

**Rice-Le Sueur Counties Chapter  
Annex C  
Chemical, Biological, Radiological,  
Nuclear, Explosive (CBRNE)**

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## **I. Introduction**

### **A. Purpose**

This annex is designed to be a resource to help guide the safe response of the Rice-Le Sueur Counties Chapter in response to an incident involving Chemical, Biological, Radiological, Nuclear or Explosives (CBRNE) materials, which includes intentional weapons of mass destruction/terrorism (WMD/T) events and accidental hazardous materials (HazMat) releases. For WMD/T events, the most significant difference between these events and a natural disaster is that a weapons of mass destruction event involves a crime at its source. This will necessitate heavy involvement of law enforcement at all levels of government. Depending on the size and scope of the disaster, this response may include safety and security measures in coordination with local and Federal authorities. This plan also describes the relationship and coordination between the chapter and other responding authorities. This annex does not include pandemic influenza.

### **B. Applicability**

This annex will be implemented when there is a CBRNE threat or incident that has occurred, as determined by emergency management and/or public health authorities. This plan may also be used if the chapter is involved with the planning for a National Special Security Event (NSSE).

### **C. Planning Assumptions**

- All Red Cross services will only be provided in safe areas (cold/green zones).
- There will be an increased emphasis on and need for the following activities: Disaster Assessment (DA), Government Liaison (PS/LG), Disaster Health Services (HS), Disaster Mental Health (DMH), Mass Care (MC), Public Affairs (OS/PA) and Life Safety and Asset Protection (MSS/LSAP).
- Credible threat information from law enforcement will not be available prior to an incident.
- Red Cross chapter buildings will be used for response headquarters, staging, training, etc., **if and only if** they are declared to be free of contamination and danger by government authorities.
- The spread of contamination during the initial hours will be a challenge for the government and affect the response efforts.
- The areas at risk in a CBRNE event will differ significantly from the usual areas considered to be at risk from a natural disaster. The areas at risk will also change rapidly with new ones being added, and may be geographically dispersed.
- Chapter employee and volunteer identification requirements will be coordinated with law enforcement and emergency management. Special forms of identification for both personnel and vehicles will be required for specific sites depending on the nature of the incident. National headquarters will send identification processing equipment and personnel to make identification badges as part of the response as needed.

- Time required for security processing into and out of a work site will limit the number of hours workers can spend on the job, and will require additional workers.
- Due to the involvement of law enforcement at or near many of the Red Cross service delivery sites, it may be necessary to limit the access of spontaneous volunteers.
- Restrictions on the number of people, as well as on the numbers and type of equipment that are able to access certain areas, will restrict our ability to provide service.
- Security arrangements will need to be facilitated for *each* affected Red Cross location. The arrangements will vary by location, depending on circumstances.
- The chapter will ensure that their preparedness level activities are consistent with Red Cross Homeland Security Advisory System chapter recommendations.
- The local health department and other government agencies will issue specific personal protective measures/actions for the public and response personnel, as appropriate. Protective measures, as well as recommendations for personal protective equipment, will be coordinated by Disaster Health Services (HS) staff and disseminated to all staff and clients immediately. Any needed personal protective equipment/training will be supplied by Staff Health prior to staff working on the relief operation. However, all Red Cross workers will only utilize Level D Personal Protective Equipment.
- All health agency recommendations will be strictly followed. These may include means of controlling the spread of infection, screening food for potential contamination, disposing of contaminated materials and the adoption of personal protective measures for safety.
- Disaster Health Services protocols will be followed unless a specific written exception is provided by Disaster Services at national headquarters. Health (including mental health) resources in the affected communities will be strained to the limit, if not immediately overwhelmed, thereby increasing the importance of having the American Red Cross support in place and able to immediately assist within clearly defined limits.
- Chapter Disaster Mental Health staff should be prepared to actively support Red Cross relief personnel over a long period of time; planning for immediate, intermediate and long-term services.
- While unlikely, the chapter may be requested to assist with the breakdown of supplies and antiviral drugs from the Strategic National Stockpile and should be prepared to supply administrative assistance (circumstances permitting).
- The chapter must plan for and be prepared to deal with a large increase (or “surge”) of spontaneous volunteers who wish to assist in the response to CBRNE events involving known, non-contagious agents. Conversely, the chapter must also be prepared to respond with a significantly reduced number of employees and volunteers, depending on the nature of the agent involved.
- The Red Cross may be asked to provide temporary shelter to stranded travelers if transportation hubs are affected.

