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I. PURPOSE

A. To establish operational concepts and to clarify roles and responsibilities to lessen probable confusion resulting from a threat of terrorism or an actual event.

B. This Annex defines how the City of North Port will operate during the crisis and consequence management phases of anticipated or actual acts of terrorism.

C. The Annex provides for coordinated integration and joint operations in accordance with Federal and State emergency management plans as well as related contingency plans.

II. EXPLANATION OF TERMS

A. Acronyms

ATTF	U.S. Attorney's Anti-Terrorism Task Force
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosives
EMS	Emergency Medical Services
EOC	Emergency Operations Center
FBI	Federal Bureau of Investigation
FDEM	Florida Division of Emergency Management
FEMA	Federal Emergency Management Agency
IC	Incident Command
ICP	Incident Command Post
ICS	Incident Command System
JIC	Joint Information Center
JOC	Joint Operations Center
JTTF	Joint Terrorism Task Force
MACS	Multi-Agency Coordination System
NIMS	National Incident Management System
NRF	National Response Framework
NTAS	National Terrorism Advisory System
PPE	Personal Protective Equipment
SOG	Standard Operating Guidelines
UC	Unified Command
WMD	Weapon of Mass Destruction

B. Definitions

1. **Attack.** Sabotage or the use of bombs, chemical or biological agents, nuclear or radiological materials, or armed assault with firearms or other weapons by a terrorist or quasi-terrorist actor that causes or may cause substantial damage or injury to persons or property in any manner.

2. **Biological Agents.** Living organisms or the materials derived from them that cause disease in or harm to humans, animals, or plants, or cause deterioration of material. Biological agents may be used as liquid droplets, aerosols, or dry powders.

3. **Chemical Agents.** A substance with chemical properties that is intended for use in military operations to kill, seriously injures, or incapacitates people through its physiological effects. Excluded from consideration are riot control agents, and smoke and flame materials. The agent may appear as a vapor, aerosol, or liquid; it can be either a casualty/toxic agent or an incapacitating agent.

4. **Contamination.** The deposit of absorption of chemical or biological warfare agents (or conventional hazardous materials) on structures, areas, personnel, or objects

5. **Control Zones.** The geographical areas established to control a hazardous materials incident (including those involving CBRNE agents). The three zones most commonly used are the exclusion (hot) zone, contamination reduction (warm) zone, and support (cold) zone.

6. **Decontamination (Decon).** The action that is required to physically remove or chemically change contaminants from personnel and equipment. Decon is the process used to reduce the hazards of CBRNE agents to safe levels.

7. **National Response Framework (NRF).** The interdepartmental planning mechanism, developed under the leadership of the Department of Homeland Security (DHS), by which the Federal government prepares for a response to the consequences of catastrophic disasters. Federal planning and response are coordinated on a functional basis – known as emergency support functions – with designated lead and support agencies for each identified functional area.

8. **CBRNE Emergencies.** An actual or imminent set of conditions in which CBRNE agents are intentionally introduced within a specific operational area. These incidents can involve the release of warfare agents or the intentional release of industrial agents. Thus, such incidents are essentially deliberate Hazmat incidents and constitute a complex emergency

9. **Personal Protective Equipment (PPE).** Equipment and clothing required to shield or isolate personnel from the chemical, physical and biologic hazards that may be encountered at the site.

10. **Significant Threat.** The confirmed presence of an CBRNE device capable of causing a significant destructive or hazardous event, prior to actual injury or property loss.

11. **Terrorist Incident.** A violent act, or an act dangerous to human life, in violation of the criminal laws of the United States or of any State, to intimidate or coerce a government, in furtherance of political or social objectives.

    FBI Categories:

    - *Domestic* – groups or individuals whose terrorist activities are directed at elements of our government or population without foreign direction.

    - *International* – terrorist activity committed by groups or individuals who are foreign-based and/or directed by countries or groups outside the US or whose activities transcend national boundaries.

12. **Weapon of Mass Destruction (WMD).** (A) Any destructive device as defined in section 921 of 18 U.S.C., section 2332a, (which reads) any explosive, incendiary, or poison gas, bomb, grenade, rocket having a propellant charge of more than four ounces, missile having an explosive or incendiary charge more than one quarter ounce, mine or device similar to the above; (B) poison gas; (C) any weapon involving a disease organism; or (D) any weapon that is designed to release radiation or radioactivity at a level dangerous to human life.

C. References

1. FEMA, Guide for All-hazard Emergency Operations Planning (SLG-100).

2. US Department of Transportation/Transport Canada, Emergency Response Guidebook

3. Jane's Information Group, Jane's Chem-Bio Handbook

III. SITUATION AND ASSUMPTIONS

A. Situation

1. Acts of terrorism can occur without warning. The City of North Port, its governmental entities, its public and private institutions, its businesses, and its people may all be targets of terrorism.

2. Federal law dictates that all acts of terrorism planned or executed are subject to Federal jurisdiction. Federal laws assign the primary authority to the Federal government for prevention and response to acts of terrorism; local governments will provide initial response, supported by State and Federal resources as required.

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

4. In the event of a significant terrorist threat or incident, it is anticipated that regional, State and Federal resources will be requested in order to supplement local capabilities.

5. The presence of chemical, biological, radiological, nuclear, or explosive (CBRNE) agents may not be detected immediately. In the case of chemical, biological, or nuclear materials, they may not be discovered until sometime after casualties occur. There may be a delay in identifying the agent present and in determining the appropriate protective measures. Such agents may quickly dissipate or be persistent.

B. Assumptions

1. The Terrorism Annex could be activated based solely on a Homeland Security Advisory color change, without any specific threat information for Sarasota County or the City of North Port.

2. Public safety agencies of the City of North Port will be the “first responders” to the scene of a terrorist incident or the locations in the City where the impacts of the event are experienced.

3. A terrorist incident may be made clear to the responding organizations by the characteristics of the impacts or a declaration on the part of the perpetrators, or may be very difficult to initially detect and identify because of uncertainty as to the cause or extent of the situation.

4. The resources and/or expertise of local agencies in the City of North Port could quickly be depleted by a response to a major terrorist incident and its consequences. Extensive use of regional, State, and Federal resources and intrastate mutual aid agreements must therefore be anticipated.

5. Specialized resources, as well as those normally utilized in disaster situations, will be needed to support the response to a terrorist incident.

Such resources may not be in Sarasota County, the FDLE Region or in the State of Florida.

6. The Florida Department of Health will have a minimum of three Biosafety Level 3 laboratories available for analytical services to assist in the response to a terrorist event in Florida.

7. Resources from local, State, and Federal agencies, as well as from private organizations, will be made available on a timely basis upon request.

8. All State and local response agencies and organizations will establish and participate in a unified command structure at or near the scene, and the Emergency Operations Center of Sarasota County will be activated and staffed (if indicated by the size or scope of the incident).

9. Federal agencies with statutory authority for response to a terrorist incident, or for the geographic location in which it occurs or has impacted, will participate in and cooperate with the unified command structure established by response organizations from the City of North Port and Sarasota County.

10. A terrorist event will result in the timely activation of the City of North Port's and Sarasota County's Comprehensive Emergency Management Plans. When needed, and the Florida Division of Emergency Management (FDEM) will activate the State Comprehensive Emergency Management Plan (CEMP).

11. Responding agencies of the City of North Port and Sarasota County will have the supportive plans and procedures, as well as appropriately trained and equipped personnel, that may be needed for the general response operations related to management of the terrorist incident. This Annex assumes the resources and procedures for such related operations as hazardous material response, mass casualty incident management, law enforcement, search and rescue, and others will be in place to be utilized when needed during a terrorist incident.

12. For terrorist events involving weapons of mass destruction, there may be many casualties. Injured or ill victims will require specialized medical treatment, potentially including decontamination and medical facilities and may require establishing temporary medical operations in the field. Fatally injured victims may be numerous, and their bodies contaminated or infectious. Special mortuary arrangements are likely to be necessary.

13. Terrorist incidents may involve damage or disruption to computer systems, telecommunications networks, or Internet systems; disturbance to vital community networks for utilities, transportation, or communication; and/or could endanger the health and safety of the population at risk, interrupt emergency response operations, and result in substantial economic losses.

14. There will be very extensive media interest in a terrorist event and media management operations will require resources beyond those needed for other types of emergency management operations.

15. The City of North Port Police Department and Sarasota County Sheriff's Office are or will be subscribers to the Secure Florida Alert System (when available) and are on the FBI Law Enforcement Online (LEO) Network.

16. The City of North Port has taken proper precautions such as implementing "firewalls" and password access to their computer systems and have implemented the same reporting mechanism that was used during Y2K for cyber incidents.

17. The City of North Port is developing the capability to implement response and recovery operations for computer networks and databases disrupted by a cyber terrorist incident.

18. The 44th WMD Civil Support Team of the Florida National Guard is available for deployment to actual/suspected WMD events in a local jurisdiction. Travel time to Sarasota County from approval of the request of the State is approximately six hours.

19. Once notified of a suspected terrorist incident, the State Watch Office will make notifications specifically to the Florida Division of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI).

20. It is possible that the use of a weapon of mass destruction, such as a biological agent, could occur resulting in widespread illness, fatalities, or environmental contamination without a readily defined incident scene. In this case emergency operations at the local level would be coordinated through the local emergency operations center. Response operations such as mass casualty management, environmental decontamination, and public information would be provided on a region-wide basis, with coordination being done through the RDSTF and the State Emergency Operations Center. The State EOC and Department of Health will conduct cross regional coordination. Sarasota County EOC will remain operational if the State or Regional EOC is activated for a local or regional event.

21. Receipt and distribution of Strategic National Stockpile will be in concert with current Florida Department of Health policies. Health policies will be coordinated with the Sarasota County Emergency Management and the Sarasota County Health Department.

IV. METHOD OF OPERATIONS

A. General

1. The organizational structure for emergency response operations is pursuant to NIMS, which employs two levels of incident management structures.

   a. The Incident Command System (ICS) includes a core set of concepts, principles, and terminology applicable to single or multiple incidents regardless of their scope.

   b. A Multi-Agency Coordination System (MACS) integrates a combination of facilities, equipment, personnel, procedures, and communications into a common framework, which allows for the coordination and support of incident management.

2. During a terrorist event, a MACS may be advisable. Central to this system is the Emergency Operations Center (EOC), which is the nucleus of all coordination of information and resources. The Incident / Unified Command (IC/UC) will manage and direct the on-scene response from the Incident Command Post (ICP). The City EOC will mobilize and deploy resources for use by the IC/UC, coordinate external resources and technical support, research problems, provide information to senior managers, disseminate emergency public information, and perform other tasks to support on-scene operations.

3. This Annex is implemented whenever there is evidence of a threat or a suspected terrorist incident. Otherwise, the normal actions outlined in the City of North Port Comprehensive Emergency Management Plan and Standard Operating Guidelines (SOG) for responding to and recovering from any emergency or disaster situation will remain in effect.

