DEPARTMENT OF EMERGENCY MANAGEMENT AND HOMELAND SECURITY

State of Connecticut

CONSEQUENCE MANAGEMENT PLAN FOR DELIBERATELY CAUSED INCIDENTS INVOLVING CHEMICAL AGENTS

STATE OF CONNECTICUT

CONSEQUENCE MANAGEMENT PLAN
FOR
DELIBERATELY CAUSED INCIDENTS INVOLVING CHEMICAL AGENTS

JANUARY 2006

Prepared By:
STATE OF CONNECTICUT DEPARTMENT OF
EMERGENCY MANAGEMENT AND HOMELAND SECURITY

FBI New Haven Office 24-Hour: 1-203-777-6311
National Response Center (NRC) CB Hotline: 1-800-424-8802
CT DEP Division of Radiation 24-Hour: 1-860-424-3333
CT DEP Oil & Chemical Spill Response Division 24-Hour: 1-860-424-3338
CT State Police Emergency Services 24-Hour: 1-860-685-8190; 1-800-842-0200
CT DEMHS 24-Hour: 1-860-566-3180
CT DEMHS Tips Line: 1-888-HLS-TIPS (457-8477)
CT Poison Control Center: 1-800-222-1222

CONTRIBUTING ORGANIZATIONS:

Connecticut EMS Advisory Board Mass Casualty Care Committee
Connecticut National Guard
Connecticut Occupational Safety and Health Agency
Department of Correction
Department of Environmental Protection
Department of Public Health
Department of Public Safety
Office of the State Medical Examiner
University of Connecticut Health Center Poison Control Center
Municipal Fire Departments of
East Haven, Naugatuck, New Britain, Waterbury and New Haven
Federal Bureau of Investigation
Federal Emergency Management Agency
American Medical Response
Connecticut Conference of Municipalities
Connecticut Hospital Association
New Britain General Hospital
Connecticut Career Fire Chiefs Association
Connecticut Police Chiefs Association
United Way of Connecticut Infoline (211)

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"Disaster Medicine" edited by Drs. David E. Hogan and Jonathan L. Burstein, Lippincott, Williams and Wilkins, 2002. Chapter entitled "Hazardous Materials Emergencies," by Henry Siegelson, MD, FACEP, and H. Levitin

"Guidelines for Mass Casualty Decontamination During a Terrorist Chemical Agent Incident", U.S. Army Soldier and Biological Chemical Command (SBCCOM), January 2000

AUTHENTICATION

In accordance with Section 28-5(b) of the Connecticut General Statutes, I hereby present the State of Connecticut Consequence Management Plan for Deliberately Caused Incidents Involving Chemical Agents. All government agencies, state and local, and all civil preparedness forces in the State shall carry out the duties and functions assigned by the Plan, as approved by the Governor. .

PRESENTED BY: James M. Thomas

James M. Thomas
Commissioner
Department of Emergency Management and Homeland Security

APPROVED: M. Jodi Rell

M. JODI RELL
Governor

DATE: 1/27/06

RECORD OF CHANGES

DATE	CHANGE	ENTERED BY

OVERVIEW
OF
MAJOR CONSEQUENCE MANAGEMENT ACTIVITIES
FOR
DELIBERATELY CAUSED INCIDENTS INVOLVING CHEMICAL AGENTS

1. Deliberately caused chemical incident occurs.

2. Local first responders (police, fire, emergency medical services) respond.

3. Local fire chief/fire officer-in-charge at the scene serves as Incident Commander and:

    - Assesses situation
    - Classifies event as a "Federal Bureau of Investigation (FBI) Hazmat Incident"
    - Ensures appropriate notifications for an "FBI Hazmat Incident" (e.g., C-MED/RCC [Centralized Medical Emergency Dispatch/Regional Communications Center]), FBI, specialized Federal, State and local response units, etc.)
    - Determines operational priorities and objectives

4. If authorized by Incident Commander, Hot Zone reconnaissance and/or rescue of known live victims in the Hot Zone are attempted.

5. Emergency Medical Service providers implement mass casualty protocols, and hospital emergency operations plans are activated.

6. Incident Commander establishes the Incident Command System organization into which all responding units (Federal, State, local and private) are integrated.

7. Victims are triaged by response personnel wearing the appropriate level of personal protective equipment*::

    - Ambulatory casualties able to speak coherently and exposed to vapor only undergo dry decontamination (i.e. removal of clothing and re-clothing in modesty garment). After decon, victims in this group are taken to an alternate care facility instead of a hospital for follow-up observation.
    - Non-ambulatory victims, incoherent ambulatory victims and victims exposed to liquid undergo a wet decontamination/field treatment and are transported to health care facilities for further treatment and evaluation.

8. **A Unified Command with senior on-scene representatives of other responding agencies is established at the earliest possible time**. (The time at which rescue of known live victims has ceased and when casualty management is under control is suggested). When established, the Unified Command jointly exercises all responsibilities of the Incident Commander. While operating in a Unified Command mode, both consequence management *and* crisis management activities (i.e. crime scene processing) may be performed simultaneously.

9. The local Emergency Operations Center, State Emergency Operations Center and the Federal Regional Operations Center are activated to coordinate support for the Incident Commander/Unified Command at the scene.

10. The FBI establishes a Joint Operations Center at or near the scene to include a Command Group and Consequence Management Group composed of representatives of local, State and Federal consequence management agencies. Members of the Unified Command are incorporated into these Groups as appropriate.

* Casualty triage guidelines from Guidelines for Mass Casualty Decontamination During a Terrorist Chemical Agent Incident, U.S. Army Soldier and Biological Chemical Command (SBCCOM), January 2000.

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I. INTRODUCTION

The catastrophic terrorist attacks of September 11, 2001 on the World Trade Center and the Pentagon have made development of counterterrorism capabilities, including consequence management capabilities at all levels of government, an urgent national priority. The willingness of terrorist groups to carry out attacks resulting in massive loss of life, coupled with the ability of these groups to obtain chemical, biological and radiological "weapons of mass destruction," necessitates the development of appropriate plans and capabilities for response to acts of terrorism involving weapons of mass destruction (WMD).

The FBI considers explosive devices and chemical weapons to be the most probable modes of terrorist attack in the State of Connecticut, with explosive devices far more likely to be used than chemical weapons. The State of Connecticut believes that its emergency responders can and will respond appropriately and safely to a terrorist incident involving an explosive device, although assistance from the Federal government (e.g. urban search and rescue teams) or other sources may well be needed. Existing response system capabilities are better suited to handle an incident involving explosives (e.g. medical personnel are trained and equipped to handle trauma victims) than a large incident involving a highly lethal chemical agent such as sarin, used by terrorists in the March 1995 Tokyo subway attack.

A deliberate attack involving a chemical agent could present emergency responders with extraordinary challenges. These challenges include recognition of the incident as a chemical incident, requirements for specialized response equipment, coping with contaminated mass casualties, lack of readily available pharmaceuticals and antidotes, identification of persons exposed to the agent, accurate and timely public information, and other issues.

A. Purpose

The purpose of this document is to provide response agencies with a concept of operations for response to a chemical WMD incident. This Plan outlines the responsibilities and interactions of Federal, State, local and private agencies that will respond to a chemical WMD incident, operating as an integrated organization within an Incident Command System (ICS) that transitions to a Unified Command (UC) at the earliest appropriate time.

B. Scope

All State and local agencies and private response organizations are urged to observe the assignments of responsibilities and to utilize the operational concepts contained herein to the greatest extent feasible in a deliberately caused chemical incident.

This Consequence Management Plan has been signed by the Governor pursuant to Title 28 of the Connecticut General Statutes (C.G.S.). The Plan is operationally binding upon State and local government agencies and other "civil preparedness forces" as defined in Title 28.

The roles and activities of Federal agencies responding to a terrorist incident in the State of Connecticut are described in Section V - Roles and Responsibilities. It is assumed that all

Federal agencies called to the incident scene will operate within the Incident Command System (ICS). Federal plans used as references in the development of this Plan include:

- The National Incident Management System, March 2004, and as revised, U.S. Department of Homeland Security
- The National Response Plan, 2004, and as revised, U.S. Department of Homeland Security
- The United States Government Interagency Domestic Terrorism Concept of Operations Plan (CONPLAN)
- Weapons of Mass Destruction Incident Contingency Plan (WMDICP) developed by the Federal Bureau of Investigation (FBI)
- The Federal Response Plan (FRP) developed by the Federal Emergency Management Agency (FEMA)
- The National Contingency Plan (NCP) utilized by the US Environmental Protection Agency (EPA) and the United States Coast Guard (USCG)
- Long Island Sound Contingency Plan, Inland Waterways Contingency Plan, and Coastal Area Contingency Plan developed by the USCG

C. Crisis and Consequence Management in Terrorist Incidents

"Crisis management" involves measures to identify, acquire, and plan the use of resources needed to anticipate, prevent, and/or resolve a threat or act of terrorism. The Federal government exercises primary authority to prevent, preempt, and terminate threats or acts of terrorism and to apprehend and prosecute the perpetrators. State and local governments provide assistance to Federal authorities as required. ***Crisis management is predominately a law enforcement and investigation response.***

Presidential Decision Directive (PDD) 39 confirmed the Department of Justice's (DOJ) designation as lead agency for acts of terrorism within the U.S. The DOJ assigned lead responsibility for the operational response for crisis management to the FBI.

"Consequence management" involves measures to protect public health and safety, restore essential government services, and provide emergency relief to governments, businesses, and individuals affected by the consequences of terrorism. State and local governments exercise primary authority to respond to the consequences of terrorism; while the Federal government, through FEMA, provides assistance as required. ***Consequence management is predominately an emergency management function, involving joint operations by first responder agencies.***

(Note: Terrorism Incident Law Enforcement and Investigation Annex of the National Response Plan (TILEIA of the NRP) is a good reference for crisis and consequence management and the FBI as Lead Federal Agency for Crisis Management and DHS/EPR/FEMA as the Lead Federal Agency for the Consequence Management Group.)

D. Notes on the 2006 Plan

- In January 2006 the January 2005 Consequence Management Guide for Deliberately Caused Incidents Involving Chemical Agents was revised as this Consequence Management Plan for Deliberately Caused Incidents Involving Chemical Agents, and was approved and signed by the Governor pursuant to Title 28 of the Connecticut General Statutes (C.G.S.). It is operationally binding upon State and local government agencies and other "civil preparedness forces" as defined in Title 28.

- In January 2005, the Connecticut Office of Emergency Management (OEM) and the Connecticut Division of Homeland Security (DHS) were combined into the Connecticut Department of Emergency Management and Homeland Security (DEMHS) with its own Commissioner.

- In March 2003, the Federal Emergency Management Agency (FEMA) became a part of the new U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate (DHS/EPR/FEMA).

- In 2004, as directed by the President, the U.S. Department of Homeland Security developed the National Response Plan (NRP) which will replace the Federal Response Plan (FRP), the Federal Radiological Emergency Response Plan (FRERP), and the U.S. Government Interagency Domestic Terrorism Concept of Operations Plan (CONPLAN). The National Response Plan incorporates best practices and procedures from incident management disciplines – homeland security, emergency management, law enforcement, firefighting, public works, public health, responder and recovery worker health and safety, and emergency medical services. The NRP describes how federal agencies will coordinate with each other to provide support and assistance to state, local, and tribal governments, non-governmental organizations, and the private sector.

- In 2004, the Secretary of Homeland Security, at the request of the President, developed the National Incident Management System (NIMS). The NIMS system provides a consistent, nationwide approach for Federal, State, local and tribal governments, the private sector, and non-governmental organizations (NGOs) to work together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. The NIMS includes a core set of concepts, principles, and terminology – the Incident Command System (ICS). The NIMS includes, and is in the process of developing, multi-agency coordination systems; communications; training; identification and management of resources; qualification and certification of personnel; and the collection, tracking, and reporting of incident information and resources.

- This Consequence Management Plan incorporates the policies and procedures presented in the NRP and in the NIMS. CT DEMHS plans and guides are continually being reviewed and revised to reflect the latest, best practices in emergency management and homeland security, and are in compliance with the NRP and the NIMS.

II. THREAT ASSESSMENT

A. Chemical Agents Most Likely To Be Used

The U.S. Military divides chemical agents into two categories: toxic and incapacitating. Toxic agents are used to kill or injure people. Incapacitating agents such as hallucinogens are not intended to cause physical injury or death.

Terrorists intent on causing death and injury with a chemical agent would utilize a toxic agent. Toxic chemical agents are divided into four categories designated as nerve, blood, blister and choking agents based upon the physiological effects the chemicals have on the human body. Appendix K contains an overview of selected chemical agents that might be used by terrorists.

Toxic industrial chemical agents such as chlorine, phosgene and hydrogen cyanide can produce mass casualties (particularly if disseminated in a closed environment) and require little if any technical expertise or sophistication to store, handle, and deliver. These common industrial chemical products can be purchased on the commercial market or stolen. Chemical experts feel that the use of G-series and V-series chemical nerve agents by terrorists is less likely because they are technically challenging for terrorists operating outside a state-run laboratory infrastructure to manufacture or produce.

There are three exposure routes for chemical agents. They are skin contact (percutaneous), inhalation and ocular effects. Chemical agents may be dispersed as liquids, aerosols, or vapors (a continuum of mass sizes). The greatest danger faced by first responders wearing Firefighter Protective Ensemble (FFPE) and Self-Contained Breathing Apparatus (SCBA) is the percutaneous vapor hazard. The greatest danger faced by *unprotected* first responders (police, EMS) is the inhalation vapor hazard. All responders must exercise extreme caution not to come into direct contact with a liquid chemical agent.

B. Potential Target Areas In Connecticut

The State of Connecticut considers the possibility of a terrorist attack in Connecticut, including one involving a chemical weapon, to be low. There are no internationally recognized, symbolic targets (e.g. the White House, the World Trade Center, or the Washington Monument) located in Connecticut. None of the State's cities rank in the nation's top 120 cities in terms of population.

Given the relatively low probability of a terrorist attack occurring in the State, only general statements can be made regarding the relative risk of the State's individual municipalities to a terrorist attack. Generally speaking, larger concentrations of the types of facilities that might be targeted by terrorists (e.g. courts, government offices and buildings, abortion clinics, transportation facilities, sports facilities, special event venues, shopping malls) are found in the larger cities. Therefore, it is reasonable to assess the risk of larger cities (i.e. those with over 100,000 population) as somewhat greater than the risk of small to mid-sized municipalities.

An exception to this general statement is made in the case of Bradley International Airport, and in the case of the resorts/casinos operated by the Mashantucket Pequot and the Mohegan Tribal governments in southeastern Connecticut. State officials consider these facilities potential targets because they are high-visibility, 24x7x365 operations.

In addition, the Governor's Domestic Preparedness Senior Steering Council also designated the Groton/New London area as having a risk level similar to that of the larger cities, Bradley International Airport and the resort/casinos. The risk accorded to the Groton/New London area is due to the chemical facilities and defense establishments in that area.

III. ASSUMPTIONS

A. Advance Warning

A terrorist incident may occur with little or no advance warning. This Plan assumes there will be no advance warning.

B. Response Forces

All available local forces will respond supplemented by mutual aid from other municipalities, State forces, mutual aid from other states, and federal forces. In addition, personnel and equipment from the private sector may also respond either on a contractual or voluntary basis.

C. Use of Incident Command System (ICS) and Unified Command (UC)

In a chemical weapon of mass destruction (WMD) incident, different government agencies operating at the scene will have statutory jurisdiction over particular aspects of the response. Therefore, integration of all responding elements under a commonly understood Incident Command System (ICS) employing a Unified Command (UC) is essential to the conduct of efficient emergency operations. In addition, use of ICS at the scene of a chemical incident is required by federal regulations (1910.120).

D. Possibility of Overwhelming Consequences

An act of terrorism, particularly an act directed against a large population center within the State of Connecticut involving a chemical agent, could result in consequences that would overwhelm the capabilities of local and State government almost immediately. Major consequences involving a chemical WMD incident may overwhelm existing Federal capabilities as well, particularly if multiple locations are affected.

E. Need To Coordinate Working Perimeters At Scene

Local, State, and Federal responders will define working perimeters that may overlap. Perimeters may be used to control access to the area, target public information messages, assign operational sectors among responding organizations, and assess potential effects on the population and the environment. Control of these perimeters may be enforced by different authorities, which will impede the overall response if adequate coordination is not established.

F. Need To Delay Entry Into Contaminated Area

If appropriate personal protective equipment (PPE) as specified by the Occupational Health and Safety Administration (OSHA) is not available, entry into a contaminated area (i.e., a Hot Zone) may be delayed until the material dissipates to levels that are safe for emergency response personnel.

G. Presence of Secondary Devices Not To Be Assumed

The incident scene will be searched as soon as possible for secondary devices. However, the Incident Commander *should not assume the presence* of secondary devices. The logical result of *assuming the presence* of secondary devices would be to halt all life-saving operations and withdraw response personnel. This could result in unnecessary loss of life and injury. Instead, Incident Commanders should ***assume the possibility of the presence*** of secondary devices and instruct responders to be vigilant for such devices. Secondary devices could be chemical, biological, radiological, or explosive devices. Incident Commanders must be prepared to halt response operations and withdraw response personnel if such devices are detected.

H. Need For Coordination Relationships Between All Affected Jurisdictions

Operations may involve geographic areas in single or multiple local jurisdictions and in single or multiple states, involving responsible Federal, State and local agencies as appropriate. Federal, State and local agencies whose jurisdictional area includes the incident scene will establish coordination relationships as appropriate with other affected agencies/jurisdictions.

I. Onset Of Chemical Exposure Symptoms

Victims of an attack utilizing a chemical agent will exhibit symptoms at the time of the initial attack. (If the agent is sulfur mustard (HD), a blister agent, symptoms may not appear for 4 to 18 hours. Victims of a mustard attack will likely have left the incident scene before beginning to exhibit symptoms of exposure without realizing they have been exposed to sulfur mustard.

J. Mutual Aid

Mutual aid from other local jurisdictions will be required immediately. Mutual aid will be readily forthcoming.

K. Recognition of Event As Deliberately Caused

Initially, a terrorist attack utilizing a chemical agent may not be recognized as a deliberately caused WMD incident, but rather as a chemical accident. However, the possibility of deliberate causation will be considered early on by the Incident Commander.

L. Use Of Explosive Device To Spread Chemical Agent Considered Unlikely

A chemical attack will likely not involve an explosive device since the extreme heat generated by an explosion may deactivate the chemical agent. Accordingly, it is not anticipated that there will be great physical damage to buildings or other facilities, or a large number of trauma victims.

M. Large and Immediate Media Response

There will be a very large media presence at or near the scene of a significant chemical incident. Local and state media organizations will begin arriving almost immediately, followed soon after by regional, national and perhaps even international media. Involvement of media organizations can be a tremendous asset in managing the emergency.

N. Casualties Anticipated

Although a chemical incident could conceivably result in thousands of casualties, an incident involving a smaller number of casualties is more probable. The effective release by terrorists of a highly lethal chemical agent in a densely occupied area will result in numerous and unavoidable fatalities and injuries despite the best efforts of emergency responders.

IV. CONCEPT OF OPERATIONS FOR CONSEQUENCE MANAGEMENT

A. Direction and Control

1. Local Forces

Pursuant to Section 7-313e of the C.G.S. the local fire chief/senior fire officer-in-charge, when responding to or operating at any fire, service call or other emergency, has the authority to direct and control emergency activities *at such scene.* The local fire chief/fire officer-in-charge at the scene will serve as the Incident Commander (IC) and will establish an Incident Command System (ICS) for the purposes of managing response operations at the scene.

Authority to direct and control *off-scene* local forces resides with the local Chief Executive Officer (CEO) acting through established agency chains of command.

It is recommended that the Incident Commander declare an ***"FBI Hazmat Incident"*** if, in his judgment, the incident appears to be a deliberately caused incident involving a chemical agent and has the potential to cause or has caused mass casualties. ***The local Incident Commander's declaration of an FBI Hazmat Incident will trigger the implementation of procedures contained in this Plan.***

2. State Forces

Authority to direct and control State forces resides with the Governor acting through established agency chains of command.

State forces *involved at the scene* of an emergency will come under the operational control of the Incident Commander, but direction of State forces (i.e. the authority to commit to or withdraw from emergency operations) will at all times remain with the Governor acting through agency chains of command.

3. Operational Control of Civil Preparedness Forces Assumed By Governor

During a civil preparedness emergency proclaimed by the Governor under Section 28-9, C.G.S., the Governor may take direct operational control of any or all parts of the civil preparedness forces and functions in the State. Civil preparedness forces include all State and local police and fire personnel and any other organized personnel engaged in carrying out civil preparedness functions.

4. Federal Forces

Federal consequence management forces *involved at the scene* of an emergency will come under the operational control of the Incident Commander, but direction of Federal forces will remain with the Federal agency chain of command. In a

Presidentially declared disaster or emergency, FEMA will be the Lead Federal Agency for coordinating federal agency consequence management support to the Incident Commander.

V. ROLES AND RESPONSIBILITIES

A. Local Government

1. 9-1-1 Operators:

a) Attempt to identify the existence of a hazardous materials chemical incident through information provided by callers. (See Appendix B, Section A, "Indicators of Chemical Agent Use.")

b) Relay potential threat information and possible need for precautionary measures to all responding units.

2. Initial Dispatch Notifications:

For Federal Bureau of Investigation (FBI) Hazmat Incidents declared by the Incident Commander (IC), dispatch:

1) local police department (notifies appropriate CT State Police Troop, FBI and the Federal Bureau of Alcohol, Tobacco and Firearms (ATF))
2) local emergency medical services and ensure activation of C-Med/ RCC (Centralized Medical Emergency Dispatch/Regional Communications Center) system
3) local fire departments
4) Department of Environmental Protection (notifies US Environmental Protection Agency and US Coast Guard)

3. Additional Dispatch Notifications:

For FBI Hazmat Incidents declared by the Incident Commander, notify, and, if directed by the Incident Commander, request response by:

1) local public health (notifies State Department of Public Health)
2) local public works (notifies State Department of Transportation)
3) local utilities (including gas, water, electric, sewer, phone)
4) local Emergency Management Director (confirms notification of all local agencies and State Department of Emergency Management and Homeland Security)
5) State Department of Emergency Management and Homeland Security (notifies or confirms previous notification of all State, Federal, and private agencies named in this Plan, Governor's Office, FBI, FEMA, American Red Cross)
6) Local Emergency Planning Committee (LEPC) Chairman, as time permits, perhaps even after the event. *(LEPCs are not response organizations.)*

4. *Chief Executive Officer:*

   a) Consider declaring a local state of emergency upon declaration of an FBI Hazmat Incident by the Incident Commander.

   b) Act as or appoint a Public Information Officer (PIO) for incident, to coordinate media briefings at the local EOC, Press Area designated near the scene by the IC and/or FBI Joint Information Center (JIC) when operational.

   c) Direct and control *off-scene* local forces acting through established agency chains of command.