- Government authorities may request access to shelter registrations and *Disaster Registrations and Case Record*. All such requests will be forwarded to the Disaster Operations Center at national headquarters for coordination of release of such records with the Office of General Counsel.
- Media attention will be extensive and intense.
- Unaffected chapters providing service in support of affected chapters will have the same initial financial authority as the affected chapter until they are absorbed into a relief operation. Chapters need to discuss this with the DOC before committing funds.
- The Red Cross response will include other Red Cross lines of service (such as Health and Safety, International Services and Service to the Armed Forces). It may also include Biomedical Services. National headquarters will work with all lines of service in order to ensure the provision of blood, blood products and a coordinated public affairs message concerning these services.
- Organization Support/Fund Raising (OS/FR) at national headquarters will consult with the chapter(s) in order to determine appropriate fundraising for CBRNE events.
- Accuracy in reporting on service delivery, through timely submission of reports with current operational information, will be an indicator of success in the response.
- If requested, the chapter may assist with the breakdown of supplies and antiviral drugs from the Strategic National Stockpile after conferring with the Disaster Operations Center for approval. This will not require a Health Services staff person, nor will Red Cross staff disburse the medication. Red Cross staff members may assist only under the supervision of appropriate government authorities. Volunteers for this activity do not wear Red Cross identification, nor are they identified as Red Cross volunteers while participating in this activity.
- The Chapter will likely need extensive human support for a CBRNE operation.

#### **D. Responsibilities**

**Per the American Red Cross All Hazards Plan (December 2008), the chapter response begins with ensuring the following 5 key Red Cross activities to meet the immediate emergency needs of the community:**

- Provide **sheltering** in safe areas and as needed based upon the disaster. Record shelter information in the National Shelter System.
- Initiate fixed and mobile **feeding** for those affected by the disaster (clients, first responders) in areas near but outside the affected area. Utilize partner agencies as available.
- Provide **liaisons** to government operated facilities in order to receive safety information and information on the government response and to share information about the Red Cross response.
- Establish **information reporting**, including disaster assessment information and financial/statistical information (sheltering, feeding, staffing, commitments), and

- **Disseminate information** to the public about the Red Cross response and what preparedness activities the public can take (in accordance with Emergency Management/Public Health recommendations) and initiate **disaster fundraising** (if appropriate for the event).

## 1. Chapter Responsibilities

**Directly Affected Chapters/Units.** Directly affected chapters/units include any Red Cross entity that provides immediate services directly to those affected. This may include chapters outside of the impacted area but in whose jurisdiction people directly affected by the event reside or travel to after the event. In addition to the 5 Key Activities, the following apply:

### a. Roles and responsibilities.

- Follow internal chapter management notification and resource activation protocols contained in the Chapter Disaster Response Plan, once notified of a credible threat of impending attack or an actual event involving CBRNE. Simultaneously notify the State Coordinating Chapter and the Disaster Operations Center (DOC) via the current reporting protocols.
- Contact on-call disaster action team leadership and reinforce that no personnel should be deployed without approval from chapter disaster services leadership. Initiate call-down to all volunteers in all lines of service.
- Ensure open channels of continuous communication with government and public health authorities regarding the nature, impact and safety of the environment related to the event.
- Take appropriate actions to maintain a safe operating environment for Red Cross clients and workers.
- Immediately contact the state coordinating chapter and the Disaster Operations Center (DOC).
- Coordinate the response with local officials, emergency management, law enforcement and other responding agencies.
- Coordinate service delivery and evolving service delivery design with the Disaster Operations Center.
- Initiate the dissemination of public information describing available services and other pertinent information.
- Integrate service delivery activities by acting in partnership with the national disaster relief operation, once it is established.
- Maintain the capability to respond to recurrent local disasters.
- Coordinate with the state coordinating chapter in order to execute a continuity of operations plan.

**b. Initial response actions.** The actions of those chapters in whose jurisdiction a CBRNE event occurs will establish the foundation for all organizational actions that follow. The ability of these chapters to effectively coordinate with government responders in order to initiate service delivery that addresses immediate human needs, safeguards their workers and continues to remain intimately involved in the national response will be a key element in the success of the organization.

If a confirmed or potential CBRNE event has taken place, the first and most important task for the affected Red Cross unit will be to identify safe locations in which to assemble personnel and to serve as a base to provide services. Disaster Action Teams (DATs) will be dispatched to work only in areas deemed safe by local emergency management. **Red Cross workers will not self-deploy under any circumstances.**

Requests for services during a biological event may be received prior to confirmation of an actual attack. For example, a chapter may be asked to supply cots and blankets to a local hospital due to what is then only considered an unusually high number of flu cases. Since many biological agents initially exhibit flu-like symptoms, it may be several days before authorities know that they are dealing with a biological agent. Chapters must always proceed with caution when unusual requests for services are made and inform the DOC of such requests.

- **Initial response organization.** After a safe location for an operation headquarters is determined, chapters should follow standard organization procedures. These should include the establishment of field communication systems, the determination of critical issues and especially service delivery priorities. Chapters will operate under existing disaster response regulations and procedures, including financial authority, found in the [Disaster Response Handbook](#) (formerly ARC 3030) until further guidance is established by the Disaster Services department at national headquarters.
- **Services.** Chapters should utilize all available resources in order to meet urgent human needs, such as sheltering, feeding, health and mental health services, as appropriate to the situation and in consultation with the Disaster Operations Center. Chapters will also ensure they provide liaisons to government operations centers (if safe to work in), perform disaster assessment and initiate public messaging activities.

