

Santa Barbara City Fire Department - Standard Operating Procedures Emergency Operations		Code: E-XI-3
Terrorist/WMD Incidents		
Chpt: XI Large scale disasters	Revised: 3/23/12	Pages: 6

I. PURPOSE

A. To establish guidelines for responding to and handling incidents involving Weapons of Mass Destruction. (WMD)

II. PROCEDURE

A. Response actions to a WMD incident can be divided into those undertaken by operational responders and those undertaken or supervised by HAZMAT technicians.

B. Medical management includes decontamination, triage, treatment, behavioral health and transportation. The specific WMD agent involved chemical, biological or radiological has an impact on scene management.

C. All WMD terrorism incidents are crime scenes; police liaison needs early establishment.

D. Notification of government agencies should be made ASAP.

III. SAFETY

A. BE AWARE OF SECONDARY DEVICES.

1. Upon sighting a device or suspicious situation, withdraw personnel and notify PD for bomb squad response.

B. Remember any signs of WMD devices, dispersion apparatus, or other potential evidence. Flag or tape off possible evidence, do not move or collect it yourself.

C. IF NO APPARENT VICTIMS, LIFE HAZARD, RESCUE SITUATION, OR FIRE EXIST, FIRE DEPARTMENT PERSONNEL SHOULD NOT BE EXPOSED TO RISK.

D. USE AVAILABLE PPE TO MINIMIZE SAFETY RISKS FOR OPERATIONAL RESPONDERS.

E. Minimize entry of first responders into HOT ZONE.

F. Minimum PPE is turnouts, butyl rubber gloves and SCBA.

G. Shut down HVAC systems to minimize contamination spread.

H. If the incident is indoors, insure any ventilation exhaust ports are not blowing vapors into the established response areas.

Terrorist/WMD Incidents

- I. Position equipment upwind, uphill and upstream from the incident site.

IV. FIRST ARRIVING UNITS

- A. The first arriving officer will establish Command and begin a size-up. Survey visible activity, signs and symptoms.
- B. Notice potential effects of wind, topography and location of the incident. Route other responding companies away from visible hazards.
- C. Command will establish level II staging whenever possible. (See [E-III-2](#) Staging) Care must be taken to establish staging in a safe area, taking into account the characteristics of the likely WMD agent (chemical, biological, radiological).

V. AREA ISOLATION/ PERIMETER ESTABLISHMENT

- A. Command Size-up gathers information for incident management plan
- B. First arriving units should secure a perimeter, evaluate the situation, and await the arrival of the Hazardous Materials Technicians.
- C. If victims are present the IC should establish communication quickly to control their anxiety and behavior.
- D. Try and maintain control of victims so as to limit possible spread and contamination.
- E. Pay attention to symptoms exhibited by victims for relay to HAZMAT and paramedic personnel.
- F. Prepare to Evacuate nearby area if indicated by wind, explosive or similar danger.
- G. If fire is present and radiological agent suspected, evacuate to 2000 feet. Check downwind areas for contamination.
- H. IN THE CASE OF LETTER OR PACKAGE CONTAINING UNKNOWN SUBSTANCE:
 - 1. Quarantine persons in the immediate area of exposure (office or room) and place them in a safe refuge area.
 - 2. Isolate the area that the substance or package is located; hold for Hazmat Team to double bag and secure.
 - 3. Control Heating and Air Conditioning (HVAC) Systems by shutting down to prevent spread of contamination.

Terrorist/WMD Incidents

4. DO NOT USE SPECIFIC NAME OF SUSPECTED AGENT OVER THE RADIO; USE ONLY “A BIOLOGICAL AGENT” OR “AN UNKNOWN AGENT.”

5. If a biological agent is contained in a single room or office in a multi-function building, the building should be evacuated.

VI. ESTABLISH ZONES OF LIMITED ACCESS.

A. Utilize and establish the same zones outlined in HazMat operations. (See [E-IX-3](#) Decon) .

VII. COORDINATE WITH POLICE TO ESTABLISH SECURITY FOR SITE

A. Police will secure scene to insure safety for victims and emergency responders.

B. Police will search immediate area for presence of secondary devices.

C. If potentially explosive devices are sighted or suspected, Police Special Assignments Unit will clear. Fire personnel will withdraw to safe staging area until safe re-entry is possible. Fire personnel will NOT move or disarm suspected devices.

VIII. ASSESS DOWNWIND HAZARDS

A. If a downwind hazard exists, initiate appropriate action (evacuation or shelter-in-place) for those at risk. Adjust incident perimeters to account for windage risks.

IX. GATHER CASUALTIES/INITIATE VICTIM MANAGEMENT

A. Immediately begin process of gathering ambulatory victims.

B. Using an amplified PA system, direct victims to an established holding area to await evaluation and emergency gross decontamination.