5. *Emergency Management Director:*

   a) Activate and ensure staffing of the local Emergency Operations Center (EOC) by all appropriate local agencies, including utility companies, the American Red Cross, fire, police, public works, and emergency medical services representatives such as the Association of Connecticut Ambulance Providers, etc.

   b) Obtain resources and information requested by the Incident Commander/Unified Command.

   c) Advise the Chief Executive Officer regarding appropriate incident support activities including but not limited to:

      1) Declaration of a local state of emergency
      2) Establishment of a family assistance center
      3) Establishment of shelters for evacuated residents.

   d) Maintain communications and coordination between the Incident Commander/Unified Command, the Chief Executive Officer, and the State Department of Emergency Management and Homeland Security Area Office.

   e) Brief the Chief Executive Officer and the State Area Office of Emergency Management and Homeland Security on the status of off-scene activities (e.g. shelter operations, anticipated State and Federal response actions, etc.).

6. *Emergency Medical Services (EMS):*

   a) First arriving EMS personnel will assess the situation for every call and identify:

1) The possibility of hazardous materials being present.
2) Whether the number of patients is one, two or more.
3) Whether the patient's or patients' conditions were caused by trauma or a medical event.

b) IF the first arriving EMS personnel identify:

1) The presence of hazardous materials, or
2) Two or more medical patients with similar conditions, causes unknown,

THEN, assume a hazmat situation. Do not approach, contact or attempt to treat patients except as outlined below.

c) IF no Incident Command System (ICS) has been established at the time EMS personnel arrive,

1) Keep ambulance(s) at a distance and upwind and instruct people not to converge upon the vehicle(s). (Utilize Centralized Medical Emergency Dispatch/Regional Communications Center [C-MED/RCC] and/or emergency dispatch agency to broadcast this instruction to responding units.)
2) Serve as Incident Command until relieved by police or fire service.
3) Ensure that fire and police units are enroute.
4) Determine if casualties exceed, or might exceed, the threshold for a mass casualty incident (i.e. the number of casualties necessitates a change in normal pre-hospital care protocols or there are at least 6 casualties or other threshold number of casualties established in local Mass Casualty Incident (MCI) Response Plan.
5) If threshold is or may be exceeded, declare an MCI, notify C-MED/RCC (Centralized Medical Emergency Dispatch/ Regional Coordination Center) and the dispatcher to request additional EMS units.
6) Encourage people to evacuate building, or move off-scene, but to stay together.
7) Don the appropriate level of personal protective equipment. (PPE)
8) Wait for fire/hazmat service to arrive and assess incident. Continue as below.

d) WHEN Incident Command System (ICS) has been established by the fire/hazmat or police service:

1) Locate ambulance(s) where directed by the Incident Commander or other appropriate ICS authority (e.g. Operations Section Chief if appointed).
2) Assume duties associated with any ICS position to which appointed by the Incident Commander, or Operations Section Chief if appointed, or EMS Branch Director if appointed.

e) EMS Branch Director (if appointed) or otherwise the crew of the first arriving medical unit, confer with the Incident Commander (or Operations Section Chief if appointed) regarding:

1) Possible cause/agents.
2) Need to declare an MCI, implement the EMS mass casualty plans and request additional EMS units (if not already done).
3) Location of ambulance staging, patient assembly, triage, treatment and loading areas. (Patient Assembly Area should be located in the Warm Zone – all other areas to be located in Cold Zone.)
4) The need to consult with the University of Connecticut Poison Control Center regarding patient symptoms and treatment.

f) Take personal protective measures as directed by the Incident Safety Officer or the Assistant Safety Officer-EMS.

g) Segregate patients into ambulatory and non-ambulatory groups.

NOTE: This should be done in the Warm Zone by fire service or EMS personnel in appropriate PPE as determined by the Incident Safety Officer or Assistant Safety Officer-EMS.

h) Direct ambulatory patients **exposed to vapor only** to self-decontaminate by disrobing to the undergarments and re-clothing themselves in modesty garments or clean sheets provided by emergency personnel.

NOTE: This should be done in the Warm Zone by fire service or EMS personnel in appropriate personal protective equipment (PPE) as determined by the Incident Safety Officer or Assistant Safety Officer-EMS. Persons undergoing dry decontamination should be given a medical emergency field triage tag (METTAG) showing the type of decontamination received.

i) Triage non-ambulatory patients and ambulatory patients **exposed to liquid agent** for wet decontamination by fire service personnel;

NOTE: This should be done in the Warm Zone by EMS-trained fire service personnel or non-fire service EMS personnel in appropriate PPE as determined by the Incident Safety Officer (or Assistant Safety Officer-EMS). Persons

undergoing wet decontamination should be given a medical emergency field triage tag (METTAG) showing the type of decontamination received.

j) Triage all other patients (ambulatory patients not exposed to liquid agent), directing those requiring immediate treatment to the treatment area, holding those requiring further medical evaluation at the scene, and releasing all others (after consultation with the FBI and law enforcement authorities) after providing appropriate guidance on additional self-care at home

k) Treat ***decontaminated*** victims in accordance with treatment protocols approved by the local sponsor hospital..

l) Transport victims to hospitals as directed by C-MED/RCC;

m) Maintain continuous communications with C-MED/RCC for resources and patient distribution.

7. *Fire Department/ Incident Commander:*

a) Senior fire official on the scene serves as the Incident Commander and directs and controls response operations at the scene. (The Incident Commander may elect to temporarily transfer Incident Command to a Law Enforcement Authority if, in the judgment of the Incident Commander, there is evidence of a dangerous criminal presence still at the scene. In such instances all non-law enforcement emergency responders should withdraw to a safe area until the scene is deemed secure by the Law Enforcement Incident Commander and Incident Command is returned to the senior fire officer.)

b) It is recommended that the Incident Commander declare an FBI Hazmat Incident if, in his judgment, the incident appears to be a deliberately caused incident involving a chemical agent and has caused or has the potential to cause mass casualties. The local Incident Commander's declaration of an FBI Hazmat Incident will trigger the implementation of procedures contained in this Plan.

c) Request through dispatch additional fire service personnel and equipment, including mutual aid and fire resources available through the *Statewide Fire-Rescue Disaster Response Plan.*

d) Brief the Chief Executive Officer on the ongoing status of the incident.

e) Organize the scene by establishing the Incident Command Post, Patient Assembly Area (a.k.a. Casualty Collection Point), Treatment

Areas, Loading Area, Decontamination Area, Staging Areas, Media Area, and safety perimeters and assign all arriving personnel and equipment to appropriate sections within the Incident Command System (ICS).

f) Consistent with level of training and equipment available, attempt to identify specific chemical agent.

g) Take appropriate actions (consistent with department capabilities) to contain, control or stop leaks, spills or releases of hazardous materials and suppress or prevent fires.

h) If necessary authorize reconnaissance missions in the attack area to determine if there are live victims.

i) If live victims remain in the area of attack, authorize and conduct rescue operations as appropriate.

j) Determine if victims were exposed to liquid agent, or if exposure was to vapor only.

k) Declare protective actions to be taken, including evacuations, road closures, curfews, shelters, etc. *(For the purposes of site set-up, defining safety perimeters, evacuation, etc., the U.S. Department of Transportation's Emergency Response Guidebook: A Guidebook for First Responders During the Initial Phase of a Dangerous Goods/Hazardous Materials Incident, often referred to as the "Orange Book", can be used.)*

l) Direct and conduct decontamination operations (wet/dry decon) at the scene as determined appropriate by the Incident Commander.

NOTE: Non-ambulatory casualties and casualties exposed to liquid agent should undergo a wet decontamination procedure. Dry decontamination procedures involving disrobing to the undergarments and re-clothing in a modesty garment or clean sheet should be used for ambulatory casualties exposed to vapor only, particularly in incidents involving large numbers of victims.

m) Support local hospital(s) with decontamination procedures outside the emergency room or assign a mutual aid fire department to this role.

n) Control and maintain water runoff in the safest manner practical.

o) Request activation of assigned 800 MHz primary interoperable tactical channel, and additional channels if necessary, to support incident communications requirements.

p) Staff the local EOC as requested.

8. *Police Department:*

a) IF police personnel arrive at the scene first and identify:

1) The presence of hazardous materials, or
2) Two or more medical patients with similar conditions, causes unknown,

THEN, a hazmat situation should be assumed. Do not approach or come in contact with patients. Proceed as below.

b) IF no Incident Command System has been established when police personnel arrive, then:

1) Secure a perimeter.
2) Keep out of any smoke, mist, downwind emissions and liquids.
3) Keep police vehicle(s) at a distance and instruct people not to converge upon the vehicle(s).
4) Encourage people in attack area to evacuate building or move away from scene if possible, but to stay together.
5) Serve as Incident Command until relieved.
6) Assess situation for presence of criminal elements.
7) Request additional law enforcement personnel including tactical units as necessary.
8) Request police dispatch to notify appropriate State Police Troop.
9) Don appropriate level of PPE.
10) Ensure that fire and EMS units are en route but directed to stage at a safe location if criminal elements are on-scene.
11) Wait for fire/hazmat service to arrive and assess incident. Continue as below.

c) When Incident Command System has been established by fire service or transferred to fire service upon termination of tactical situation:

1) Notify the appropriate State Police Troop and the FBI if they have not previously been notified.
2) Provide a representative to the Incident Command Post.
3) Secure perimeter as directed by the Incident Commander.
4) Assume duties associated with any ICS position to which appointed. by the Incident Commander, or the Operations Section Chief if appointed or the Law Enforcement Branch Director, if appointed.
5) Search area for secondary devices consistent with departmental capabilities.

6) Staff the local EOC as requested.
7) Perform route alerting as requested by the Incident Commander.
8) Provide security at incident scene, hospitals, shelters, media center, etc., as necessary.
9) Establish traffic detour routes.
10) Take personal protective measures as directed by the Incident Safety Officer or the Assistant Safety Officer-Law Enforcement.

9. *Public Health:*

a) Staff the local EOC and the Incident Command Post as requested.

b) Notify the State Department of Public Health.

c) Assess the needs of local emergency medical response personnel and local medical facilities and resources.

d) Recommend protective actions for responders, victims, and potentially affected citizens.

e) Prepare and disseminate public health advisories in coordination with the Public Information Officer.

10. *Public Works/Highway Department:*

a) Ensure workers operate only in the Cold Zone unless properly equipped and trained for Warm Zone operations.

b) Assist with traffic and access control.

c) Staff the local EOC and the Incident Command Post as requested.

B. State Agencies

1. *Department of Administrative Services (DAS):*

a) Staff the State EOC as requested by DEMHS.

b) Provide emergency contracting services on behalf of State agencies for essential goods and services as required in response and recovery operations.

c) Assist Federal agencies in identifying private sector sources of critical supplies, equipment, and services.

d) Maintain coordination with Emergency Support Function (ESF) # 7 - Resource Support, when ESF # 7 - Resource Support has been activated by FEMA.

2. *Department of Children and Families (DCF):*

a) Staff the State EOC as requested by DEMHS.

b) Coordinate the provision of critical incident stress management and critical incident stress debriefings for emergency responders at the scene.

c) Coordinate the provision of immediate mental health crisis intervention services for victims and their families at a family assistance center if established or at other appropriate location.

d) Provide medical support to the Department of Public Health as needed.

e) Provide behavioral health services to children and families affected by incidents involving chemical agents or weapons of mass destruction.

3. *Department of Correction (DOC):*

a) Staff the State EOC, the FBI Joint Operations Center (JOC) and the FBI Joint Information Center (JIC) as requested by DEMHS.

b) Provide staff to augment any field offices in direct relation to any DOC facilities.

c) Assist with security and law enforcement as requested by Connecticut State Police (CSP) in relation to facility perimeters.

d) Provide technical assistance, personnel, and equipment in direct relation to any agency facility or building.

e) In consultation with the Incident Commander and the Commanding Officer of CSP Emergency Services, assume Incident Command of any situation requiring a tactical response to any DOC facility or building.

f) Deploy the DOC Tactical Operations Unit to:

1) Standby for and conduct a Tactical Operation (if necessary) on any DOC facility or building.
2) Provide any other specialized services and/or equipment as needed.

g) Provide DOC transport buses to assist with evacuation of any DOC facility or building or for other needs as deemed by the Incident Commander.

h) If DOC facilities or buildings are involved, provide public information through the JIC regarding status.

4. *Department of Criminal Justice:*

a) Staff the State EOC as requested by DEMHS.

b) Staff the FBI Command Post, Joint Operations Center (JOC) and Joint Information Center (JIC), as requested by the FBI or DEMHS.

5. *Department of Emergency Management and Homeland Security (DEMHS):*

a) Activate the State EOC to coordinate Federal and State support to the local Incident Commander/Unified Command in any of the following situations:

1) Upon the declaration of an "FBI Hazmat Incident" by the Incident Commander.
2) Whenever so advised by the DEP or CSP following consultation with the Governor's Office.
3) As otherwise directed by the Governor's Office.

b) Request EOC staffing by the following agencies: CSP, DEP, DPH, National Guard, DOT, Governor's Office, Criminal Justice, Department of Corrections, State Medical Examiner's Office, FBI, FEMA, American Red Cross, Southern New England Telephone,

and appropriate electric, water and other utility companies, and other organizations and associations as needed (e.g. the Association of Connecticut Ambulance Providers).

c) Establish communications with FEMA Region I Regional Response Coordination Center (RRCC) in Maynard, Massachusetts.

d) Augment staffing of appropriate DEMHS Area Offices.

e) Advise the Governor regarding the need to declare a state of civil preparedness emergency under Section 28-9, C.G.S. and request Federal assistance under the Stafford Act or other Federal authority.

f) As necessary, request interstate mutual aid through the Emergency Management Assistance Compact (EMAC).

g) Prepare formal requests for a Presidential Disaster or Emergency Declaration under the Stafford Act.

h) Request that FEMA deploy the Emergency Response Team - Advance (ERT-A) to the State EOC, with representatives from the Department of Defense (DOD) Defense Coordinating Element (DCE) and Emergency Support Functions (ESFs) # 1-Transportation, # 5-Emergency Management, # 8-Public Health and Medical Services, # 10-Oil and Hazardous Materials Response, and, if appropriate, # 9-Urban Search and Rescue.

i) Submit requirements for Federal consequence management assistance, as needed and requested by State and local response agencies, to the RRCC (FEMA's Regional Response Coordination Center) through the ERT-A after arrival at the State EOC. (If a Joint Field Office (JFO) is established, requests will be directed to the JFO instead of the RRCC. In situations requiring the State to share in the cost of Federal assistance, requests must be authorized by the Governor's Authorized Representative (GAR) or other duly authorized State Approving Official (SAO)).

j) Staff the FBI Incident Command Post if requested by the FBI.

k) Ensure an appropriate State interagency liaison team is dispatched to the FBI JOC (Joint Operations Center) and FBI JIC (Joint Information Center).

l) Consider activation and deployment of the CT Urban Search and Rescue (US&R) Team, or its components, as appropriate.

6. *Department of Environmental Protection (DEP):*

a) Staff the State EOC, and the FBI Command Post, JOC and JIC, as requested by DEMHS; and the Incident Command Post as requested by the local Incident Commander.

b) Provide an Emergency Response Coordinator (who will serve as the State's On-Scene Coordinator for hazmat operations) and the CT DEP Oil and Chemical Spill Response Division (OCSRD) to assist the Incident Commander in:

1) Identifying chemical agents.
2) Assessing exposure and safety hazards.
3) Coordinating and communicating with the Connecticut Poison Control Center of the University of Connecticut Health Center.
4) Providing air modeling and determining zones of influence through use of ALOHA, part of CAMEO computer software suite.
5) Providing Hazardous Materials Entry Teams as appropriate.
6) Controlling and mitigating the incident using DEP resources as required.
7) Coordinating the activities of all other State and Federal agencies in and around the contaminated area of the scene.
8) Determining the cause of the incident.
9) Securing environmental contractors to augment and support the DEP response. Contractors to assist in: response activities/ containment; decontamination/disposal; obtaining specialized equipment. (150 contract Hazmat technicians available.)
10) Arranging for or providing specialized equipment and personnel.
11) Advising the Governor and DEMHS of site conditions through the DEP Commissioner.

c) Request Federal assistance from the US Environmental Protection Agency and the US Coast Guard to identify, control, mitigate and remove or neutralize hazardous materials.

7. *Commission on Fire Prevention and Control (CFPC):*

a) Staff the State EOC as requested by DEMHS.

b) Coordinate the implementation of the Statewide Fire Service Deployment Plan.

8. *Governor's Office:*

a) Staff the State EOC as appropriate.

b) Consider declaring a state of civil preparedness emergency under Section 28-9, C.G.S., and exercising emergency powers as appropriate.

c) Convene Cabinet meetings at the State EOC as necessary.

d) Direct State response operations.

e) Confer with the Secretary of the Federal Department of Homeland Security and the White House as necessary.

f) Request federal assistance under the Stafford Act or other federal authority as appropriate.

g) Brief media as necessary from the JIC established by the FBI. If the JIC has not been established, media briefings should be conducted from the media area/facility designated by the Incident Commander/Unified Command.

9. *Information and Technology (DOIT):*

a) Staff the State EOC, JFOs, JICs, and other facilities as requested by DEMHS.

b) Arrange for the prompt installation of telecommunications support in DRCs for the Center Managers, at the State EOC, and at other locations as needed.

c) Arrange for information technology equipment, installation, repair, programming, and troubleshooting, at the State EOC and at other locations as needed and requested.

d) Facilitate the acquisition of communications and information technology equipment and services.

e) Request and coordinate activities through the National Communication Service for emergency telecommunications service priority (TSP) and wireless priority services (WPS).

f) Activate the DOIT EOC and Communications Center;

g) Monitor and report on the condition of the state

telecommunications infrastructure.

h) Coordinate agency business continuity and information technology disaster recovery plans.

i) Originate public information, in coordination with the Governor's Office, relative to communications, information technology, and the National Communications System.

j) Provide coordination and support for statewide geospatial information resources through the State Geospatial Council, as needed.

10. *Department of Mental Health and Addiction Services (DMHAS):*

a) Staff the State EOC as requested by DEMHS.

b) Coordinate the provision of critical incident stress management and critical incident stress debriefings for emergency responders at the scene

c) Coordinate the provision of immediate mental health crisis intervention services for victims and their families at a family assistance center, if established, or other appropriate locations.

11. *Motor Vehicle Department (DMV):*

a) Staff the State EOC as requested by DEMHS.

b) Assist other state agencies with the evacuation of institutionalized persons through the limited provision of vehicles and personnel, as requested.

c) Assist the State Police through the provision of uniformed inspectors to provide traffic control as well as to search for dangerous cargos and/or suspicious drivers of heavy vehicles, as requested.

d) Provide communications support, including immediately providing digital images for requesting law enforcement agencies and by the dispatching of mobile data terminals for use by any law enforcement agency that loses communications.

12. *Connecticut National Guard (CTNG):*

a) Staff the State EOC, the FBI Joint Operations Center and Joint Information Center as requested by DEMHS.

b) Provide staff augmentation for DEMHS Area Offices as necessary.

c) Assist with law enforcement and scene security as requested by the CSP through DEMHS.

d) Assist with victim transport as requested by the Incident Commander/Unified Command (IC/UC) through DEMHS.

e) Provide technical assistance, personnel and equipment to assist with mass decontamination as requested by the Incident Commander/ Unified Command (IC/UC) through DEMHS.

f) Alert and/or deploy the Connecticut National Guard Weapons of Mass Destruction Civil Support Team (CTNG WMDCST) as requested by the Incident Commander/Unified Command (IC/UC) through DEMHS.

g) Alert and/or request deployment of the Massachusetts National Guard Weapons of Mass Destruction Civil Support Team (MANG WMDCST) and/or the New York National Guard Weapons of Mass Destruction Civil Support Team (NYNG WMDCST) as requested by the Incident Commander/Unified Command (IC/UC) through DEMHS.

h) Provide available State armory facilities for use as alternate care facilities as requested by the Incident Commander/Unified Command (IC/UC) through DEMHS.

i) Provide transportation for government officials as necessary.

j) Provide other National Guard resources as necessary and requested by the Incident Commander/Unified Command (IC/UC) through DEMHS.

13. *Office of Policy and Management (OPM):*

a) Staff the State EOC and the Joint Field Office (JFO) as requested by DEMHS.

b) Authorize State agency requests for Federal assistance requiring a State cost share.

c) Track State obligations associated with Federal assistance provided at the request of the State.

14. *Department of Public Health (DPH):*

a) Staff the State EOC, the FBI Joint Operations Center and the FBI Joint Information Center, as requested by DEMHS.

b) Activate the DPH Emergency Command Center.

c) Assist local officials in developing appropriate public health response strategies.

d) Act as the State counterpart agency for Federal health/medical assistance by directing and coordinating all arriving Federal health/medical personnel, equipment, and supplies until assigned to an appropriate ICS authority by the Incident Commander.

e) Develop formal requests for Federally provided health/medical assistance to support health care facilities, EMS providers, and public health officials in the following functional areas:

(NOTE: In a Presidentially declared incident, requests will be submitted to ESF# 8-Health and Medical Services through the State Coordinating Officer/Emergency Management and Homeland Security Commissioner.
In a non-Presidentially declared emergency, requests will be made directly to the appropriate Federal agency, and DEMHS will be informed of the request.)

1) Assessment Teams for Health/Medical Needs
2) Health Surveillance Systems
3) Medical Care Personnel including but not limited to Disaster Medical Assistance Teams (DMATs), Specialized DMATs, Disaster Mortuary Teams (DMORTs), and National Medical Response Teams (NMRTs)
4) Health/Medical Equipment and Supplies (e.g. Strategic National Stockpile)
5) Patient Evacuation to Definitive Medical Care Facilities that are part of the National Disaster Medical System (NDMS) network
6) In-Hospital Care at Facilities in the NDMS Network.
7) Food/Drug/Medical Device Safety.
8) Worker Health/Safety.
9) Chemical Hazards Effects/ Treatment/Decontamination.
10) Public Health Information.
11) Potable Water/Wastewater/Solid Waste Disposal

f) Track casualty/fatality information.

g) Identify, in consultation with the Incident Commander, C-MED/RCC and DEMHS, short-term alternate care facilities if hospital capacity is overwhelmed.

h) Provide toxicological and health risk assessment regarding the release.

i) Analyze samples at the State Health Department Laboratory.

j) Coordinate the activation of state and federal Disaster Medical Assistance Teams (DMATs).

k) Consider activation and mobilization of the CT Disaster Medical Assistance Team (DMAT) or its components, as appropriate.

l) Exercise its authority under the Public Health Emergency Response Authority Act in implementing the State of CT Public Health Emergency Response Plan.

