a biological attack may have to include medical isolation of affected patients and quarantines or other restrictions on movement of people or animals. It may also be necessary to restrict opportunities for person-to-person transmission by closing schools and businesses or curtailing mass gatherings such as sporting events.

C. Weapon Effects

Biological agents are used to both incapacitate and to kill. Some agents make people seriously ill, but rarely kill those affected; these may create a public health emergency. Others, such as anthrax and many other toxins, kill those affected and may create both a public health emergency and a mass fatality situation.

D. Indications of Use

1. If there is a local incident site, the following may be indicators of the use of biological weapons:
 1. Advance warning or threat.
 2. Unusual dead or dying animals
 3. Unusual casualties -pattern inconsistent with natural disease or disease that does not typically occur in the local area.
 4. Aerosol containers or spray devices found in other than typical locations of use.
 5. Presence of laboratory glassware or specialized containers.
 6. Biohazard labels on containers.
 7. Evidence of tampering with foodstuffs and water distribution systems.
 8. Indications of tampering with heating/air conditioning systems.

2. For many biological agent attacks, medical assessment of affected people, autopsy results, and follow-on medical investigation will be required to confirm the use of biological agents.

E. Emergency Response Needs

1. Personal protective equipment for emergency responders.
2. Decontamination capability.
3. Specialized pharmaceuticals.
4. Medical evacuation and treatment for mass casualties.
5. Public health prevention programs.
6. Mortuary support for mass fatalities.
7. Access control for incident site, if one exists.
8. Personnel support for quarantine operations.
9. Public health investigative resources.

During the response to a terrorist incident, the local resources used for most emergency situations will be used. Because of the potentially great damage, contamination, casualties, and fatalities that may be generated by large-scale terrorist incidents, specialized response resources may be needed from the state and federal government to supplement those available locally.