C. If deaths occur during sorting, redefine HOT ZONE perimeter to include bodies. Unless absolutely necessary do not move bodies.

D. Explain emergency decontamination to victims.

E. Once emergency decon is complete, sort ambulatory victims into:

1. People with Special Needs

2. Gender groups

F. Continue to process any additional victims who exit the impact area.

1. USE CAUTION [PPE] WHEN CONTACTING VICTIMS

Terrorist/WMD Incidents

- a) Those exposed to CHEMICAL agents may be off gassing.
- b) BIOLOGICAL victims may be contaminated with particles or droplets of agent.
- c) RADIOLOGICAL victims pose no danger; particles on skin or clothing brush or wash off.

G. NON-AMBULATORY VICTIMS SHOULD LIE IN PLACE

- 1. If necessary administer emergency medical measures WHILE WEARING PPE.
- 2. If external threat (building collapse, etc.) threatens, move victim to safe area

H. DEAD ANIMALS AND BIRDS AT THE SCENE

- 1. Deceased animals and birds at the scene will be handled as deceased people are handled, expanding the Hot Zone to include their locations.

X. EMERGENCY DECONTAMINATION

A. Emergency decontamination for chemical agents should begin as soon as possible.

B. Emergency Decon serves three functions:

- 1. Marks victims for easy identification;
- 2. Removes product/particles from victims;
- 3. Engages victims in activity that reduces anxiety.

C. Using PA system/bull horn, instruct victims on procedure:

- 1. Spread arms and legs wide
- 2. Turn slowly so all parts of body are rinsed
- 3. Clothing is NOT removed for emergency decon.

D. Victims will be thoroughly wet using a booster line. Soak victims from top of head downward with copious amounts of water.

E. In an event with multiple victims, which may inundate the booster line procedure of emergency decontamination, a master stream(s) creating a dense shower flow should be established as a more effective method of mass casualty emergency decontamination.

F. Minimum PPE for decontaminating victims is turnouts and SCBA.

Terrorist/WMD Incidents

G. Locate Emergency Decon corridor Upgrade from HOT ZONE if possible. Notice direction and impact of uncontrolled runoff for referral to clean up.

XI. HAZMAT UNITS

A. Command, through Hazmat--will make site assessment to:

1. Assign levels of PPE
2. Confirm/adjust hot/warm/cold zones and incident perimeter; For Radiological Agent, HOT ZONE is defined as area where survey instruments produce readings of 1 MR/hour and higher or 1000 cpm as read on the PalmRAD 904 (See [A-XIV-12](#) PalmRAD user guide)
3. Confirm/adjust equipment placement.
4. Reassess downwind hazards; implement evacuation/shelter-in-place as needed.
5. Establish and perform Hazmat procedures (See [E-IX-2](#) FRO)

XII. MEDICAL MANAGEMENT

A. Whether the agent is chemical, biological or radiological, victims of a Weapons of Mass Destruction/terrorist incident may present injuries caused by explosions, fire, falls, or other mechanisms not directly related to the hazard agent itself. These can include cardiac symptoms. As appropriate, treatment of such injuries should be initiated in the field.

B. Command will assess scene stability and determine whether medical sector/branch is located at the scene or away from the scene

C. Triage of victims will be necessary. Set up and establish MCI and Triage procedures (See [E-XII-6](#) MCI and [T-XII-1](#) Triage)

XIII. CRITICAL INCIDENT STRESS

A. Depending on extent of damage and loss of life, IC should consider the establishment of a CIS team. This team will be set up for the benefit of emergency service personnel as well as family members of victims. (See [O-V-1](#) Critical incident stress debriefing)

B. Medical Branch will coordinate with the pharmaceuticals representative in the EOC , and deliver appropriate drugs, antidotes and equipment (as adjuncts to those maintained at hospitals) to receiving hospitals.

XIV. RECOVERY/RESTORATION ACTIONS

Terrorist/WMD Incidents

A. The recovery and restoration phase begins after the last living patients have been transported from the scene. During this phase, it is expected that Federal response elements will arrive with specialized teams and equipment. Federal resources will support hazard monitoring, technical (equipment) and environmental decontamination, and site restoration.

B. Technical Decon of Response Personnel/Equipment and Shutdown

1. Hazmat personnel continue to perform and/or supervise the technical personnel decon corridor.
2. Hazmat personnel will establish and operate an equipment decontamination corridor to support restoration of equipment needed to re-establish essential services.
3. Hazmat personnel will shut down the emergency decon operation and technical decon corridors as they complete operation.
4. Hazmat personnel will find/document uncontained runoff problems from decon corridors.

XV. RESOURCES

- A. See document produced by Nuclear Regulatory Commission regarding [Dirty Bombs](#).
- B. See chart produce by Dept. of Energy regarding [Radiation incidents](#).