B. Prevention

1. Prior to the occurrence of a terrorist incident, there are intelligence functions that may take place. These will be the responsibility of appropriate law enforcement agencies (i.e., North Port Police Department

(NPPD), Sarasota County Sheriff's Office (SSO), Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI)), and will not be addressed in this annex.

a. Lead Agencies

i. NPPD – Lead local law enforcement agency

ii. SSO – Lead County law enforcement agency

iii. FDLE – Lead State law enforcement agency

iv. FBI – Lead Federal law enforcement agency

b. An IC/UC structure will be used to provide law enforcement direction and control during crisis management operations. A Joint Operations Center (JOC) may be established to coordinate law enforcement actions.

c. NPPD will work in cooperation and coordination with the FBI exercising authority for managing the response at the incident site, additional coordination with other local, State or Federal agencies will be addressed as needed.

d. Briefings of emergency management personnel and other key City officials will be conducted by NPPD throughout operations.

C. Detection, Notification and Classification of a Terrorist Event

1. Detection

Detection of an actual, suspected or threatened terrorist or cyber terrorist incident may occur through the following types of mechanisms:

a. Law enforcement intelligence efforts

b. Warnings or announcements by the perpetrators

c. The characteristics of the event, such as an explosion or chemical recognition

c. Witness accounts

d. The medical or physical symptoms of victims

e. Laboratory results from samples taken at the scene or from victims' bodies

f. Monitoring of a community's morbidity and mortality on a routine basis

g. Syndromatic Surveillance

h. Unexplained disruption or failure of a computer network, telecommunications system or Internet service

In many cases, such detection most likely would be by City or County first responding units. Information regarding the event and its consequences would then be reported from the scene to the County Warning Point.

Should detection of the event be from a telephone call or other communication threatening a terrorist action or declaring that one has occurred, the County Warning Point will utilize existing procedures to initiate an investigation and make appropriate notifications, as indicated below.

Detection of a suspected terrorist event may be from a source other than the first arriving unit or a communicated threat or declaration, such as from monitoring of morbidity or mortality statistics in the county, reports from hospital emergency departments, laboratory results from incident victims or environmental sampling, etc. In such cases, the facility or individual recognizing the indications of a terrorist event would notify the County Warning Point, and follow-up notification would be made by the County Warning Point to the State Warning Point.

Regardless of the method of detection of a known or suspected terrorist event, within the meaning of this Annex, the Sarasota County Warning Point will be notified accordingly.

2. Classification (based on the National System)

Every known, suspected or threatened terrorist event occurring in Sarasota County or its municipalities will be classified in a manner consistent with Federal policy. The Sarasota County Warning Point will be informed of the classification and will, in turn, notify the incident commander and the County EOC, if activated.

As for in this Annex, each threat level provides for an escalating range of actions that will be implemented concurrently for crisis and consequence management. Specific actions will take place, which are synchronized to each threat level, ensuring that all agencies are operating jointly with consistent executed plans. Federal and State government will notify and coordinate with local governments, as necessary. These threat levels are described below:

In response to recent terrorist attacks both foreign and domestic, the Department of Homeland Security (DHS) has updated the National Terrorism Advisory System (NTAS). NTAS communicates threat information to the public, first responders, the private sector, transportation modes and other critical infrastructure sectors.

- BULLETIN -- Describes current developments or general trends regarding threats of terrorism.

- ELEVATED ALERT -- Warns of a credible terrorism threat against the United States.

- IMMINENT ALERT -- Warns of a credible, specific and impending terrorism threat against the United States.

The Department of Homeland Security, when warranted by conditions, may change the classification at any time. The State Warning Point will then notify or confirm notification of the change through the County Warning Point to local incident commander, the unified command, FDLE and the FBI.

The incident commander for the City of North Port, or Sarasota County will also notify the County Warning Point of one of the following two situations:

- State and/or Federal resources are requested to support local operations, or

- Local capabilities are deemed to be adequate for local crisis and consequence management response operations.

The County Warning Point will then notify the State Warning Point accordingly.

If the actual or potential consequences of the incident are such that county, State and Federal resources and assistance are likely to be needed,

these will be requested by the unified command through the county Emergency Operations Center in accordance with provisions of the City of North Port CEMP.

3. Notification

Upon receipt of notification that:

a. The NTAS changes from Bulletin to Elevated Alert the State Warning Point will notify the County Warning Point and Sarasota County Emergency Management (SCEM). SCEM will disseminate this change and recommended protective actions to members of the Public Safety Advisory Group (PSAG).

b. The NTAS changes from Elevated Alert to Imminent Alert, the State Warning Point will contact the County Warning and SCEM. SCEM will disseminate this change and recommended protective actions to members of the PSAG. The Emergency Management Chief will schedule a meeting to brief PSAG representatives on the current situation and will consider activating the County EOC.

c. A known or suspected terrorist event has occurred, is occurring or may occur, the On-Duty Communications Supervisor of the County Warning Point will notify the State Warning Point, as well as county and municipal agencies in accord with existing procedures. Regardless of the source of the detection of a known, suspected or threatened terrorist event, pursuant to this annex, under all circumstances, the County Warning Point will immediately notify State Warning Point (SWP) that a terrorist incident may have occurred or has been threatened. The County Warning Point shall immediately notify the Emergency Management Chief, or his designee, following the notification to the SWP.

D. Response

Activities undertaken to deal with effects of a terrorist incident are conducted in essentially the same manner as the response for other emergencies or disasters. Post-incident activities, such as investigation, evidence gathering, and pursuit of suspects, will continue. The agency with primary jurisdictional authority over the incident designates the individual at the scene responsible for establishing command.

1. Emergency Management will coordinate consequence management and will interface with Sarasota County Emergency Management, Florida

Division of Emergency Management (FDEM) and FEMA. Field response will operate under an Incident / Unified Command (IC/UC) for initial emergency response, resolution of the life safety issues, and initial recovery actions.

2. Actions taken early primarily deal with life safety and incident stabilization.

3. Briefings of key City officials and response agencies will be conducted by Emergency Management throughout response and recovery operations.

4. If an incident involving terrorism has taken place where injuries and/or deaths have or may soon occur, all activities will be conducted under an IC/UC structure with priority given to life safety, rescue, and incident stabilization. Cooperation between functions will be critical to prevent compromise of other operations.

5. Possible indicators of a terrorist incident could be, but are not limited to:

   a. Unexplained odors

   b. Dead animals/birds/fish

   c. Blisters/rashes

   d. Mass or unusual casualties

   e. Unusual pattern of casualties

   f. Illness associated with a specific geographic area

6. Coordination of Local Medical Response to Biological Weapons Incidents

   As the medical response to an incident involving biological agents must include the local medical community as a group, the County and State health departments as well as Federal health agencies directing the response should undertake to coordinate the efforts of local medical providers to ensure that a consistent approach to health issues is taken. Hence, concise information on the threat, recommendations on what should be done to combat it, and instructions on handling victims must be provided to all hospitals, clinics, nursing homes, home health care agencies, individual physicians, pharmacies, school nursing staffs, and other medical providers. The County health department will typically take the lead in coordinating the local medical response. They may request

assistance from local professional organizations in providing information to all members of the local medical community.

E. Coordination of Incident Management Activities

1. Law enforcement agencies involved in consequence management shall keep those agencies and/or departments responsible for response and recovery efforts informed of decisions made that may have implications on the placement of resources should it be necessary. Because of the sensitivity of law enforcement sources and methods it may be necessary to restrict dissemination of some information to selected emergency management and public health officials who have a need to know. Those individuals may have to carry out some preparedness activities surreptitiously.

2. Until law enforcement and emergency management personnel agree that investigation activities have been concluded, law enforcement personnel shall participate in incident command or EOC operations to advise those carrying out consequence management operations with respect to protection of the crime scene, evidence collection, and investigation results that may have bearing on emergency operations. FDLE and the FBI will normally provide personnel to participate in an IC/UC operation to coordinate State and Federal law enforcement assistance.

F. Implementation of the Incident Command System (ICS)

Refer to the Base Plan.

G. Protective Actions

1. Responders. Emergency personnel responding to a terrorist incident must be protected from the various hazards that a terrorist incident can produce. These include: blast effects, penetrating and fragmenting weapons, fire, asphyxiation, hazardous chemicals, toxic substances, radioactive materials, and disease-causing material. See the discussion of threat weapons and their effects in Appendix 3. Though the type of protection required varies depending on the hazard, there are three basic principles of protection that apply to all hazards: time, distance, and shielding.

a. 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.

b. 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* (ERG).

c. Shielding. Use appropriate shielding to address specific hazards. Shielding can include vehicles, buildings, protective clothing, and personnel protective equipment.

2. 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:

a. Evacuation.

b. Shelter-in-place.

c. Access control to deny entry into contaminated areas.

d. Restrictions on the use of contaminated foodstuffs, normally imposed by the Florida Department of Health Services (DOH).

e. Restrictions on the use of contaminated agricultural products before processing will normally be imposed by the Florida Department of Agriculture and Consumer Services. These are products destined for food use after processing.

f. Restrictions on the use of contaminated public water supplies, normally imposed by the Florida Department of Environmental Protection (FDEP).

g. For incidents involving biological agents, protective actions taken to prevent the spread of disease may include:

i. Isolation of diseased victims within medical facilities.

ii. Quarantines to restrict movement of people and/or livestock in specific geographic areas.

iii. Closure of schools and businesses.

iv. Restrictions on mass gatherings, such as sporting events.

Such measures are normally recommended and imposed by public health authorities.

H. Requesting External Assistance

Refer to the Base Plan.

I. Phases of Management

This Annex follows a basic approach and acknowledges that most responsibilities and functions performed during an emergency are not specific.

1. Mitigation

a. Establish guidelines for terrorist incident response

b. Identify high-risk targets and their associated hazards

c. Institute security programs for the high risk and most vulnerable areas

e. Exchange information and intelligence on activities with the Joint Terrorism Task Force (JTTF) and other appropriate agencies.

2. Preparedness

a. Conduct training sessions for other response personnel

b. Ensure detection and monitoring equipment are available and operational

c. Establish decontamination protocols

d. Maintain medical and sampling supplies and equipment

e. Maintain personal protective equipment (PPE)

3. Response

a. Establish control zones for scene security, crowds, media and Hazmat operations.

b. Conduct fire and rescue, hazardous materials, and law enforcement operations

c. Stage and deploy appropriate resources

d. Alert and/or activate medical strike teams

e. Establish effective communications with all response groups

4. Recovery

a. Initiate community mental health services

b. Restore normal services

V. ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. City departments and public safety agencies will continue to use a functional approach to solve problems and aid, as necessary.

2. While all emergency management agencies and emergency support functions may be involved in responding to a terrorist incident, certain agencies are anticipated to play a more active role in the event.

   Because of the nature of terrorism, NPPD will act as the City's lead agency for coordinating local, mutual aid, State, and Federal response during acts of terrorism.

3. Intelligence and Prevention

   Intelligence and prevention are primarily a law enforcement direction and control function at all levels of government and will be coordinated locally by NPPD.

4. Response and Recovery Operations

   a. Are performed in the same manner as any other operation conducted for an emergency or disaster in North Port.

   b. Emergency Management will coordinate the response and recovery with support provided from State and Federal government as required.

