RECORD OF CHANGES

- New Document November 2013
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## ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CBRNE</td>
<td>Chemical, Biological, Radiological, Nuclear, or High-Explosive Material</td>
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<tr>
<td>CEMA</td>
<td>Chatham Emergency Management Agency</td>
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<tr>
<td>CTTF</td>
<td>Counter Terrorism Task Force</td>
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<tr>
<td>DO</td>
<td>CEMA Duty Officer</td>
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<tr>
<td>EMS</td>
<td>Emergency Medical Services</td>
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<tr>
<td>ERG</td>
<td>Emergency Response Guide</td>
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<tr>
<td>EOC</td>
<td>Emergency Operations Center</td>
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<td>EOP</td>
<td>Emergency Operations Plan</td>
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<tr>
<td>FBI</td>
<td>Federal Bureau of Investigation</td>
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<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<tr>
<td>GEMA</td>
<td>Georgia Emergency Management Agency</td>
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<tr>
<td>GBI</td>
<td>Georgia Bureau of Investigation</td>
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<tr>
<td>GISAC</td>
<td>Georgia Information Sharing &amp; Analysis Center</td>
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<td>GSP</td>
<td>Georgia State Patrol</td>
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<tr>
<td>HAZMAT</td>
<td>Hazardous Materials</td>
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<td>HSTF</td>
<td>Homeland Security Task Force</td>
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<tr>
<td>IC</td>
<td>Incident Command(er)</td>
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<tr>
<td>ICP</td>
<td>Incident Command Post</td>
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<tr>
<td>ICS</td>
<td>Incident Command System</td>
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<td>SOC</td>
<td>State Operations Center</td>
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<tr>
<td>WMD</td>
<td>Weapons of Mass Destruction</td>
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DEFINITIONS

**Anti-Terrorism Activities:** Use of defensive methods, including intelligence collection, investigation, passive protection of facilities, implementation of physical and personnel security programs, and emergency planning, to combat terrorism.

**Consequence Management:** Measures taken to protect public health and safety, restore essential government services, and provide emergency relief to governments, businesses, and individuals affected by the consequences of terrorism. Emergency management agencies have the lead role in consequence management.

**Counter-Terrorism Activities:** Use of offensive measure to combat terrorism, such as use of law enforcement and military resources to neutralize terrorist operations.

**Crisis Management:** Measures taken to define the threat and identify terrorists, prevent terrorist acts, resolve terrorist incidents, investigate such incidents, and apprehend those responsible. Law enforcement agencies have the lead role in crisis management.
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I. INTRODUCTION

A. Terrorism is a deliberate use of violence against civilians for political or religious means. Each day, terrorists are working to obtain chemical, biological, radiological, nuclear and explosive weapons. However, local, state and Federal agencies are working to strengthen our nation's security. Whenever possible, we want to stop terrorist attacks before they happen. Every American should begin to learn about potential threats so we are better prepared to react during an attack.

B. The United States regards terrorism as a potential threat to National security, as well as a violent criminal act, and applies appropriate means to combat this danger. In doing so, the United States vigorously pursues efforts to deter and preempt these crimes and to apprehend and prosecute directly, or assist other governments in prosecuting, individuals who perpetrate or plan terrorist attacks. To ensure the policies established in applicable Presidential directives are implemented in a coordinated manner, this annex provides overall guidance to county and local agencies concerning the Government’s law enforcement and investigative response to potential or actual terrorist threats or incidents occurring in Chatham County, particularly those involving weapons of mass destruction (WMD), or chemical, biological, radiological, nuclear, or high-explosive (CBRNE) material.

C. Southeast Georgia and specifically Chatham County is vulnerable to terrorist incidents. The consequences of a major terrorist incident could be catastrophic; therefore, mitigating against, preparing for and responding to such incidents and recovering from them are important functions.

II. PURPOSE

A. The purpose of this Annex is to facilitate an effective response to threats or acts of terrorism within Chatham County, regardless of whether they are deemed credible and/or whether they escalate to an Incident of Critical Significance. To accomplish this, the Annex outlines operational concepts and tasks, assigning responsibilities for preparing for and responding to terrorist incidents.

III. SCOPE

A. This Annex provides planning guidance and outlines operational concepts for the law enforcement and investigative response to a threatened or actual terrorist incident within Chatham County.
B. This Annex also acknowledges and outlines the unique nature of each threat or incident, the capabilities and responsibilities of the local jurisdictions, and the law enforcement and investigative activities necessary to prevent or mitigate a specific threat or incident.

IV. AUTHORITIES

A. Federal:

B. State:
   1. Georgia Constitution

C. Chatham County:
   1. Chatham County EOP.
V. ASSUMPTIONS

A. In addition to the planning assumptions and considerations identified in the EOP Base Plan, the response to terrorist threats or incidents, particularly those involving WMD and CBRNE material, are based on the following assumptions and considerations:

B. Terrorism is a law enforcement, public safety, public health, and emergency management problem.

C. A terrorist threat or incident may occur at any time of day with little or no warning, may involve single or multiple geographic areas, and may result in mass casualties.

D. The suspected or actual involvement of terrorists adds a complicating dimension to incident management.

E. The response to a threat or actual incident involves law enforcement and investigative activity as an integrated element.

F. In the case of a threat, there may be no incident site, and no external consequences, and, therefore, there may be no need for establishment of traditional Incident Command System (ICS) elements such as an Incident Command Post (ICP) or a Joint Field Office.