15. Department of Public Safety (DPS):

a) Dispatch a representative to the Incident Command Post.

b) If appropriate and in consultation with the Incident Commander (Fire Department Chief – senior fire officer in charge), assume Incident Command in a situation requiring a tactical response unless Incident Command has already been assumed by the local law enforcement agency.

b) Staff the State EOC, FBI Joint Operations Center, the FBI Joint Information Center, and the FBI Command Post.

d) Deploy the CSP Emergency Services Unit to:

1) Standby for, conduct, or assist local law enforcement in conducting tactical response (if necessary) and search/ removal of secondary devices.
2) Provide other specialized services and equipment as requested by the Incident Commander or other appropriate ICS authority, as available (e.g. agent detection, reconnaissance for living victims, etc.).

e) Control traffic and access on State roads and highways traversing or passing near the incident scene.

f) Assist local law enforcement with perimeter security, access control, anti-looting patrols of evacuated areas.

16. *Office of the State Medical Examiner (SME):*

a) Dispatch a representative to the Incident Command Post to authorize the movement of deceased persons by responders at the scene and to authorize removal of deceased persons from the scene.

b) Provide and coordinate victim identification and mortuary services.

c) Determine facilities to be used as temporary morgues.

d) Develop requests for Federal assistance to:

1) Assist in victim identification and mortuary services, including National Disaster Medical System (NDMS) Disaster Mortuary Services Teams (DMORTs).
2) Set up and operate temporary morgue facilities.
3) Process, prepare, and dispose of remains.

(NOTE: In a Presidentially-declared incident, requests for Federal assistance should be submitted through the State Coordinating Officer, usually the State Emergency Management and Homeland Security Commissioner. In the absence of a Presidential declaration, requests for Federal assistance provided under the National Disaster Medical System should be made through the State Department of Public Health.)

17. *Department of Transportation (DOT):*

a) Staff the State EOC, the FBI Joint Operations Center (JOC), and the FBI Joint Information Center (JIC) as requested by DEMHS.

b) Assist law enforcement authorities with traffic control.

c) If DOT-owned or operated transportation facilities are affected, provide public information through the JIC regarding the status of transportation facility services.

d) Provide CT Transit buses to assist with the transportation of victims to alternate care facilities and transportation for other needs if requested by DEMHS.

18. *University of Connecticut Health Center, Connecticut Poison Control Center (CPCC)*

a) Provide advice and consultation to health care providers and the general public regarding the management of chemical exposures.

b) In the event of a chemical terrorist attack or a Hazmat situation with the potential for chemical exposure and/or injuries, assist in the coordination of hospital response by relaying information regarding known or possible chemical entities, as well as providing information regarding potential antidotes and their availability. Efficient deployment of these functions is dependent on early communication by first responders with the CPCC to identify substances involved or initial symptoms of those injured, as well as utilization of the C-MED/RCC system with hospital notifications.

c) Utilize toxicology clinic for subsequent follow-up of victims, or coordination of follow-up with other medical providers throughout the State.

C. Federal Agencies

1. *Department of Justice/Federal Bureau of Investigation (FBI)*

a) Act as the overall Lead Federal Agency (LFA) until the LFA designation is given over to FEMA at the direction of the U.S. Attorney General.

b) Act as Lead Federal Agency for crisis management (law enforcement).

c) Determine when a threat of terrorism warrants consultation with the White House (through the U.S. Attorney General), FEMA and the Connecticut State Police.

d) Advise the White House (through the Attorney General) when the FBI requires assistance for a Federal crisis management response, in accordance with Presidential Decision Directive (PDD) 39 Domestic Deployment Guidelines.

e) Work with FEMA to establish and operate a Joint Information Center (JIC) in the field as the focal point for information to the public and the media concerning the Federal response.

f) Establish the lead Federal operations centers for the crisis management response in the field and in Washington, D.C.

g) Appoint an FBI On-Scene-Coordinator (or subordinate official) to manage and coordinate the crisis management response. The OSC will convene meetings with operational decision-makers representing Federal, State and local law enforcement and technical support agencies, as appropriate, to formulate incident action plans, define priorities, review status, resolve conflicts, identify issues that require decisions from higher authorities, and evaluate the need for additional resources.

h) Have charge of any law enforcement investigation at the scene of any chemical incident known or suspected by the FBI to have been a criminal act.

i) Issue and track the status of crisis management actions assigned by the FBI.

j) Designate appropriate liaison and advisory personnel to support FEMA.

2. *Department of Homeland Security/Emergency Preparedness and Response Directorate/Federal Emergency Management Agency (DHS/EPR/FEMA or FEMA)*

a) Act as Lead Federal Agency (LFA) for consequence management (i.e. response and recovery).

b) Determine when consequences are "imminent" for the purposes of mobilizing and providing assistance under the Stafford Act.

c) Consult with the Governor's office and the White House to determine if a Federal consequence management response is required and if FEMA is directed to use Stafford Act authorities. Notify and coordinate with the FBI, the LFA for crisis management.

d) Work with the FBI to establish and operate a JIC in the field.

e) Establish the primary Federal operations center for consequence management in the field and in Washington, D.C.

f) Appoint a Regional Response Coordination Center (RRCC) Director or a Federal Coordinating Officer (FCO) to manage and coordinate the Federal consequence management response in support of State and local governments. In coordination with the FBI, the RRCC Director will convene meetings with decision makers representing Federal, State and local emergency management and technical support agencies, as appropriate, to formulate incident action plans, define priorities, review status, resolve conflicts, identify issues that require decisions from higher authorities, and evaluate the need for additional resources.

g) Issue mission assignments to Federal consequence management agencies and track the status of consequence management actions assigned by FEMA.

h) Designate appropriate liaison and advisory personnel to support the FBI operations at the Joint Operations Center (JOC) and the FBI Strategic Information and Operations Center (SIOC) in Washington, DC.

i) Expedite processing of requests for Presidential Emergency Declarations and Disaster Declarations under the Stafford Act.

3. *Other Federal Agencies (Including Health and Human Services, Environmental Protection Agency, Coast Guard, Department of Defense)*

Provide direct support to Incident Commander in accordance with agency statutory authorities and existing Federal plans (e.g. National Contingency Plan, National Disaster Medical System Plan, National Pharmaceutical Stockpile Plan, National Response Plan) until a Lead Federal Agency is designated (FBI for crisis management or FEMA for consequence management) in accordance with the Federal CONPLAN and Federal Response Plan/National Response Plan. At such time Federal agency support will be coordinated by and through the Lead Federal Agency for that function (i.e. crisis or consequence management) and requests for Federal assistance from the Incident Commander and State agencies will be submitted through the State Coordinating Officer (usually the Commissioner of the State Department of Emergency Management and Homeland Security).

D. Private and/or Voluntary Agencies

1. *American Red Cross (ARC):*

   a) Staff the State EOC, as requested by the State Department of Emergency Management and Homeland Security.

   b) Staff the local EOC as requested by an appropriate local authority.

   c) Provide shelter management and mass care for persons evacuated from areas affected or threatened by an FBI Hazmat Incident.

   d) Provide crisis counseling to services to victims and their families.

   e) Establish and operate a Disaster Welfare Inquiry (DWI) System if appropriate.

2. *Association of Connecticut Ambulance Providers:*

   a) Work with State and local authorities to coordinate ambulance transportation.

   b) Provide stand-by units at disaster sites for on-site medical care.

   c) Coordinate with State and local agencies for non-ambulatory evacuations.

   d) Assist in set-up and manning of Triage and Field Treatment Areas.

3. *United Way of Connecticut (Infoline 211)*

   a) Operate a donations management hotline as requested by the Department of Emergency Management and Homeland Security and track offers of donations (both goods and services).

   b) Provide victims and their families with referrals to appropriate medical, mental health and emergency/disaster assistance services.

4. *Hospitals:*

   a) Accept and treat victims to the extent possible in accordance with facility plans for a chemical mass casualty incident. Hospital plans for a chemical incident should include provisions for:

      1) Lockdown to avoid contamination and hospital shutdown.
      2) Establishment of a single point of entry and egress.

3) Use of Incident Command System (ICS).
4) Establishment of a triage area outside the facility.
5) Establishment of a decontamination station outside the hospital.
6) Wearing of appropriate PPE by hospital personnel.
7) Identification of bed availability.
8) Mobilization of off-duty hospital personnel and amateur radio operators.
9) Activation of family care centers for dependents of hospital staff.
10) Use of pre-established medical treatment protocols.
11) Initiation of patient evacuation plans, internally within the hospital and to other hospitals/care facilities.
12) If possible, providing a Public Information Officer (PIO) to the FBI Joint Information Center.
13) Coordinating with on-scene medical command and incoming ambulances through C-MED/RCC regarding patient distribution, symptoms, treatment, decontamination and disposition.
14) Activation and use of the DPH communications infrastructure to assist with coordination of activities with the hospitals, C-MED/RCC, and on-scene medical command.
15) Responding to requests from the American Red Cross Disaster Welfare Inquiry System for information on the location of family members.

APPENDICES

APPENDIX A
INCIDENT COMMANDER RECONNAISSANCE AND RESCUE GUIDELINES FOR AN FBI HAZMAT INCIDENT

Incident Commanders arriving at the scene of an FBI Hazmat mass casualty incident will first need to determine whether a Hot Zone reconnaissance mission and rescue of victims should be attempted with the available personnel and equipment. Numerous factors must be considered in making such a difficult decision. Guidelines for rescue operations in chemically contaminated environments *by firefighters in standard turnout gear and self-contained breathing apparatus (SCBA)* have been developed by the US Army Soldier, Biological, Chemical Command (SBCCOM) Domestic Preparedness Chemical Team.

As a matter of policy, the State of Connecticut advises against attempting Hot Zone reconnaissance and rescue missions in FBI Hazmat Incidents except by properly trained and equipped personnel, in accordance with standard operating procedures for hazmat incidents. The risk to firefighters in turnout gear and SCBA rescuing persons already incapacitated by a highly toxic chemical may not be warranted in situations where appropriate and timely medical treatment at the scene (e.g. antidotes) is not available for such severely symptomatic victims. However, the decision to attempt Hot Zone reconnaissance and rescue using firefighters in turnout gear and SCBA is a situation-dependent decision that the Incident Commander will have to make at the time of the incident.

(See "Guidelines for Incident Commander's Use of Firefighter Protective Ensemble with SCBA for Rescue Operations During a Terrorist Chemical Agent Incident," August 1999, by the US Army Soldier and Biological Chemical Command. Also see "Use of Positive Pressure Ventilation Fans to Reduce the Hazards of Entering Chemically Contaminated Buildings – Summary Report," October 1999, also by SBCCOM).

APPENDIX B
AGENT INDICATORS, WEATHER ASSESSMENT, AND CRIME SCENE CONCERNS FOR FIRST RESPONDERS

A. Indicators of Chemical Agent Use

1. A stated threat to deploy a weapon of mass destruction (WMD) chemical agent.
2. Unusual numbers of dying animals are present. For example all the birds that are usually present at outside trash bins are dead.
3. Lack of insect life. If normal insect activity (ground, air, and/or water) is missing, then check the ground/surface water and shoreline for dead insects.
4. Numerous individuals are experiencing unexplained water-like blisters, wheals (like bee stings), and/or rashes.
5. Numerous individuals are exhibiting serious health problems ranging from nausea to disorientation to difficulty breathing to convulsions to death. It is apparent that a mass casualty incident exists.
6. There is a definite pattern of casualties (i.e., the casualties are aligned with the wind direction outdoors). Casualties are distributed in a pattern that may be associated with possible agent dissemination methods (i.e., lower number of ill people working indoors versus outdoors, or outdoors versus indoors).
7. Unusual liquid droplets are present. Numerous surfaces exhibit oily droplets/film; numerous water surfaces have an oily film. (No recent rain.)
8. Unscheduled and unusual spray being disseminated.
9. Abandoned spray devices, such as chemical sprayers used by landscaping crews.
10. Unexplained odors are present. It is important to note that the particular odor is completely out of character with its surroundings (e.g., the smell of garlic, coupled with above symptoms is indicative of mustard agent).
11. Low-lying clouds or fog-like condition exists that is not explained by its surroundings or weather conditions.
12. Unusual metal debris present – unexplained bomb/munitions material, especially if it contains a liquid and there has been no recent rain.

B. Indicators of Biological Agent Use

Indicators that a WMD incident involving biological agents has taken place, depending on the biological toxin or pathogen, take between 18-36 hours to manifest themselves. If indications are present, they may include:

1. A stated threat to deploy a biological agent has been received.
2. Unusual numbers of sick or dying people and animals. For example, all the birds that are usually present near outside trash bins are dead; there are no insect sounds, etc.
3. Reported illness reflects an unusual or impossible agent for the geographic area, or there is an unusual distribution of the disease (i.e., the casualties are aligned with the wind direction outdoors.).

4. Unscheduled and unusual spray being disseminated.
5. Abandoned spray devices, such as chemical sprayers used by landscaping crews.
6. Unusual swarms of insects.

C. Indicators of Radiological Agent Use

Unless confirmed by radiological detection equipment the presence of a radiation hazard is difficult to ascertain. Indicators may include:

1. A stated threat to deploy a nuclear or radiological device.
2. Radioactive placards or warning materials.

D. Weather Assessment: an Important Factor in Incident Assessment

The impacts of chemical, biological and radiological agents are affected by weather conditions. Accordingly, detailed and accurate assessments of weather conditions and forecasts are critical elements in the tactical management of WMD emergencies. Weather effects to consider include:

1. Sunlight – Ultraviolet light found in sunlight helps kill biological agents.
2. Temperature – Temperatures above 100 degrees Fahrenheit begin killing off biological agents. Freezing temperatures can render biological agents dormant. (Exception: Organisms in a spore state – such as anthrax - will be unaffected by temperature changes.)
3. Temperature Gradient – Elevation influences temperature. For each ten meters from ground level there is a different temperature known as the temperature gradient. This factor causes biological agents to hold close to the ground.
4. Wind – Wind aids the dispersal and spread of chemical, biological and nuclear agents. Wind direction and speed influence the resulting plume and must be considered when setting up zones of operation and making evacuation decisions.
5. Precipitation – Precipitation can influence agent dispersal and the spread of contaminated areas (i.e., run-off). In biological WMD situations, the quantity of rain can either kill or stimulate the growth of individual agents.
6. Humidity – Higher humidity levels cause the pores on human skin to open up, aiding the absorption of agents.

E. Crime Scene Concerns for First Responders

Upon declaration of a possible WMD incident, by the Incident Commander, the incident scene now becomes a potential crime scene – the scene of a deliberately violent and possibly lethal act. Upon declaration of a possible WMD incident, by the IC, first responders should not touch anything at the scene unless:

- it is absolutely necessary for the performance of their official duties, or

- it is done with the concurrence of the appropriate law enforcement official (i.e., the FBI, if present).

Emergency response personnel will be required to work closely with law enforcement personnel to preserve critical evidence at the crime scene while simultaneously performing life saving actions and implementing the necessary protective actions for people at risk.

First responders may have the opportunity to observe factors that will be significant to the criminal investigation. First responders become potential witnesses and potential sources of intelligence in support of the crime scene investigation.

First responders must also consider the possibility that the perpetrator may be one of those that are among the injured or dead. When responders know that the incident site is also a crime scene they must assume that any one of the victims could be a potential suspect. Therefore, if practical and reasonable, when victims are being treated for their injuries, they should also be searched for weapons.

APPENDIX C
SITE SET-UP

A. Site Set-Up Procedures

The Incident Commander will prepare and maintain (or assign personnel to prepare and maintain) a diagram/map of the incident site with notations of where boundaries/perimeters have been established. This diagram will be updated as the nature of the incident and the emergency response evolve. This incident site map will be used as part of the Incident Action Plan and will be used in briefings. The Incident Commander will:

1. Set-up site perimeters, taking into consideration:

   a. Type of agent delivery
      - Identity of agent if known
      - Blast (did it create a cloud or was delivery circular?)
      - Air delivery (what is the direction of wind, height above ground?)
      - Inside building (did any contamination get outside?)

   b. Wind direction and speed
      - The stronger the wind, the farther the contamination will carry. However, wind speeds greater than 20 mph will cause breakup of the agent.

   c. Terrain
      - Large trees/forests and tall buildings will limit dispersal.
      - Open fields allow for wider dispersal.

   d. Location of waterways
      - If a lake, stream, river or some other waterway is in the Hot Zone (Exclusion Zone), plan for waterborne delivery of contamination downstream.

2. Establish inner and outer perimeters and crime scene protocols.

3. Establish clear ingress/egress and parking areas for emergency vehicles (site traffic plan).

4. Assess and clear incident areas, which may contain secondary devices or hazards.

5. Establish three zones (Hot Zone, Warm Zone, Cold Zone) upwind from the incident site. Once boundaries are set, determine access and staging points.

6. Establish personnel accountability report (PAR) system for all who enter or exit

the Hot Zone.

7. Ensure Patient Transfer Points and Entry/Exit Control Points (used by rescue and by decontamination personnel) are separated from each other and that both are easily accessible to vehicular travel.

8. The setting of boundaries for a mass casualty FBI Hazmat Incident should be established based on the assumption that the incident site is still Hot. The possibility of further detonation, structural collapse, fire, booby traps, or chemical agent release must be considered.

B. Hot Zone

The Hot Zone (also known as the Exclusion Zone) is the area immediately around the incident site/munitions/device. Only properly trained and equipped rescue personnel and emergency operations personnel should enter the Hot Zone. Entry and exit from the Hot Zone is controlled at designated Entry and Exit Control Points. All personnel who enter/exit the zone should be accounted for at the Control Points. All patients taken out of the zone should also be accounted for at the Exit Control Point. All personnel in the Hot Zone should be in full protective gear. The Entry Control Point should be a minimum of 75 feet (25 meters) upwind from the source. Greater distances may be required depending on the nature of the incident. The Entry and Exit Control Points should be outside of the radius of possible direct contamination. Vehicles may be used in the Hot Zone, but are then considered contaminated and must not cross over the Hot Line until the incident is terminated. They must later be decontaminated. Minimal medical care is done in the Hot Zone, limited to hasty airway control, controlling hemorrhage, and the use of chemical agent antidotes if available.

C. Warm Zone

The Warm Zone (also known as the Contamination Reduction Zone) is upwind and uphill from the Hot Zone. Rescue, decontamination and medical personnel will be working in this Zone. All personnel must be in appropriate protective gear as determined by the Incident Safety Officer. Entry to the Warm Zone from the Cold Zone is via the Entry Control Point for all personnel. Exit from the Warm Zone for all patients is via a separate Patient Transfer Point. All personnel entries and exits and all patient exits must be logged. The Warm Zone should be a minimum of 15 feet wide, but may need to be wider depending on the number of personnel working in the zone and the number of victims requiring decontamination. In a large-scale chemical attack, the Warm Zone will likely be 50-100 yards wide, or wider.

The Primary Triage Line is where rapid triage, sorting, and life-saving treatment of victims takes place. Patients able to walk unassisted, talk, understand directions and who have no evidence of liquid agent on them are sent to the Patient Assembly Area for ambulatory victims. Non-ambulatory patients, patients unable to talk or follow directions, and patients exhibiting signs of liquid exposure, are sent to a separate Patient Assembly Area for non-ambulatory victims (even

though some of these victims are still ambulatory at the time of Primary Triage, they are likely to become non-ambulatory within a short time).

Medical treatment in the Warm Zone is limited to stabilizing patients long enough to get them through decontamination procedures. Medical treatment will usually involve only airway control, hemorrhage control, and seizure control. MARK I kits (An antidote kit for organophosphorus [nerve agent/pesticide] poisoning, containing atropine and pralidoxime chloride administered by autoinjection) and CANA (Convulsant Antidote for Nerve Agent containing diazepam and administered by autoinjector) can be given for nerve agent exposure.

Victims triaged into the RED-Immediate category go through litter decontamination first, followed by non-ambulatory YELLOW-Delayed patients. Ambulatory YELLOW-Delayed victims should go through ambulatory decontamination. After decontamination, all patients exit the Warm Zone via the Patient Transfer Points to the Treatment Area. No contaminated material, including litters, dressings, and clothing should pass into the Cold Zone.

All Hot Zone and Warm Zone emergency personnel should undergo decontamination at a separate decontamination station for emergency personnel before returning to the Cold Zone. Personnel working in the Warm Zone enter/exit the zone via the Entry Control Point rather than the Patient Transfer Point, to avoid congestion and confusion at the Patient Transfer Point.

D. Cold Zone

The Cold Zone (also known as the Support Zone) is upwind and uphill from the Warm Zone. All personnel should have protective gear immediately at hand, in case of wind shift or improper decontamination. Patients enter the Cold Zone via the Patient Transfer Points. Cold triage and medical care is then performed in the Treatment Areas. A spectrum of medical care can be done at the Treatment Areas, depending on supplies, personnel and expertise available. Patients are then moved to the nearby Loading Area for medical transport to medical facilities.

The Incident Command Post must be set up in the Cold Zone.

E. Scene Control Procedures

1. To prevent further contamination to personnel, scene control is imperative. Victims (people inside the Hot or Warm Zones) should be contained, and unauthorized individuals (people outside the Hot or Warm Zone) should not be allowed to enter.

2. Inner and outer perimeters and crime scene protocols must be maintained.

3. Clear ingress/egress routes for emergency vehicles must be maintained, utilizing a site traffic plan.

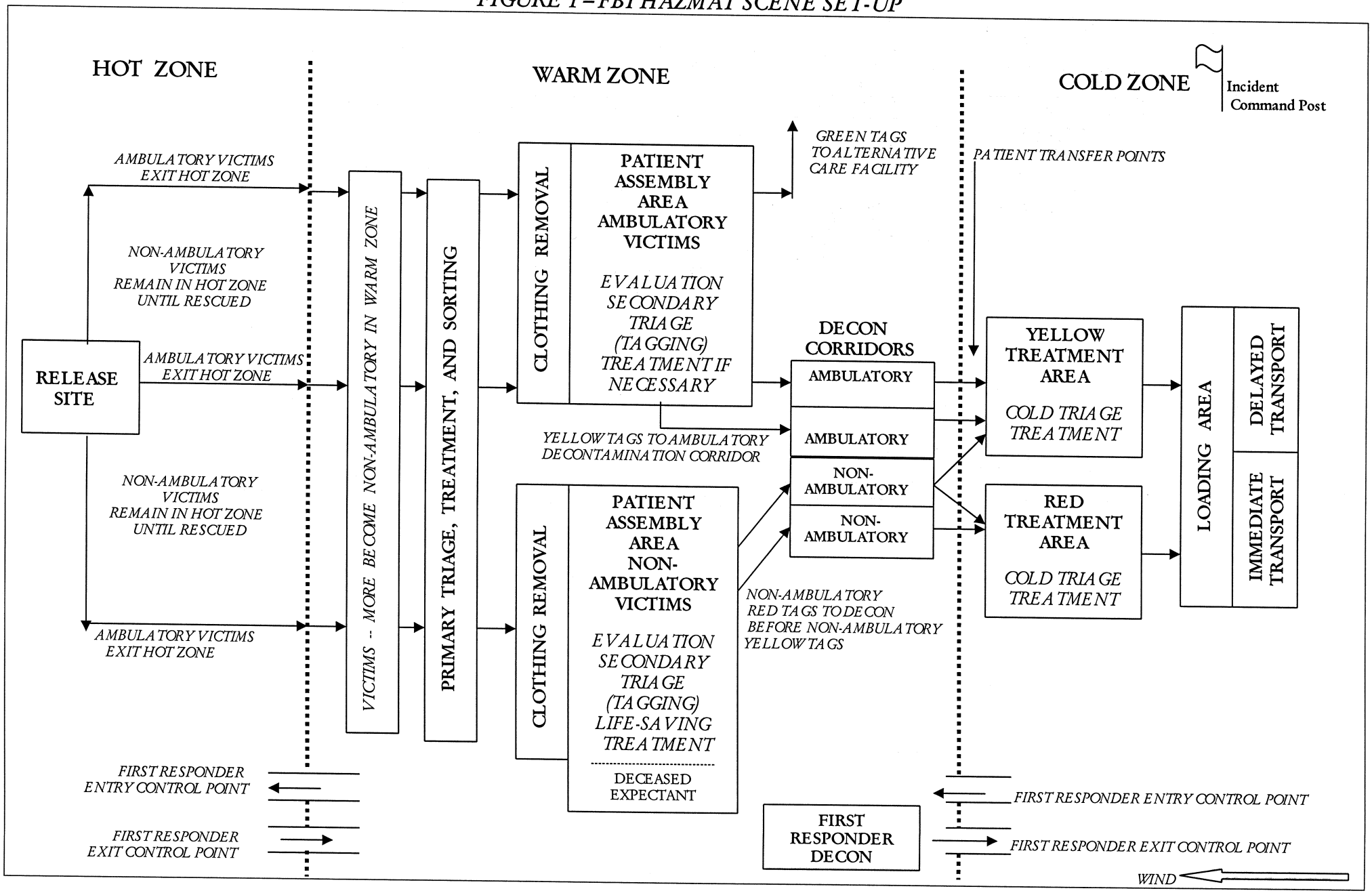
4. Victims exhibiting no signs of exposure should be directed to a Patient Assembly Area for ambulatory victims. Following disrobing and clothing in clean garments or

sheets, these patients should be quickly moved by non-medical transport to a non-medical alternate care facility such as a school gymnasium for further observation and evaluation. A paramedic unit for on-site medical observation and care should staff the facility.