**c. Safety procedures.** The first response concern of directly affected chapters and units must be the safety of their personnel. Chapters must ensure safe passage to Red Cross sites during the activation phase by following the instructions provided by local emergency management. Additionally, any

safety information and security requirements must be noted, disseminated and adhered to, including identification requirements for personnel and vehicles.

The keys to safe and effective service delivery are timely, accurate information and effective coordination with other responding agencies. Responses are especially dependent on situational information from government agencies in order to ensure, to the greatest extent possible, that Red Cross staff is operating in safe environments.

The Red Cross must rely on emergency management, law enforcement, fire and public health departments for situational information and for recommendations regarding personnel safety and security procedures.

The following general safety guidelines should be adhered to in any event involving CBRNE —

- Implement a tightly controlled staffing procedure to ensure Red Cross knowledge of who is assigned and where they are deployed for the duration of the relief operation.
- Ensure that personnel are provided with a thorough briefing regarding the situation, personal safety and security information, and reporting procedures before their initial deployment and every time they are deployed to the field.
- Ensure that all Red Cross personnel and their vehicles are properly identified. Ensure also that on-scene law enforcement personnel are provided with appropriate information such as the makeup and purpose of the DAT and examples of Red Cross identification cards, as approved by the Disaster Operations Center.
- Ensure that screening, perimeter and site security procedures are fully implemented, in coordination with first responders and local emergency management, before opening any mass care facilities, if chemical, biological or radiological agents are suspected or confirmed.
- Ensure that Red Cross personnel deploying to the field have adequate equipment that will provide them with reliable communications capability.
- Coordinate with Health Services to provide personnel with any Level D Personal Protective Equipment (PPE) that may be required for safe operations (see Section IV., Definitions and Acronyms for an explanation of PPE).
- Work closely with the local public health department in order to coordinate worker health and safety issues.
- Assign a Disaster Health Services representative as a liaison to the local health department during biological, chemical or radiological incidents.
- Do not deploy personnel to the scene until you have a qualified liaison at the emergency operations center. The liaison should have the ability to stay in

constant communication with the chapter in order to provide safe area/route information.

- Do not deploy personnel to the scene until either requested or approved by local emergency management or the on-scene incident commander.
- Do not deploy personnel to the scene until a qualified chapter administrative lead for the response has been appointed and has been fully briefed on the situation by the liaison assigned to the local emergency operations center. The administrative lead must also be capable of staying in constant communication with both the liaisons in the EOC and at the health department and responding personnel.
- Do not deploy Red Cross personnel into either “hot” or “warm” zones. See Section IV., Definitions for descriptions of these zones.
- Do not commit to roles outside of normal service delivery until those roles have been discussed with and approved by the Disaster Operations Center, depending on the circumstances of the event.
- Ensure that accountability procedures are in place for any donations received or services ordered.

**Adjacent Supporting Chapters/Units.** Adjacent supporting chapters/units are those that are not directly affected but have a mutual aid relationship with chapters that have been physically impacted by the CBRNE event, regardless of whether there is a written mutual aid agreement in place. The roles and responsibilities are the same as those listed for Indirectly Affected Chapters/Units, below.

**Indirectly Affected Chapters/Units.** Indirectly affected chapters include those chapters within and outside of the affected state that are not directly impacted by the CBRNE event, but may have to provide services and support to families of those affected or to travelers from the affected area who cannot return home. The 5 Key Activities and the following apply:

**a. Roles and responsibilities**

- Assist the directly affected chapter(s) with on-going service delivery. This may be achieved through the provision of information and referral or other lines of service support, human and material resources or services for people leaving the impacted area.
- Confirm whether or not to deploy goods, services and people to the affected area. Due to issues of accountability, safety and security, it is crucial that supporting chapters **do not** automatically deploy resources to the affected area. Any deployment must be coordinated with the Disaster Operations Center and the directly affected chapter(s).
- Maintain the ability to respond to recurrent disasters within the chapter’s own jurisdiction.