G. An act of terrorism, particularly an act directed against a large population center within the United States involving nuclear, radiological, biological, or chemical materials, will have major consequences which may overwhelm the capabilities of many levels of government to respond and may seriously challenge existing response capabilities.

H. In the case of a biological attack, the effect may be temporally and geographically dispersed, with no determined or defined “incident site.” Response operations may be conducted over a multijurisdictional or multistate region.

I. A biological attack employing a contagious agent may require quarantine by health officials to contain the disease outbreak.

J. Virtually all terrorist acts involve violations of laws. Therefore, law enforcement agencies gather and analyze intelligence on terrorists and may develop estimates of their intentions. Access to this criminal intelligence information is necessarily limited, but significant threats must be communicated by law enforcement agencies to those local officials who can implement protective measures and alert the public.
K. Coordination between law enforcement, public safety and emergency management personnel is vital to ensure appropriate readiness actions are taken, while still protecting law enforcement sources and methods.

L. In a terrorist incident, the incident area may be simultaneously a crime scene, a hazardous materials (HAZMAT) site, and a disaster area crossing the boundaries of several jurisdictions.

M. There are often competing needs in the aftermath of a terrorist act -- law enforcement agencies want to protect the crime scene in order to gather evidence, while emergency responders may need to bring in extensive equipment and personnel to conduct search and rescue operations. It is essential for the incident command team to establish operating areas and formulate a plan of action which considers the needs of both groups.

N. Since terrorist acts may be violations of local, state, and Federal law, the response to a significant local terrorism threat or actual incident might include state and Federal response agencies.

O. If appropriate personal protective equipment and capabilities are not available and the area is contaminated with CBRNE or other hazardous materials, it is possible the response actions into a contaminated area may be delayed until the material has dissipated to a level safe for emergency response personnel to operate or until appropriate personal protective equipment and capabilities arrive, whichever is sooner.

VI. IMPLEMENTATION

A. This Annex will be implemented upon the recommendation of the Director of the Chatham Emergency Management Agency (CEMA) with the approval of the Chairman, Chatham County Board of Commissioners and concurrence of the Mayors of the Municipalities as appropriate.

B. Implementation of this Annex is intended only within the jurisdictional boundaries of Chatham County. The actions guided by this Annex provide support only, and do not directly control response activities outside the boundaries of the County. Additionally, this Annex support actions contained in the County’s EOP.

VII. CONCEPT OF OPERATIONS

A. General. The cause of a significant emergency event is not always clear. Unfortunately, events such as explosions, fires, releases of HAZMAT, and even active shooters, occur across the United States on a regular basis. Unless there are specific pre-event indicators and/or warnings, the vast majority of these emergency situations begin as local events and draw
responses only from local First Responders. (Major interruptions to the transportation system; plane crashes, train derailments, etc., and industrial accidents most often draw a response by Federal Resources.)

B. Initial Local Response. The initial local response is focused on mitigating the initial situation and preventing the situation from expanding. Refer to Appendix 1, Response Protocol to Handle Unknown Substance Incidents. However, at some point during the incident, an investigation is conducted by authorities to determine the cause of the event. For those events in which there are indicators of terrorist involvement, the following guidelines apply:

1. Organization.

   a. Our normal emergency organization will carry out the response to and recovery from terrorist incidents.

   b. Because terrorist acts often violate state and Federal law and regulations, state and Federal law enforcement agencies and other agencies having regulatory responsibilities may respond to such incidents. In order to effectively coordinate our efforts with state and Federal agencies, we may transition from our normal incident command operation to a unified command organization when the situation warrants.

   c. The response to terrorism includes two major functions, crisis management and consequence management, which may be carried out consecutively or concurrently in the case of an incident which occurs without warning. Refer to Appendix 2, Terrorist Incident Response Checklist.

   1) Crisis Management.

      a) Pre-incident crisis management activities include efforts to define the threat, identify terrorists, and prevent terrorist acts. Post incident crisis management activities include efforts to resolve the terrorist incident, investigate it, and apprehend those responsible.

      b) Law enforcement agencies have the lead in terrorism crisis management activities.

      c) The police departments have the lead local role in terrorism crisis management, and will
coordinate their efforts with state and Federal law enforcement agencies as appropriate.

d) The Georgia Bureau of Investigation (GBI) is the lead state agency in terrorism incident response. The GBI will coordinate the state law enforcement response to a potential terrorist incident and use of state resources to support crisis management activities.

e) The Federal Bureau of Investigation (FBI) is the lead Federal agency and will manage the Federal crisis management response.

f) When a credible threat of terrorist attack exists, Chatham County will activate the Emergency Operations Center (EOC) or, if security necessitates, activate a specialized facility to facilitate coordinated terrorism crisis management operations. GBI and the FBI will be invited to provide liaison personnel to participate in crisis management operations and coordinate the use of state and Federal resources.

2) Consequence Management

a) Consequence management activities undertaken to deal with effects of a terrorist incident are conducted in essentially the same manner as the response and recovery operations for other emergencies or disasters. Post-incident crisis management activities, such as investigation, evidence gathering, and pursuit of suspects, might continue during consequence management. The lead agencies for crisis management and consequence management should mutually determine when crisis management activities are complete.

b) Emergency Management shall have the lead local role in terrorism consequence management for most types of terrorist incidents, but Public Health may take the lead local role in terrorism consequence
management for incidents involving biological agents.

c) The Georgia Emergency Management Agency (GEMA) is the lead state agency for terrorism consequence management. The State EOC (SOC) will coordinate state resource support for local terrorism consequence management operations.

d) FEMA is the lead Federal agency for consequence management operations and shall coordinate Federal resource support for such operations.

e) The agencies responsible for terrorism consequence management operations shall coordinate their efforts with law enforcement authorities conducting crisis management operations.