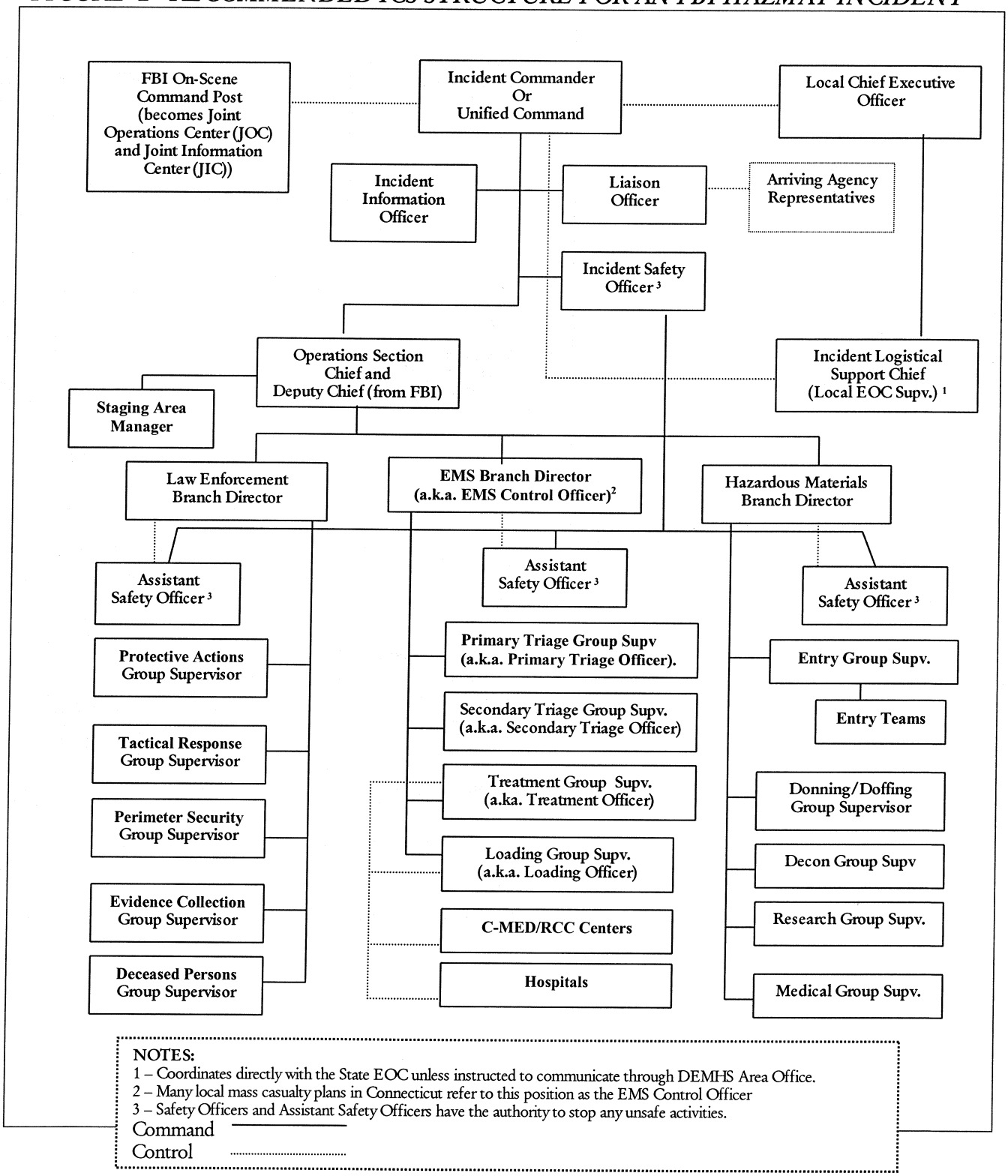
5. All individuals showing signs of contamination should be directed to the Warm Zone for immediate decontamination procedures.

6. Many walking victims will leave the scene without being decontaminated and triaged and will to go to nearby medical facilities. Scene control procedures and decontamination and triage sites must be set up at nearby medical facilities.

FIGURE 1 – FBI HAZMAT SCENE SET-UP



APPENDIX D - INCIDENT COMMAND SYSTEM
FIGURE 2 - RECOMMENDED ICS STRUCTURE FOR AN FBI HAZMAT INCIDENT



A. Command Staff

1. Incident Commander

Pursuant to Section 7-313e of the C.G.S., the local fire chief/fire officer-in-charge at the scene of any emergency will serve as the Incident Commander (IC). The Incident Commander's responsibilities include:

a) Assessing the situation and classifying the incident. (An FBI Hazmat classification should be used to indicate a hazmat incident with possible criminal intent. Eyewitness reports or evidence of multiple, non-trauma-related fatalities or serious injuries at the scene will be the criteria for declaring an FBI Hazmat Incident.)

b) Ensuring initiation of the FBI Hazmat Incident notifications.

c) Establishing an Incident Command Post and communicating its location.

d) Appointing qualified personnel to appropriate ICS Command Staff and General Staff positions. (*NOTE: For the purposes of response to an FBI Hazmat Incident with mass casualties or the potential for mass casualties, the Incident Command System organization reflected in Appendix D, Figure 2, on the preceding page is recommended.)*

e) Ensuring that area hospitals are immediately notified (through C-MED/RCC system) and are provided the best available information regarding suspected agents, nature of injuries, and potential patient caseloads.

f) Establishing operational priorities and objectives at the scene, to include:

1) Authorization of reconnaissance and life-saving missions in contaminated environments. (*See Appendix A, "Incident Commander Reconnaissance and Rescue Guidelines for an FBI Hazmat Incident."*)

2) Implementation of public protective actions to prevent additional casualties.

3) Coordination and control of all responders at the incident.

4) Establishing and communicating the location of the Hot Zone, Warm Zone and Cold Zone.

5) Ensuring the identification of hazardous substances.

6) Coordinating with the Chief Executive Officer and the local Emergency Operations Center Supervisor.
7) Maintaining involvement through recovery phase.

2. *Transition To Unified Command*

FBI Hazmat Incidents will employ a Unified Command as soon as feasible at which time both consequence and crisis management activities may be conducted simultaneously. The purpose of the Unified Command is to ensure that all agencies (Federal, State and local) with statutory jurisdiction at the scene jointly participate in a process to jointly determine operational priorities and objectives in a way that allows each agency to fulfill its statutory mandates. The Unified Command will include the:

a) Local Incident Commanders (i.e. fire chief/fire officer-in-charge when on-scene) of directly affected municipalities
b) Senior on-scene police representative of any directly affected municipality
c) Senior on-scene representative of the State Police
d) Senior on-scene representative of the Federal Bureau of Investigation (FBI)
e) Senior on-scene representative of the Office of the State Medical Examiner (if fatalities are involved)
f) Senior on-scene representative of any other responding agency with statutory jurisdiction over some aspect of response operations.

The senior representatives of all other supporting agencies operating at the scene of an FBI Hazmat Incident will also report to the Incident Command Post to coordinate with, advice and support the Unified Command.

The Unified Command will jointly exercise all the command functions of the Incident Commander.

The Incident Commander/Unified Command will appoint the Command Staff Officers described in paragraphs 3-5, below.

3. *Incident Safety Officer*

The Incident Safety Officer assesses hazardous and unsafe situations, and develops measures for assuring personnel safety. The Incident Safety Officer may exercise emergency authority to directly stop unsafe acts if personnel are in imminent, life-threatening danger. Only one Incident Safety Officer will be named to an incident.

It is recommended that, initially, the Incident Safety Officer for an FBI Hazmat Incident be an officer of the local fire department from the municipality in which the incident occurs. It is further recommended that the Incident Commander/Unified Command appoint a qualified representative of an organized hazardous materials response team if available, or, if

not available, the CT DEP Oil and Chemical Spill Division, to assume this position at the earliest possible time.

The Incident Safety Officer may have assistants as necessary. The assistants may be chosen from other agencies. It is recommended that three (3) Assistant Safety Officers be appointed by the Incident Commander/Unified Command in an FBI Hazmat Incident, and that they be called:

- Assistant Safety Officer, Hazardous Materials Branch
- Assistant Safety Officer, Emergency Medical Services Branch
- Assistant Safety Officer, Law Enforcement Branch

Initially, the Assistant Safety Officers should be officers of the local fire department from the municipality in which the incident occurs. The Incident Commander/Unified Command should appoint qualified representatives of an organized hazardous materials response team, or the CT DEP Oil and Chemical Spill Division, to assume these positions at the earliest possible time.

4. Public Information Officer

The Public Information Officer (PIO) is the central point for dissemination of information to the news media and other agencies and organizations. Only one PIO should be named. It is recommended that the PIO for an FBI Hazmat Incident be an officer of the local fire department from the municipality in which the incident occurs.

Other agency spokespersons arriving at the scene will have the title of Assistant Public Information Officer and should coordinate their activities with the PIO named by the Incident Commander/Unified Command throughout the duration of the incident.

After the Joint Information Center (JIC) is established by the FBI, the PIO designated by the Incident Commander/Unified Command will serve as the PIO for consequence management and will coordinate closely with the FBI PIO supervising the JIC, who will serve as the lead PIO for crisis management activities.

5. Liaison Officer

The Liaison Officer is the point of contact at the incident scene for agency representatives of assisting or cooperating Federal, State and local response agencies. The agency representative of each response agency operating at the scene must provide the Liaison Officer with contact information for the purposes of interagency coordination. The Incident Commander/Unified Command may communicate with assisting or cooperating agencies through the Liaison Officer.

The Incident Commander/Unified Command will appoint the Liaison Officer. It is recommended that the Liaison Officer be an officer of the local fire department of the municipality in which the incident occurs.

B. General Staff

1. Operations Section Chief / Operations Section

As additional resources are committed and the incident becomes more complex, the Incident Commander/Unified Command should establish a separate Operations Section headed by an Operations Section Chief. The Operations Section Chief assumes command of the incident scene, while the Incident Commander/Unified Command manages the overall ICS organization.

The Operations Section Chief should initially be the local fire department officer at the scene most qualified to manage response operations involving hazardous materials.

The Unified Command should also appoint a Deputy Operations Section Chief from the FBI.

The Operations Section is responsible for the direction and coordination of all tactical operations at the scene and coordinates the operations of the:

- Hazardous Materials Branch
- Emergency Medical Services Branch
- Law Enforcement Branch

2. Planning Section

It is recommended that in an FBI Hazmat Incident, a separate Planning Section not be created by the Incident Commander/Unified Command. This function should be retained by the Incident Commander/Unified Command and incident action plans should be verbally conveyed to the Operations Section Chief given the urgent need for rapid response actions and the probability that *emergency* operations *at the incident scene* will last only a few hours.

3. Logistics Section

The logistics function (obtaining resources required by the Incident Commander/Unified Command) should be located in the local EOC which in most cases is the local facility best suited to house this function. An FBI Hazmat Incident may require the logistics function to support emergency response activities being conducted at venues other than the incident scene (e.g. shelters, family assistance centers, temporary morgues) indicating a need to locate the logistics function away from the immediate incident scene.

4. *Finance and Administration Section*

It is recommended that in an FBI Hazmat Incident, a Finance and Administration Section not be created by the Incident Commander/Unified Command during the emergency phase of the response. In Connecticut, State and local response agencies typically do not charge for services when assisting a local jurisdiction. Costs, if any, for Federal assistance provided under the Stafford Act would be tracked by the Governor's Authorized Representative and paid by the State. Federal agencies responding under other statutory authorities/mandates would not charge for emergency response services.

C. Operations Section - Hazardous Materials Branch

1. *Hazardous Materials Branch Director*

The Hazardous Materials Branch Director reports to the Operations Section Chief and coordinates the activities of the Entry Group, the Decontamination Group, the Donning/Doffing Group, the Research Group and the Medical Group.

The individual designated as the Hazardous Materials Branch Director must be trained to the Hazmat Technician level and be a member of an organized hazmat response team. This position will not be filled by the Incident Commander/Unified Command until a qualified individual is available at the scene.

2. *Assistant Safety Officer - Hazardous Materials Branch*

The Incident Safety Officer of the Command Staff should appoint an Assistant Safety Officer-Hazmat to ensure that all appropriate safety measures and precautions are taken by personnel assigned to the Hazardous Materials Branch. The Hazmat Assistant Safety Officer reports to the Incident Safety Officer and is authorized to stop any unsafe activity being performed by personnel assigned to the Hazmat Branch. The radio designation for this position will be Hazmat Safety.

The major responsibilities of the Hazardous Materials Assistant Safety Officer are as follows:

a) Checking in and obtaining a briefing from the Incident Commander or the Incident Safety Officer if activated.

b) Contacting the Hazardous Materials Branch Director and obtaining information on tactics.

c) Attending briefings and planning meetings.

d) Preparing a site safety plan which as a minimum will include:

   1) Documentation of chemical(s) involved and their properties and hazards.

2) Chemical protective clothing selections and justifications.

3) Site layout and maps.

e) Maintaining communication with the Hazardous Materials Branch Director.

f) Briefing Hazardous Materials Branch Director and appropriate groups on known or foreseeable safety problems and possible mitigation measures.

g) Visually inspecting all chemical protective clothing ensembles to ensure proper donning prior to entry.

h) Notifying the proper supervisor if any activity is suspended for safety reasons.

i) Ensuring that exposure records and entry documentation is assembled on each entry team member.

j) Recording significant activities or actions taken.

3. Entry Group Supervisor

The Entry Group Supervisor reports to the Hazardous Materials Branch Director and is responsible for overall entry operations of assigned personnel within the Hot Zone. The radio designation for this position will be Entry Group.

The major responsibilities of the Entry Group Supervisor are as follows:

a) Checking in and obtaining a briefing from the Hazardous Materials Branch Director.

b) Directing operations of all companies and crews assigned to the Group and designating the Entry Team communication channel.

c) Ensuring that Entry Team members are familiar with the incident action plan.

d) Ensuring that all Entry Team members are familiar with the incident site safety plan.

e) Ensuring that appropriate and continuous medical monitoring is provided for Entry Team personnel.

f) Ensuring that appropriate chemical protective clothing has been selected for chemical(s) and work activities.

g) Reporting to the Hazmat Branch Director when all required safety equipment and personal protective clothing have been inspected and donned by the Entry Team.

h) Maintaining communications and coordinating operations with the Decon Group Supervisor and verifying that decontamination is appropriately set-up before allowing entry.

i) Supervising all entry operations.

j) Providing time keeping for personnel in chemical protective clothing.

k) Maintaining communications, visual contact if possible, and monitoring of the Entry Team.

l) Ensuring that Entry Team members exit the Hot Zone with sufficient SCBA reserve air to allow for appropriate decontamination.

m) Ensuring that entry personnel receive appropriate rehabilitation.

4. Entry Team Members

Note: There will always be a minimum of two members designated as the Entry Team and two members designated as the Back-up Team anytime an entry is required for whatever reason.

The Entry Team members report to the Hazardous Materials Branch Director or, if activated, to the Entry Group Supervisor and are responsible for conducting entry operations using appropriate chemical protective clothing and equipment. The radio designations for these positions will be Entry Team and Back-up Team.

The major responsibilities of the Entry and Back-up Teams are as follows:

a) Obtaining a briefing from the Hazardous Materials Branch Director and the Hazmat Assistant Safety Officer.

b) Undergoing medical monitoring prior to donning of chemical protective clothing.

c) Assisting in any activities required for entry operations.

d) Performing an operational check of all equipment to be used in the entry operations including the functioning of the integrated communication system attached to the breathing apparatus.

e) Appropriately donning and using chemical protective clothing and equipment.

f) Communicating periodic updates to the Hazardous Materials Branch Director as required.

g) Performing Hot Zone reconnaissance, device neutralization and mitigation measures, victim rescues, detection and sampling, body recoveries, and other Hot Zone activities as necessary and appropriate.

h) Undergoing decontamination as specified upon leaving the Hot Zone.

i) Undergoing post-medical monitoring.

5. Decontamination Group Supervisor

The Decontamination Group Supervisor reports to the Hazardous Materials Branch Director and is responsible for providing decontamination activities as required by the incident action plan. The radio designation for this position will be Decon Group.

The major responsibilities of the Decon Group Supervisor are as follows:

a) Checking in and obtaining a briefing from the Hazardous Materials Branch Director.

b) Coordinating the location of the decontamination area with the Incident Commander/Unified Command or the Operations Section Chief, if appointed, and the Entry Group Supervisor.

c) Determining the resources needed for the set-up and performance of decontamination.

d) Setting up the Decontamination Area.

e) Maintaining control of movement of equipment and personnel within the Decontamination Area.

f) Reviewing the hazards of chemical(s) involved in the incident.

g) Consulting with the Entry Group Supervisor to determine the appropriate chemical protective clothing to be worn based upon work activities conducted.

h) Determining the number of persons making entry into the Hot Zone and the equipment that will require decontamination.

i) Coordinating decontamination methods to be utilized with the Hazardous Materials Branch Director and the Hazmat Assistant Safety Officer (or the Incident Safety Officer if a Hazmat Assistant Safety Officer has not been appointed).

j) Briefing decontamination personnel on chemical hazards, decon methods, emergency actions and individual assignments.

k) Notifying the Hazardous Materials Branch Director when decontamination is fully operational.

l) Ensuring that the Decontamination Team is prepared for operations when the Entry Team begins to leave the Hot Zone.

m) Supervising the decontamination process, ensuring that all victims and Entry Team members are appropriately decontaminated. (At a minimum, decontamination of victims will consist of disrobing to at least the undergarments and wrapping in a clean sheet or other privacy garment.)

n) Directing decontaminated, GREEN-tagged patients to an area designated by the Transportation Group Supervisor for transportation by non-medical vehicles to an alternate care facility,

o) Notifying the Hazardous Materials Branch Director when Entry Team members leave the Decontamination Area.

p) Ensuring that all tools and equipment are appropriately decontaminated.

q) Ensuring that all decon personnel are appropriately decontaminated.

r) Demobilizing the decontamination function when directed by the Hazardous Materials Branch Director.

s) Recording significant activities or actions taken.

6. *Donning/Doffing Group Supervisor*

The Donning/Doffing Group Supervisor reports to the Hazardous Materials Branch Director. The Donning/Doffing Group Supervisor provides assistance to Entry Team members in the donning and doffing of chemical protective clothing. The radio designation for this position will be Donning Group.

The major responsibilities of the Donning/Doffing Group are as follows:

a) Checking in and obtaining a briefing from the Hazardous Materials Branch Director.

b) Establishing an appropriate location for the donning and doffing process while considering environmental conditions.

c) Receiving information from the Entry Group Supervisor as to the type of chemical protective clothing that will be used.

d) Bringing all appropriate equipment and designated chemical protective clothing to the donning site.

e) Visually inspecting all chemical protective clothing and operationally checking all self-contained breathing apparatus to be used by entry personnel.

f) Ensuring that all Entry Team members are properly hydrated with a minimum of 16 ounces of water prior to going on air and completing the donning process.

g) Donning Entry Team members in the appropriate chemical protective clothing.

h) Reporting to the Entry Group Supervisor when the Entry Team members are at the standby position.

i) Completing the donning process upon a request from the Hazardous Materials Branch Director.

7. *Research Group Supervisor*

The Research Group Supervisor reports to the Hazardous Materials Branch Director. The Research Group Supervisor provides technical information and assistance to the Hazardous Materials Branch Director using various reference sources such as computer modeling, chemical reference books, the Chemical Transportation Emergency Center (CHEMTREC), and phone contacts with facility representatives. The radio designation for this position will be Research Group.

The major responsibilities of the Research Group are as follows:

a) Checking in and obtaining a briefing from the Hazardous Materials Branch Director.

b) Accessing reference materials as needed to document appropriate information about the chemical(s) involved. A minimum of three references will be used for each chemical.

c) Accessing computer programs as needed.

d) Establishing contact with facility representatives for the purpose of gathering appropriate data about the chemical(s) involved.

e) Providing special decontamination solution information if required.

f) Providing technical information of the incident for documentation.

8. Medical Group Supervisor

The Medical Group Supervisor reports to the Hazardous Materials Branch Director. The Medical Group Supervisor provides on-scene medical evaluation of Entry Team members. The radio designation for this position will be Medical Group.

The major responsibilities of the Medical Group are as follows:

a) Assuring comprehensive baseline medical exams are performed on Entry Team members prior to their donning of chemical protective clothing. These exams will be based upon criteria established by the department to which the Entry Team member belongs.

b) Logging the results of the exams on appropriate forms.

c) Performing post-entry exams on Entry Team members and providing appropriate medical care based upon the results of the exam.

d) Reporting any abnormalities found during the exam to the Hazardous Materials Branch Director.

e) Recording time on air and off air for Entry Team members.

f) Providing a report of all activities to all response agencies whose personnel entered the Hot Zone, including the results of all medical exams.

D. Operations Section - Emergency Medical Services Branch

1. Emergency Medical Services Branch Director

The EMS Branch Director will be appointed by the Incident Commander/Unified Command to oversee and coordinate the activities of the Primary Triage Group, the Secondary Triage Group, the Treatment Group and the Loading Group. The EMS Branch Director reports to the Incident Commander/Unified Command or the Operations Section Chief, if one has been appointed.