5. The coordinating agency for the Health and Medical function is the Sarasota County Health Department.

B. Assignment of Responsibilities

1. The Emergency Manager will be responsible for coordinating all EOC operations, as required.

a. Develop and maintain a resources database

b. Assist in identifying high risk targets and their associated hazards

c. Determine the vulnerabilities of the high-risk areas and their impact upon the population

d. Coordinate periodic exercises to test response

e. Develop and promote public awareness programs

f. Develop communication procedures

2. North Port Police Department

a. Assign liaison personnel to the EOC

b. Coordinate all law enforcement activities within the City

c. Coordinate with the JTTF, and all other law enforcement agencies

d. Develop awareness and prevention training programs for law enforcement personnel

e. Institute security programs for the high risk and most vulnerable areas

f. Conduct briefing sessions for emergency management and response personnel

g. Maintain terrorist activity information

h. Establish scene security

i. Provide traffic control, as necessary

j. Notify appropriate Federal, State and County law enforcement agencies when activated

3. North Port Fire Rescue

a. Assign liaison personnel to the Emergency Operations Center (EOC)

b. Coordinate all fire and EMS service activities within the City

c. Provide fire suppression, search, and rescue operations, including evacuation, as needed

d. Remain on scene with unsafe structures until the scene is rendered safe

e. Respond to medical emergency calls, establish triage if needed, provide emergency medical care to the injured, including advanced life support when appropriate

f. Transport sorted patients in a timely manner to the appropriate medical facility

g. Alert hospitals of mass casualty incident with suspected CBRNE agents so they may initiate protective action plans

h. Establish control zones, PPE requirements, decon procedures, containment of product, and product identification

i. Request activation of the Sarasota County Fire Department HMRT, as needed

j. Activate mutual aid, as needed

5. Sarasota County Health and Human Services (SCHHS)

a. Assign liaison personnel to the EOC

b. Coordinate the City's Health and Medical infrastructure

c. Conduct epidemiological investigation

d. Alert hospitals of CBRNE incident so they may initiate protective action plans

e. Conduct ongoing surveillance activities

f. Provide diagnostic and reference laboratory support for the community

g. Provide ongoing analysis of data to support decision-making during an event

6. Routine operations will be conducted in accordance to standard procedures and guidelines

7. State and Federal support will be called upon when needed

8. All mutual aid resources will function under the direction of the City and immediate control of their respective supervisors

C. General Response Checklist - These steps are not in any specific order and may be performed by various individuals from various locations.

1. Be suspicious if any indicators are present and respond with heightened awareness

2. Approach with caution from uphill and upwind

3. Establish Command Post and initial perimeter, restrict entry, consider secondary devices, and treat as a potential crime scene

4. Identify a safe staging area

5. Establish command structure (fire, hazardous materials, law enforcement, emergency management, public health and medical)

6. Establish appropriate level of personal protective equipment required

7. Establish treatment plan for victims and decedents (include triage, treatment, transport and decon as appropriate)

8. Make additional notifications (Mutual-aid, City departments, County, State, and Federal)

9. Make protective action recommendations to the public

a. Basic shelter-in-place guidance should be given for residents indoors located near the incident site.

b. Quickly establish control of ingress and restrict egress from incident site to prevent contamination spread.

c. Evacuation of non-injured/non-contaminated persons must include coordination with investigating law enforcement personnel.

d. Disseminate guidance for persons in the area at the time of the event via media resources at earliest opportunity after agent identification.

10. Coordinate media

VI. DIRECTION & CONTROL

A. The Incident Commander shall, pursuant to the CEMP and NIMS, provide general guidance for emergency operations, including the response to terrorist incidents. During periods of heightened terrorist threat or after an incident has occurred, the local EOC will be activated.

B. The IC/UC, assisted by a staff sufficient for the tasks to be performed, will manage the emergency response at the incident site from an ICP. If terrorist attacks affect multiple widely separated facilities, separate incident command operations may be set up.

C. If City resources are insufficient or inappropriate to deal with an emergency, the City may request assistance from other jurisdictions pursuant to mutual aid agreements or from organized volunteer groups. Mutual aid personnel and volunteers will normally work under the immediate control of their own supervisors. All response agencies are expected to conform to the general guidance provided by our senior decision-makers and carry out mission assignments directed by the IC/UC or the EOC.

D. In a large-scale terrorist incident, significant assistance may be needed from other local governments, State agencies, and the Federal government. As these external resources arrive, they will be integrated into the operation consistent with the NIMS guidance.

VII. ADMINISTRATION AND SUPPORT

A. Reports and Records

1. Situation Report. During emergency operations for terrorist incidents, a daily situation report should be prepared and distributed to the County EOC.

2. Records Relating to Emergency Operations

   See Base Plan.

B. Preservation of Records

As terrorist often target government facilities, government records are at risk during terrorist incidents. To the extent possible, legal, property and tax records should be protected. If government records are damaged during the incident response, the EOC should be promptly advised so that timely professional assistance can be sought to preserve and restore them.

C. Post-Incident Review

See Base Plan.

VIII. ANNEX DEVELOPMENT AND MAINTENANCE

A. Responsibility

Each agency identified in section VI(B) of this Annex will develop SOGs that address assigned tasks. Emergency Management is responsible for reviewing this annex annually and updating as necessary.

B. Schedule for Annex Updating

This annex will be maintained in accordance with the following schedule:

1. The annex will be updated with each updating of the City's Comprehensive Emergency Management Plan.

2. The annex will be reviewed after each exercise and/or actual response to a terrorist event, and modified as necessary.

3. The annex will be reviewed and revised, if needed, after each of the following types of events:

   a. A major change in applicable Federal or State laws, regulations, or policies,

b. A major terrorist or cyber terrorist event impacting a jurisdiction in Sarasota County,

c. The findings of ongoing vulnerability and needs assessments in Florida, and

d. Major advances in applicable response technology and/or operational concepts

e. Security Considerations - General Exemptions from Public Inspection

Certain security procedures and plans developed resulting from this Annex to the City of North Port Comprehensive Emergency Management Plan, may, and should be exempt from public inspection under F.S. Chapter 119.

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Appendix 3 Guidance for City Government Activities During a "Severe Risk of Terrorist Attack," Code Red

Appendix 4 Procedure for Management of Victims of a Terrorist Incident Involving Biological, Chemical or Radiological Materials

Appendix 5 Notification of Regional Domestic Security Task Force (RDSTF)

APPENDIX 1 TO ANNEX G

Terrorist Incident Response Checklist

I. INDICATORS

A. Is the response to a target hazard or target event?

B. Has there been a threat?

C. Are there multiple victims?

D. Are responders victims?

E. Are hazardous substances involved?

F. Has there been an explosion?

G. Has there been a secondary attack/explosion?

II. RESPONSE ACTIONS

A. Be suspicious if any indicators are present and respond with heightened awareness

B. Approach with caution from uphill and upwind

C. Establish Command Post and initial perimeter, restrict entry, consider secondary devices, and treat as a potential crime scene

D. Identify a safe staging area

E. Establish command structure (fire, hazardous materials, law enforcement, medical, and emergency management)

F. Establish appropriate level of personal protective equipment required

G. Establish treatment plan for victims and decedents (include triage, treatment, transport and decon as appropriate)

H. Make additional notifications (Mutual-aid, City departments, County, State, and Federal)

I. Make protective action recommendations to the public

1. Basic shelter-in-place guidance should be given for residents indoors located near the incident site.

2. Quickly establish control of ingress and restrict egress from incident site to prevent contamination spread.

3. Evacuation of non-injured/non-contaminated persons must include coordination with investigating law enforcement personnel.

4. Disseminate guidance for persons in the area at the time of the event via media resources at earliest opportunity after agent identification.

J. Coordinate media

These steps are not in any specific order and may be performed by various individuals from various locations.

III. RESPONSE RESOURCES

A. Urban search and rescue teams for collapsed structures

B. Mortuary support for mass fatalities

C. Investigative resources

D. Specialized pharmaceuticals

E. Public health prevention programs

F. Personnel support for quarantine operations

APPENDIX 2 TO ANNEX G

Background Information on Chemical, Biological, Radiological, Nuclear, Explosive Agents

I. PURPOSE

This Appendix to Annex G of the City of North Port CEMP is to provide background information regarding the CBRNE agents that could be involved in a terrorist incident in the City of North Port.

II. TYPES

A. Ballistics/Explosives

Ballistic injuries resulting from terrorist attacks are still the most common and have the highest "lethality index." A determined individual or group of individuals armed with assault-type weapons can produce a high rate of casualties in a short period.

Table 1 - Lethality Index for Ballistic Injuries[1]

Weapon	Fatalities	Nonfatal Injuries	Lethality Index*
Bullets			
Low Velocity	35	430	0.08
High Velocity	152	261	0.37
Fragmentation Munitions	5	33	0.13
Homemade Bombs	10	164	0.06
High explosive Devices	79	281	0.22
Hand Thrown missiles	0	304	0
**Lethality Index is the number of fatalities divided by the number of injuries and fatalities combined [LI=fatalities) (injuries + fatalities)].*			
Information derived from Journal of the Royal Army Medical Corps			

Bombs are the most common weapons of terrorists. Bombs are easy to make from ordinary household materials and can be very effective. A fertilizer bomb blasted the Alfred P. Murrah Federal Building in Oklahoma City. When a bomb of this type explodes, it sends a shockwave in all directions and smashes into buildings blocks away. As this shock wave travels, a powerful vacuum forms behind it, sucking in the entire atmosphere that has been displaced by the original

[1] Owen-Smith MS. A computerized data retrieval system for the wounds of war: The Northern Ireland casualties. *J R Army Med Corps*. 1981; 127:31-54.

shockwave. The surrounding area is smashed a second time by the aftershock. All this takes less than a second. Materials in the way of these shockwaves become high velocity projectiles. Walls move away from the blast and then back toward the blast before finally crumbling. Floors and roofs defy gravity for a split second before collapsing to the ground. This can all be accomplished using common household substances.

Most fertilizer bombs, like the Oklahoma City bomb, generate blast waves that can exceed 6800 miles per hour. High-order military explosives, such as C4 and Semtex, can create blast waves almost three times as fast.

Table 2 - Mechanisms of Blast Injuries [2]

Type of Blast Injury	Mechanism	Injuries	Diagnostic Procedures	Treatment
Primary	Injury from blast wave as it travels through the air or water	Pulmonary contusion Hollow viscous perforation (possibly delayed) Perforated eardrums	History and Physical examination Chest Radiograph Serial abdominal examination	Pulmonary toilet Ventilatory support Laparotomy as indicated
Secondary	Injury from primary and secondary missiles as they are propelled outward by the explosion	Penetrating missile injury Orthopedic injuries	History and physical examination Neurovascular evaluation of involved extremities Director skeletal radiographs	Fracture stabilization Debridement Tetanus prophylaxis Laparotomy or thoracotomy as indicated
Tertiary	Injury sustained when the casualty is	Closed head injury	History and physical examination	Neurosurgical intervention for intracranial mass lesions

[2] **Terrorism in America, An Evolving Threat**: Matthew S. Slater, MD; Donald D. Trunkey, MD; **Archives of Surgery**, Special Article B October 1997.

	propelled (displaced) through the air and then impacts onto a relatively fixed object	Cervical spine injury Orthopedic injuries	Cervical spine evaluation Computed tomography of the head as indicated Direct skeletal radiographs	Fracture Stabilization
Miscellaneous	Burn injuries, inhalation injuries, and injuries related to structural collapse	Burns Inhalation injury Crush syndrome Compartment syndrome	History and physical examination Creatine kinase level	Secure airway Fluid resuscitation Burn coverage
Primary missiles are those derived from the bomb container itself. Secondary missiles are those generated from the surrounding blast environment (e.g. Glass and other building materials).				