2. Implementation of ICS.

a. If there is a local incident site, an ICP will be established to manage emergency operations at the incident site. The Incident Commander (IC) will direct and control responding resources and designate emergency operating areas. Typical operating area boundaries established for a terrorist incident may include:

1) The Crime Scene Boundary defines the crime scene. The crime scene may include the area referred to in technical operations as the “red zone”, “working point”, or where “release” of agent occurred. State, Federal, or local law enforcement personnel might restrict access to the crime scene. Response activities within the crime scene might require special care in order to protect evidence.

2) The HAZMAT Boundary defines the HAZMAT site, which is referred to in HAZMAT operations as the “hot zone” and may be termed the “isolation area” or “exclusion zone” by other responders, and may include the HAZMAT upwind “warm zone” used for contamination control and rescue staging. Refer to Appendix 3, Site Boundaries. Depending on the
spread of contaminants, the HAZMAT site may include some or the entire crime scene. Entry into the HAZMAT boundary is normally restricted to response personnel equipped with personal protective equipment and using decontamination procedures. The Incident Boundary includes the crime scene, the hazmat area, the “cool zone” or “support zone” used for incident support operations such as resource staging and casualty collection, and areas where protective actions, such as shelter-in-place or evacuation, might be recommended or mandatory measures, such as quarantine, imposed. Access to this area is normally controlled; if quarantine is implemented, egress may also be restricted.

b. ICS-EOC Interface. The IC and the EOC shall agree upon a division of responsibilities. The IC will normally manage field operations at the incident site and in adjacent areas. The EOC will normally mobilize and provide local resources, disseminate emergency public information, organize and implement large-scale evacuation, coordinate care for casualties, coordinate shelter and mass care for evacuees, arrange mortuary support, and, if local resources are insufficient or inappropriate, request assistance from the State.

c. Implementation of Unified Command. As state and Federal responders arrive, we expect to integrate those resources into a unified command operation at the local level.

d. If there is no local incident site, which may be the case in incidents involving biological agents, consequence management activities will be directed and controlled from the local EOC. An IC should be designated. When state and Federal response forces arrive, the EOC may be used as a unified command operations center.

3. Coordination of Crisis Management and Consequence Management Activities

a. Law enforcement agencies involved in crisis management shall keep those responsible for consequence management informed of decisions made having implications for consequence management so resources may be properly postured for emergency response and recovery should consequence management become necessary. Because of
the sensitivity of law enforcement sources and methods and certain crisis management activities, it may be necessary to restrict dissemination of some information to selected emergency management and public health officials who have a need to know.

b. Until such time as law enforcement and emergency management personnel agree crisis management activities have been concluded, law enforcement personnel shall participate in the IC and/or EOC operations to advise those carrying out consequence management operations with respect to protection of the crime scene, evidence collection, and investigative results which may have bearing on emergency operations. The National Drug Prevention System and the FBI will normally provide personnel to participate in a unified command operation to coordinate state and Federal law enforcement assistance.

c. A Joint Information Center, staffed by local, state, and Federal public affairs personnel, will be established as part of the EOC to collect, process, and disseminate information to the public.

4. Protective Actions

a. Responders. Emergency personnel responding to a terrorist incident must be protected from the various hazards terrorist incident can produce. These include: blast effects, penetrating and fragmenting weapons, fire, asphyxiation, hazardous chemicals, toxic substances, radioactive materials, and disease-causing agents. Refer to Appendix 4, Terrorist Weapons, Effects, & Emergency Response Needs. Though the type of protection required varies depending on the hazard, there are three basic principles of protection for all hazards: time, distance, and shielding.

1) Time. Emergency workers should spend the shortest time possible in the hazard area or exposed to the hazard. Use techniques such as rapid entries to execute reconnaissance or rescue and rotate personnel in the hazard area.

2) Distance. Maximize the distance between hazards and emergency responders and the public. For chemical, radiological, and explosive hazards, recommended isolation and protective action
distances are included in the Emergency Response Guidebook. Refer to Appendix 5, Chemical Agent Indicator Matrix.

3) Shielding. Use appropriate shielding to address specific hazards. Shielding can include vehicles, buildings, protective clothing, and personal protective equipment.

b. The Public. Protective actions for the public must be selected and implemented based on the hazards present and appropriate instructions and information provided to the public through usual means of warning and public information. Protective actions for the public may include:

1) Evacuation.
2) Shelter-in-place.
3) Access control to deny entry into contaminated areas.
4) Restrictions on the use of contaminated foodstuffs, normally imposed by the Health District.
5) Restrictions on the use of contaminated public water supplies, normally imposed by the Health District.
6) For incidents involving biological agents, protective actions taken to prevent the spread of disease might include:
   a) Isolation of diseased victims within medical facilities.
   b) Quarantines to restrict movement of people and livestock in specific geographic areas.
   c) Closure of schools and businesses.
   d) Restrictions on mass gatherings, such as sporting events.

5. Requesting External Assistance. The County Manager or Board of County Commissioners will make requests for state assistance when local resources are overwhelmed. Requests will be forwarded to the SOC for action. If state resources cannot satisfy
the request, the state will request assistance from the Federal government or other states.