2. *Assistant Safety Officer (EMS)*

The Incident Safety Officer of the Command Staff should appoint an Assistant Safety Officer-EMS to ensure that personnel assigned to the EMS Branch take all appropriate safety measures and precautions. The EMS Assistant Safety Officer reports to the Incident Safety Officer and is authorized to stop any unsafe activity being performed by personnel assigned to the EMS Branch.

3. *Primary Triage Group Supervisor (a.k.a. Primary Triage Officer)*

The Primary Triage Group Supervisor should be the first arriving firefighter (dressed in the appropriate level of PPE, but, at a minimum, turnout gear and SCBA) and qualified to perform both traditional triage and chemical exposure triage. The Primary Triage Group Supervisor is responsible for:

a) Rapidly and continuously assessing all patients and/or supervising other personnel assigned to the Primary Triage Group for this purpose, as long as patients remain at the scene.

b) Directing personnel assigned to the Primary Triage Group to provide treatment for any patients with an immediately life-threatening condition if the patient will benefit from immediate care with the resources available and useable by firefighters dressed in taped turnout gear and SCBA. Treatment is limited to:

   1) **Bleeding** - rapid pressure dressing if blood is observed moving from wound.

   2) **Airway** - by repositioning patient's head/neck/shoulders.

   3) **Shock** - if rapidly progressing - by elevating extremities, covering the patient to maintain body heat, administering oxygen, and providing someone (i.e. another firefighter dressed in turnout gear and SCBA) who can provide continual reassurance.

c) Directing (ambulatory) or moving (non-ambulatory) victims to the appropriate Patient Collection Station (PCS) for secondary triage and tagging. (NOTE: A sufficient number of personnel dressed in at least turnout gear and SCBA should be assigned to the Primary Triage Group to assist in moving non-ambulatory victims to the Patient Collection Stations. Such personnel need not be trained in triage since they will only be responsible for physically moving already triaged patients to the Patient Collection Stations.

NOTE: Primary Triage In the Hot Zone. Only personnel of organized Hazmat Entry Teams dressed in appropriate protective clothing (as determined by the Entry Group Supervisor) should enter the Hot Zone to

perform triage, treatment and removal of victims. The Entry Group Supervisor will designate one member of each two-man Entry Team to make triage and treatment decisions regarding living victims the Team encounters in the Hot Zone. Treatment in the Hot Zone will be limited to controlling hemorrhage, airway control and the use of antidotes if available.

TABLE 1
*RAPID TRIAGE FOR CHEMICALLY EXPOSED PATIENTS**
(In the Absence of Traumatic Injuries)

AGENT CLASS	RED (IMMEDIATE)	YELLOW (DELAYED)	GREEN (MINOR)	BLACK (EXPECTANT/ DECEASED)
NERVE AGENT	Seizure/LOC Altered Sensorium Respiratory Difficulty Bradycardia	Alert Secretions Emesis/Diarrhea	Asymptomatic	Apnea Asystole Pulseless
CELLULAR ASPHYXIANT	Altered Sensorium Hypotension Bradycardia Respiratory Distress	Alert Headache Tachycardia Strong Pulses Normal Respiratory	Asymptomatic	Apnea Asystole Pulseless
PULMONARY IRRITANT	Altered Sensorium Hypotension Respiratory Distress Stridor/Wheezing	Alert Mucosal Irritation Normal Respiratory	Asymptomatic	Apnea Asystole Pulseless
VESICANT	Altered Sensorium Hypotension Respiratory Distress Visual Deficit	Alert Normal Cardiac Normal Respiratory <5% TBSA	Asymptomatic	Apnea Asystole Pulseless >50% TBSA

*This table taken from "A Proposal for Nuclear, Biological, and Chemical Readiness at Children's Hospital of Wisconsin," September 30, 1998, Ernest Stremski, MD, Medical Director of the Wisconsin Poison System. This Triage uses the START (Simple Triage and Rapid Treatment/Transport) System

4. *Secondary Triage Group Supervisor*

The Primary Triage Group Supervisor or the EMS Branch Director (if appointed) will appoint the Secondary Triage Group Supervisor. The Secondary Triage Group Supervisor will:

a) Establish three Patient Collection Stations (GREEN, YELLOW and RED) to which the Primary Triage Group will direct or move victims.

b) Assign triage personnel to the GREEN, YELLOW and RED Patient Collection Stations.

c) Supervise assigned personnel in applying METTAGS or equivalent color tags to all patients. (See Table 1, "Rapid Triage for Chemically Exposed Patients", above.)

d) Direct personnel assigned to the Secondary Triage Group to provide treatment for any patients that develop immediately life-threatening condition(s) while waiting to undergo decontamination and movement to the Treatment or Loading Areas, only if the patient will benefit from immediate care with the resources available and useable by personnel dressed in turnout gear and SCBA.

e) Supervise the continual reassessment of all patients at the Patient Collection Stations and re-categorization of patients (e.g. from YELLOW to RED).

f) Supervise the establishment of patient decontamination priorities.

All personnel assigned to the Secondary Triage Group should be dressed in at least turnout gear and SCBA.

5. *Treatment Group Supervisor*

The EMS Branch Director (a.k.a. EMS Scene Control Officer) will appoint the Treatment Group Supervisor. The Treatment Group Supervisor will:

a) Set up separate but adjacent Treatment Areas in the Cold Zone for YELLOW- and RED-tagged patients, clearly identifying the Entry Points for each area, in the locations identified by the EMS Branch Director.

b) Ensure that all RED-tagged patients undergo a third level of triage by marking an "A" on the tag of unresponsive patients and an "B" on the tag of responsive patients.

(Note: Some states/entities may use the designation "AA@" instead of "A" for unresponsive patients and "AB@" instead of "B" for responsive patients.)

c) Supervise the treatment of all patients in the Treatment Area.

d) Oversee the designation of the prioritization of patients to be taken from the Treatment Area for transportation.

e) Coordinate with the Transportation Group Supervisor (a.k.a. Loading Officer) to prepare for loading patients.

6. *Transportation Group Supervisor (a.k.a. Loading Officer)*

The EMS Branch Director (a.k.a. EMS Scene Control Officer) will appoint the Transportation Group Supervisor. The Transportation Group Supervisor will:

a) Set up the Loading Area in the Cold Zone, adjacent to the Treatment Area, in the location designated by the EMS Branch Director.

b) Ensure implementation of all safety measures called for by the Incident Safety Officer or the Assistant Safety Officer (EMS), if appointed.

c) Request ambulances, as needed, from the Staging Area through the EMS Branch Director.

d) Coordinate ambulances in the Loading Area to permit rapid loading of more than one ambulance at a time.

e) Assign RED-, then YELLOW-tagged patients cleared by the Treatment Group Supervisor to basic life support, intermediate and paramedic transport ambulances as appropriate, then assign the ambulances to the hospitals. (NOTE: GREEN-tagged patients will be transported by non-medical vehicles such as buses to an alternate treatment facility, e.g. gymnasium, armory, other vacant building.)

f) Maintain a written record of the patients loaded including METTAG numbers, hospitals to which they were taken, name of transporting ambulance company and vehicle, and time of departure from the Loading Area.

g) Communicate with C-MED/RCC or the primary receiving hospital for each patient: METTAG or START number, approximate age, gender, major characteristics of the injury, and anticipated departure time. Record the name of the destination hospital.

h) Provide periodic reports to the EMS Branch Director.

i) Complete and turn in a final written report to the EMS Branch Director.

j) Instruct ambulance personnel not to contact hospitals unless medical advisement is required for condition change.

k) Provide drivers with proper routing instructions.

E. Operations Section - Law Enforcement Branch

1. *Law Enforcement Branch Director*

Following the commencement of consequence management activities (which may be delayed if criminal elements are present at the scene) the ranking local law enforcement officer initially on-scene from the jurisdiction in which the incident occurs will serve as the Law Enforcement Branch Director. This individual will continue in this position until replaced by the Unified Command.

The Law Enforcement Branch Director reports to the Incident Commander/Unified Command or the Operations Section Chief if one has been appointed.

All responding State and local law enforcement units, including those from other jurisdictions, will be assigned to appropriate Groups under the Law Enforcement Branch by the Law Enforcement Branch Director. The responsibilities of the Law Enforcement Branch Group Supervisors are discussed in paragraphs 2-7, below.

The Law Enforcement Branch Director will serve as the Incident Commander until such time as any threatening criminal elements at the scene have been subdued. Also, if Incident Command has not been established by an earlier arriving emergency service, the senior law enforcement officer at the scene will serve as the Incident Commander until replaced by the local fire chief/senior fire officer-in-charge.

2. *Assistant Safety Officer (Law Enforcement)*

The Incident Safety Officer of the Command Staff should appoint an Assistant Safety Officer (Law Enforcement) to ensure that all appropriate safety measures and precautions are taken by personnel assigned to the Law Enforcement Branch. The Law Enforcement Assistant Safety Officer reports to the Incident Safety Officer and is authorized to stop any unsafe activity being performed by personnel assigned to the Law Enforcement Branch.

3. *Protective Actions Group Supervisor*

The Law Enforcement Branch Director appoints the Protective Actions Group Supervisor. This should be an officer of the police department in which the incident occurs.

The Protective Actions Group Supervisor directs personnel assigned to the Protective Actions Group in executing public protective actions including evacuation and sheltering in-

place. The Protective Actions Group Supervisor receives operating orders as directed by the next highest appointed ICS position, (i.e., the Law Enforcement Branch Director if appointed, or the Operations Section Chief if appointed, or the Incident Commander/Unified Command).

Personnel assigned to the Protective Actions Group may include local and mutual aid police patrol units (assigned by the Law Enforcement Branch Director), fire police, and firefighters (assigned by the Incident Commander/Unified Command) and State Police units.

4. Tactical Response Group Supervisor

The Supervisor of the Tactical Response Group will be the individual normally in charge of tactical response operations in the jurisdiction in which the incident occurs. The Tactical Response Group consists of specialized police units for combat, device search and disposal, and other specialized operations, and may consist of combined local, State and Federal tactical response units.

The Supervisor of the Tactical Response Group will:

a) Receive directions from the next highest appointed ICS position (i.e., the Law Enforcement Branch Director if appointed, or the Operations Section Chief if appointed, or the Incident Commander/Unified Command) ***during consequence management operations*** when the Incident Command is with the fire service or a Unified Command has been established.

b) Receive directions from the appropriate law enforcement authority when engaged in crisis management operations when Incident Command is being exercised by a law enforcement official.

c) Coordinate directly with the Hazardous Materials Branch Director and the Assistant Safety Officer (Law Enforcement) before authorizing any tactical response operations in the Warm Zone.

d) Supervise tactical response operations (e.g. search for secondary devices) in the Hot Zone/Warm Zone with properly trained and equipped members of the Tactical Response Group, and in direct coordination with the Hazardous Materials Branch Director.

e) Place properly trained and equipped personnel of the Tactical Response Group under the operational control of other ICS Group Supervisors (e.g. Entry Group Supervisor) as directed by the next highest appointed ICS position (i.e., the Law Enforcement Branch Director if appointed, or the Operations Section Chief if appointed, or the Incident Commander/Unified Command), for the purposes of assisting with rescue or other non-law enforcement operations.

5. *Perimeter Security Group Supervisor*

The Law Enforcement Branch Director will appoint the Perimeter Security Group Supervisor. Normally, this will be a police officer of the jurisdiction in which the incident occurs. A State Police officer should be appointed as the Assistant Perimeter Security Group Supervisor if State roads must be closed to secure the scene perimeter.

The Perimeter Security Group may consist of local police, mutual aid police, fire police, State Police, and in an extended and intensive operation, members of the Connecticut National Guard.

The Perimeter Security Group Supervisor will:

a) Receive instructions from the Incident Commander/Unified Command through the Law Enforcement Branch Director regarding where the perimeter should be established.

b) Establish access control points at appropriate locations on all roads that traverse the area defined by the perimeter.

c) Ensure that only response vehicles and personnel authorized by the Incident Commander/Unified Command are allowed to enter the perimeter.

d) Ensure that authorized response vehicles and personnel enter the incident perimeter through the appropriate access control point(s).

e) Ensure that detours are established around the incident perimeter.

f) Direct arriving response unit vehicles that are not immediately needed at the incident scene to the Staging Area.

g) Exclude all media and onlookers from the area.

h) Ensure that safety measures required by the Assistant Safety Officer (Law Enforcement) are implemented by all personnel assigned to the Perimeter Security Group.

6. *Evidence Collection/Preservation Group Supervisor*

The supervisor of this group will be a representative of the FBI appointed by the FBI On-Scene Coordinator. Until an FBI representative is appointed, the Connecticut State Police will be responsible for collecting and preserving evidence at the scene and for providing guidance to first responders on handling/moving items that may be criminal evidence.

Basically, items at the scene should only be touched or moved by first responders if absolutely necessary in performance of their duties.

State and local police agencies will assist the FBI as required in the identification, collection and preservation of evidence.

7. Deceased Persons Group Supervisor

It is recommended that a representative from the FBI (appointed by the FBI On-Scene Coordinator) and the Assistant Medical Examiner for the jurisdiction in which the incident occurs serve as co-supervisors of this group. The Assistant Medical Examiner will work under the general direction of the State Medical Examiner or his/her designee assigned to the Incident/Unified Command Post.

The co-supervisors of this group will ensure that appropriate procedures and processes are observed at the incident scene as deceased persons are moved from the scene to a morgue(s) facility designated by the State Medical Examiner. This will include providing instructions to first responders mapping and marking the locations where deceased persons were found, and tagging personal effects found near the bodies.

The Incident Safety Officer or Assistant Safety Officer (Law Enforcement) will provide technical guidance to the co-supervisors of this group and first responders assigned to handle deceased persons at the scene regarding:

- operations in contaminated areas to recover deceased persons
- decontamination of personal effects and deceased persons prior to removal from the scene

The Deceased Persons Group is not responsible for operations at morgues.

APPENDIX E
DECONTAMINATION OPERATIONS

A. General Principles

The general principles identified to guide emergency responder policies, procedures, and actions after a chemical agent incident are:

1) Expect at least a 5:1 ratio of unaffected to affected casualties.
2) Decontaminate victims as soon as possible.
3) Disrobing is decontamination; head to toe, more removal is better.
4) Water flushing generally is the best mass decontamination method.
5) After a known exposure to a liquid chemical agent, emergency responders should be decontaminated as soon as possible to avoid serious effects.

B. Purposes of Decontamination

The three most important reasons for decontaminating exposed victims are to:

1) Remove the agent from the victim's skin and clothing, thereby reducing further possible agent exposure and further effects among victims.
2) Protect emergency responders and medical personnel from secondary transfer exposures.
3) Provide victims with psychological comfort at, or near, the incident site, so as to prevent them from spreading contamination over greater areas.

Rapid physical removal of the agent from the victim is the single most important action associated with effective decontamination. Physical removal includes scraping or blotting off visible agent from the skin, disrobing, using adsorbents to soak up the agent, and flushing or showering with large quantities of water.

After a chemical agent attack, vapor or aerosol hazards still may be present, especially if the agent was disseminated within an enclosed structure. Furthermore, potentially toxic levels of chemical agent vapor may be trapped inside clothes and could continue to affect people, even after they leave the incident site.

C. Importance of Timely Decontamination

Since the most important aspect of decontamination is the timely and effective removal of the agent, the precise methods used to remove the agent are not nearly as important as the speed by which the agent is removed. Mass decontamination can be most readily and effectively accomplished with a water shower system, but in incidents involving large numbers of casualties, a dry decontamination process may need to be used for victims who have had minimal exposures to vapor only, and for the "worried-well" (i.e. people who think they have been exposed even though they haven't).

D. Methods of Field Decontamination

Decontamination must be conducted as soon as possible to save lives. Firefighters should use resources that are immediately available and start decontamination as soon as possible. Since they can bring large amounts of water to bear, the most expedient approach is to use currently available equipment to provide an emergency low-pressure deluge.

The issues associated with the use of soap and bleach solutions include time delay, dilution and application, medical contraindications, and its efficacy compared to water. These limitations make the use of soap or bleach solutions less desirable than using water alone. The Mass Casualty Decontamination Research Team (MCDRT) formed by the U.S. Army Soldier and Biological Chemical Command (SBCCOM) recommends the rapid use of water, with or without soap, for decontamination. The process should never be delayed to add soap or any other additive.

Decontamination by removing clothes and flushing or showering with water is the most expedient and the most practical method for mass casualty decontamination. Disrobing and showering meets all the purposes and principles of decontamination. Disrobing is usually all that is necessary if exposure has been to a chemical vapor only. Showering is recommended whenever liquid transfer from clothing to skin is suspected. Disrobing should occur prior to showering for chemical agents; however, the decision to disrobe should be made by the Incident Commander based upon the situation.

Victims should remove clothing at least down to their undergarments prior to showering, proceeding from head to toe. Victims unwilling to disrobe should shower clothed before leaving the decontamination area. Emergency responders should use a high volume of water delivered at a minimum of 60 pounds per square inch (psi) water pressure (standard household shower pressures usually average between 60-90 psi) to ensure the showering process physically removes viscous agent. The actual showering time will be an incident-specific decision but may be as long as two to three minutes per individual under ideal situations. When large numbers of potential casualties are involved and queued for decontamination, showering time may be significantly shortened. This may also be dependent upon the volume of water available in the showering facilities.

1. Ladder Pipe Decontamination System (LDS)

A Ladder Pipe Decontamination System (LDS) provides a large capacity shower of high-volume, low-pressure water spray. Ladder pipes, wagon pipes, monitor nozzles, and 2 1/2" fog nozzles attached to pump discharges and other fire apparatus (i.e., fire engines or trucks) are positioned strategically to create decon corridors for large numbers of exposed people to travel through. Once the decon corridor has been formed, the objective is to spray water from every feasible direction. A single ladder pipe decontamination system is comprised of two engines (also creating the corridor) that provide water spray from both sides using hose lines and deck guns, while the ladder pipe provides a high-volume, low-pressure flow from above. Multiple ladder pipe decon systems employ more than one ladder pipe in order to increase the decon corridor length to accommodate extremely large groups of people. Use of a LDS performs the critical functions of controlling traffic flow,

lengthening the duration of the wash, and increasing the efficiency of the decontamination process.

2. *Emergency Decontamination Corridor System (EDCS)*

The Emergency Decontamination Corridor System (EDCS) utilizes available fire apparatus, ladders, and salvage covers to create a privacy barrier and corridors for decontaminating victims. Two pumpers are positioned approximately 20 feet apart and parallel to each other. Three ladders (or ropes) are placed across and secured to the top of each pumper. Another ladder is centered atop and perpendicular to the three ladders and secured. Two nozzles are secured to this ladder and allowed to hang into the corridors. Salvage covers are attached to or draped over the ladders to provide two separate corridors. Plastic cable ties may be used to secure the covers and nozzles to the ladders.

Inside the corridor, two covers can be suspended from the ladder, one on each side of the nozzle. These covers provide additional privacy to the person who is showering and allow other people to prepare for showering in the corridor. A salvage cover (or other translucent or opaque material) is placed on top of the two corridors to provide privacy from building tops and news media helicopters. To prevent excessive noise and carbon monoxide buildup in the proximity of the corridors, both pumpers might be shut down. A third pumper can be used to supply water to the two nozzles. To conserve water, remote shutoff valves may be used to control water flow from each open nozzle. With proper planning and practice, the EDCS could be set up within 15 minutes of arrival at an incident site.

A variation to the EDCS uses an aerial ladder or tower that is extended horizontally 20 to 30 feet and is enclosed by salvage covers. Draping or suspending covers from both beams of the ladder forms a single EDCS. End covers are attached to provide additional privacy.

3. *Commercially Available Decontamination Systems*

Most of the commercially available decontamination systems are mounted to, or are carried on, special trailers that require transportation and setup at the incident site. The use of trailer-mounted systems may cause unreasonable delays if deployed from a distant location. Commercial decontamination systems, if centrally pre-positioned or immediately on hand, may offer an advantage over field-expedient systems.

Potential advantages include:

a) Heated showers may reduce the chance of hypothermia among victims.

b) Covered areas provide privacy that may encourage more complete disrobing and more thorough showering.

c) Units may incorporate methods to control contamination runoff.

d) They may be equipped with a roller system to facilitate decontamination of non-ambulatory victims

Potential ***disadvantages*** over the field-expedient systems include:

e) Systems may not be readily available in the area.

f) Systems with household showerheads for each victim will likely have lower throughput rates.

4. Other Field-Expedient Water Decontamination Methods

Emergency responders should not overlook existing facilities when identifying means for rapid decontamination methods. For example, although water damage to a facility might occur, the necessity of saving lives would justify the activation of overhead fire sprinklers for use as showers. Similarly, having victims wade and wash in water sources such as public fountains, chlorinated swimming pools, swimming areas, etc., provides an effective, high-volume decon technique. Car washes with hand-held wands should also be considered. Water used for decontamination in lifesaving operations should be properly handled and disposed of in compliance with environmental and health regulations, whenever possible.

5. Non-Aqueous Methods

The most expedient non-aqueous method of decontamination is the removal of clothing. In a large incident, where aqueous decon is impractical or impossible due to the number of people exposed, this method of "dry decon" should utilized for all ambulatory victims triaged as "Minor" (i.e. GREEN-tagged) and exposed to vapor only.

All such victims should be directed to a Patient Assembly Area and directed to remove their clothing to at least the undergarments. Victims should be provided a modesty garment designed for use in decontamination situations if at all possible. Otherwise, they should be clothed in other available garments or clean sheets.

E. Ratio of Reporting Cases Versus Actual Casualties

On-scene commanders could anticipate at least a 5:1 ratio of reporting victims to actual casualties. Thus, for every casualty that is actually exposed to a chemical agent, more than five victims who are not exposed will be evaluated.

Firefighters in the Warm Zone dressed in turnout gear or chemical resistant clothing and SCBA should

a) move all non-ambulatory patients to an upwind Patient Assembly Area in the Warm Zone.

b) remove victims' clothing to at least the undergarment

c) collect personal effects, place in plastic bags and label

In the Patient Assembly Area, other firefighters or EMS personnel trained in conventional injury and chemical injury triage, and dressed in PPE as above, should:

d) triage and tag patients in accordance with medical observations (See Appendix D, Table 1 – Rapid Triage for Chemically Exposed Patients)

e) begin performance of medical interventions (ventilation, nerve agent antidote if available) for patients requiring immediate life-saving care

f) begin moving patients to a non-ambulatory decontamination corridor in accordance with decon priorities (See Appendix D, Table 2 – Decontamination Priorities)

(NOTE: Severely intoxicated nerve agent casualties with extreme respiratory distress may require antidote administration and definitive airway intervention prior to showering or flushing with water. The reality is that medical triage and decontamination prioritization are often performed simultaneously and are both resource-dependent field measures. Responders may need to recategorize victims in a chemical mass casualty incident. RED non-ambulatory victims might need to be tagged as BLACK non-viable victims. If these victims have not received Mark I kit treatment or decontamination within five minutes of exposure, and if they are suffering from severe agent symptoms, they will die regardless of what type of medical intervention is provided.)