B. Nuclear/Radiation

Radiation is defined as high-energy particles or gamma rays that are emitted by an atom as the substance undergoes radioactive decay, which is the process in which a radioactive nucleus emits radiation and changes to a different isotope or element. The types of radiation are in the following forms of energetic particles:

Particles lose their energy by depositing it in the material they move through, whether that material is air, water, people, or lead. Radiation, regardless of intensity, has the potential to produce harmful effects on human beings, animals, and plant life. Background (natural) radiation poses little threat to our systems. However, serious health consequences can be expected if a person is subjected to large amounts of radiation. The types of radiation and their effects are as follows:

1. **Alpha** (particulate) radiation particles cannot penetrate the outer layer of skin. They can be stopped by thin layers of light materials (such as a sheet of paper) and pose no direct or external radiation threat. *However, they pose a serious health threat if inhaled or ingested*. Therefore, a respirator or the use of Self-Contained Breathing Apparatus (SCBA) is recommended. The range in air for alpha particles is 1 to 3 centimeters.

2. **Beta** (particulate) radiation particles can penetrate skin, but not vital organs (lungs, gastrointestinal tract, heart, etc.) and represent a hazard

both internally and externally. Beta radiation can be lethal depending upon the dose and length of time of exposure. It is easily shielded by aluminum. The range in air for beta particles is approximately 10 feet. Initial symptoms are itching and burning of the skin, with later symptoms that include reddening of the skin and more severe changes in pigmentation, hair loss, and sores.

3. **Gamma** (Energy) and **Neutron** radiation particles can penetrate through the body and represent a hazard both internally and externally. These rays have high energy and a short wavelength. Shielding against gamma radiation requires thick layers of dense materials, such as lead. Gamma and neutron radiation typically have a range in air of several hundred feet.

Table 3 - Nuclear Agents[3]

Agent	Particles	Planned Use	Potential for Terrorist Use	Mode of Contamination	Critical Body Site
Uranium 235 & 238	Alpha Beta Gamma	Reactor fuel Nuclear weapons	Nuclear weapons	Inhalation Skin Wound absorption	Bone
Plutonium 239	Alpha Gamma	Reactor fuel Nuclear weapons	Nuclear weapons	Inhalation Wound absorption	Bone
Cesium 137	Beta Gamma	Medical & Industrial radiation source	Radiation Poisoning	Inhalation Skin Gastrointestinal	Total Body
Iodine 131	Beta Gamma	Medical	Radiation Poisoning	Inhalation Skin Gastrointestinal	Thyroid
Cobalt 60	Gamma	Medical & Industrial radiation source	Radiation Poisoning	Inhalation Gastrointestinal	Gastro-intestinal

The main concern with radiation is that it is an invisible hazard. Unless the responding public safety agency has radiological detection equipment, or the nuclear material at issue is clearly marked and identified, there is a strong chance

[3] ***Adapted from*** Textbook of Military Medicine.

that the initial identification of a radiological or nuclear hazard will go unnoticed. Although, there is no one piece of equipment available on the market to meet all detection requirements, there are separate detectors for each type of radiation. An additional concern would be the availability of protective clothing and breathing gear, in sufficient quantities, to protect first responders. If first responders are subjected to large amounts of radiation due to major radiation accidents or nuclear attack, they can expect serious consequences to their health. *It should be noted that individuals suffering from radiation injuries are NOT radioactive.*

Of importance is the dose or amount of radiation absorbed over a period of time. There are many terms used to measure the dose of radiation. One is the Roentgen Equivalent Man (REM), which is a unit of absorbed dose that takes into account the relative effectiveness of the radiation involved in causing health effects. Another measurement of the absorbed dose of radiation is known as rad. Sometimes rad measurements are referred to as Gray, which is the equivalent of 100 rad. In this document, health effects are expressed in rad.

1. 50 to 200 rad - Approximately 6 hours after exposure, the individual may have symptoms ranging from none to transient mild headaches. There may be a slight decrease in the ability to conduct normal activities. Less than 5 percent of individuals in the upper part of the exposure range will require hospitalization. Average hospital stay will be 45 to 60 days, with no deaths.

2. 200 to 500 rad - Approximately 4 to 6 hours after exposure, individuals will experience headaches, malaise, nausea, and vomiting. Symptoms are not relieved by antiemetics in the upper exposure range. Individuals can perform routine tasks, but any activity-requiring moderate to heavy exertion will be hampered for 6 to 20 hours. After this period, individuals will appear to recover and enter a latent period of 17 to 21 days. If individuals have received 300 rads or more, they will have large quantities of hair loss between 12 to 18 days after exposure. Following the latent stage, symptoms will return, requiring 90 percent of the personnel to be hospitalized for 60 to 90 days. Probably less than 5 percent of those at the lower dose range will die, the percentage increasing toward the upper end of the dose range.

3. 500 to 1,000 rads - Approximately 1 to 4 hours after exposure, severe and prolonged nausea and vomiting will develop that are difficult to control. Diarrhea and fever develop early in individuals in the upper part of the exposure range. Significant incapacitation is seen in the upper ranges. Initial symptoms last for more than 24 hours, then go into a latent period lasting 7 to 10 days. Following the latent stage, the symptoms return

requiring 100 percent of the individuals to be hospitalized. Of those in the lower range, 50 percent will die, the percentage increasing toward the upper range. All deaths occur within 45 days. The survivors require 90 to 120 days of hospitalization before recovery.

4. 1,000 rad or more - Less than 1 hour after exposure, individuals develop severe vomiting, diarrhea, and prostration. There is no latent period. All individuals require hospitalization and die within 30 days.

C. Biological Agents

Governments have used biological warfare as long as civilization has depended on agriculture. Today, various governments continue to research the development of poisonous toxins that are far more deadly than chemical warfare agents. Two of the earliest reported uses of toxins occurred in the sixth century BC: the Assyrian poisoning of enemy wells with rye ergot, and Solon's use of the purgative herb hellebore during the siege of Krissa.

The use of biological agents is the oldest weapon of the NBC triad. Biological agents are more deadly than chemical agents and occur in nature and are being artificially developed in the laboratory. Large numbers of naturally occurring poisons have also been examined to determine their value as warfare agents. These include Capsaicin (and extract of cayenne pepper and paprika), Ricin (a toxic substance found in the castor bean), and Saxitoxin (a toxic substance secreted by certain shellfish).

Table 7 - Biological Agent Quick Information Chart [4]

Agent	Class	Transmission	Symptoms	Treatment
Anthrax *(Bacillus anthracis)*	Bacteria	Inhalation of bacillus or spores	Dyspnea Cyanosis Pulmonary edema Respiratory failure	Vaccination Antibiotics
Bubonic plague *(Yersinia pestis)*	Bacteria	Fleas	Fever Delirium Cutaneous lesions	Vaccination Antibiotics
Salmonella species	Bacteria	Ingestion	Gastrointestinal symptoms Fever	Antibiotics

[4] **Terrorism in America, An Evolving Threat**: Matthew S. Slater, MD; Donald D. Trunkey, MD; **Archives of Surgery**, Special Article, October 1997.

Botulinum toxin *(Clostridium botulinum)*	Bacterial (Neurotoxin)	Inhalation Contact (skin wound)	Paralysis	Supportive
Gas gangrene *(Clostridium perfringens)*	Bacteria	Wound infection	Necrotizing Soft tissue infection	Antibiotics Surgical Debridement
Ebola	Virus (Filoviridae)	Body fluids	Fever Hemorrhage Convulsions	Supportive No specific treatment

1. Biological agents generally fall into one of three types:

   a. Pathogens - Living, reproducing, disease-producing organisms.

      i. Bacteria. Capable of reproducing outside living cells. Examples: anthrax, tularemia, bubonic plague, cholera, and typhoid fever.

      ii. Viruses. Infective agents composed of DNA or RNA that can only reproduce inside living cells. Examples: Venezuelan equine encephalitis (VEE), yellow fever, smallpox, hemorrhagic fever (Marburg and Ebola), and human immunodeficiency virus (HIV).

      iii. Rickettsia. Parasitic microorganisms whose diseases are transmitted by the bite of ticks, lice, and fleas. These parasites require a living host as opposed to bacteria. Examples: Rocky Mountain spotted fever, Q fever, and flea-borne typhus.

      iv. Yeast and Fungi (Mycotoxins). Mycotoxins were allegedly used in aerosol form ("yellow rain") to produce lethal and non-lethal casualties in Laos (1975-1982), Kampuchea (1979-1981), and Afghanistan (1979-1981). Since the alleged victims were usually unprotected civilians or guerilla forces in remote jungle areas, it was extremely difficult to confirm the attacks or recover samples.

However, over 10,000 deaths have been attributed to the use of these agents in these three campaigns.[5]

iv. Genetically-Engineered Pathogens. Through advanced biochemical techniques, pathogens are subject to enhancement to increase their utility. Examples: antibiotic-resistant bacteria, bacteria genetically altered to have advanced aerosol and environmental durability, immunologically altered viruses resistant to standard vaccines and not identifiable to classical serological means.

b. Toxins - Non-living, poisonous chemical compounds produced through the metabolic activities of living organisms. Toxins are 1,000 times more lethal or effective than standard chemical agents. Examples: snake venom, scorpion venom, Ricin, Saxitoxin (produced by marine algae), and puffer fish venom.

c. Endogenous Biological Regulators (EBR) - Chemical substances produced in the body to regulate various body functions such as muscle contractions, blood pressure, heart rate, temperature, and immune responses. Examples: hormones, adrenalin, and delta sleep-inducing peptide.

2. Use

The most practical method of initiating infection using biological agents is through the dispersal of agents as minute, airborne particles (aerosols). Finely divided particles of liquid or solid suspended in a gas are sprayed over a target where the particles may be inhaled. An aerosol may be effective for some time after delivery, since it will be deposited on clothing, equipment, and soil. When the decontaminated clothing is used later, or dust is stirred up, responding personnel may be subject to a secondary dispersal.

Biological agents may be able to use portals of entry into the body other than the respiratory tract. Individuals may be infected by ingestion of contaminated food and water or even by direct contact with the skin or mucous membranes through abraded or broken skin. This makes the use of protective clothing a must, along with protection of the respiratory tract through the use of a mask with biological filters or SCBA.

[5] Jane's Chem-Bio Handbook. Frederick R. Sidell, MD; Dr. William C. Patrick, III; and Thomas R. Dashneill. Jane's Information Group, 1998. Page 147.