6. Coordination of Local Medical Response to Biological Weapons Incidents. Because the medical response to an incident involving biological agents must include the local medical community as a group, the local and state health departments and Federal health agencies directing the response should undertake to coordinate the efforts of local medical providers to ensure a consistent approach to health issues is taken. Therefore, concise information on the threat, recommendations on what should be done to combat it, and instructions on handling victims must be provided to hospitals, clinics, nursing homes, home health care agencies, individual physicians, pharmacies, school nursing staffs, and other medical providers. The Health District will take the lead in coordinating the local medical response. They may request assistance from local professional organizations in providing information to members of the local medical community.

7. Activities by Phases of Emergency Management

a. Mitigation (Carry out anti-terrorist activities, including):
   
   1) Identify potential terrorist targets and determine their vulnerability. For targets producing hazardous effects if attacked, determine the population and special facilities at risk.

   2) Conduct investigations and criminal intelligence operations to develop information on the composition, capabilities, and intentions of potential terrorist groups.

   3) Develop and implement security programs for public facilities which may be potential targets. Recommend such programs to private property owners.

   4) Implement passive facility protection programs to reduce the vulnerability of new and existing government-owned facilities believed to be potential targets. Recommend such programs to private property owners.

   5) Encourage local medical facilities to participate in mass casualty exercises, public health surveillance
b. Preparedness

1) Conduct or arrange terrorism awareness training and periodic refresher training for law enforcement, fire service, public health, and emergency medical services (EMS) personnel and for emergency management staff. Conduct training for other agencies such as public works, utilities, and hospitals.

2) Develop emergency communication procedures taking into account the communication monitoring capabilities of some terrorist groups.

3) Maintain terrorist profile information on groups suspected of being active in the local area.

4) Establish appropriate mutual aid agreements where appropriate.

5) Conduct drills and exercises to test plans, procedures, and training.

6) Conduct awareness programs for businesses handling inventories of potential weapon making materials and chemicals and ask for their cooperation in reporting suspicious activities.

7) If potential terrorist groups appear to be expanding their activities, consider appropriate increased readiness actions.

c. Recovery.

1) Decontaminate incident sites and other affected areas. State and/or Federal agencies may oversee this effort, which may be conducted by contractors.

2) Identify and restrict access to structurally unsafe buildings.

3) Remediate and cleanup any hazardous materials having enter or having the potential to enter local water, sewer, or drainage systems.
4) Provide traffic control for the return of evacuees.

5) For evacuees who cannot return to their homes, assist in arranging temporary housing.

6) For contaminated areas which cannot be decontaminated and returned to normal use in the near term, develop and implement appropriate access controls.

7) Investigate cause of incident and prosecute those believed to be responsible.

8) Maintain records of use for personnel, equipment, and supplies used in response and recovery for possible recovery from the responsible party or reimbursement by the state or Federal government.

9) Conduct critical incident stress management activities.

10) Debrief response personnel, prepare incident report, and update plans and procedures on the basis of lessons learned.

11) Restore normal services.

VIII. RESPONSIBILITIES

A. GEMA:

1. Homeland Security Division. Responsible for terrorism preparedness, the Homeland Security Division programs encompass critical training, intelligence gathering and analysis and homeland security grant services. Services include critical infrastructure analysis, terrorism incident management and response, All Hazards Councils programs, fire services coordination, agro-terrorism preparedness, exercise and training, intelligence gathering and analysis, and homeland security grant services.

2. Georgia Information Sharing & Analysis Center (GISAC). GISAC’s primary mission is to serve as the state’s focal point for the collection, assessment, analysis, and dissemination of terrorism intelligence relating to Georgia. GISAC enhances and facilitates
the collection of information from local and state sources, and integrates the information into a system benefiting homeland security and counter-terrorism intelligence programs. GISAC participating agencies include:

a. GEMA/Georgia Office of Homeland Security
b. GBI
c. Georgia Department of Public Safety / Georgia State Patrol (GSP)
d. Georgia Sheriff’s Association
e. Georgia Association of Chiefs of Police
f. Georgia Association of Fire Chiefs
g. Georgia Department of Corrections

3. Homeland Security Task Force (HSTF). The purpose of the state’s HSTF is to advise the Director of Homeland Security on issues related to Terrorism and Homeland Security.

4. Counter Terrorism Task Force (CTTF). The CTTF is a state-wide multi-disciplinary task force aimed at serving as the state’s rapid-response security force. The CTTF’s primary goal is to protect Georgia’s citizens, critical infrastructure, and key resources from terrorist attacks, major disasters, and other emergencies. CTTF’s participating agencies include:

a. GBI
b. GEMA
c. GISAC
d. GSP
e. Georgia Department of Natural Resources

B. Chatham County Command Policy Group. Provides general direction for response and recovery operations in the aftermath of a terrorism incident.

C. CEMA

1. Director: The CEMA Director serves as the primary advisor to the County Commission and the County Manager emergency
declarations and evacuation decisions. His role is to collect incident-related information and relay information, along with his professional recommendations, to the local policy group for decisions and declarations. The Director serves as the EOC Manager, and has signature authority and responsibility for issues and/or requests through the County and GEMA.

2. CEMA Deputy Director: The CEMA Deputy Director (Deputy) provides the leadership role in CEMA Operations. The Deputy takes recommendations from the CEMA Duty Officer (DO) and determines the need for response actions, EOC activations, and other CEMA functions through consultation with the CEMA Director. In the event activation of the EOC is ordered, the Deputy will make notifications to CEMA Staff and the GEMA Area V Field Coordinator. The Deputy’s primary role in the EOC is to serve as the Operations Chief. He/she will take the responsibilities of the CEMA Director when required.