- Ensure that public information, fundraising and other program activities are done in accordance with guidance from national headquarters. Fundraising may not be appropriate if there is a liability issue.
- Ensure that accountability procedures are in place for any donations received or services ordered.
- Activate the Public Affairs activity to ensure effective communication to the public about Red Cross activities.
- Assign liaisons to local government emergency operations centers, if they are operational, as requested.
- Prepare to support, in concert with local sheltering plans, evacuees from the affected area(s) if an evacuation is occurring, or if information is received from Emergency Management or other verified sources on self-evacuees coming to the chapter jurisdiction
- Provide information, including preparedness guidance and how to donate or volunteer, to the general public.
- Provide individual assistance (if authorized by the DOC) and referral services to verified disaster clients in accordance with guidance from national headquarters.
- Ensure that Disaster Services Human Resources (DSHR) System personnel meet stated operation requirements, are fully briefed and are deployed promptly when requested.
- Ensure that emergency response vehicles (ERVs) and other equipment and material resources are made available for local, regional and national use.
- Assist stranded travelers with mass care, health, and mental health services if transportation hubs are impacted or airplanes are grounded and airports closed.
- Promote the use of the Red Cross [Safe and Well website](https://disastersafe.redcross.org), at <https://disastersafe.redcross.org>
- Provide basic support from mental health staff.
- Coordinate fiscal commitments through the Operations Management lead at the Disaster Operations Center, or in accordance with directives issued by national headquarters.

## **2. State Coordinating Chapter Responsibilities**

- Follow responsibilities as outlined in the state disaster plan.
- Work with chapters to determine needs until a Disaster Relief Operation is established.
- Prioritize the response activity, concentrating on the five key activities as defined in this document and in the All Hazards Plan.
- Communicate with the Disaster Operations Center and coordinate threat and response information with the Disaster Operations Center.
- Collect and disseminate information, as appropriate.

- Work with chapters, biomedical regions and the Disaster Operations Center in order to coordinate the movement of blood, equipment and/or personnel.
- Work with the State Relations Disaster Liaison or State Emergency Management Liaison to provide coverage to the state emergency operations center, as well as other state-level activities.
- Work with affected chapters to ensure current sheltering information is uploaded into the National Shelter System (NSS) by chapters.
- Provide guidance, technical assistance and/or direction to chapters in the state, as appropriate, in coordination with the Disaster Services Department at national headquarters.
- Initially coordinate the establishment of a formal disaster relief operation (DRO).
- Work to ensure uniform messaging with external agencies, the media and Biomedical Services Blood Regions in the state, if needed.

### **3. National Headquarters Responsibilities**

- Deploy Critical Response Team Members (CRT) as needed.
- Provide overall management and coordination of relief activities.
- Collect and disseminate key information to all appropriate parties.
- Represent the organization to all federal agencies.
- Provide technical support through group and activity leads. The group and activity leads provide technical support to the Disaster Operations Center, chapters and relief operations.
- Coordinate support services with the state in order to ensure that adequate material and human resources are available.
- Ensure current sheltering information is uploaded into the National Shelter System by the disaster relief operation.
- Coordinate deployment of liaisons to FEMA or other Federal agency locations.

### **4. Disaster Relief Operation (DRO) Responsibilities**

- Work with the chapter(s) and the Disaster Operations Center to transition from a chapter response to a DRO.
- Assume responsibility for the 5 key activities as initiated by the chapter(s), and further develop service delivery plans.
- Gather personnel and facility safety information from the affected chapter(s), concentrating on public health/government recommendations.
- Support continued staffing of local/state EOCs by affected/supporting chapters.
- Identify additional resource needs to the DOC.

### **5. Government Responsibilities**

Local, state and federal government agencies:

- Notify the American Red Cross that a CBRNE event either has occurred or is likely to occur.
- Determine safe areas, safe routes and personal safety precautions, and share this information with the local chapter prior to the chapter deploying Red Cross personnel or assets.
- Take charge of the affected area, secure it as a crime scene if needed and establish access perimeters, including establishing the identification procedures for personnel and vehicles.
- Provide for public health and public safety, including screening and decontamination of people and equipment exposed to contamination.

## II. Initial Chapter Response

### A. Concept of Operations

**The only difference in concept of operations in this type response is attention to the specifics listed above to insure safety, consideration of a liability disaster, or staffing considerations.**

#### 1. Alert Notification

Initial notification of any credible CBRNE threat may be received from various sources. Credible authorities for a CBRNE event within the jurisdiction of the chapter are identified by emergency management officials of Rice (507-332-6119) and Le Sueur Counties (507-357-2251).

Should the chapter receive information about a credible threat of *imminent* attack or classified threat information, they will immediately contact the Disaster Operations Center. The Disaster Operations Center will make arrangements to receive classified information via secure methods.

#### 2. Internal Notification Procedures

- a. Credible threats or disasters occurring during working hours  
Contact would be made to the chapter just as in any disaster.
- b. Credible threats or disasters occurring after normal working hours  
Contact would be made to the DAT pagers just as in any disaster.

#### 3. Initial Response

The chapter will focus on the five key activities per the All Hazards Plan. From initial government information and/or incident command, the chapter will determine safe areas, safe routes and personal safety precautions prior to deployment of personnel or assets.