Exposure to biological agents, unlike chemical agents, may not be immediately apparent. Casualties may occur minutes or hours to days or weeks after an incident has occurred. The time required before symptoms are observed is dependent on the agent used. There are currently no effective monitoring devices available for first responders for use in determining whether they are involved in an incident involving biological agents, though work continues developing such devices. Often the first clue will come from blood tests, or by other means used by medical personnel, or by observing possible symptoms of people exposed in the area. hazardous materials response teams and local FBI special response teams have field test kits and procedures to detect the presence of some biological agents such as anthrax.

Some clues may be present that could be indicators that an NBC incident involving biological agents has taken place:

a. Unusual numbers of sick or dying people and animals are present. For example, all the birds that are usually present at outside trash bins are dead; no insect sounds, etc.

b. Reported illness reflects an unusual or impossible agent for the geographic area or there is an unusual distribution of the disease (that is, the casualties are aligned with the wind direction outdoors).

Biological attacks will be different from natural outbreaks of disease. For example, a steady stream of patients presents to medical facilities instead of the usual peaks and valleys. Or the illness may occur in an unusual environment or time of year (such as cases of anthrax showing up where none have occurred before).

Early warning and rapid identification of biological agents is of primary importance. This warning can sometimes be supplied by intelligence sources, but early warning is not usually available.

3. Some of the more common or anticipated biological weapons are as follows:

a. **Anthrax** is an acute infectious disease caused by the spore-forming bacterium *bacillus anthracis*. It occurs most frequently in cattle, goats, and sheep that acquire spores from direct contact with contaminated soil. Humans usually become infected through contact with, ingestion of, or inhalation of anthrax spores from infected animals or their products (like goat hair). Human-to-

human transmission has not been documented. Following are sample guidelines for responding to a WMD threat involving anthrax. [6]

1. Anonymous caller indicating a WMD threat (including anthrax)

    a. Law enforcement response including, Department of Health, local authorities, State Watch Office, and FBI.

    b. Fire department/hazardous materials response not recommended unless device or substance is found

    c. Routine law enforcement investigation.

    d. Investigative actions during this response may include:

        - Information gathering at the scene
        - Building evacuation/search following local protocol
        - Taking control of the building ventilation system may be warranted, but only if based upon investigative findings.
        - Attention should be focused on appliances or devices foreign to the surroundings.
        - Included should be an assessment of the building ventilation system to rule out forced entry and tampering.
        - Protective equipment should not be required unless hazards or risks are indicated.
        - Investigations like a telephonic bomb threat.

[6] Adapted from National Domestic Preparedness Office, Special Bulletin Number 6. January 12, 2000.

e. Suspicious findings during investigation should initiate a public safety response including:

- Fire/EMS/hazardous materials
- EOD team.
- Notifications per local plan which should include local and state health departments.

2. Potential WMD device located

a. Follow local protocols for risk assessment and evaluation of potential explosive devices. Included in the response should be:

- Law enforcement including local authorities, State Watch Office, and FBI.
- Fire/EMS/hazardous materials.
- EOD team.
- Local and state health departments

b. If explosive device is not ruled out, coordinate efforts with local/regional EOD authority and notify FBI Bomb Data Center (BDC).

c. If explosive device is ruled out:

- Evaluate for potential chemical, biological, or radioactive filler.
- If radioactive filler appears to be present, follow plans for requesting additional assistance, to include Department of Health, Bureau of Radiation Control.
- If no hazardous materials appear to be present, response continues as a law enforcement investigation.

d. Device with potential chemical or biological filler or supplement.

- Follow local and FBI ERT protocols for documentation of the crime scene.
- Contain the package following recommendations from a hazardous materials authority. FBI will assure notification of FBI/HMRU.
- Options include double bagging, steel cans, poly containment vessels, or utilization of a hazardous materials over-pack.
- Control the material as evidence and follow plan for laboratory analysis.

e. Potential release of WMD material from a device.

- Control the ventilation system.
- Follow protocols for a hazardous materials incident.
- Evaluate the extent of contamination.
- Evacuation of affected areas and decontamination procedures should be selected based on an incident and risk assessment.
- Provide medical attention following the recommendations from the local/regional public health medical authority.
- Control and/or isolate the hazard.
- Treat as a hazardous materials crime scene.
- FBI will request assistance from FBI/HMRU.

3. Specific situations - envelope with potential threat of anthrax, letter opened, and material present.

a. Public safety response including local authorities, State Watch Office, and FBI.

b. Contain the package following recommendations from a hazardous materials authority.

- Options include double-bagging, steel cans, poly containment vessels, or utilization of a hazardous materials over-pack.

- Control the material as evidence and follow plan for laboratory analysis.

c. Provide medical attention/decontamination following the recommendations from the local/regional public health medical authority.

- Evaluate the extent of contamination.

- Evacuation of the affected area and decontamination procedures should be selected based on an incident hazard and risk assessment.

- Generally, medical prophylaxis and decontamination have not been indicated except for washing hands with soap and warm water.

4. Specific Situations - envelope with potential threat of anthrax, letter opened, and no specific material present.

a. Law enforcement response including local authorities, State Watch Office, and FBI

- Fire department/EMS/hazardous materials response not recommended unless suspicious material is found or individuals are presenting symptoms.

b. Handle the package following local and FBI ERT protocols

- Double bag the material and place in a suitable container such as an evidence paint can.

- Control the material as evidence and follow plan for laboratory analysis.

c. No medical attention/decontamination is necessary unless symptoms are present, although local public health authorities should be notified.

d. Handle as a law enforcement investigation.

5. Specific situations - envelope with potential threat of anthrax, letter not opened.

a. Law enforcement response including local authorities, State Watch Office, and FBI.

- Fire department/hazardous materials response not recommended unless unsuspicious material is found.

b. Handle the package following local and FBI ERT protocols.

- Double bag the material and place in a suitable container such as evidence paint can.

- Control the material as evidence and follow plan for laboratory analysis.

c. No medical attention/decontamination is necessary.

d. Handle as a law enforcement investigation.

Note: Per the CDC, hand washing is sufficient for those who have touched the envelope and letter. Decontamination or prophylaxis is not warranted.

b. Smallpox - The last reported case in the world was in 1977, and the last case in the U.S. was in 1949. This devastating disease, for which

there is no therapy, has a 30% mortality rate and commonly leaves survivors blind or seriously scarred. Smallpox is spread by aerosol or droplets and has an incubation period of 14 days. Initial symptoms resemble the flu but are followed by a rash which, unlike chicken pox, evolves with lesions in identical stages of evolution. The disease is infectious only during the rash phase. The major mechanisms of disease control are isolation (quarantine) and vaccination. Vaccination up to 4-5 days after exposure may prevent mortality.

Vaccination is confounded by two problems: first, the national stockpile is not currently sufficient for more than several million people. The second problem is adverse reaction to the vaccination (occurs with a frequency of 3 per million--40% of these cases are fatal and the rest usually have residual neurologic problems).

This disease has historically been the most feared in medicine and now represents a highly attractive form of biological weapon. Smallpox is attractive as an agent of bioterrorism in part because abandonment of vaccine programs has resulted in near universal vulnerability to smallpox.[7]

D. Chemical Agents

Chemical agents are defined as any chemical substance intended to kill, seriously injure, or incapacitate humans due of its physiological effects. They are compounds that, through their chemical properties, produce lethal or damaging effects on man.

Persistency is an expression of the duration of effectiveness of a chemical agent. The level of persistency is used to describe the tactical use of chemical agents and should not be used as terms to technically classify the agent:

Non-persistent Agents - Remain in the target for a relatively short period. The hazard, predominately vapor, will exist for minutes or, in exceptional cases, hours after dissemination of the agent. As a rule of thumb, non-persistent agent duration will be less than 12 hours.

Persistent Agents - Remain in the target area for longer periods of time. Hazards from both vapors and liquids may exist for hours, days, or even weeks after dissemination of the agent. As a rule of thumb, persistent agent duration will be greater than 12 hours. There are many factors that will affect the persistency of chemical agents:

[7] D.A. Henderson, Director, Johns Hopkins Center for Civilian Biodefense Studies, reviewed.

1. **Type of Agent** - Different agents have various consistencies or viscosity with similarities ranging from rubbing alcohol to motor oil and will evaporate or dissipate at approximately the same rate.

2. **Amount of Agent** - Different amounts and dispersal methods used (aerosol, splash) also determine the persistency of an agent.

3. **Terrain** - The terrain will also affect the duration of an agent (open area, vegetative, urban, soil composition).

4. **Weather** - Wind, temperature, humidity, solar radiation, and precipitation all impact on the duration of an agent.

Types of Chemical Agents

The menu of chemical agents is enormous as there are agents typically used by the military, agents found in industry, agents concocted in clandestine labs, and combination agents (more than one chemical agent combined for dual effects).

It would be impossible to put together a complete list of all possible chemical agents and their possible combinations, but it is feasible to list a group of chemical agents that have more likelihood for being used in the field by terrorist agents. This list is presented in symptom logic order:

a. Nerve Agents

b. Blister Agents

c. Choking Agents

d. Blood Agents

e. Incapacitating Agents

f. Vomiting Agents

g. Compound/Mixed Agents

h. Irritant or Tear Gas

These agents are further described in more detail in the following pages.

Table 4 - Chemical Agent Quick Information Chart [8]

Class	Examples	Mechanism	Symptoms	Treatment
Nerve Agents	Tabun, Sarin, Soman, VX, malathion, parathion, sevin	Inhibition of acetylocholine-esterase	Weakness Salivation Miosis Paralysis Hipoxis	Atropine 2 - Pralidoxime
Vesicants (Blister Agents)	Mustard Gas, Lewisite, Nitrogen Mustard Gas	Alkylation	Ee inflammation or upper respiratory tract irritation	Decontamination
Choking Agents	Phosgene, Diphosgen	Variable	Tearing, coughing, Dyspnea Pulmonary edema	Supportive
Cyanide (Blood Agents)	Hydrogen cyanide (AC), Cynogen halides (cyanogen chloride)	Form stable complexes with metallo-porphyrins	Hypoxia	Nitrites
Incapacitating Agents	Quinuclidinyl benzilate Cannabinols Barbituates	Variable	Central nervous system alterations	Physostigmine

E. Nerve Agents

Nerve agents acquired their name because they affect the transmission of nerve impulses in the nervous system. All nerve agents belong chemically to the group of organo-phosphorus compounds. They are stable, easily dispersed, highly toxic, and have rapid effects both when absorbed through the skin and via respiration.

All these nerve agents produce the same basic physiological effect: they act upon enzymes at the myoneural (muscle-nerve) junction, causing immediate convulsions, paralysis, and death. They can enter the body either through the lungs or the skin and are deadly in very small quantities.

Nerve agents may be absorbed through the skin, respiratory tract, gastrointestinal tract, and the eyes. However, significant absorption through the skin takes a period of minutes, and prompt medical treatment and decontamination are imperative and sometimes quite successful.

1. Physical and Chemical Properties

[8] Adapted from; Terrorism in America, An Evolving Threat**:** Matthew S. Slater, MD; Donald D. Trunkey, MD; Archives of Surgery**,** Special Article, October 1997.

The most commonly mentioned nerve agents are listed below[9]:

The "G" series of nerve agents include **Tabun (GA), Sarin (GB),** and **Soman (GD)**. These military nerve agents are generally volatile and will evaporate at approximately the same rate as water. As a liquid, these substances are heavier than water and will sink. As a vapor, they are heavier than air and will tend to sink to the lowest level (like basements and subways).