3. DO: The DO serves as the Agency's 24-hour crisis monitor for the County. The DO reports incident-related information to the Deputy and makes recommendations regarding action, response, and activation of the EOC. In the event activation of the EOC is ordered, the DO will have primary responsibility to initiate notification to EOC Support Staff and the EOC Partial Activation Team. Once notifications are made, the DO is responsible for preparing the EOC for activation. The DO will serve as the initial EOC Manager until directed otherwise.

D. Incident Commanders

1. Establish an ICP and control and direct emergency response resources at the incident scene from the ICP to resolve the incident.

2. Determine and implement initial protective actions for emergency responders and the public in the vicinity of the incident site.

3. Provide an initial incident assessment, request additional resource if needed, and provide periodic updates to the EOC.

4. Request an agency representative from each cooperating and assisting agency be present at the ICP.

5. Establish a specific division of responsibilities between the incident command operation and the EOC.
6. Transition the incident command operation to a unified command operation when significant external resources arrive.

E. Jurisdictional Law Enforcement Agencies

1. Conduct anti-terrorism operations and maintain terrorist profile information.

2. Advise the emergency management staff, GBI, and the FBI of significant terrorist threats.

3. Recommend passive protection and security programs for high-risk government facilities and make recommendations for such programs to the owners/operators of private facilities.

4. Conduct terrorism response training programs for the law enforcement personnel and support public education and awareness activities.

5. Provide law enforcement representatives for the ICP and the EOC.

6. Secure the scene, reroute traffic, and implement crowd control measures if necessary.

7. Make notifications of terrorist incidents to GBI, the FBI, and other law enforcement agencies.

8. Brief emergency response personnel on crime scene protection.

9. Coordinate the deployment and operation of counter-terrorism response elements.

10. Conduct reconnaissance in vicinity of the incident site to identify threats from delayed action and secondary weapons.

11. Organize and conduct evacuation of the public and of special facilities if required.

12. In coordination with state and Federal authorities, investigate incident; identify and apprehend suspects.

13. Provide security at the entrance site of other first responders.

F. Jurisdictional Fire Services

1. Coordinate fire and rescue operations during terrorist incidents.

2. Coordinate bomb squad operations during terrorist incidents.
3. Dispatch and deploy fire personnel and equipment during an emergency.

4. Control fires if necessary.

5. Conduct search and rescue operations as needed.

6. Provide support for evacuation operations if requested.

7. Set up decontamination area for emergency responders and victims, if needed.

8. Carry out initial decontamination of victims, if required. Procedures must be available for emergency decontamination of large numbers of people.

9. Identify apparently unsafe structures; restrict access to such structure pending further evaluation by the Public Works/Engineering staff.

10. Identify requirements for debris clearance to expedite fire response and search and rescue.

11. Activate fire and rescue mutual aid as needed.

G. EMS

1. Respond to medical emergency calls.

2. If mass casualties have occurred, establish triage.

3. Provide emergency medical care to the injured.

4. Transport patients in a timely manner to appropriate medical facilities.

5. Request medical mutual aid if necessary.

6. Assign an agency representative at the ICP and/or EOC, if needed.

H. Jurisdictional Public Works

1. Assign personnel to the EOC and ICP.

2. Clear and/or remove debris as directed.

3. Support search and rescue operations.
4. Provide barricades and temporary fencing as requested.

5. Carry out emergency repairs to streets and bridges as necessary to support emergency operations and restore essential traffic.

6. Conduct preliminary assessment of damage to structures and streets.

7. Provide other public works and engineering support for emergency operations as necessary.

8. Request mutual aid assistance, if necessary.

I. Other Departments and Agencies as Required

1. Provide personnel, equipment, and supply support for emergency operations upon request.

2. Provide trained personnel to staff the EOC.

3. Provide technical assistance to the Incident Commander and the EOC upon request.

4. Participate in terrorism awareness training, drills, and exercises.

IX. ANNEX MANAGEMENT AND MAINTENANCE

A. CEMA is the executive agent for the Annex management and maintenance. The Annex and supporting documents will be updated periodically as required to incorporate new directives and changes based on lessons learned from exercises and actual events. This section establishes procedures for interim changes and full updates of the Annex.

B. Types and Changes: Changes include additions of new or supplementary material and deletions. No proposed change should contradict or override authorities or other plans contained in statute, order, or regulation.

C. Coordination and Approval: Any department or agency with assigned responsibilities within the Annex may propose a change to the plan. CEMA is responsible for coordinating proposed modifications to the Annex with primary agencies, support agencies and other stakeholders. CEMA will coordinate review and approval for proposed modifications as required.

D. Notice of Change: After coordination has been accomplished, including receipt of the necessary signed approval supporting the final change language, CEMA will issue an official Notice of Change. The notice will
specify the date, number, subject, purpose, background, and action required, and provide the change language on one or more numbered and dated insert pages which will replace the modified pages in the Annex. Once published, the modifications will be considered part of the Annex for operational purposes pending a formal revision and re-issuance of the entire document. Interim changes can be further modified or updated using the above process.