*TABLE 2 - DECONTAMINATION PRIORITIES**

START CATEGORY	DECON PRIORITY	CLASSIC OBSERVATIONS	CHEMICAL AGENT OBSERVATIONS
IMMEDIATE RED Tag	1	Respiration is present only after repositioning the airway. Applies to victims with respiratory rate >30. Capillary refill delayed more than 2 seconds. Significantly altered level of consciousness.	• Serious signs/symptoms. • Known liquid agent decontamination.
DELAYED YELLOW Tag	2	Victim displaying injuries that can be controlled/treated for a limited time in the field.	• Moderate to minimal signs/symptoms. • Known or suspected liquid agent contamination. • Known aerosol contamination. • Close to point of release.
MINOR GREEN Tag	3	Ambulatory, with or without minor traumatic injuries that do not require immediate or significant treatment.	• Minimal or no signs/symptoms. • No known or suspected exposure to liquid, or aerosol
DECEASED/ EXPECTANT BLACK Tag	4	No spontaneous effective respiration present after an attempt to reposition the airway.	• Very serious signs/symptoms. • Grossly contaminated with liquid nerve agent. • Unresponsive to autoinjection.

* Priority for Decontamination is linked with START medical triage system categories. START stands for Simple Triage and Rapid Treatment/Transport. **Taken from "A Proposal for Nuclear, Biological, and Chemical Readiness at Children's Hospital of Wisconsin," September 30, 1998, Ernest Stremski, MD, Medical Director of The Wisconsin Poison System.*

APPENDIX F
MASS CASUALTY OPERATIONS

A. Definition of Mass Casualty Incident

A mass casualty incident (MCI) is any single incident that causes emergency medical service providers to alter their normal pre-hospital patient care protocols in order to provide the most effective possible pre-hospital patient care. An MCI can also be defined as any single incident with at least 6 casualties or some other threshold number of casualties established in the local mass casualty plan.

B. Declaration of Mass Casualty Incident

The Incident Commander will declare a mass casualty incident upon determination that the threshold criteria for such an incident (as defined in paragraph A., above) exists or appears imminent. The IC will ensure the designation of an Emergency Medical Services (EMS) Branch Director at the time an MCI is declared.

C. Designation of EMS Branch Director

The EMS Branch Director will hold this position until relieved by a more qualified, higher level EMS person appointed by the Incident Commander/Unified Command. The EMS Branch Director will:

1) Assist the IC with initial situation assessments and agent identification based upon observed symptoms of patients.

2) Determine EMS resources (personnel and equipment) available at the scene or enroute.

3) Determine in consultation with the IC, additional EMS resources required. (IC will actually request these resources.)

4) Contact C-MED/RCC to relate nature of patient symptoms and injuries, estimated numbers of patients.

5) Serve as or provide an EMS liaison to the IC Post (or Unified Command Post).

6) In consultation with the Incident Commander, identify and designate the primary triage area, Patient Assembly Areas for ambulatory and non-ambulatory victims, an alternate care facility or area for patients with only minor or no symptoms, and treatment and loading areas for patients triaged as RED-Immediate, and YELLOW-Delayed.

7) Designate the Primary Triage Group Supervisor and personnel to begin triage and life-saving treatment (antidote injections, airways) of patients in the Warm Zone (i.e. EMS-trained firefighters in SCBA and turnout gear or chemical resistant clothing)

8) Designate a Secondary Triage Group Supervisor and personnel (i.e. EMS trained firefighters in SCBA and turnout gear or chemical resistant clothing) to oversee and perform disrobing, triage and life-saving treatment (antidote injections, airways) in the Patient Assembly Areas for ambulatory and non-ambulatory personnel.

9) Designate a Treatment Group Supervisor and personnel to oversee and perform treatment of patients in the patient treatment areas in the Cold Zone.

10) Designate a Transportation Group Supervisor and personnel (a.k.a. Loading Officer) to oversee and perform loading of patients into ambulances in the loading area and to coordinate patient distribution with C-MED/RCC.

11) Appoint an EMS Staging Area Supervisor for ambulances and notify C-MED/RCC of designated staging area location.

TABLE 3
*CHEMICAL AGENT CLASSIFICATIONS AND VICTIM SYMPTOMS**

	NERVE AGENT	ASPHYXIANT	IRRITANT	VESICANT
Onset of Symptoms	Immediate	Immediate	Immediate	Delayed
Apnea	Yes	Yes	Unlikely	No
Eyes	Meiosis Lacrimation	Cherry Red Retina	Conjunctivitis	Conjunctivitis
Nose	Clear Rhinitis	Red Mucosa	Erythema Irritation	Erythema Irritation
Oral	Salivation	Red Mucosa	Erythema Irritation	Erythema Irritation
Chest	Bronchospasm Bronchorrhea Secretions	Clear to auscultation	Laryngospasm Bronchospasm	Clear to auscultation
Cardiac	Bradycardia	Tachycardia	Tachycardia	Unaffected
Blood Pressure	Hypertension	Hypotension	Hypertension	Unaffected
GI	Emesis/ Diarrhea	Unaffected	Unaffected	Diarrhea GI Bleed
Skin	Diaphoretic	Unaffected	Erythema	Vesicles
Neuro	LOC/Syncope Seizures Fasciculation	LOC Syncope	LOC Syncope	Agitation
Oximetry	Low	Normal	Low	Normal

**Taken from "A Proposal for Nuclear, Biological, and Chemical Readiness at Children's Hospital of Wisconsin," September 30, 1998, Ernest Stremski, MD, Medical Director of The Wisconsin Poison System.*

D. Primary Triage and Treatment

Primary triage and treatment should be performed in the Warm Zone by EMS-trained firefighters in SCBA and turnout gear or chemical resistant clothing, under the supervision of a Primary Triage Group Supervisor (a.k.a. Primary Triage Officer), appointed by the EMS Branch Director (a.k.a. EMS Scene Control Officer).

At the scene of a major chemical incident, there will be considerable mingling of victims and responders in the Warm Zone. Victims suffering varying degrees of chemical exposure/trauma and exiting the attack area will encounter first responders approaching the attack area and attempting to organize victims for decontamination and treatment.

It is recommended that the primary triage group attempt to establish a "primary triage line" with available EMS personnel (i.e. EMS-trained firefighters) assisted if necessary by other firefighters in SCBA and turnout gear or chemical resistant clothing to triage and sort victims. This line should be established in the Warm Zone between the attack area and the Patient Assembly Areas. Perhaps the most important function of the primary triage group will be to sort casualties based on the victims' ability to walk unassisted, talk and understand directions.

Victims able to walk unassisted, talk and understand directions should be immediately directed by the primary triage group *to the Patient Assembly Area for ambulatory victims*.

Non-ambulatory victims, victims with evidence of liquid agent exposure and other victims requiring assistance to walk, unable to speak coherently or understand directions should be directed or taken to the Patient Assembly Area for non-ambulatory victims. (Although many of these victims may be ambulatory at the time they encounter primary triage personnel, their conditions may deteriorate rapidly and they may become non-ambulatory.

Personnel assigned to the primary triage group should stop to treat only those victims requiring immediate, life-saving assistance including those with severe, copious bleeding, airway casualties, or victims exhibiting symptoms of severe chemical agent exposure. Chemical agent casualties with severe symptoms may require immediate administration of antidotes if available on-scene.

E. Secondary Triage, Treatment and Decontamination Prioritization

1. Ambulatory Patient Assembly Area

The secondary triage group assigned to the Patient Assembly Area for ambulatory victims should direct victims to disrobe at least to the undergarments. While disrobing these victims should be observed and evaluated for injuries and chemical exposure symptoms.

Victims exhibiting only minor or no symptoms should be clothed in modesty garments or clean sheets, GREEN-tagged, and taken to an off-scene alternate care facility (not a hospital) or moved into the Cold Zone for further observation and evaluation.

Victims exhibiting moderate symptoms of chemical agent exposure should be YELLOW-tagged, prioritized for wet decontamination and directed to a wet decontamination corridor.

2. *Non-Ambulatory Patient Assembly Area*

The secondary triage group assigned to the Patient Assembly Area for non- ambulatory victims should remove victims' clothing to at least the undergarments and provide any life-saving care required.

TABLE 4
TREATMENT FOR
*SYMPTOMATIC CHEMICALLY EXPOSED PATIENTS**

Chemical Agent	*Antidotes*	*Supportive Care*
NERVE AGENT	Atropine 2PAM Diazepam	Suctioning NG Tube IV Fluid Beta2 Nebs/ Atrovent
CELLULAR ASPHYXIANT	Nitrite Thiosulfate Hydroxocobalamin	High Flow Oxygen Bicarbonate IV Fluid IV Pressors
PULMONARY IRRITANT	None	High Flow Oxygen Beta 2 Nebs Vaponephrine Chest X Rays
VESICANT	None	Burn Treatment IV Fluid

**Taken from "A Proposal for Nuclear, Biological, and Chemical Readiness at Children's Hospital of Wisconsin," September 30, 1998, Ernest Strenski, MD, Medical Director of the Wisconsin Poison System*

All patients should be tagged either RED-Immediate, YELLOW-Delayed or BLACK-Expectant, based on observed conditions. Patients exhibiting severe chemical exposure symptoms and requiring immediate antidote treatment may need to be BLACK-tagged if antidote is not immediately available.

Patients should be prioritized for wet decontamination (RED tags first, then YELLOW tags with BLACK tags being the last priority for decontamination) and taken as soon as possible to a non-ambulatory decontamination corridor.

Patients who die in the non-ambulatory Patient Assembly Area should be BLACK-tagged and visually screened from other patients.

F. Treatment

1. RED-and YELLOW-Tagged Patients

Treatment, except for life-saving care provided during primary and secondary triage, will occur in the treatment area under the direction of the Treatment Group Supervisor.

Only patients tagged RED-Immediate or YELLOW-Delayed should receive treatment in the field, following decontamination of patients by the fire service.

The Treatment Group Supervisor will be responsible for:

a) Re-evaluating patients' conditions and upgrading or downgrading patients status (retagging) as necessary

b) Directing definitive care such as drugs, I.V., etc. (See Appendix F, Table 4 - Treatment for Symptomatic Chemically-Exposed Patients)

c) Notifying the EMS Branch Director of the need for personnel, medical supplies, and equipment

d) Coordinating (with C-MED/RCC) patient disposition, including transportation to hospitals

e) Coordinating the actions of medical personnel in the Treatment Area

2. GREEN-Tagged Patients

GREEN-tagged patients, once disrobed and clothed in modesty garments or clean sheets/blankets, should not require additional treatment at the scene, even though some may be mildly symptomatic. These patients should be moved by bus or other non-medical transport to an alternate care facility, such as a school gymnasium, for further observation and evaluation. Most, if not all, will be able to go home after a few hours.

G. Patient Medical Transportation

The Transportation Group Supervisor will oversee the prioritization of patients for loading into ambulances.

The Transportation Group Supervisor will utilize the C-MED/RCC system with area hospitals, and Basic Life Support (BLS) and Advanced Life Support (ALS) ambulances to confer on pre-hospital patient care or to alert the hospitals to in-coming patient situations.

C-MED/RCC will contact hospitals and collect treatment capability information, including the patient treatment capacity. Based on hospital capability information, the Transportation Group Supervisor will determine the mode of transportation and coordinate patient disposition to hospitals and medical facilities.

Ambulance arriving at the scene from other jurisdictions (mutual aid units) will be staged at the Staging Area and called to the Loading Area by the Transportation Group Supervisor.

APPENDIX G
DISASTER MORTUARY OPERATIONS

A. General Guidelines for a Deliberately Caused Mass Fatality Chemical Incident

1) Persons deceased as a result of a deliberately caused incident are murder victims and bodies will not be moved except as authorized by the FBI and the appropriate local, regional or State Medical Examiner.

2) All corpses must undergo decontamination procedures at the scene or at a designated facility/area.

3) Notification concerning fatalities must be made promptly to the appropriate Medical Examiner.

B. Activation of Mortuary Response Team

In the event of a chemical incident resulting in mass fatalities, the State Chief Medical Examiner will request the assistance of the State's Assistant Medical Examiners and a Mortuary Response Team through the State Funeral Directors Association. The Team, comprised of qualified and trained Coroners Association District Coordinators, will provide support in disaster recovery, evacuation, identification of remains, sanitation and preparation of remains, notification of families of deceased victims, and counseling. They will prepare and file death certificates and facilitate ways for preparing, processing and releasing dead human remains to the next of kin under emergency conditions. The team operates under the direction of the Office of the State Medical Examiner.

C. Initial Recovery and Staging Operations Guidelines

1) None of the remains will be moved or touched by workers until direction and approval have been given by the State Medical Examiner or Assistant Medical Examiner.

2) Operations will be coordinated by the State Medical Examiner and, where designated, the Mortuary Response Team's qualified Coordinator.

3) A survey and assessment of the situation will be made by the Medical Examiner and, where requested, the Mortuary Response Team Coordinator. They will note the approximate number of dead, condition of the remains, environmental conditions, and type of terrain. They will identify equipment, personnel, and supplies needed to implement an effective plan.

4) Once workers have reported to the staging area, a briefing will be held, assignments will be given, and, if appropriate, workers will be divided into teams.

5) Photos or a sketch will be made of the disaster site. If applicable, the scene will be divided into sections, with the recovery teams assigned to particular sections.

6) Suitable stakes or markings will be placed at the location of each body, and a number will be assigned to each body or collection of body parts as directed by the Medical Examiner or his designated appointee.

7) All remains should be treated as a contagious disease case.

8) Remains, or remain parts, will be tagged and records kept as to the location and/or surroundings in which the remains were found.

9) Unattached personal effects found on or near the body will be placed in a container, tagged with corresponding numbers and data reflecting the location and/or surroundings, and secured.

10) When practical, remains and/or remain parts will be containerized (probably in a body pouch) and tagged with a corresponding number on each pouch.

11) Valuables (such as wallets or jewelry) that are attached to the body will not be removed. Such valuables found on or near the body which have potential identification value should be placed in a container and charted as to the exact location where they were recovered.

12) Remains may then be removed, as authorized, from their initial discovery site to a staging area for transporting to a hospital morgue or a temporary morgue site.

D. Operational Guidelines for Evacuation to Morgue

1) Evacuation operations from the disaster site or staging area will be coordinated by the State Medical Examiner and, where designated, the Mortuary Response Team Coordinator will assist.

2) A survey and assessment of the situation will be made by the State Medical Examiner and, perhaps, the Mortuary Response Team Coordinator.

3) Records will be kept at the staging area as to the identification of the vehicles and drivers, as well as the tag numbers of the deceased being transported.

NOTE: Information for this section taken from the State Funeral Directors Association's State Emergency Operations Plan, revised 2/23/94.

APPENDIX H
STATE EMERGENCY OPERATIONS CENTER/STATE MEDIA CENTER

A. State Emergency Operations Center (EOC)

The State Emergency Management and Homeland Security Commissioner will activate the State Emergency Operations Center (EOC) in Hartford to coordinate Federal and State support to the local Incident Commander/Unified Command:

- upon the declaration of a "FBI Hazmat Incident" by the Incident Commander with immediate notification of the Governor's Office,
- whenever so advised by the DEP or CSP, following consultation with the Governor's Office.

The DEMHS Commissioner will request EOC staffing from the following agencies: CSP, DEP, DPH, CTNG, DOT, Governor's Office, Criminal Justice, FBI, FEMA, American Red Cross, SNET, and appropriate electric and water companies.

The DEMHS Commissioner will also request that FEMA deploy an Emergency Response Team - Advance (ERT-A) to the State EOC. The ERT-A should include representatives from the DOD Defense Coordinating Element (DCE), and ESF # 1-Transportation, ESF # 5-Emergency Management, ESF # 8-Public Health and Medical Services, ESF # 10-Oil and Hazardous Materials Response, and other ESFs as appropriate.

B. State Media Center

In the initial phases of a WMD incident the State Media Center located in the State Department of Emergency Management and Homeland Security **will not** be utilized to disseminate either crisis or consequence management information concerning the incident. Public information will be released by government officials ***at or near the scene*** only from the facility/area designated by the local Incident Commander. When the Joint Information Center (JIC) is established, ***all*** public information concerning the incident will be released through the JIC, which will be established by the FBI and staffed by Public Information Officers (PIOs) of responding Federal, State and local agencies. *Note: The only use of the State Media Center will be for the Governor's Press Conferences which will be arranged as deemed appropriate by the Governor's Press Secretary.*

APPENDIX I
FBI JOINT OPERATIONS CENTER/JOINT INFORMATION CENTER

A. FBI Joint Operations Center (JOC)

The FBI Special Agent in Charge (SAC) may establish a Joint Operations Center (JOC) in the incident scene municipality or in a nearby municipality. The JOC will house all Federal crisis and consequence management agencies. If a JOC is established, the Domestic Emergency Support Team (DEST) and the FBI On-Scene Command Post will relocate to the JOC. The JOC will then communicate with the FBI Headquarters Strategic Information and Operations Center (SIOC). The FBI will continue to provide a liaison to the local Incident Command Post.

B. Joint Information Center (JIC)

The Lead Federal Agency (LFA) (the FBI first for crisis management or FEMA for consequence management) will establish a Joint Information Center (JIC) for coordination and provision of information to the media concerning the Federal response to the emergency. The JIC may be established at the same location as the JOC or it may be situated at an on-scene location in coordination with State and local agencies. The JIC is under the operational control of the LFA's Public Information Officer (PIO), and is staffed by the PIOs of all responding Federal agencies. State and local PIOs representing crisis and consequence management agencies should be present at the JIC at such time that the JIC becomes operational.

APPENDIX J
RESERVED FOR FUTURE USE

APPENDIX K - TABLE 5 - CHARACTERISTICS OF SELECTED CHEMICAL AGENTS

Agent	Ease of Manufacture and Precursor Availability	Agent Persistence	Lethality	First Aid Treatment	GAO Observations a)
Choking Agents					
Chlorine (CL)	Industrial product. No precursors required.	Not Persistent	Low	Move to fresh air. For skin contact, flush with water. No antidote. Provide supportive therapy for respiratory and cardiovascular functions.	Likely agent due to availability as a commercial product.
Phosgene (CG)	Industrial product. No precursors required.	Not Persistent	Low	Move to fresh air. For skin contact, flush with water.	Likely agent due to availability as a commercial product.
Nerve Agents					
Tabun (GA)	Not readily available manufacturing instructions, but precursors available. Relatively easy to manufacture.	Intermediate	High	Move to fresh air. For skin contact, flush with water. Provide atropine or pralidoxime chloride or diazepam injections.	Likely agent due to availability of precursor chemicals and relative ease of manufacture.
Sarin (GB)	Moderately difficult to manufacture. Precursor chemical covered by Chemical Weapons Convention (CWC)	Not Persistent	High	Move to fresh air. For skin contact, flush with water. Provide atropine or pralidoxime chloride or diazepam injections.	Likely agent due to demonstrated use by Aum Shinrikyo, although restrictions on precursors could create difficulties for production.
Soman (GD)	Difficult to manufacture. Precursor chemical covered by CWC.	Intermediate	High	Move to fresh air. For skin contact, flush with water. Provide atropine or pralidoxime chloride or diazepam injections.	Not likely agent due to difficulty of manufacture and control of precursor chemical.

Agent	Ease of Manufacture and Precursor Availability	Agent Persistence	Lethality	First Aid Treatment	GAO Observations a)
GF	Moderately difficult to manufacture. Precursor chemical covered by CWC.	Intermediate	High	Move to fresh air. For skin contact, flush with water. Provide atropine or pralidoxime chloride or diazepam injections	Not likely agent due to difficulty of manufacture and control of precursor chemical.
VX	Difficult to manufacture. Precursor chemical covered by CWC.	High	Very High	Move to fresh air. For skin contact, flush with water. Provide atropine or pralidoxime chloride or diazepam injections	Not likely agent due to difficulty of manufacture and control of precursor chemical.
Blood Agents					
Hydrogen Cyanide (AC)	Industrial product. Precursor chemicals covered by CWC.	Very Low	Low to Moderate	Move to fresh air. Provide supportive therapy. Provide amyl nitrite or sodium nitrite or sodium thiosulfate.	Likely agent due to availability as a commercial product. Precursor availability may be a problem.
Cyanogen Chloride (CK)	Not easily produced. Available as commercial product.	Low	Low to Moderate	Move to fresh air. Provide supportive therapy. Provide sodium nitrite or sodium thiosulfate.	Likely agent, although precursor availability may be a problem.
Blister Agents					
Sulfur Mustard (HD)	Easy to synthesize. Large quantity buys of precursor chemicals without detection difficult. Precursors are covered by CWC.	Intermediate to High	Can produce incapacitation because of blistering. Can also produce death if inhaled or a toxic dose absorbed.	Flush skin with water and decontaminate clothing. Provide oxygen/intubation, bronchodilators.	Not likely agent due to difficulty in obtaining precursor materials and moderate production requirements.

Agent	Ease of Manufacture and Precursor Availability	Agent Persistence	Lethality	First Aid Treatment	GAO Observations a)
Nitrogen Mustard (HN-2)	Easy to synthesize. Large quantity buys of precursor chemicals without detection difficult. Precursors are covered by CWC.	Intermediate	Can produce incapacitation because of blistering. Can also produce death if inhaled or a toxic dose absorbed.	Flush skin with water and Decontaminate clothing. Provide oxygen/intubation, bronchodilators. Provide culumine ophthalmic and topical antibiotics and dressings.	Not likely agent due to difficulty in obtaining precursor materials and moderate production requirements.
Nitrogen Mustard (HN-3)	Easy to synthesize. Large quantity buys of precursor chemicals without detection difficult but available.	High	Can produce incapacitation because of blistering. Can also produce death if inhaled or a toxic dose absorbed.	Flush skin with water and Decontaminate clothing. Provide oxygen/intubation, bronchodilators.	Not likely agent due to difficulty in obtaining precursor materials and moderate production requirements.
Lewisite (L, HL)	Moderately difficult to manufacture and moderately difficult to acquire precursor chemicals.	Intermediate to High	Can produce incapacitation because of blistering. Can also produce death if inhaled or a toxic dose absorbed.	Flush skin with water and Decontaminate clothing. Provide British anti-lewisite for systemic effects.	Not likely agent due to difficulty in obtaining precursor materials and production requirements.

U.S. Government Accounting Office (GAO) observations are based on a research synthesis of discussions with experts in chemical warfare, science, intelligence, law enforcement, and medicine and of an analysis of manuals, handbooks, textbooks, studies, and reports on chemical agents.
Note: The following assumptions are used:

1. Dosage and concentrations are maximized for an interior environment.
2. The venue occurs at a high-profile incident where a large population has gathered.
3. The terrorists have the technical competence (first-year graduate student in chemistry) and motivation to obtain and implement the dispersion of agents.
4. The interior environment has an accessible heating, ventilation, and air conditioning distribution system.