VX is a persistent military nerve agent that does not evaporate readily and is significantly heavier than air. Its primary contact hazard is as a liquid.

Parathion and Malathion are commercial pesticides. They are quickly metabolized in the body and cause effects like those of nerve agents. However, they are significantly less toxic.

Sevin (carbaryl) is a commonly used insecticide that is absorbed by ingestion and through the skin and eyes. Carbamates cause similar effects as nerve agents. However, unlike the organophosphate compounds, the toxic effect is not permanent. After several hours, the carbamate will spontaneously leave the system. This should be considered in victim care and medical treatment.

2. Mechanism of Action

A characteristic of nerve agents is that they are extremely toxic and that they have very rapid effect. The nerve agent, either as a gas, aerosol, or liquid enters the body through inhalation or through the skin. Poisoning may also occur through consumption of liquids or foods contaminated with nerve agents. The route for entering the body is of importance for the period required for the nerve agent to start having effect. It also influences the symptoms developed and, to some extent, the sequence of the different symptoms. Generally, the poisoning works faster when the agent is absorbed through the respiratory system than via other routes.

Poisoning takes longer when the nerve agent enters the body through the skin. Since the first symptoms do not occur until 20-30 minutes after the initial exposure, immediate decontamination is essential. The poisoning process may be rapid, however, if the total dose of nerve agent is high.

[9] Jane's Chem-Bio Handbook. Frederick R. Sidell, MD; Dr. William C. Patrick, III; and Thomas R. Dashneill. Jane's Information Group, 1998. Pages 32-52.

3. Symptoms

The most identifiable characteristic of nerve agent exposure is the extreme constriction of the iris (miosis) causing pinpoint pupils. Other characteristic symptoms include increased production of saliva, a running nose, and a feeling of pressure on the chest. Short-range vision also deteriorates and the victim feels pain when they try to focus on an object nearby. This is usually accompanied by headache. More unspecific symptoms are tiredness, slurred speech, hallucinations, and nausea.

Exposure to a higher dose leads to more pronounced symptoms. Tightening of the chest and dramatic mucous membrane secretions (eyes, nose, and mouth) lead to coughing and difficulty in breathing. Discomfort in the gastrointestinal tract may develop into cramps and vomiting. Involuntary discharge of urine and defecation may also occur. Symptoms, like twitching, from the skeletal muscles are very typical. If the poisoning is moderate, this may express itself as muscular weakness, local tremors, or convulsions.

When exposed to a high dose of nerve agent, the muscular symptoms are more pronounced. The victim may suffer convulsions and lose consciousness. To some extent, the poisoning process may be so rapid that earlier mentioned symptoms may never have time to develop. Muscular paralysis caused by nerve agents also affects the respiratory muscles, which is the direct cause of death. Consequently, death caused by nerve agents is a kind of death by suffocation.

Table 5 - Effects of Nerve Agents in Humans [10]

Organ or System	Effect
Eye	Meiosis (pinpoint pupils), conjunctival injection; pain in or around eye; complaints of dim or blurred vision
Nose	Dramatic mucous discharge (Rhinorrhea)
Mouth	Increased salivation
Pulmonary Tract	Tightness of chest (Bronchoconstriction) and increased secretions, cough; shortness of breath; on exam: wheezing, rales, rhonchi
Gastrointestinal Tract	Increase in secretions and motility; nausea, vomiting, diarrhea; complaints of abdominal cramps, pain
Skin and Sweat Glands	Sweating

[10] Adapted from: Recommended therapy for casualties of nerve agents; Textbook of Military Medicine Part I; Warfare, Weapons, and the Casualty; Medical Aspects of Chemical and Biological Warfare, Office of the Surgeon General, Department of the Army, United States of America: 1997, page 145: #97-22242.

Muscular	Fasciculations ("rippling"), local or generalized; twitching of muscle groups, flaccid paralysis; complaints of twitching, weakness
Cardiovascular	Decrease or increase in heart rate; usually increase in blood pressure
Central Nervous System	*Acute effects of severe exposure*: loss of consciousness, convulsions (or seizures after muscular paralysis), depression of respiratory center to produce apnea *Acute effects of mild or moderate exposure*: forgetfulness, irritability, impaired judgment, decreased comprehension, a feeling of tenseness or uneasiness, depression, insomnia, nightmares, difficulties with expression

Table 6 - Recommended Therapy for Casualties of Nerve Agents [11]

Exposure Route	Exposure Category	Signs and Symptoms	Therapy
Inhalation (Vapor)	Minimal	Pin-point pupils with or without nasal discharge; reflex nausea and vomiting	<5 min of exposure: 1 MARK I kit >5 min of exposure*: observation
	Mild	Pin-point pupils; nasal discharge; mild difficulty breathing; reflex nausea and vomiting	<5 min of exposure: 2 MARK I kits >5 min of exposure: 0 or 1 MARK I kit, depending on severity of difficulty in breathing
	Moderate	Pin-point pupils; nasal discharge; moderate to severe difficulty breathing; reflex nausea and vomiting	<5 min of exposure: 3 MARK I kits + diazepam >5 min of exposure: 1 - 2 MARK I kits
	Moderately Severe	Severe difficulty breathing; gastrointestinal or neuromuscular signs	3 MARK I kits; standby ventilatory support; diazepam

[11] Adapted from: Recommended therapy for casualties of nerve agents; Textbook of Military Medicine Part I; Warfare, Weapons, and the Casualty; Medical Aspects of Chemical and Biological Warfare, Office of the Surgeon General, Department of the Army, United States of America: 1997, page 167: #97-22242.

	Severe	Loss of consciousness; convulsions; flaccid paralysis; breathing stops	3 MARK I kits; ventilatory support; suction; diazepam
Dermal (Liquid on Skin)	Mild	Localized sweating, twitching	1 MARK I kit
	Moderate	Gastrointestinal signs and symptoms	1 MARK I kit
	Moderately Severe	Gastrointestinal signs plus, respiratory or neuromuscular signs	3 MARK I kits; standby ventilatory support
	Severe	Same as for severe vapor exposure	3 MARK I kits; ventilatory support; suction; diazepam
**Casualty has been out of contaminated environment during this time*			

F. Blister / Mustard Agents

These are chemical agents that affect the eyes, respiratory tract, and skin. Blister agents initially cause irritation of the eyes (and respiratory tract, if inhaled), erythema (reddening of the skin), then blistering or ulcerations, followed by systemic poisoning. There are three types of blister agents: mustards, arsenicals, and urticants.

Mustard is usually classified as a blistering agent owing to the wounds caused by this substance resembling burns and blisters. However, blister agents also cause severe damage to the eyes, respiratory system, and internal organs. The effect of mustard agent is delayed and the first symptoms do not occur until 2-24 hours after exposure. Lewisite and phosgene oxime, however, produce immediate pain on whatever part of the body meets the liquid or vapor, such as the eyes or skin.

1. Physical and Chemical Properties

Mustard "gas" is a liquid that is much heavier than water and its vapor is heavier than air. It has an odor of mustard, onions, or garlic that is usually detected when concentrations are close to toxic levels. Mustard can be absorbed into the body through the eyes, the skin, and the airways within seconds of contact.[12]

2. Symptoms

There are no immediate physical signs of mustard exposure. The first sign of exposure to mustard is usually redness of the skin. Over a period of hours small blisters appear and gradually combine to form larger blisters. Irritation and

[12] Jane's Chem-Bio Handbook. Frederick R. Sidell, MD.; Dr. William C. Patrick, III; and Thomas R. Dashneill. Jane's Information Group, 1998. Pages 63-74.

redness are usually the first effects in the eyes. Victims may complain of not being able to see; this is usually due to swelling and inflaming eyelids.

Signs of damage to the upper airways may include sinus pain, irritation of the nose, a sore throat, or a hacking cough. If more than a minimal amount is inhaled symptoms may include voice changes, with hoarseness or loss of voice. If large amounts are inhaled it can lead to damage of the lower airways producing shortness of breath and a severe productive cough. The shorter the onset time of these lower airway effects, the more threatening the diagnosis. Survival is unlikely if these symptoms appear earlier than 4 hours after exposure. Absorption of a large amount will also damage the bone marrow. However, these effects are not evident for approximately 3-5 days.

3. Antidotes & Treatments

There is no treatment or antidote that can affect the basic cause of mustard agent injury. Therefore, the most important measure is to rapidly and thoroughly decontaminate the patient with soap and water. Eyes are rinsed with water or a physiological salt solution for at least five minutes. A casualty should remain under observation since no signs or symptoms occur within the first few hours.

Medical treatment may include antibiotics and local anesthetics to relieve pain. Despite treatment, inflammation and light sensitivity in the eyes may remain for long periods.

G. Cyanides/Blood Agents

Cyanide produces clinical effects by causing cell death. It does so by entering each contaminated cell of the body and poisoning the mechanism that uses oxygen. Oxygen enters the body though the lungs and is carried by the blood to the cells. Cyanide prevents the cells from using the oxygen and they suffocate.

The body can destroy small amounts of cyanide and leave no effects on the body. Large amounts will affect the brain or central nervous system. The brain and central nervous system are dependent on oxygen and most effects of cyanide poisoning are those caused by a lack of oxygen in the brain. Exposure to a large amount will cause a sudden loss of consciousness, followed by convulsions. After 3-5 minutes breathing will stop. Death will usually occur within 10 minutes.

H. Incapacitating / Irritating Agents

Riot control agents such as CS, CN, CR, and pepper spray are commonly used in the civilian world. These agents are solids that are usually dispersed in a liquid spray. There are minor differences between riot control agents, however, the effects are similar: they cause pain or burning on exposed mucous membranes and skin.

Tearing, reddening, and closing of the eyes usually accompany burning in the eyes. If these substances are inhaled, there will be a difficulty in breathing and tightening in the chest. Skin may also become irritated and burn. The effects of these agents begin within seconds of contact and decrease as the casualty moves to clean air. It is rare for these agents to produce serious harm to a casualty, unless disseminated in a forceful manner.

I. Compound/Mixed Agents

The possible mixing of chemical agents presents an additional concern to first responders in that it will be difficult to identify (by symptoms alone) which type of chemical agent is being used.

APPENDIX 3 TO ANNEX G

Guidance for City Government Activities During a "Severe Risk of Terrorist Attack," Code Red

A. The following planning guidance will be used whenever the U.S. Department of Homeland Security places the nation under a Severe Risk of Terrorism Attack (Red). The information provided will serve as a guide and is not intended to be all-inclusive. The following scenarios have been developed as potential threats.

1. A credible threat to the City of North Port (R1)

2. A credible threat to Sarasota County. (R1)

3. A credible threat to FDLE Region 6. (R2)

4. A credible threat to the State of Florida. (R3)

5. A credible threat to the United States. (R4)

B. Notification: Following notification of a change in threat condition from Alert to Imminent from the Department of Homeland Security, the Federal Emergency Management Agency (FEMA) will broadcast this threat condition to the State Warning Point in Tallahassee. The State Warning Point will disseminate the change in threat conditions to the Sarasota County Sheriff's Office – Communications and the Sarasota County EOC. During non-duty hours, the SSO will contact the County Emergency Management Chief. Sarasota County Emergency Management will forward the threat change with recommended protective actions to the City Emergency Management Director, who will re-transmit to City employees via e-mail.