E. Distribution: CEMA will distribute the Notice of Change to participating agencies. Notice of Change to other organizations will be provided upon request. Re-issuance of the individual Annex or the entire EOP will take place as required. Working toward continuous improvement, CEMA is responsible for an annual review and update of the EOP to include related annexes, and a complete revision every four years (or more frequently if the County Commission or CEMA deems necessary). The review and update will consider lessons learned and best practices identified during exercises and responses to actual events, and incorporate new information technologies. CEMA will distribute revised EOP documents for the purpose of interagency review and concurrence.
APPENDIX 1
RESPONSE PROTOCOLS TO HANDLE UNKNOWN SUBSTANCE INCIDENTS
APPENDIX 1: RESPONSE PROTOCOL TO HANDLE UNKNOWN SUBSTANCE INCIDENTS

A. SUSPICIOUS PACKAGES/LETTERS

- UNOPENED: Not “At Risk” Person/Location
  - Recommend to Discard/Return to Sender/Post Office

- OPENED: With Visible Material or “At Risk” Person/Location
  - POLICE AND HAZMAT TEAM RESPONSE
    - NOT CREDIBLE
      - JURISDICTION EMERGENCY MANAGEMENT
    - CREDIBLE
      - JURISDICTION EMERGENCY MANAGEMENT

  - NOT FIELD RESPONSE
    - HEALTH DISTRICT, FBI, BOMB SQUAD, NDEM

B. COMMUNICATED THREATS

- LAW ENFORCEMENT RESPONSE
  - HAZMAT TEAM RESPONSE
    - NOT CREDIBLE
    - CREDIBLE
      - COMPLETE APPROPRIATE REPORT
      - HEALTH DISTRICT, FBI, BOMB SQUAD, NDEM

C. UNKNOWN SUSPICIOUS SUBSTANCE (Not Mail Related)

- LAW ENFORCEMENT RESPONSE
  - HAZMAT TEAM RESPONSE
    - NOT CREDIBLE
    - CREDIBLE
      - COMPLETE APPROPRIATE REPORT
      - HEALTH DISTRICT, FBI, BOMB SQUAD, NDEM
INITIAL ASSESSMENT

1. Is this a package or letter?  
   Yes _____  
   No _____  

   If **yes**, follow Protocol A - SUSPICIOUS PACKAGES/LETTERS.  
   If **no**, go to question 2.

2. Is there anything that makes or implies a specific threat?  
   Yes _____  
   No _____  

   If **yes**, follow Protocol B - COMMUNICATED THREAT.  
   If **no** and it is an unknown substance, follow Protocol C - UNKNOWN SUSPICIOUS SUBSTANCE.
APPENDIX 2
TERRORIST INCIDENT RESPONSE CHECKLIST
## APPENDIX 2: TERRORIST INCIDENT RESPONSE CHECKLIST