**Under no circumstances will chapter employees or volunteers self-deploy directly to the chapter or the incident scene in response to a CBRNE event until directed to do so by the chapter Disaster Chair or designee.**

**Red Cross personnel are only to enter areas that are designated as safe by the appropriate government authorities and require no more than level D protection (see page 21 for a definition of the different levels of protection).**

The chapter will work closely with emergency management to determine locations for Red Cross facilities in relation to areas at risk and vulnerable target areas. A list of potential target areas can be found in Attachment 1. If necessary,

the chapter will activate its *Continuity of Operations Plan (COOP)* and move to an alternate site from which to work.

#### **4. Coordinating the Chapter Response**

**In order to anticipate the potential need for a Nationally-administered disaster relief operation during a CBRNE response, the chapter will operate under a DRO structure:**

##### **Operations Management (OM)**

Proactively determines the unique services required based on the situation and possible needs. Operations Management works with the Disaster Operations Center, partner agencies and the community in order to determine the best way to meet those needs. Additional responsibilities include –

- Ensuring that personnel safety remains the top priority to allow for safe and appropriate service delivery
- Conducting an ongoing assessment of the situation and determining the resources needed for the continuing response.
- Identifying volunteers and employees who can serve as administrative leads for disaster site operations in addition to their normal group/activity roles.
- Confirming that required facilities are available.
- Confirming that the group/activity leadership is initiating the necessary response.
- Determining if the Red Cross, health agencies and local government are providing the necessary support to those affected. Coordinate all safety and health issues with Disaster Health Services.
- Ensuring the transition from a chapter-managed operation to a formal relief operation structure once the Critical Response Team or DRO leadership arrives.

##### **Life Safety and Asset Protection (LSAP)**

Responsibilities include –

- Liaising with law enforcement in order to determine the access limitations to restricted areas, identification requirements for Red Cross personnel and vehicles/equipment, as well as relevant information pertaining to the current situation.
- Maintaining logs or rosters for all Red Cross employees and volunteers who are assigned near known hazardous areas. These rosters should include name, assignment/position, location and other pertinent information.
- Developing evacuation plans for each Red Cross facility, as well as guidelines for securing equipment at all locations.
- When decontamination and screenings are being conducted, ensuring that Red Cross workers are not present at decontamination or screening locations

- Check-in points are established away from the entrance to Red Cross facilities, in coordination with the authority having jurisdiction (AHJ), for decontamination by public health and law enforcement in order to ensure that persons attempting to enter said facilities are free from contamination.
- There is an identification system in place with the AHJ for the decontamination to positively identify people who are free from contamination.
- Anyone unable to show proof of decontamination from the AHJ will not be allowed entry into the Red Cross facility.
- Staff will be screened and decontaminated prior to going home or starting work by the authority having jurisdiction for decontamination if there is any suspected or known contamination near the work area or if there is any chance that Red Cross workers, facilities, or equipment may have been contaminated.
- The chapter should be prepared to provide simple weather-appropriate clothing for use by people who have been through a decontamination procedure. This may involve the bulk purchase of appropriate clothing at the time of the incident.
- There are no security companies in the chapter jurisdiction. The closest is in Mankato (800-884-1585). There are others in Rochester and the Twin Cities. It would be necessary to hire professionals.
- In collaboration with Disaster Assessment, collect and disseminate information in order to ensure the safety of both workers and clients.

### **Disaster Assessment (DA)**

For CBRNE events, the majority of initial damage assessment information will be collected by emergency management and shared with the Red Cross via the Government Liaison (LG) in the EOC.

Using the points of contact listed in Attachment 3, Disaster Assessment will seek information about the event that needs to be gathered and shared with Operations Management, Life Safety and Asset Protection and Health Services in order to assess the safety and direction of the chapter response in addition to its usual duties.

### **Client Casework (CC)**

If/when casework is initiated; Client Casework will provide experienced caseworkers with a background in dealing with people and families facing life transition and loss issues.

### **Disaster Health Services (HS)**

Responsibilities include –

- Providing a Disaster Health Services liaison to the local public health department in order to quickly receive information on emerging health issues and to facilitate planning and cooperation during the response.
- Acting as the point of contact for all Occupational Safety and Health Administration (OSHA) communication.
- Observing people in the shelters for any signs/symptoms of possible exposure to any known contaminants in adjacent areas. People who become symptomatic will be separated from other shelter residents and receive medical care from appropriate medical authorities.
- Sharing health assessment information concerning shelter sites and residents with chapter administration and other appropriate Red Cross staff.
- In coordination with government authorities, ensuring special needs populations receive appropriate attention during response operations.