C. Organizational Responsibilities:

Emergency Management	R1	R2	R3	R4	R5
Activate Emergency Operations Center to Level 2 utilizing	X	X	X		
Establish Citizen Information Line (Phone Bank)	X	X	X		
Consider the Issuance of a State of Local Emergency	X				
Obtain Project Number from Finance Department and disseminate the number to all City agencies for use in documenting all personnel & operating costs pertinent to the event	X	X	X		
Ensure provisions for the establishment of an alternate Emergency Operations Center have been considered	X	X			
Monitor all National News Networks for current information.	X	X	X	X	

Monitor intelligence from other law enforcement agencies.	X	X	X		
Property Management - Security	**R1**	**R2**	**R3**	**R4**	**R5**
Consider 24-hour staffing of Government Security Center.	X	X	X		
Consider restricting traffic / parking outside of a 300 perimeter for specified government buildings	X	X	X		
Ensure all exterior security cameras are working properly	X	X	X	X	
Coordinate with the North Port Police Department for increased patrols at specific government facilities.	X	X	X	X	
Consider increasing the frequency of security inspections of government building exteriors	X	X	X		
Ensure all fuel tanks serving back-up generators are full	X	X	X		
Consider verifying the contents of all shipments & deliveries to all government buildings	X	X	X		
Remove external trash containers and dumpsters that are within 100 feet of buildings	X	X	X		
Manager's Office	**R1**	**R2**	**R3**	**R4**	**R5**
Consider the cancellation of night meetings in government buildings	X	X			
Consider the reduction in hours of operation for non-essential government services	X				
Consider recommending the cancellation of public events such as concerts, sports events, etc.	X	X			
Clerk's Office - Mail Distribution	**R1**	**R2**	**R3**	**R4**	**R5**
Consider "out of building" mail & package screening	X	X	X	X	
Consider verifying the contents of all shipments and deliveries to government buildings	X	X	X		
Utilities – Water and Wastewater	**R1**	**R2**	**R3**	**R4**	**R5**
Consider increasing the frequency of testing for contaminants at each water facility	X	X	X	X	
Public Works - Fleet Management	**R1**	**R2**	**R3**	**R4**	**R5**
Ensure that all tanks at City-maintained fueling centers are full.	X	X	X		
Public Information Officer	**R1**	**R2**	**R3**	**R4**	**R5**
Consider establishing a Joint Information Center (JIC) to include all Fire, Law Enforcement, Utilities and Public Works PIOs	X	X	X		

Information Technology	**R1**	**R2**	**R3**	**R4**	**R5**
Consider increasing the frequency of system back-ups to more than once per day	X	X	X		
Department Directors	**R1**	**R2**	**R3**	**R4**	**R5**
Consider restricting specific areas of government buildings to authorized personnel	X	X	X	X	

Verify for accuracy all emergency contact numbers of critical staff members	X	X	X	X	
Consider placing all critical staff members on call for emergency response	X	X	X		
Check emergency supplies and, if necessary, re-stock for a minimum of 72 hours	X	X	X		
Consider storing a three-day supply of potable water and non-perishable food at work sites	X	X			
Ensure that all personnel and operating costs pertinent to the potential terrorism threat are documented	X	X	X		
Consider the provision of escorts for visitors in secure / sensitive areas	X	X	X		
Ensure that all government vehicles necessary for emergency response have at least ½ tank of fuel	X	X	X		
Ensure that City-issued ID cards are visibly worn by all employees while on duty	X	X	X	X	
Assist Property Management with the implementation of all security measures	X	X			
Individual Employee Responsibilities	**R1**	**R2**	**R3**	**R4**	**R5**
Report suspicious activities and call 9-1-1	X	X	X	X	
Expect delays, searches of purses & bags, and restricted access to public buildings	X	X	X	X	
Expect traffic delays and restrictions	X	X	X	X	
Take personal security precautions	X	X	X	X	
Avoid crowded public areas and gatherings	X	X	X	X	
Keep emergency supplies accessible. Maintain ½ tank of fuel in personal vehicles	X	X	X		
Be suspicious of persons taking photos of critical facilities or asking detailed questions about physical security arrangements	X	X	X	X	
Monitor local and world events	X	X	X	X	
Verify contents of all shipments & deliveries	X	X	X		
Assist neighbors and co-workers	X	X	X	X	
Update personal / family disaster plan to include emergency contact information	X	X	X	X	
Limit travel	X	X	X		
Create an emergency contact list for each family member to carry	X	X	X	X	
Be familiar with emergency exits when inside buildings	X	X	X	X	
When off-duty, maintain contact with your supervisor to determine status of work	X	X	X		
Carry your City-issued identification with you	X	X	X	X	

APPENDIX 4 TO ANNEX G

Procedure for Management of Victims of a Terrorist Incident Involving Biological, Chemical or Radiological Materials

I. PURPOSE

This document is an Appendix to the Terrorism Incident Response Annex of the City of North Port Comprehensive Emergency Management Plan. It provides guidance for City emergency response officials on the management of victims potentially contaminated or infected by biological, chemical or radiological agents released during a terrorist incident.

II. REMOVAL OF CASUALTIES/FATALITIES

Designated and properly protected response personnel will extricate victims who are unable to move themselves outside of the hot or warm zones. The extrication of victims will be done in accordance to either standard or specialized triage practices. Obvious fatalities will be left in place pending the activation and arrival of the Medical Examiner's Team and/or Disaster Mortuary Operational Response Team (D-MORT).

III. DECONTAMINATION OF CASUALTIES

The standard hazardous material decontamination procedure will be followed. If it is determined that an alternate decontamination method is needed due to a contaminant, the on-scene Medical Officer in Charge, Poison Control, CHEMTREC, local hazardous materials response team, Department of Health and/or the military will be consulted.

Decontamination (decon) is to proceed as soon as possible, based on three considerations:

1. Whether a person or an article is contaminated;

2. The type and physical property of the contaminant (gas, liquid, or solid); and

3. The medical condition of the victim (triage).

In all cases, as much contamination as possible should be left in the Hot Zone. Priority must be given to the decontamination of persons. Generation of diluted contaminant (due to flushing or any other action) requires the capture and confinement of that material, whenever possible. In decontamination, time is of the essence, the longer that a person remains in contact with a hazardous material, the greater the absorption of the contaminant by that person. Quick decontamination of victim(s) is the goal of first responders. The most effective decontamination time is within 1 to 2 minutes after

exposure. The simple removal of the victims' clothing can effectively remove much of the contaminants.

All decontamination actions conducted by first responders will be carried out using the appropriate personal protection equipment (PPE) as determined by the senior Hazardous Materials Officer on-scene or by the appropriate Standard Operating Procedures (SOPs). ***In the event of gas or vapor contamination, the simple removal of the outer layer of clothing on the victim may be sufficient decontamination***. If further, or more thorough, decontamination is necessary, it will be performed in the following three stages:

1. Gross decontamination involves the safe removal of the victim from the contaminated environment, complete removal of the victims' clothes, and a complete head to toe rinse with the appropriate solution (usually plain water or a combination of water and soap.)

2. Secondary decontamination involves more thorough washing of the victim in a head to toe fashion possibly using a decontamination solution, which is then followed by a complete rinsing.

3. Definitive decontamination is carried out by a series of washes and rinses until such time that it is certain that all contaminants have been removed from the victim. Definitive decontamination will usually take place at a medical facility.

First responding units arriving at a suspected terrorist attack will position their apparatus and equipment in an up-wind position and prepare to set up a drench decontamination corridor using on-board appliances and water supply, if necessary. If and when possible, first-in engine or aerial companies should connect to an appropriate hydrant and conduct a forward lay to provide a supply line to guarantee an uninterrupted water supply to adequately perform gross decontamination operations and anticipate the initial elements of a decontamination corridor. In the absence of a hydrant, a secondary source of water must be located, drafting operations should be considered, and the appropriate tanker apparatus should be deployed.

IV. TRIAGE OF CASUALTIES

Triage will be coordinated by the Medical Officer and may be highly specialized to the extent of the type of agent involved and its level/method of exposure in comparison to the victim’s injuries. Otherwise, triage will be performed in accordance with the Simple Triage and Rapid Treatment (S.T.A.R.T) method. Most Florida fire/rescue/EMS departments have adopted this Mass Casualty Incident (MCI) triage method. Every local fire department should have START kits on their first response apparatus as part of their standard equipment inventory.

START is a tag system designed to assess a large number of victims rapidly and can be used by all personnel regardless of their medical training. The initial triage is accomplished by the assessment of respiratory rate, perfusion, and mental status. Triage ribbons/tags are used to identify the priority of the patients.

- **RED** - **First Priority** – Immediate
- **YELLOW** - **Second Priority –** Delayed
- **GREEN** - **Third Priority –** Ambulatory
- **BLACK** - **Deceased**

Secondary triage is performed on all patients during the treatment phase in the medical sector. During this phase patients can be up-graded or downgraded depending upon the dynamics of their injuries.

V. TREATMENT OF CASUALTIES

The reality of an incident of large proportions has shown that victims will leave the scene and either walk to or find a rapid transport to a medical facility--usually the facility closest to the incident site. The danger in this is that victims may be contaminated with an agent that could then contaminate other people, vehicles, and medical facilities that will, in turn, increase the number of casualties and overwhelm the facility. Emergency personnel on scene should plan to have a staging area for victims. Local medical facilities will be contacted as soon as possible for them to prepare an exterior triage and decontamination area to ensure the safety of their staff and facility. Medical and other personnel will be apprised of conditions that may develop over time in case patients develop complications later. Patients who exhibit suspect symptoms will be treated by established protocols.

VI. ISOLATION AND QUARANTINING OF THE INJURED AND EXPOSED

The criteria and procedures for isolating/quarantining the injured and other exposed people who cannot be safely extracted, pending arrival of appropriate assistance, should be addressed in the local fire/rescue department's procedure manuals. Usually the first arriving unit will perform the initial size-up. An approximation of the number of victims and MCI level will be announced. Special needs such as isolation or quarantining exposed victims will be determined at this point. Incident command and a staging area will be established.

Most fire department hazardous materials operating policies require that the area be isolated and entry denied to all personnel until the material(s) has/have been identified. Protective clothing and equipment necessary to operate safely in the affected area must be utilized. Decisions regarding long-term quarantining of the community for highly contagious biological agents will be made by Sarasota County Emergency Management in consultation with the County Health Department, State Health Department, and the Centers for Disease Control and Prevention (CDC).

VII. TRANSPORT OF VICTIMS

Victims should be decontaminated at the scene prior to transportation. Transportation of decontaminated patients to the appropriate facilities will follow the Standard Protocols for a Mass Casualty Incident. In-place, on-scene, temporary sheltering of victims may be deemed necessary while receiving facility resources are stabilized. Coordination with other County, State, and Federal resources will be conducted through the Florida Division of Emergency Management.