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INITIAL RESPONSE:</strong></td>
<td></td>
</tr>
<tr>
<td>1. Deploy response forces</td>
<td></td>
</tr>
<tr>
<td>2. Activate incident command post at the incident site to direct emergency operations.</td>
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</tr>
<tr>
<td>3. If incident appears to be terrorism-related, ensure law enforcement personnel are advised and respond to the incident site.</td>
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<tr>
<td>4. Isolate the area and deny entry. Reroute traffic as needed.</td>
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<tr>
<td>5. Determine and report:</td>
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<tr>
<td>• Observed indicators of use of chemical/biological weapons</td>
<td></td>
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<tr>
<td>• Wind direction and weather conditions at scene</td>
<td></td>
</tr>
<tr>
<td>• Plume direction, if any</td>
<td></td>
</tr>
<tr>
<td>• Approximate number of apparent victims</td>
<td></td>
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<tr>
<td>• Orientation of victims</td>
<td></td>
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<tr>
<td>• Types of victim injuries and symptoms observed</td>
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<tr>
<td>• Observations or statements of witnesses</td>
<td></td>
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<tr>
<td>6. If possible, determine type of weapon used using appropriate detection equipment, response guides, damage characteristics, and casualty symptoms</td>
<td></td>
</tr>
<tr>
<td>7. Establish scene control zones (hot, warm, and cold) and determine safe access routes &amp; location of staging area. Establish initial operating boundaries for crime scene and incident area.</td>
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<tr>
<td>8. Implement crowd control measures, if necessary</td>
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</tr>
<tr>
<td>9. Determine &amp; implement requirements for protective clothing prophylaxis and equipment for emergency responders.</td>
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<tr>
<td>10. Establish communications among response groups.</td>
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<tr>
<td>11. Protect against secondary attack.</td>
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<tr>
<td>12. Activate the EOC to support emergency operations.</td>
<td></td>
</tr>
<tr>
<td>13. Determine requirements for specialized response support.</td>
<td></td>
</tr>
<tr>
<td>14. Make notification to state and Federal law enforcement and emergency management agencies.</td>
<td></td>
</tr>
<tr>
<td>15. Obtain external technical assistance to determine potential follow-on effects.</td>
<td></td>
</tr>
<tr>
<td>16. Request/deploy hazardous materials response team, if appropriate.</td>
<td></td>
</tr>
<tr>
<td>17. Request/deploy bomb squad or ATF support, if appropriate.</td>
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</tr>
<tr>
<td>18. Identify areas potentially at risk from delayed weapon effects.</td>
<td></td>
</tr>
<tr>
<td>• Determine &amp; implement protective measures for public in those areas.</td>
<td></td>
</tr>
<tr>
<td>• Determine &amp; implement protective measures for special facilities at risk.</td>
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<tr>
<td>19. Extinguish fires and identify potential hazards such as ruptured gas lines, downed power lines and residual hazardous materials.</td>
<td></td>
</tr>
<tr>
<td>20. Make notifications to adjacent jurisdictions potentially affected.</td>
<td></td>
</tr>
<tr>
<td>21. If the effects of the incident could adversely affect water or wastewater systems, advise system operators to implement protective measures.</td>
<td></td>
</tr>
<tr>
<td><strong>MEDICAL MANAGEMENT:</strong></td>
<td></td>
</tr>
<tr>
<td>22. Advise EMS and hospitals of possibility of mass</td>
<td></td>
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<tr>
<td>Action Item</td>
<td>Assigned</td>
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<tr>
<td>-----------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>casualties/contaminated/infectious victims.</td>
<td></td>
</tr>
<tr>
<td>23. Establish site for patient triage.</td>
<td></td>
</tr>
<tr>
<td>24. Establish site for gross decontamination (if appropriate) and a casualty collection area for decontaminated victims located away from the site of primary emergency operation, but accessible by transport vehicles.</td>
<td></td>
</tr>
<tr>
<td>25. Conduct initial triage and provide basic medical aid to victims in warm zone if protective equipment is not required.</td>
<td></td>
</tr>
<tr>
<td>26. Conduct gross decontamination of victims showing signs of contamination. Separate victims that show no signs of contamination for evaluation.</td>
<td></td>
</tr>
<tr>
<td>27. Conduct follow-on triage &amp; treatment of victims in cold zone.</td>
<td></td>
</tr>
<tr>
<td>28. Transport victims to medical or treatment facilities for further treatment.</td>
<td></td>
</tr>
<tr>
<td>29. Request state and/or Federal medical assistance, if needed.</td>
<td></td>
</tr>
<tr>
<td><strong>FATALITY MANAGEMENT:</strong></td>
<td></td>
</tr>
<tr>
<td>30. Alert Coroner and funeral directors of any potential mass fatality situation and arrange for temporary holding facilities for bodies, if necessary. Highlight need to preserve evidence.</td>
<td></td>
</tr>
<tr>
<td>31. Coordinate with Coroner’s Office to determine autopsy requirements for victims.</td>
<td></td>
</tr>
<tr>
<td>32. Transport deceased to morgue, mortuary, or temporary holding facilities.</td>
<td></td>
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<tr>
<td><strong>OTHER RESPONSE ACTIONS:</strong></td>
<td></td>
</tr>
<tr>
<td>33. Request additional response resources, if needed.</td>
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<tr>
<td>• Activate mutual aid agreements</td>
<td></td>
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<tr>
<td>• Request state or Federal assistance, as needed</td>
<td></td>
</tr>
<tr>
<td>34. Designate staging areas for incoming resources from other jurisdictions, state and Federal agencies, and volunteer groups separate from operational staging area.</td>
<td></td>
</tr>
<tr>
<td>35. If evacuation has been recommended:</td>
<td></td>
</tr>
<tr>
<td>• Activate shelter/mass care facilities to house evacuees.</td>
<td></td>
</tr>
<tr>
<td>• Provide transportation for evacuees without vehicles.</td>
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</tr>
<tr>
<td>• Provide security for shelters.</td>
<td></td>
</tr>
<tr>
<td>36. If evacuation of special facilities (schools, nursing homes, hospitals, correctional facilities) has been recommended:</td>
<td></td>
</tr>
<tr>
<td>• Assist facilities in arranging suitable transportation and carrying out evacuation.</td>
<td></td>
</tr>
<tr>
<td>• Assist facilities in arranging suitable temporary reception facilities.</td>
<td></td>
</tr>
<tr>
<td>37. Provide information and instructions to the public via Joint Information Center.</td>
<td></td>
</tr>
<tr>
<td>• Activate emergency public information operation.</td>
<td></td>
</tr>
<tr>
<td>• Identify facilities for use by media.</td>
<td></td>
</tr>
<tr>
<td>38. Identify, collect, and control evidence and conduct investigations.</td>
<td></td>
</tr>
<tr>
<td>39. Pursue and arrest suspects.</td>
<td></td>
</tr>
<tr>
<td>40. Provide security in evacuated areas, if feasible.</td>
<td></td>
</tr>
<tr>
<td>41. Establish and operate access control points for contaminated areas</td>
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</tr>
<tr>
<td>42. For incidents involving biological agents, consider measures to restrict person-to-person transmission of disease such as quarantine, closure of</td>
<td></td>
</tr>
<tr>
<td>Action Item</td>
<td>Assigned</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>schools and/or businesses, and restrictions on mass gatherings.</td>
<td></td>
</tr>
<tr>
<td>43. Alert human resources agencies to provide disaster mental health services and human services support to victims.</td>
<td></td>
</tr>
<tr>
<td>44. Determine how pets, livestock, and other animals left in evacuated or contaminated areas will be handled.</td>
<td></td>
</tr>
<tr>
<td>45. Decontaminate essential facilities and equipment, if feasible.</td>
<td></td>
</tr>
<tr>
<td>46. Request technical assistance in assessing environmental effects.</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 3
SITE BOUNDARIES
APPENDIX 3: SITE BOUNDARIES

CLOSED SITES

Mishap Site in Building

Transport

Care Area

Triage and Treatment Area

Agent Contained In Building

Technical Decon for Hazmat Team

Mass Casualty Decon

Safe Refuge Area

60 ft. Warm Zone

300 ft. Hot Zone

Cold Zone

Wind Direction

Building
OPEN SITES

- Transport
- Technical Decon for Hazmat Team
- Triage and Treatment Area
- Care Area
- Mass Casualty Decon
- 60 ft. Warm Zone
- Safe Refuge Area
- Release 300 ft. Hot Zone
- Protective Action Distances
- Wind Direction 1 Mile
APPENDIX 4: 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. 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 potentially inflicting 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.

      4. Improvised Explosive Device.

   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.