SOURCE: U.S. General Accounting Office (GAO), *Combating Terrorism: Need for Comprehensive Threat and Risk Assessments of Chemical and Biological Attacks*, September 1999, Report # GAO/NSIAD-99-163.

APPENDIX L
APPLICABLE STATUTES AND REGULATIONS (EXCERPTS)

A. Connecticut General Statutes

C.G.S., Section 7-313e. Authority of fire officer during emergency. Notwithstanding any provision in the general statutes or a municipal ordinance to the contrary, the fire chief of the municipality, or any member serving in the capacity of fire officer-in-charge, shall, when any fire department or company is responding to or operating at a fire service call, or other emergency, within such municipality, have the authority to: (a) Control and direct emergency activities at such scene; (b) order any person to leave any building or place in the vicinity of such fire for the purpose of protecting such person from injury; (c) blockade any public highway, street, or private right-of-way temporarily while at such scene... (g) take command of any industrial fire brigade or fire chief when such fire company or department has been called to such industry.

C.G.S., Section 22a-453. Coordination of activities with other agencies (by DEP). Contracts for services. The [Department of Environmental Protection] commissioner shall represent the state in its relations with the federal government and with any municipality and with any regional or interstate authority in all matters relating to oil or petroleum or chemical liquids or solid, liquid or gaseous products or hazardous wastes pollution or contamination or emergency resulting from the discharge, spillage, uncontrolled loss, seepage or filtration of such substance or material or waste. Said commissioner may enter into agreements with the federal government, such municipalities or authorities, to coordinate supervisory activities and, subject to adequate appropriations, share reasonable costs. The commissioner may contract with any person, firm or corporation for such protective cleanup services as may from time to time be required.

C.G.S., Section 3-1. (Governor's) General powers and duties. The supreme executive power of the state shall be vested in the Governor. He may, personally or through any authorized agent, investigate into, and take any proper action concerning, any matter involving the enforcement of the laws of the state and the protection of its citizens. He may appoint any officer of the state whose office is provided for by law but for whose appointment no other provision is made by the constitution or the statutes. He may demand in writing from any officer, department, board, commission, council or other agency of the state a report on any matter relating to the official duties of such agency.

C.G.S., Section 28-9. Civil preparedness emergency; governor's powers. In the event of serious disaster, enemy attack, sabotage or other hostile action or in the event of the imminence thereof, the governor may proclaim that a state of civil preparedness emergency exists, in which event he may personally take direct operational control of any or all parts of the civil preparedness forces and functions in the state....

(a) The governor is authorized and empowered to modify or suspend in whole or in part, by order as hereinafter provided, any statute, regulation or requirement or part thereof to be modified or suspended....

(b) The governor may order into action all or any part of the Department of Emergency Management and Homeland Security and Homeland Security or local or joint organizations for civil preparedness mobile support units or any other civil preparedness forces.

(c) The governor shall order and enforce such blackouts and radio silences as are authorized by the United States Army or its duly designated agency and may take any other precautionary measures reasonably necessary in the light of the emergency.

(d) The governor may designate such vehicles and persons as shall be permitted to move and the routes which they shall follow.

(e) The governor shall take appropriate measures for protecting the health and safety of inmates of state institutions and children in schools.

(f) The governor may order the evacuation of all or part of the population of stricken or threatened areas and may take such steps as are necessary for the receipt and care of such evacuees.

(g) The governor may take such other steps as are reasonably necessary in the light of the emergency to protect the health, safety and welfare of the people of the state, to prevent or minimize loss or destruction of property and to minimize the effects of hostile action.

(h) In order to insure the automatic and effective operation of civil preparedness in the event of enemy attack, sabotage or other hostile action, or in the event of the imminence thereof, the governor may, at his discretion, at any time prior to actual development of such conditions, issue such proclamations and executive orders as he deems necessary, such as proclamations and orders to become effective only under such conditions.

C.G.S., Section 28-1. Definitions.

(1) "Attack" means any attack or series of attacks by an enemy of the United States causing, or which may cause, substantial damage or injury to civilian property or persons in the United States in any manner by sabotage or by the use of bombs, shellfire or atomic, radiological, chemical, bacteriological or biological means or other weapons or processes.

(2) "Major disaster" means any hurricane, storm, flood, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, drought, fire, explosion, or other catastrophe in any part of this state which, in the determination of the President, causes damage of sufficient severity and magnitude to warrant major disaster assistance under the Federal Disaster Relief Act of 1974, above and beyond emergency services by the federal government, to supplement the efforts and available resources of this state, local governments thereof, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

(3) "Emergency" means any hurricane, tornado, storm, flood, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, drought, fire, explosion, or other catastrophe in any part of this state which requires federal emergency assistance to supplement state and local efforts to save lives and protect property, public health and safety or to avert or lessen the threat of a disaster.

(4) "Civil preparedness" means all those activities and measures designed or undertaken (A) to minimize or control the effects upon the civilian population of major disaster, (B) to minimize the effects upon the civilian population caused or which would be caused by an attack upon the United States, (C) to deal with the immediate emergency conditions which would be created by any such attack, major disaster or emergency, and (D) to effectuate emergency repairs to, or the emergency restoration of, vital utilities and facilities destroyed or damaged by any such attack, major disaster or emergency. Such term shall include, but shall not be limited to, (i) measures to be taken in preparation for anticipated attack, major disaster or emergency, including the establishment of appropriate organizations, operational plans and supporting agreements; the recruitment and training of personnel; the conduct of research; the procurement and stockpiling of necessary materials and supplies; the provision of suitable warning systems; the construction and preparation of shelters, shelter areas and control centers; and, when appropriate, the nonmilitary evacuation of the civilian population; (ii) measures to be taken during attack, major disaster or emergency, including the enforcement of passive defense regulations prescribed by duly established military or civil authorities; the evacuation of personnel to shelter areas; the control of traffic and panic; and the control and use of lighting and civil communication; and (iii) measures to be taken following attack, major disaster or emergency, including activities for fire fighting; rescue, emergency medical, health and sanitation services; monitoring for specific hazards of special weapons; unexploded bomb reconnaissance; essential debris clearance; emergency welfare measures; and immediately essential emergency repair or restoration of damaged vital facilities.

(5) "Civil preparedness forces" means any organized personnel engaged in carrying out civil preparedness functions in accordance with the provisions of this chapter or any regulation or order thereunder. All the police and fire forces of the state or any political subdivision of the state, or any part of any political subdivision, including all the auxiliaries of these forces, shall be construed to be a part of the civil preparedness forces. The Connecticut Disaster Medical Assistance Team and the Medical Reserve Corps, under the auspices of the Department of Public Health, the Connecticut Urban Search and Rescue Team, under the auspices of the Department of Emergency Management and Homeland Security, and the Connecticut behavioral health regional crisis response teams, under the auspices of the Department of Mental Health and Addiction Services and the Department of Children and Families, and their members, shall be construed to be a part of the civil preparedness forces while engaging in authorized civil preparedness duty or while assisting or engaging in authorized training for the purpose of eligibility for immunity from liability as provided in section 28-13 and for death, disability and injury benefits as provided in section 28-14. Any member of the civil preparedness forces who is called upon either by civil preparedness personnel or state or municipal police personnel to assist in any emergency shall be deemed to be engaging in civil preparedness duty while assisting in such emergency or while engaging in training under the auspices of the Department of Emergency Management and Homeland Security, the Department of Public

Safety or the state or municipal police department, for the purpose of eligibility for death, disability and injury benefits as provided in section 28-14.

(6) "Mobile support unit" means an organization of civil preparedness forces created in accordance with the provisions of this chapter to be dispatched by the Governor or Commissioner of] Emergency Management and Homeland Security to supplement civil preparedness forces in a stricken or threatened area.

(7) "Civil preparedness emergency" or "disaster emergency" means an emergency declared by the Governor under the provisions of this chapter in the event of serious disaster or of enemy attack, sabotage or other hostile action within the state or a neighboring state, or in the event of the imminence thereof.

(8) "Local civil preparedness emergency" or "disaster emergency" means an emergency declared by the chief executive officer of any town or city in the event of serious disaster affecting such town or city.

(10) "Commissioner" means the Commissioner of Emergency Management and Homeland Security.

(11) "Department" means the Department of Emergency Management and Homeland Security.

(12) "Political subdivision" means any city, town, municipality, borough or other unit of local government.

C.G.S., Section 28-1a. Department of Emergency Management and Homeland Security.

(a) There is established a Department of Emergency Management and Homeland Security, which shall be within the Office of Policy and Management for administrative purposes only. Said department shall be the designated emergency management and homeland security agency for the state.... The commissioner shall be the chief administrative officer of the department and shall have the responsibility for providing a coordinated, integrated program for state-wide emergency management and homeland security. The commissioner may do all things necessary to apply for, qualify for and accept any federal funds made available or allotted under any federal act relative to emergency management or homeland security.

(b) With reasonable conformance to applicable federal statutes and administrative regulations of the Federal Emergency Management Agency and the requirements of the Connecticut emergency operations plan, the commissioner shall organize the department and the personnel of the department as may be necessary for the effective discharge of the authorized emergency management, civil preparedness and homeland security missions, including, but not limited to, the provisions of the Connecticut emergency operations plan and the national plan for civil preparedness. .... commissioner may enter into contracts for the furnishing by any person or agency, public or private, of services necessary for the proper execution of the duties of the department. Any such contract that has a cost of three thousand dollars or more shall be subject to the approval of the Attorney General.

(c) The commissioner shall be responsible for: (1) Coordinating with state and local government personnel, agencies, authorities and the private sector to ensure adequate planning, equipment, training and exercise activities by such personnel, agencies, authorities and the private sector with regard to homeland security; (2) coordinating, and as may be necessary, consolidating homeland security communications and communications systems of the state government with state and local government personnel, agencies, authorities, the general public and the private sector; (3) distributing and, as may be appropriate, coordinating the distribution of information and security warnings to state and local government personnel, agencies, authorities and the general public; and (4) establishing standards and security protocols for the use of any intelligence information.

(d) The commissioner may adopt such regulations, in accordance with the provisions of chapter 54, as necessary to implement the duties of the department.

(e) The commissioner shall, in consultation with the bargaining unit representing state police, enter into an interagency memorandum of understanding with the Department of Public Safety and the Military Department to provide for (1) the assignment and retrenchment rights of state police and employees of the Military Department to work in the department, and (2) interagency information sharing. All such assigned employees shall be under the sole direction of the commissioner.

(f) The functions, powers, duties and, as determined to be necessary by the commissioner, personnel of the Division of Homeland Security within the Department of Public Safety and the Office of Emergency Management within the Military Department shall be transferred to the Department of Emergency Management and Homeland Security in accordance with the provisions of sections 4-38d, 4-38e and 4-39.

C.G.S., Section 28-4. Agreements with other states. Local offices. With the approval of the Governor, the commissioner or the commissioner's designee may: (1) Represent the state on any regional or interstate organization for civil preparedness and may, on behalf of the state, enter into reciprocal mutual aid arrangements with other states; (2) establish and operate such area or district offices as may be necessary to control and coordinate civil preparedness preparations and mutual aid among communities.

C.G.S., Section 28-5. Preparation for civil preparedness; subpoenas. Training programs. Cooperation by other state agencies. Orders and regulations. (a) The commissioner may make studies and surveys of the manpower, industries, resources and facilities of the state to ascertain the capabilities of the state for civil preparedness and to plan for their most efficient use in time of emergency. The commissioner may apply to the superior court for the judicial district of Hartford, or to a judge of said court if the court is not in session, for a subpoena to compel the attendance of witnesses or the production of books, papers, records or documents of individuals, firms, associations or corporations as may be necessary to the effective preparation of the civil preparedness of the state. Said court or such judge shall, before issuing such subpoena, provide adequate opportunity for the commissioner and the party against whom the subpoena is requested to be heard. No such subpoena shall issue unless the court or judge certifies that the attendance of such witness or the production of such books, papers, records or documents is reasonably necessary to the effective preparation of the civil preparedness of the state and that the commissioner has

made reasonable efforts to secure such attendance or such books, papers, records or documents without recourse to compulsory process.

(b) The commissioner shall direct the preparation of a comprehensive plan and program for the civil preparedness of the state and integrate and coordinate that plan and program to the fullest extent possible with the civil preparedness plans of the federal government and of other states. When the plan and program has been prepared, the commissioner shall present it to the Governor for his approval. When the Governor approves the plan, all government agencies, state or local, and all civil preparedness forces in the state shall carry out the duties and functions assigned by the plan and program as approved. The plan and program may, from time to time, be amended or modified in like manner. The commissioner shall coordinate the civil preparedness activities of the towns and cities of the state to the end that they shall be fully integrated with the state civil preparedness plan and program.

(c) In accordance with the state civil preparedness plan and program, the commissioner shall institute such training programs and public information programs, shall take all other preparatory steps, including the partial or full mobilization of civil preparedness forces in advance of actual disaster, as may be necessary to the prompt and effective operation of the state civil preparedness plan in time of emergency and may, from time to time, conduct such practice blackouts or radio silences as may be authorized by the United States Army or its duly designated agency, and such practice air raid alerts or other civil preparedness exercises as the commissioner may deem necessary.

(d) The commissioner shall utilize the personnel, services, equipment, supplies and facilities of existing departments, offices and agencies of the state to the maximum extent possible. The head of each such department, office or agency, in cooperation with and under the direction of the commissioner, shall be responsible for the planning and programming of such activities in the civil preparedness programs as will involve the utilization of the facilities of his department, office, institution or agency and shall implement and carry out such activities whenever necessary for the welfare and safety of the state.

(e) In order to accomplish the purposes of this chapter, the commissioner may make such orders and such regulations as may be necessary to develop and implement the civil preparedness plan and program. Subject to the provisions of chapter 54, all such orders and regulations shall have the full force and effect of law.

C.G.S., Section 28-6. Mutual aid or mobile support units. (a). All civil preparedness units, forces, facilities, supplies and equipment in the state are deemed to be available for employment as mutual aid or mobile support. They may be ordered to duty by the Governor or the commissioner only under the conditions defined in subsection (f) of section 28-7 or section 28-9, except that such civil preparedness units, forces, facilities, supplies and equipment may be employed in another state under the conditions specified in subsection (e) of this section.

C.G.S., Section 28-7. Local and joint organizations. (a) Each town or city of the state shall establish a local organization for civil preparedness in accordance with the state civil preparedness plan and program, provided any two or more towns or cities may, with the approval of the

commissioner, establish a joint organization for civil preparedness. The authority of such local or joint organization for civil preparedness shall not supersede that of any regularly organized police or fire department. No town or city of the state shall be eligible for any state or federal benefits under this chapter until such town or city has submitted to the commissioner an emergency plan of operations approved by the local director of civil preparedness and the local chief executive which is subsequently approved by the commissioner.

(b) Each local organization for civil preparedness shall consist of an advisory council and a director appointed by the chief executive officer. The advisory council shall contain representatives of city or town agencies concerned with civil preparedness and representatives of interests, including business, labor, agriculture, veterans, women's groups and others, which are important to the civil preparedness program in the particular community. The director shall be responsible for the organization, administration and operation of such local organization, subject to the direction and control of the commissioner. The chief executive officer may remove any local director for cause.

(c) Each local or joint organization shall perform such civil preparedness functions in the territorial limits within which it is organized as the commissioner prescribes. In addition, such local or joint organization shall conduct such functions outside such territorial limits as are prescribed by the state civil preparedness plan and program or by the terms of any mutual aid agreements to which the town is a party.

(d) The director of each local or joint organization may, with the approval of the commissioner, collaborate with other public and private agencies within the state and develop or cause to be developed mutual aid agreements for civil preparedness aid and assistance in case of disaster too great to be dealt with unassisted. The director of such joint or local organization may, with the approval of the commissioner, enter into such mutual aid agreements with civil preparedness agencies or organizations in other states. Such agreements shall be consistent with the state civil preparedness plan and program and, in time of emergency, each local or joint organization shall render assistance in accordance with the provisions of such agreements to which it is a party unless otherwise ordered by the commissioner.

(e) Each town or city shall have the power to make appropriations for the payment of salaries and expenses of its local or joint organization or any other civil preparedness agencies or instrumentalities.

(f) In the event of a serious disaster or of a sudden emergency, when such action is deemed necessary for the protection of the health and safety of the people, and upon request of the local chief executive authority, the Governor or the commissioner, without regard to the provisions of section 22a-148, as amended, may authorize the temporary use of such civil preparedness forces, including civil preparedness auxiliary police and firemen, as he deems necessary. Personnel of such civil preparedness forces shall be so employed only with their consent. The provisions of section 28-14 shall apply to personnel so employed.

(g) The state shall reimburse any town or city rendering aid under this section for the compensation paid and actual and necessary travel, subsistence and maintenance expenses of employees of such

town or city while rendering such aid, and for all payments for death, disability or injury of such employees in the course of rendering such aid and for all losses of or damage to supplies or equipment of such town or city incurred in the course of rendering such aid.

(h) Whenever, in the judgment of a local civil preparedness director, with prior approval of the commissioner, it is deemed essential to authorize the temporary assignment, with their consent, of any members of civil preparedness forces who are not paid employees of the state or any political subdivision thereof, for a temporary civil preparedness mission, the provisions of section 28-14 shall apply. A complete written record of the conditions and dates of such assignment shall be maintained by the local director concerned and such record shall be available for examination by the commissioner and the Attorney General. The commissioner shall establish the necessary procedures to administer this section.

C.G.S., Section 28-8. Outside aid by local police, fire or other preparedness forces. (a) At the request of the chief executive authority of any town or city, the appropriate authority of any other town or city may, with the approval of the commissioner, or, if so ordered by the commissioner, shall, assign and make available for duty and use outside his own town or city, under the direction and command of an officer designated for the purpose, any part of the police, fire fighting or other civil preparedness forces under his control.

C.G.S., Section 28-8a. Municipal chief executive officers' powers during emergency. Benefits for certain persons assisting during emergency. Procedure for payment. (a) The chief executive officer of the municipality in which a major disaster or emergency occurs, or his designee, may take such action as he deems necessary to mitigate the major disaster or emergency and to secure and preserve any documents and evidence pertinent to and necessary for a future investigation.

C.G.S., Section 28-9. Civil Preparedness emergency; Governor's powers. (b) The Governor may order into action all or any part of the department or local or joint organizations for civil preparedness mobile support units or any other civil preparedness forces.

C.G.S., Section 28-13. Immunity from liability. (a) Neither the state nor any political subdivision of the state nor, except in cases of willful misconduct, the agents or representatives of the state or any political subdivision thereof nor any member of the civil preparedness forces of the state nor any person authorized by such civil preparedness forces or by any member of such civil preparedness forces complying with or attempting to comply with this chapter or any order or regulation promulgated pursuant to the provisions of this chapter, or pursuant to any ordinance relating to blackout or other precautionary measures enacted by any political subdivision of the state nor any person employed by or authorized to assist any agency of the federal government in the prevention or mitigation of any major disaster or emergency, shall be liable for the death of or injury to persons or for damage to property as a result of any such activity. The attorney general shall appear for and defend the state, any political subdivision of the state and the agents or representatives of the state or any political subdivision thereof or any member of the civil preparedness forces of the state or any other person exempted from liability for his acts under this

section in any civil action brought for the death of or injury to persons or for damage to property as a result of any civil preparedness activity.

C.G.S., Section 28-16. Stockpile of supplies. The commissioner is empowered, in anticipation of war, attack, sabotage or other hostile action or any disaster, to purchase and maintain a stockpile of medical supplies, blankets, food and provisions, fuel, equipment and any other supplies which in his opinion are necessary and desirable to afford relief and assistance to the people of the state in an emergency.

C.G.S., Section 28-20. Agreements for storage of federally-owned property. The commissioner and the director of any local civil preparedness organization may make agreements with the federal government or any agency or officer thereof to provide storage space on state or local premises, as the case may be, for federally-owned supplies and equipment to be used for civil preparedness purposes, provided such space shall be available without additional cost to the state and provided the commissioner or such director may revoke any such agreement upon thirty days' notice if such space is required for state or local use.

B. Federal Statutes and Regulations

42 U.S.C., Section 5192. Federal emergency assistance (a) Specified. In any emergency, the President may -

(1) direct any Federal agency, with or without reimbursement, to utilize its authorities and the resources granted to it under Federal law (including personnel, equipment, supplies, facilities, and managerial, technical and advisory services) in support of State and local emergency assistance efforts to save lives, protect property and public health and safety, and lessen or avert the threat of a catastrophe:
(2) coordinate all disaster relief assistance (including voluntary assistance) provided by Federal agencies, private organizations, and State and local governments;
(3) provide technical and advisory assistance to affected State and local governments for -
    (A) the performance of essential community services;
    (B) issuance of warnings of risks or hazards;
    (C) public health and safety information, including dissemination of such information;
    (D) provision of health and safety measures; and
    (E) management, control, and reduction of immediate threats to public health and safety;
(4) provide emergency assistance through Federal agencies;
(5) remove debris in accordance with the terms and conditions of section 5173 of this title;
(6) provide temporary housing assistance in accordance with section 5174 of this title; and
(7) assist State and local governments in the distribution of medicine, food, and other consumable supplies, and emergency assistance.

Occupational Safety and Health Administration (OSHA), U.S. Department of Labor Standards – 29 CFR, Hazardous waste operations and emergency response – 1910.120

1910.120(q)(3) Procedures for handling emergency response.

1910.120(q)(3)(i) The senior emergency response official responding to an emergency shall become the individual in charge of **a site-specific Incident Command System (ICS)**. All emergency responders and their communications shall be coordinated and controlled through the individual in charge of the ICS assisted by the senior official present for each employer.

NOTE TO (q)(3)(i) – The "senior official" at an emergency response is the most senior official on the site who has the responsibility for controlling the operations at the site. Initially it is the senior officer on the first-due piece of responding emergency apparatus to arrive on the incident scene. As more senior officers arrive (i.e., battalion chief, fire chief, state law enforcement official, site coordinator, etc.) the position is passed up the line of authority which has been previously established.

1910.120(q)(3)(ii) The individual in charge of the ICS shall identify, to the extent possible, all hazardous substances or conditions present and shall address as appropriate site analysis, use of engineering controls, maximum exposure limits, hazardous substance handling procedures, and any use of any new technologies.

1910.120(q)(3)(iii) Based on the hazardous substances and/or conditions present, the individual in charge of the ICS shall implement appropriate emergency operations, and assure that the personal protective equipment worn is appropriate for the hazards to be encountered. However, personal protective equipment shall meet, at a minimum, the criteria contained in 29 CFR 1910.156(e) when worn while performing fire fighting operations beyond the incipient state for any incident.

1910.120(q)(3)(iv) Employees engaged in emergency response and exposed to hazardous substances presenting an inhalation hazard or potential inhalation hazard shall wear positive pressure self-contained breathing apparatus while engaged in emergency response, until such time that the individual in charge of the ICS determines through the use of air monitoring that a decreased level of respiratory protection will not result in hazardous exposures to employees.