### **Disaster Mental Health (DMH)**

Responsibilities include –

- The chapter will request DMH staff from the State Coordinating Chapter. DMH staff will be assigned to shelters and any respite centers for emergency workers. If decontamination is needed, DMH will assist the clients with the trauma of that process
- There will be DMH staff assigned to the general Red Cross staff at all service delivery sites. They will meet with the staff at the end of each shift to provide emotional support. Exit interviews will be extremely important for out-processing staff. If longer term assistance is needed for staff, that will be set up in local Mental Health Agencies.
- As clients are transported to a shelter after decontamination, extra DMH staff will be there to meet them and discuss the issues related to the decontamination process including the loss of privacy and the loss of pets who were not decontaminated. If the population was ordered to shelter in place, they may need to discuss the uncertainties of that with DMH staff.
- When a client is assessed by DMH staff and deemed to need extended care, they will be referred to local Mental Health Agencies.

### **Welfare Information (WI)**

Inquiries from individuals concerned about family and friends will be numerous and they will come from across the nation and overseas to chapters for assistance. The American Red Cross [Safe and Well website](https://disastersafe.redcross.org): (<https://disastersafe.redcross.org>) will be used to facilitate the exchange of Welfare Information.

Responsibilities include:

- Coordinating with NHQ to promote the use of Safe and Well and support registration
- Entering Emergency Welfare Information Requests for Health and Mental Health Services into AFESWeb

As needed, points of contact in the community listed in Attachment 4 will be utilized to coordinate information about family members. Additionally, promotion of the Safe and Well website will be a critical factor in reuniting families.

### **Staff Services – Local Community Volunteers (SS/LCV)**

Responsibilities include –

- a. Trained volunteers and employees

Recruiting, registering, training and assigning staff and volunteers does not differ that the process in the base plan.

- b. Spontaneous volunteers

**Spontaneous volunteers will be required to successfully pass a criminal background check per current guidance, and until that time will not be assigned to locations where they might have unsupervised contact with clients, client information, or access to easily negotiable financial instruments, per current guidance**

- If the numbers of spontaneous volunteers exceeds the capacity of the chapter response headquarters location or security considerations indicate the need for a separate Staff Services facility, the chapter will open a facility separate from the response headquarters. In the separate facility, Staff Services will run intake, orientation and training.
- Spontaneous volunteers will be screened, as a safety and security measure, for their suitability to work on the relief operation. All current regulations regarding background checks will be followed. Spontaneous volunteers will be paired with experienced Red Cross responders and closely supervised in accordance with current Staff Services procedures.
- Orientation and intake procedures will include the following –
  - A registration form will be completed for each volunteer.
  - Government-issued photo identification will be required to validate the Staff Registration Form.
  - An orientation to both the Red Cross and to the event will be given prior to issuing identification or assigning any duties.
  - Red Cross identification will be issued for the specific expected work location and shift(s) once the spontaneous volunteer passes their background check.
  - All professional licenses (Health and Mental Health providers) will be verified with the appropriate authorities.

Provision will be made for creating and disseminating the type of identification required by the Incident Commander. All identification issued to non-DSHR system local volunteers and spontaneous volunteers will be issued only on a per-day basis; the return of the identification at the end of the day will be logged. Local Community Volunteers will work



with Life Safety and Asset Protection in order to determine any access limitations or photo identification requirements.

If photo identification is not required, a photo identification process will be used to provide temporary badges useable for no more that five days. These badges will be required to be turned in at the end of each shift and reissued at the beginning of the following shift to which the volunteer is assigned.

### **Staff Services – Training (SS/TR)**

**Due to the complexities involved with a CBRNE event, especially for one involving weapons of mass destruction, all employees and volunteers will be required to attend an orientation that focuses on the unusual aspects of this type of response. There will be an initial orientation for all staff which will be mandatory. Then additional orientations will be provided at the beginning of each shift as is needed due to changed in the response scene.**

Training will include information and procedures on –

- The basic information on the hazardous materials involved in the event and/or other incident specific information and issues.
- Off-limits/dangerous areas for Red Cross workers.
- Health issues related to the response setting, as well as procedures for disseminating health-related information.
- Mental health issues related to assignment settings. While the mental health issues may not be known immediately, the information should be added to the orientation as soon as it is available.
- Potential service delivery sites such as impact area, hospitals, morgues, debris areas, compassion sites and other event specific locations.
- The description of what workers may hear, see or smell.
- The need for regular debriefings at the end of shifts and the end of the assignment.
- Behavioral expectations for all workers assigned to secure areas regarding –
  - Proper identification
  - Protection of American Red Cross-labeled attire.
  - Restrictions on movement within the affected area.
  - Restrictions on photography within the affected area.
  - Chain of command procedures, to include information about government agencies that have responsibility for the secure area and how to work within their protocols.
  - Appropriate personal attire.

### **Staff Services – Staff Health Services (SS/SW)**

Staff Services – Staff Health Services responsibilities include –

- Completing a health assessment on all Red Cross employees and volunteers in order to ensure they are suitable to respond to a CBRNE or WMD/T event.
- Determining the need for hardship codes.