4. Improvised Explosive Device.

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 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 in the response to an attack with conventional explosives or incendiary devices, consult the US Department of Transportation Emergency Response Guidebook (ERG).
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. Hazmat response team.
6. Mortuary support for mass fatalities.
7. Evacuation assistance.
8. Access control for incident site.
9. Shelter and mass care for evacuees.
10. Investigative resources

II. Nuclear Devices & Materials

A. Weapons Types

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. It would be extremely difficult to obtain the weapons grade fissionable material required to construct such a device.

3. Nuclear Weapon. It is considered very unlikely terrorists would use military nuclear weapons because such weapons are normally secured, strictly controlled, and frequently incorporate safety features to prohibit unauthorized use.
B. Weapons Effects: The following weapons could spread radioactive materials if detonated, which could pose immediate danger to life at high levels and long term adverse health effects at lower levels. 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 casualties
   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 casualties.
   c) Significant fragmentation casualties from debris, broken glass, and other materials.
   d) Extensive radiological contamination.
   e) Extensive fire effects.

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

4. Emergency Response Guidance
   a) Radiation Dispersal Device – ERG Guide 163
b) Improvised Nuclear Device or Nuclear Weapon – ERG Guide 165

5. Response Needs

a) Personal protective equipment for emergency responders.

b) Mass personnel decontamination.

c) Medical evacuation and treatment for mass casualties.

d) Urban search and rescue teams for collapsed structures.

e) Firefighting.

f) Radiological monitoring and assessment teams.

g) Mortuary support for mass fatalities.

h) Evacuation assistance.

i) Access control for incident site and contaminated areas.

j) 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. Inhaling the agent in aerosol or vapor form or having the agent deposited on the skin in liquid form may cause lethal doses. 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 those of a corrosive chemical like lye or a strong acid. Examples include Mustard (H) and Lewisite (L).

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, and burning and pain on exposed mucous membranes and skin, eye pain and tearing, and respiratory discomfort. 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
   a) 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.
   b) 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
   a) Chemical agents may be either persistent or non-persistent. Non-persistent agents evaporate relatively quickly. Persistent agents remain for longer periods of time.
   b) 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 to incapacitate and kill people.

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 dispersing mists, gases, or oily film.
3. Presence of spray devices or pesticide/chemical containers.
4. Unexplained mass casualties without obvious trauma.
5. Casualties 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.

3. Blood Agents
   a) If the agent is positively identified as Cyanogen Chloride, use ERG Guide 125.
   b) If the agent is positively identified as Hydrogen Cyanide, use ERG Guide 117.
   c) If you suspect a blood agent has been used, but have not positively identified it, use ERG Guide 123.

4. Choking Agents
   a) If the agent is positively identified as Chlorine, use ERG Guide 124.
   b) If the agent is positively identified as Phosgene, use ERG Guide 125.
   c) If you suspect a choking agent has been used, but have not positively identified it, use ERG Guide 123.

5. Irritants
   a) For tear gas or pepper spray, use ERG Guide 159.
   b) For mace, use ERG Guide 153.

6. Response Needs
   a) Personal protective equipment for emergency responders.
   b) Mass decontamination capability.
   c) Medical evacuation and treatment for mass casualties.
   d) Hazmat response teams.
   e) Mortuary support for mass fatalities.
   f) Evacuation assistance.
   g) Access control for incident site and contaminated areas.
   h) 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 which 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 potentially used as weapons are:

   a) Anthrax  
   b) Plague  
   c) Tularemia or Rabbit Fever  
   d) Q fever

2. Viruses. Viruses are much smaller than bacteria and can only reproduce inside living cells. Among the viruses potentially used as weapons are:

   a) Smallpox  
   b) Venezuelan Equine Encephalitis (VEE)  
   c) 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 potentially used as weapons are:

   a) Botulinum toxins  
   b) Staphylococcal Enterotoxins  
   c) Ricin  
   d) Mycotoxins

B. Other Emergency Response Considerations

1. Means of Dissemination
a) Inhalation of agent in aerosol form. Spraying a biological agent may create an inhalation hazard. 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.

b) Ingestion in food, water, or other products than have been contaminated with agents.

c) 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

a) 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.

b) In the aftermath of an attack with biological agents, public health agencies will normally take the lead in determining actions to be taken to protect the public, although state and local governments may implement those actions.

c) 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.

d) 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. Could include steps to quarantine (Appendix 9).
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 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:
   a) Advance warning or threat.
   b) Unusual dead or dying animals
   c) Unusual casualties – pattern inconsistent with natural disease or disease not typically occurring in the local area.
   d) Aerosol containers or spray devices found in other than typical locations of use.
   e) Presence of laboratory glassware or specialized containers.
   f) Biohazard labels on containers.
   g) Evidence of tampering with foodstuffs and water distribution systems.
   h) 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.

F. Cyber Terrorism (This section under development)
1. Weapon Types
2. Other Emergency Response Considerations
3. Weapon Effects
4. Indications of Use
5. Emergency Response Needs
APPENDIX 5
CHEMICAL AGENT INDICATOR MATRIX
## APPENDIX 5: Chemical Agent Indicator Matrix

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appearance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostration (fatigue)</td>
<td>X</td>
<td>n/a</td>
<td>X</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Twitching</td>
<td>X</td>
<td>n/a</td>
<td>X</td>
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<td>Convulsions</td>
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<td>Bleeding from Mouth</td>
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<td>Sneezing</td>
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<td>X</td>
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<td>Cyanide</td>
<td>Pulmonary</td>
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