1910.120(q)(3)(v) The individual in charge of the ICS shall limit the number of emergency response personnel at the emergency site, in those areas of potential or actual exposure to incident or site hazards, to those who are actively performing emergency operations. However, operations in hazardous areas shall be preformed using the buddy system in groups of two or more.

1910.120(q)(3)(vi) Back-up personnel shall be standing by with equipment ready to provide assistance or rescue. Qualified basic life support personnel, as a minimum, shall also be standing by with medical equipment and transportation capability.

1910.120(q)(3)(vii) The individual in charge of the ICS shall designate a safety officer, who is knowledgeable in the operations being implemented at the emergency response site, with specific

responsibility to identify and evaluate hazards and to provide direction with respect to the safety of operations for the emergency at hand.

1910.120(q)(3)(viii) When activities are judged by the safety officer to be an IDLH and/or to involve an imminent danger condition, the safety officer shall have the authority to alter, suspend, or terminate those activities. The safety official shall immediately inform the individual in charge of the ICS of any actions needed to be taken to correct these hazards at the emergency scene.

1910.120(q)(3)(ix) After emergency operations have terminated, the individual in charge of the ICS shall implement appropriate decontamination procedures.

APPENDIX M
ACRONYMS, ABBREVIATIONS AND GLOSSARY

AGAR	**Alternate Governor's Authorized Representative.** Individual designated by the Governor in the FEMA/State Agreement to exercise the same powers as the Governor's Authorized Representative (GAR) in the administration of Federal disaster assistance on behalf of the State and local governments and other grant and loan recipients. **Agency Representative.** An individual assigned to an incident from an assisting or cooperating agency who has been delegated authority to make decisions on matters affecting that agency's participation at the incident. Agency representatives report to the Incident Liaison Officer.
ALOHA	**Aerial Locations of Hazardous Atmospheres.** Computer software program used with MARPLOT and CAMEO. ALOHA is an atmospheric dispersion model used for evaluating releases of hazardous chemical vapors.
ALS	**Advanced Life Support.** An ambulance service capable of delivering advanced skills performed by an EMS practitioner, e.g. intravenous fluids and drug administration.
ARC	**American Red Cross**
ATF	**Bureau of Alcohol, Tobacco and Firearms. (U.S. Treasury)**
BLS	**Basic Life Support.** An ambulance service capable of delivering basic emergency interventions performed by EMS practitioners trained and credentialed to do so, e.g., splinting, bandaging, oxygen administration.
CAMEO	**Computer-Aided Management of Emergency Operations.** Computer system of software applications developed by US EPA and NOAA for use in planning for and responding to chemical emergencies. Includes MARPLOT and ALOHA.
CANA	**Convulsant Antidote for Nerve Agent.** Contains diazepam and is administered by autoinjector, used by the military, now available commercially.
CBIRF	**U.S. Marine Corps Chemical/Biological Incident Response Force**
CBRNE	**Chemical, Biological, Radiological, Nuclear, and Explosive.** Types of Weapons of Mass Destruction.
CEO	**Chief Executive Officer.** The official of the community who is charged with the authority to implement and administer laws, ordinances and regulations; a mayor, first selectman, town/city manager.
CERT	**Community Emergency Response Team.**
CFPC	**Commission on Fire Prevention and Control**
CFR	**Code of Federal Regulations**
C.G.S.	**Connecticut General Statutes**
CHA	**Connecticut Hospital Association**
CHEM-TREC	**Chemical Manufacturers' Association Chemical Transportation Emergency Center.** Organization maintains a 24-HR Hotline to provide information on chemicals involved in a hazardous materials incident.
C-MED/ RCC	**Centralized Medical Emergency Dispatch/Regional Coordination Center.** Coordinates and communicates between hospitals and pre-hospital emergency medical service providers. Also coordinates movement of medical resources to a

	mass casualty incident scene and the distribution of patients. There are 13 communications centers that perform the C-MED function. They are located in Bridgeport, Colchester, Groton, Litchfield, New Haven, Norwich, Prospect, Thompson, Tolland, Waterford, Westbrook and West Hartford.
CONPLAN	**United States Government Interagency Domestic Terrorism Concept of Operations Plan**
CPCC	**Connecticut Poison Control Center**
CSP	**Connecticut State Police**
CST	**Civil Support Team**
CTNG	**Connecticut National Guard**
DAS	**Department of Administrative Services (State of Connecticut)**
DCE	**Defense Coordinating Element (DOD).** Provides support to all FEMA ESFs.
Decon	**Decontamination** – The process of making people, objects, or areas safe by absorbing, destroying, neutralizing, making harmless, or removing chemical, biological, or radiological material.
DEMHS	**Department of Emergency Management and Homeland Security (State of Connecticut)**
DEP	**Department of Environmental Protection (State of Connecticut)**
DEST	**Domestic Emergency Support Team.** Rapidly deployable interagency team under the direction of the FBI.
DHHS	**Department of Health and Human Services (U.S.)**
DHS	**Department of Homeland Security (U.S.)**
DHS/EPR /FEMA	**Department of Homeland Security/Emergency Preparedness and Response/Federal Emergency Management Agency. (FEMA)**
DMAT	**Disaster Medical Assistance Team**
DMHAS	**Department of Mental Health and Addiction Services (State of CT)**
DMORT	**Disaster Mortuary Team**
DOC	**Department of Corrections (State of Connecticut)**
DOD	**Department of Defense (U.S.)**
DOJ	**Department of Justice (U.S.)**
DOT	**Department of Transportation (State of Connecticut & U.S.)**
DPH	**Department of Public Health (State of Connecticut)**
DPS	**Department of Public Safety (State of Connecticut)**
DSS	**Department of Social Services (State of Connecticut)**
DWI System	**Disaster Welfare Inquiry System.** Established by the American Red Cross after a large disaster to help family members locate living relatives in or near the disaster area. ARC collects names of survivors located in hospitals and shelters and provides information to relatives who may inquire as to their whereabouts.
EAS	**Emergency Alert System**
EDCS	**Emergency Decontamination Corridor System**
EMAC	**Emergency Management Assistance Compact.** A Congressionally-sanctioned interstate mutual aid compact to which almost all states, including Connecticut, belong.
EMS	**Emergency Medical Services**
EMT	**Emergency Medical Technician**

EOC	**Emergency Operations Center.** Protected site from which State and local government officials coordinate, monitor, and direct emergency response activities during an emergency.
EPA	**Environmental Protection Agency (U.S.)**
EPLO	**Emergency Preparedness Liaison Officer**
ERT	**Emergency Response Team.** The ERT consists of Federal disaster relief officials from FEMA and other Federal agencies. The ERT deploys to the Disaster Field Office following a Presidential declaration of disaster or emergency and works under the direction of the Federal Coordinating Officer. The ERT provides operational, administrative and logistical support to Federal response activities in the field. The ERT also provides support for the dissemination of information to the general public, the media and Congress. Note: EPA and the FBI also have ERTs.
ERT-A	**Emergency Response Team – Advance.** The initial elements of the ERT which deploy to the State EOC or other facility in the State to establish a Joint Field Office and to begin coordination of Federal response and recovery operations with the State.
ESF	**Emergency Support Function.** A category of disaster response or recovery operations identified in the National Response Plan/Federal Response Plan (NRP/FRP) and assigned to primary/lead and support Federal agencies. The Federal ESF agencies support State response and recovery operations and other Federal ESF agencies.
ESF # 1	**Emergency Support Function # 1 -Transportation**
ESF # 2	**Emergency Support Function # 2 - Communications**
ESF # 3	**Emergency Support Function # 3 - Public Works and Engineering**
ESF # 4	**Emergency Support Function # 4 - Firefighting**
ESF # 5	**Emergency Support Function # 5 - Emergency Management** (in the NRP/ Information and Planning in the FRP)
ESF # 6	**Emergency Support Function # 6 - Mass Care, Housing and Human Services** (in the NRP/Mass Care in the FRP)
ESF # 7	**Emergency Support Function # 7 - Resource Support**
ESF # 8	**Emergency Support Function # 8 - Public Health and Medical Services** (in the NRP/Health and Medical Services in the FRP)
ESF # 9	**Emergency Support Function # 9 - Urban Search and Rescue**
ESF # 10	**Emergency Support Function # 10 - Oil and Hazardous Materials Response** (in the NRP/Hazardous Materials in the FRP)
ESF # 11	**Emergency Support Function # 11 - Agriculture and Natural Resources** (in the NRP, Food in the FRP)
ESF # 12	**Emergency Support Function # 12 - Energy**
ESF # 13	**Emergency Support Function # 13 - Public Safety and Security** (new in NRP)
ESF # 14	**Emergency Support Function # 14 - Long Term Community Recovery and Mitigation** (new in NRP)
ESF # 15	**Emergency Support Function # 15 - External Affairs** (new in NRP)
EST	**Emergency Support Team**
FBI	**Federal Bureau of Investigation**

FBI Hazmat Incident	A chemical incident known or suspected by the Incident Commander to have been deliberately caused, and causing, or having the potential to cause, mass casualties.
FBI SIOC	**Strategic Information and Operations Center (FBI).** Center for all Federal intelligence, law enforcement, and investigative activities related to domestic terrorist incidents or credible threats. Houses the National Joint Terrorism Task Force (NJTTF).
FCO	**Federal Coordinating Officer.** The Federal officer who is appointed by DHS/EPR/FEMA to manage and coordinate Federal Resource support activities and disaster assistance programs related to Stafford Act disasters and emergencies.
FEMA	**Federal Emergency Management Agency**
FFPE	**Firefighter Protective Ensemble**
FOSC or OSC	**Federal On-Scene Coordinator.** The Federal official pre-designated by the EPA or the USCG to coordinate responses and direct removal actions under the NCP.
FPS	**Federal Protective Service**
FRC	**Federal Resource Coordinator.** The Federal official appointed to manage Federal resource support activities related to non-Stafford Act incidents. The FRC is responsible for coordinating support from other Federal departments and agencies using interagency agreements and MOUs.
FRERP	**Federal Radiological Emergency Response Plan**
FRP	**Federal Response Plan.** The national catastrophic disaster response plan developed and signed by FEMA and coordinating Federal Agencies.
GAR	**Governor's Authorized Representative.** Individual designated by the Governor in the FEMA/State Agreement to administer Federal disaster assistance programs on behalf of the State and local governments and other grant and loan recipients.
Hazmat	**Hazardous Materials.** Any substance or material that when released in sufficient quantities poses a risk to people's health, safety, and/or property. These substances include: explosives, radioactive materials, flammable liquids and solids, combustible liquids and solids, poisons, oxidizers, toxins, and corrosive materials.
HEICS	**Hospital Emergency Incident Command System.** An emergency management system that employs a logical management structure, defined responsibilities, clear reporting channels and a common nomenclature to help unify hospitals with other emergency responders.
HEPA	**High Efficiency Particulate Arresting**
	High-Hazard Areas. Geographic locations that for planning purposes have been determined through historical experience and vulnerability analysis to be likely to experience the effects of a specific hazard (e.g., hurricane, earthquake, hazardous materials accident, etc.) resulting in vast property damage and loss of life.
HHS	**Department of Health and Human Services (US)**
HMRU	**Hazardous Materials Response Unit.** FBI laboratory division field personnel unit assists in an advisory and liaison capacity with on-scene military and civilian personnel. Unit is equipped to direct proper evidence handling procedures in a contaminated environment.
HSAS	**Homeland Security Advisory System.** Administered by DHS/IAIP this color-coded system disseminates information regarding the risk of terrorist attacks and

coordinating appropriate response measures.

HSOC — **Homeland Security Operations Center.** The primary national hub for domestic incident management operational coordination and situational awareness. The HSOC consists of a 24/7 multi-agency watch and operational coordination center and integrated elements of the DHS Information Analysis and Infrastructure Protection (IAIP) Office of the Assistant Secretary for Information Analysis (OIA) and DHS Emergency Preparedness and Response/Federal Emergency Management Agency (DHS/EPR/FEMA).

HSPD-5 — **Homeland Security Presidential Directive 5, Management of Domestic Incidents.**

HSPD-8 — **Homeland Security Presidential Directive 8, National Preparedness**

IAIP — **Information Analysis and Infrastructure Protection. (US DHS)**

IC — **Incident Commander.** Individual responsible for the management of all incident operations at the incident site. In Connecticut, by statute, this is the Senior Fire Officer in Charge.

ICE — **Immigration and Customs Enforcement**

ICP — **Incident Command Post**

ICS — **Incident Command System.** A standardized organizational structure used to command, control, and coordinate the use of resources and personnel that have responded to the scene of an emergency. ICS concepts and principles include common terminology, modular organization, integrated communication, unified command structure, consolidated action plan, manageable span of control, designated incident facilities, and comprehensive resource management.

Incident Scene. Area which includes the site of the actual incident; the area within the restricted or Hot Zone including police perimeters; and any staging, triage or decontamination areas located outside the perimeters.

IDLH — **Immediate Danger to Life or Health**

IIMG — **Interagency Incident Management Group.** National headquarters-level multi-agency coordination entity for domestic incident management.

INS — **Incident of National Significance.** An actual or potential high-impact event that requires a coordinated response by an appropriate combination of Federal, State, local, tribal, non-governmental, and/or private-sector entities in order to save lives and minimize damage, and provide the basis for long-term community recovery and mitigation activities.

IRRs — **Initial Response Resources.** Resources commonly needed in a disaster area which are stockpiled by FEMA or available through emergency contracts with private vendors that can be quickly deployed to a disaster site.

JFO — **Joint Field Office.** The primary field location for the coordination of response and recovery operations in a Presidentially-declared disaster or emergency. The JFO houses the Principal Federal Official (PFO) and staff comprising the Federal Emergency Response Team (ERT). The JFO operates with a schedule (up to 24 hours per day) sufficient to sustain Federal response operations. The State Coordinating Officer (SCO) usually maintains a staff at the JFO. (The JFO was called the DFO – Disaster Field Office in the Federal Response Plan.)

JIC — **Joint Information Center.** An intergovernmental public information center

	established to ensure the coordinated release of information by Federal, State and local officials to the media and the public regarding disaster-related activities and recovery programs.
JOC	**Joint Operations Center.** Established by the FBI.
JTF	**Joint Task Force.** An ad hoc force comprised of military personnel from different service branches for a specific mission(s).
LDS	**Ladder Pipe Decontamination System**
LEPC	**Local Emergency Planning Committee**
LFA	**Lead Federal Agency.** (will be replaced by Primary Federal Agency under NIMS structure, except for Terrorist Incidents where FBI will be LFA for Crisis Management and FEMA will later be LFA for Consequence Management)
MARK I	An antidote kit for organophosphorus (nerve agent/pesticide) poisoning, containing atropine and pralidoxime chloride administered by auto-injection, used by the military, now commercially available.
MARPLOT	**Mapping Applications for Response, Planning, and Local Operational Tasks.** Computer mapping application used with CAMEO.
MCDRT	**Mass Casualty Decontamination Research Team**
MCI	**Mass Casualty Incident.** Any incident that causes emergency medical service providers to alter their normal pre-hospital patient care protocols in order to provide the most effective possible pre-hospital patient care. An MCI can also be defined as any single incident with at least 6 casualties or some other threshold number of casualties established in the local mass casualty plan.
MERS	**Mobile Emergency Response Support.** A FEMA detachment that deploys to a disaster area to support the initial federal responders with communications, data processing, food, water, shelter, etc. Designed to self-supporting for at least 72 hours.
METTAG	**Medical Emergency Triage Tag**
	Mitigation. Those actions (including threat and vulnerability assessments) taken to reduce the exposure to and detrimental effects of a WMD incident.
MMRS	**Metropolitan Medical Response System.** A federally funded initiative to enhance a local jurisdiction's capability to responds to a mass casualty incident resulting from any cause including weapons of mass destruction.
MSST	**Marine Safety and Security Teams**
NAWAS	**National Warning System.** A dedicated national telephone circuit connecting Federal, State and local warning points. NAWAS is frequently used for the dissemination of weather warning information.
NCP	**National Oil and Hazardous Substances Pollution Contingency Plan** - usually referred to as the **National Contingency Plan**
NCTC	**National Counter-Terrorism Center.** Primary Federal organization for analyzing and integrating all intelligence possessed by the U.S. government pertaining to terrorism and counter-terrorism, excepting purely domestic counter-terrorism information. The Terrorist Threat Integration Center (TTIC) is a component of the NCTC.
NDMS	**National Disaster Medical System.**
NGO	**Non-Governmental Organization.** A nonprofit entity serving a public purpose,

	not a private benefit.
NIC	**National Integration Center.** Office established by US DHS to support routine maintenance and continuous refinement of the NIMS
NIMCAST	**NIMS Capability Assessment Support Tool.** A web-based self-assessment tool for states and local governments to use to evaluate their incident response and management capabilities.
NIMS	**National Incident Management System.** As directed by the President and administered by the US DHS, this is a system that includes a standardized approach to incident management and response, training, credentialing, communications, equipment, and technologies. The NIMS system provides a consistent, nationwide approach for Federal, State, local, and tribal governments; the private sector; and non-governmental organizations (NGOs) to work together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. The NIMS includes a core set of concepts, principles, and terminology – the Incident Command System (ICS). The NIMS includes, and is in the process of developing, multi-agency coordination systems; training; identification and management of resources; qualification and certification of personnel; and the collection, tracking, and reporting of incident information and resources.
NJTTF	**National Joint Terrorism Task Force**
NMRT	**National Medical Response Team**
NOAA	**National Oceanographic and Atmospheric Administration**
NRC	**National Response Center.** Twenty-four hour center and hotline at DHS/ USCG Headquarters in Washington, D.C. utilized for notification of releases of hazardous substances. 1-800-424-8802.
NRP	**National Response Plan.** (Developed by the U.S. DHS) will replace the Federal Response Plan, the Federal Radiological Response Plan, and the CONPLAN. The NRP incorporates best practices and procedures from incident management disciplines – homeland security, emergency management, law enforcement, firefighting, public works, public health, responder and recovery worker health and safety, and emergency medical services. The NRP describes how federal agencies will coordinate with each other to provide support and assistance to state, local, and tribal governments; non-governmental organizations; and the private sector.
NSSE	**National Special Security Event.** The Secret Service is the PFO for designated events that, by virtue of political, economic, social or religious significance, may be the targets of terrorism or other criminal activity.
OCSRD	**Oil and Chemical Spill Response Division (CT DEP)**
OEMS	**Office of Emergency Medical Services (CT DPH)**
OIA	**Office of the Assistant Secretary for Information Analysis. (US DHS)**
OPM	**Office of Policy and Management (State of Connecticut)**
OSC	**On-Scene Commander**
OSC	**On-Scene Coordinator**
OSHA	**Occupational Safety and Health Administration (U.S.)**
PAR	**Personnel Accountability Report**
PDD-39	**Presidential Decision Directive 39.** U.S. Policy on Counterterrorism.

PDD-62	**Presidential Decision Directive 62.** U.S. Policy on Protection against Unconventional Threats to the Homeland and Americans Overseas.
PFA	**Primary Federal Agency.** (will replace Lead Federal Agency of the FRP)
PFO	**Principal Federal Official.** Federal official designated by the Secretary of Homeland Security to act as his representative locally to oversee, coordinate, and execute the Secretary's incident management responsibilities under HSPD-5 for Incidents of National Significance.
PIO	**Public Information Officer.** Designated spokesperson for a public or private organization in dealing with the media. Also, a position appointed by the Incident Commander or Unified Command to coordinate all public information released from the incident scene.
POMSO	**Plans, Operations and Military Support Officer.** National Guard Officer responsible for coordinating state military support to civilian authorities in disasters and emergencies.
PPE	**Personal Protective Equipment.** Equipment and clothing required to shield or isolate personnel from the chemical, physical, biological, and radiological hazards of a WMD incident.
	Preparedness. Establishing the plans, training, exercises, and resources necessary to achieve readiness for all hazards, including WMD incidents.
	Push Package. A large shipment of medical supplies and pharmaceuticals sent from the Strategic National Stockpile within 12 hours of federal approval of a request by the State's Governor in the event of an emergency or disaster..
RCC	**Regional Communications Center.**
REPLO	**Regional Emergency Preparedness Liaison Officer**
RRCC	**Regional Response Coordination Center.** Located in Maynard, Massachusetts, the Region I RRRC is a Federal interagency operations center for coordination of Federal support to states in disasters and emergencies. The RRCC houses the Federal Emergency Response Team (ERT) prior to the establishment of the Joint Field Office (JFO) in the disaster-affected State. (RRCC was called the ROC – Regional Operations Center and the JFO was called the DFO – Disaster Field Office in the Federal Response Plan.)
RRT	**Regional Response Team**
SAC	**Special Agent in Charge (FBI)**
SAO	**State Approving Official**
SBCCOM	**U.S. Army Soldier and Biological Chemical Command**
SBC-SNET	**SBC Communications - Southern New England Telephone**
SCBA	**Self-Contained Breathing Apparatus**
SCO	**State Coordinating Officer.** State official designated by the Governor in the FEMA-State Agreement following a Presidentially declared disaster or emergency to coordinate State and local response and recovery activities with those of the Federal government. The SCO is usually the State Emergency Management and Homeland Security Commissioner.
SERC	**State Emergency Response Commission (State of Connecticut)**
SLO	**State Liaison Officer.** A FEMA official assigned to a particular State, who handles initial coordination with the State in the early stages of an emergency.

SME	**State Medical Examiner**
START	**Simple Triage and Rapid Treatment/Transport System**
SNS	**Strategic National Stockpile.** A pre-packaged, readily transportable stockpile of pharmaceutical and medical supplies, antibiotics and antidotes for various chemical and biological agents. The SNS is deployed by the Centers For Disease Control in Atlanta, GA..
START	**Simple Triage And Rapid Treatment/Transport System**
SWP	**State Warning Point.** The State Department of Public Safety located at 1111 Country Club Road in Middletown, CT is the primary SWP. DEMHS is the alternate SWP.
	Terrorism. The unlawful use of force or violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives. Domestic terrorism involves groups or individuals who are based and operate entirely within the US and its territories without foreign direction and whose acts are directed at elements of the US government or population.
TEU	**U.S. Army Technical Escort Unit**
TILEIA of the NRP	**Terrorism Incident Law Enforcement and Investigation Annex** of the **National Response Plan**
TSA	**Transportation Security Administration (US)**
TTIC	**Terrorist Threat Integration Center**
UC	**Unified Command**
UCS	**Unified Command System.** Multi-agency, multi-jurisdictional command system in which operational goals and response strategies are jointly determined by the various responding organizations.
USAR	**Urban Search and Rescue**
USC	**United States Code**
USCG	**United States Coast Guard.** (is now a part of the U.S. DHS)
WMD	**Weapons of Mass Destruction.** Includes conventional, chemical, biological and nuclear/radiological weapons. Any destructive device as defined in 18 USC, Section 2332a, as referenced in 18 USC 921, (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 of 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.
WMDCST	**Weapons of Mass Destruction Civil Support Team.** National Guard team, formerly referred to as a RAID Team.
WMDICP	**Weapons of Mass Destruction Incident Contingency Plan** of the FBI.