### **Material Support Services (MSS)**

Material Support Services responsibilities include –

- Working with Health Services (HS), Government Liaison (LG), Life Safety and Asset Protection (LSAP) and Disaster Assessment (DA) in order to ensure that all Red Cross facilities are outside of any areas of known hazards. Operational boundaries established by local authorities may delay, restrict or otherwise affect moving material resources within the affected area.
- Ensuring vendors know the safe areas and safe routes to Red Cross facilities. Work with Partner Services/Government Liaison to ensure they can enter these areas.
- Coordinating private security at Red Cross facilities as needed.

### **Mass Care (MC)**

Mass Care responsibilities include –

- a. Sheltering
  - A list of shelters is located in the National Shelter System (NSS). The chapter also keeps a hard copy of shelter information in the chapter office in the disaster file cabinet.
  - Any requests for special sheltering (i.e.: hospice shelter) must receive approval from the Disaster Operations Center before an agreement is made to support them.
  - In an event where contamination is possible, shelters will have a check-in point, **away from the front door of the ARC facility** as established by Life Safety and Asset Protection, in order to maintain a safe environment in accordance with the [\*Life Safety and Asset Protection Handbook\*](#). Disaster Health Services will establish isolation areas within the sheltering facility in the event that clients become symptomatic after an event and must be separated until such time as they can be moved to receive appropriate medical care.
- b. Feeding
  - Provide for feeding the affected population in shelters as well as for the community at large and emergency responders, as needed.
  - Special care must be taken to ensure that food is not contaminated between the distribution center and the Red Cross warehouse. The warehouse must be guarded at all times to protect the food and other contents.

- Special precautions will be taken by the chapter and other agencies to ensure that “disaster-sensitive” food will be provided. Disaster-sensitive foods are those which do not remind survivors or workers of the disaster and items that should not be served include items such as barbeque, spaghetti, rice or anything with tomato sauce or chicken on the bone.
  - The morgue and any other site where emergency personnel will be working will need to be provided with food and mental health services. Consideration for providing a respite center will need to be discussed and initiated if appropriate.
  - Vendor agreements for food are in the resource manual in Annex F.
- c. Bulk distribution
- Assess the need to determine which, if any, products might need to be distributed through Red Cross bulk distribution.
  - Identify community resources needed immediately in preparation to meet any contingency.

**Partner Services/Government Liaison (PS/LG)**

Partner Services/Government Liaison responsibilities include –

- Deploying American Red Cross liaisons to local emergency operations centers, as requested. Based on the size and scope of the disaster, Red Cross liaisons may also be assigned to the Incident Command Post, Multi-Agency Coordination Centers (MACCs) or other appropriate field sites, away from known contaminated areas and areas of potential secondary threats.
- Obtaining and disseminating information on safe areas, current threats, government activities and other incident specific information to the disaster relief operation.
- Forwarding any new/current information on health concerns/restrictions to the disaster relief operation and Disaster Health Services leadership immediately.
- Providing immediate information about high ranking/high profile visitors to the impacted area to the Partner Services Administrator or the Relief Operation Director.
- For List of agencies within the chapter area outside of the Red Cross available to provide aid to victims is contained in Appendix F, Section 9 of the Chapters Disaster Plan.

**Partner Services/Voluntary Agencies Liaison (PS/LVA)**

Partner Services/Voluntary Agencies responsibilities include –

- Working with other non-government organizations to ensure that the needs of special populations are addressed.
- Bringing issues to the immediate attention of the disaster relief operation leadership on underserved populations.

- Working with partner agencies to implement support protocols for the provision of Mass Care services.

### **Public Affairs (PA)**

Public Affairs responsibilities include –

- Developing coordinated, accurate information for the public.
- Pre-identifying who will be chapter spokespersons for the media.
- Working at both the chapter and any Joint Information Centers (JIC) once they are established. At least two Public Affairs staff members per shift are assigned.
- Ensuring close coordination with Public Affairs at national headquarters.
- Preparing for VIP/celebrity visitors.

### **Chapter Response Capability**

- The chapter does not have any Critical Response Team members, but the Regional Chapter has three; one in staffing, one in DMH, and one in OM. This information should be relayed, along with the Incident Report, to the DOC. The chapter would need OM, PS/G, MC/SH, MC/FF, MSS/Pro, IMS/FSI immediately in order to initiate/sustain the response until the Critical Response Team and other disaster relief operation personnel arrive. The chapter requests mutual aid to fill any human or material resources as it would normally do for any other disaster.

## **III. Financial Authority**

The financial authority for this type of disaster relief operation is specified in Appendix D of the [\*Disaster Response Handbook\*](#). Chapters will also ensure that accountability procedures for donations received and services provided are in place and strictly adhered.

## **IV. Definitions and Acronyms**

### **A. Definitions**

Most of the following list of definitions is used in the text. Others have been included to provide background and a better understanding of chemical, biological, radiological, nuclear or explosive or weapons of mass destruction incidents and response.