VIII. STOCKS OF AVAILABLE ANTIDOTES

To treat a large-scale contamination, three approaches should be taken:

1. The Regional Domestic Security Task Force has stockpiled antidotes available for distribution to field responders and local hospitals. Local hospitals may also be able to provide rescue trucks with antidotes, depending upon the antidote and required amount.

2. Second, additional supplies may be available from State and/or Federal sources, but these sources must be pre-identified and pre-planned prior to an incident. Additional antidotes may be available from surrounding Veterans Administration Medical Centers, Fire/Rescue Supply Bureaus, EMS supply bureaus, and local pharmaceutical distribution warehouses.

3. Finally, through activation of National Disaster Medical Services (NDMS), additional resources can be requested.

Appendix 5 to Annex G

Notification of Regional Domestic Security Task Force

When the City is affected by a suspected terrorist situation, the incident or unified command structure will request additional assistance from the County EOC. When the County EOC appears at risk of exhausting all local resources or determines local responders need additional resources, a request for additional assistance will be made through the County EOC to the State Warning Point in State EOC.

The State EOC will notify the ESF 16 emergency coordinating officer, the Florida Department of Law Enforcement (FDLE), who in turn will notify their Regional Operations Center(s) to notify the Regional Domestic Security Task Force (RDSTF) and to place them on alert.

The RDSTF's primary role in the response phase is to coordinate the use of the Domestic Security Response Teams. Its mission is to support the local incident command structure and not to assume command and control of the incident. However, if the County requests such command and control support, then the Task Force may coordinate the activation of a separate overhead Incident Command System team to handle this operation in coordination with the State EOC, these teams will be made up of emergency service personnel trained in the ICS positions needed to assume command and control operations.

Request for Assistance & Response:

Once the initial call for additional resources has been made, all requests for Domestic Security Response Team assistance will be coordinated with the Regional Domestic Security Task Force Coordinator through the County EOC. Initial requests for resources may be verbal as response conditions dictate, but must be followed with a written request utilizing forms contained in the State Comprehensive Emergency Management Plan for requesting mutual aid resources. The requesting jurisdiction will complete the forms, assuring that an explanation of the mission to which those resources will be assigned is included. The Regional Domestic Security Task Force Coordinator will facilitate the verbal or written request through the County EOC to the State EOC for processing. The Regional Domestic Security Task Force Coordinator, in consultation with the task force chair and/or co-chair and the State and County EOC, will determine the appropriate level of response by the Domestic Security Response Teams to the request. If determined that one or more of these teams are necessary, then the Regional Domestic Security Task Force Coordinator will activate other task force members to facilitate resource mobilization and deployment. The State EOC will provide the Regional Domestic Security Task Force Coordinator with the State Mission Number(s) through the County EOC.

The appropriate task force liaison will then notify the activated resources as soon as practicable and provide the resource supervisor (leader) with the following information regarding the mission:

- The State assigned mission number
- The location and directions of travel to the staging area at the scene of the incident
- The point of contact either at the incident scene or at the affected jurisdiction's EOC
- The cell phone number, radio frequency or telephone number where the point of contact can be reached
- A brief size-up of the incident that is being responded to
- The primary mission objective and any special instructions
- 24-hour contact numbers for the response liaisons to allow team supervisor the ability to submit daily situation reports and maintain any necessary emergency communications.

The Regional Domestic Security Task Force Coordinator or liaison will also furnish an approximate estimated time of arrival at the assigned staging area. This information will be sent to the affected County EOC and the State EOC. The Regional Domestic Security Task Force Coordinator will be responsible for tracking these resources within the region, using standardized forms for ordering resources and forms compliant with the state and Federal guidelines governing mutual aid.

<u>Regional Response Template Quick Reference Guide</u>

1. Event occurs in the County without warning; public safety response and unified command established.
2. County Emergency Operations Center (EOC) activated and notifies State Warning Point.
3. Unified Command requests additional resources from County EOC. (Local Mutual Aid exhausted)
4. County EOC responds with resources (declares local State of Emergency, if necessary).
5. County EOC evaluates need for State support, and makes request to State EOC if needed.
6. State EOC notifies ESF-16, FDLE notifies Regional Operations Center, Regional Director (RD) notifies RDSTF leadership team, RDSTF Team placed on stand-by/alert.

7. County EOC contacts RDSTF for a courtesy call Situation Report (SITREP).

8. Task Force (TF) Coordinator contacts local impacted county Emergency Management Director to establish communications and obtain current SITREP and immediate needs.

9. If the affected jurisdiction struggles to control the event and requests command and support, RDSTF will coordinate activation of separate overhead ICS team in coordination with State EOC through a request from the County EOC.

10. RDSTF will serve a regional coordinator role for the State Command and State EOC.

11. TF Coordinator notifies the following liaisons; Fire-Rescue Chair, EMS Chair, Law Enforcement Chair, Health/Medical Chair, SERT Liaison, PIO Chair, Education Chair, and Interoperability Chair. TF provides SITREP.

12. TF Coordinator in consultation with TF Chair/co-chair and State and County EOC, will determine which regional response teams to deploy based on requests received (as time allows, a written request utilizing the forms in State CEMP for requesting mutual aid is completed by requesting jurisdiction) and notify response teams to mobilize and deploy.

13. TF Coordinator to obtain a State Mission Number(s) from State EOC. Advise TF Liaisons with mission number and all details necessary for response to staging area. Response teams use TPFDL principles and concepts for deployment and response standards.

14. Coordination of out of Region resources will be conducted by TF Coordinator, State EOC, and TF Chair/Co-chair from the requesting and responding regions.

15. TF Liaison notify appropriate activated resources as soon as possible and provide resource supervisor (Team Leader) with necessary response information (mission number, location and direction travel, Point of Contact (POC) on scene or at County EOC, contact information for the POC, brief size-up of incident, primary mission objective and any special instructions, 24 hour contact numbers for the response liaisons for team supervisor to submit daily SITREPS and maintain necessary communications).

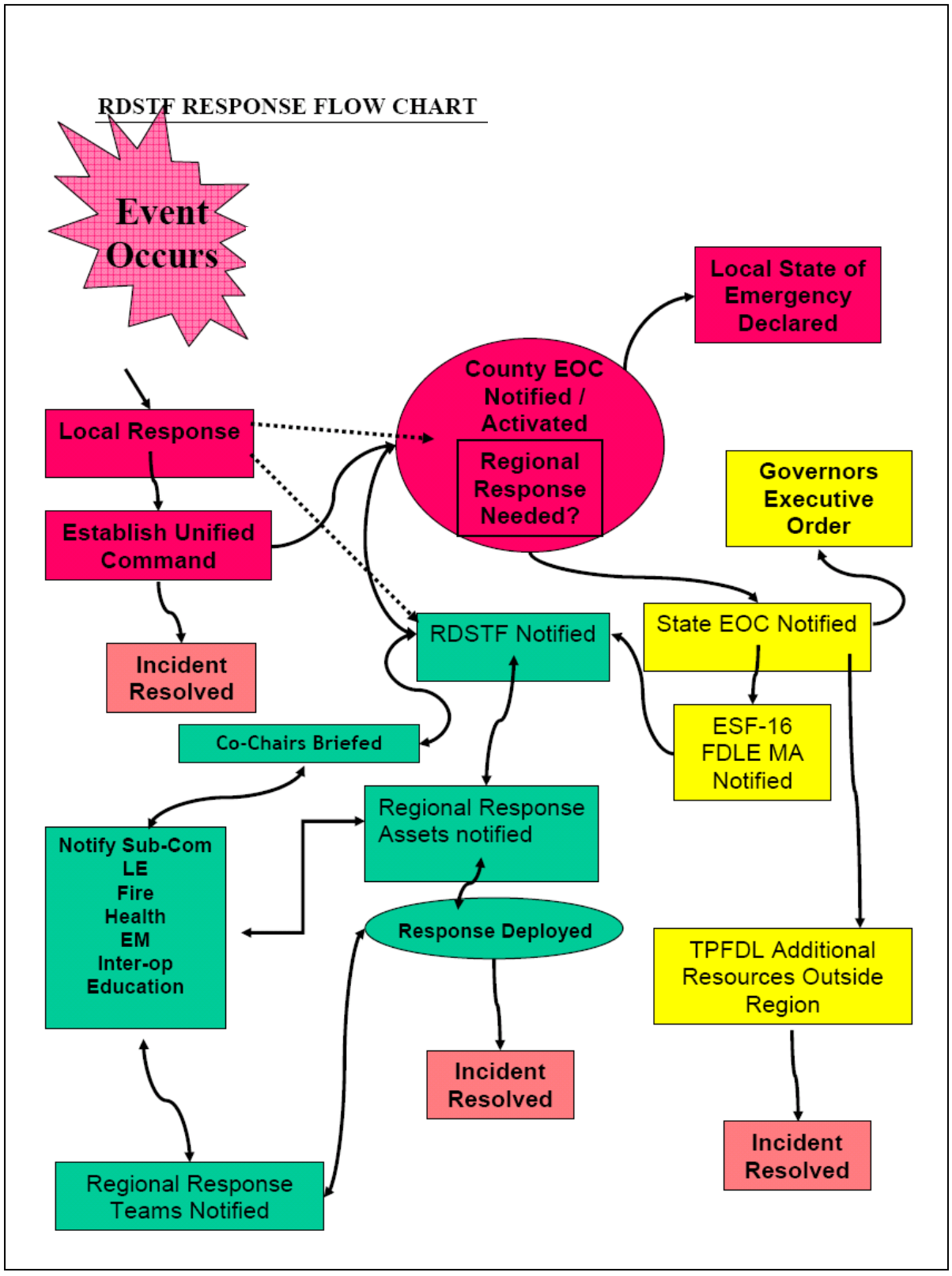
16. TF Coordinator provides approximate time of arrival of resources to staging area to County and State EOC.

17. TF Coordinator responsible for tracking resources within the region using standardized forms for ordering resources and forms compliant with State and Federal guidelines governing mutual aid agreements (TPFDL).

18. Unless otherwise specified, all regional task force resources deployed will respond to the affected jurisdiction within two hours. A deployment form will be provided to appropriate task force liaison that will provide information to the State EOC.

19. When RDSTF Response Team is deployed, the respective liaison will assure team supervisor (leader) maintains the following information until deployment is complete; appropriate ICS forms and SITREPS, contact lists, equipment/supplies inventory lists, expense activity forms.

20. Task force to determine if affected jurisdiction can maintain logistical support and service needs of activated teams. If additional logistical support is needed, RDSTF Coordinator will appoint forward liaison to serve as link between County EOC and State EOC.


RDSTF RESPONSE FLOW CHART
Event Occurs
Local Response
Establish Unified Command
Incident Resolved
County EOC Notified / Activated
Regional Response Needed?
Local State of Emergency Declared
Governors Executive Order
RDSTF Notified
State EOC Notified
ESF-16 FDLE MA Notified
Co-Chairs Briefed
Regional Response Assets notified
Notify Sub-Com
LE
Fire
Health
EM
Inter-op
Education
Response Deployed
TPFDL Additional Resources Outside Region
Incident Resolved
Incident Resolved
Regional Response Teams Notified