**Alternate care facility:** A medical facility (in addition to hospitals) established to provide medical care.

**Authority having jurisdiction (AHJ):** The agency with the legal authority to manage/coordinate all or some part of a response or recovery from an event. As state

and then federal agencies arrive on a scene, the agencies with specific authorities will change.

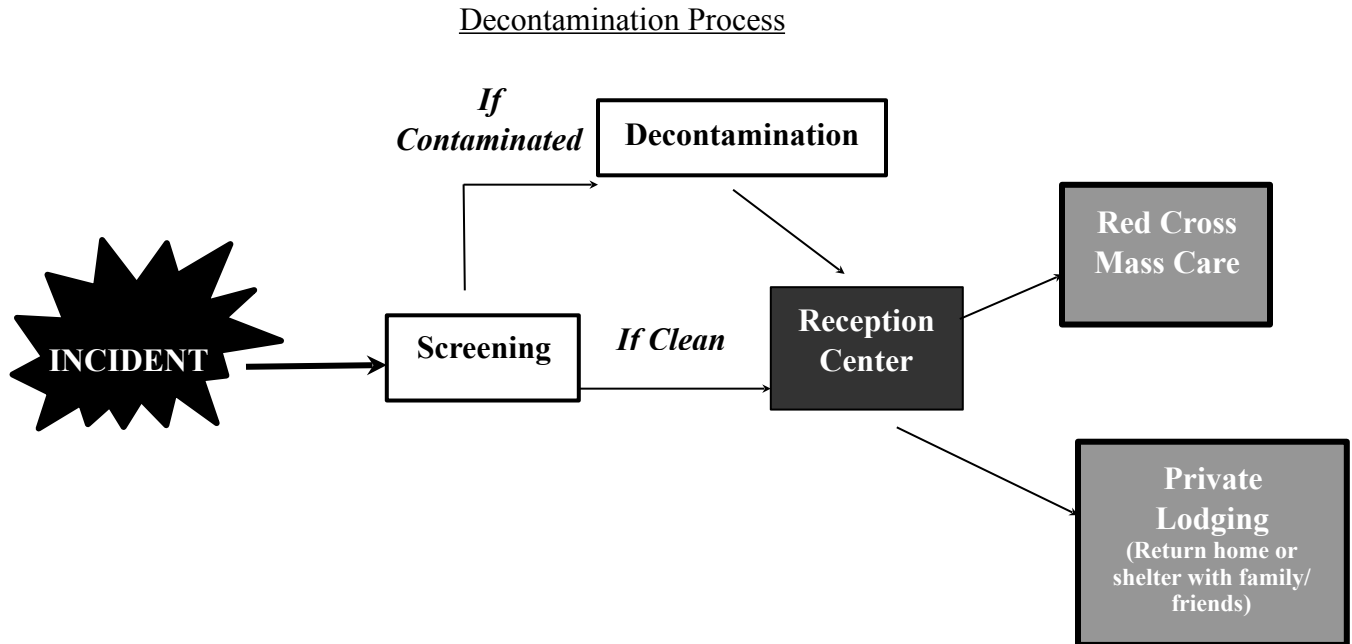
**Contamination:** A source of an agent, **internal to or immediately adjacent to the body**, that subjects the body to harmful effects. The agent has directly affected the person, object, structure, or animal.

**Continuity of Operations Plan (COOP):** A plan that provides guidance for continuity of chapter operations during a disaster to include identification of and instructions for working at an alternate location, alternate communications processes, notification/call-down systems, and/or leadership succession.

**Decontamination:** The process of reducing or removing a hazardous agent from a structure, area, object or person. Red Cross *does not conduct or assist in* decontamination; local emergency management or other government entities are responsible for this activity.

**Decontamination site:** A place that contains a screening area and an area for decontamination. The site is operated by a government agency. Red Cross does not operate at these locations.

**Exposure:** Contact with the source of an agent, **external to the body**, which subjects the body to possible harmful effects.



**First responder:** Local fire, police and emergency medical personnel who first arrive on the scene of an incident and take actions to save lives, protect property and meet basic human needs.

**Hazards, types of**

- **Chemical.** Chemical agents are intended to kill, seriously injure or incapacitate people through physical effects. They include industrial chemicals and agents. They can be introduced via aerosol devices (e.g., munitions, sprayers or aerosol generators), breaking containers or concealed distribution. Such an attack also may involve the release of a chemical warfare agent, such as a nerve or blister agent or an industrial chemical. There are both persistent and non-persistent chemical agents.
- **Persistent agents** remain in the affected area for hours, days or weeks.
- **Non-persistent agents** have high evaporation rates, are lighter than air and disperse rapidly, thereby losing their ability to cause casualties after 10 to 15 minutes, although they may be more persistent in small, unventilated areas.
- **Biological.** Biological agents consist of bacteria, viruses, rickettsia and toxins produced by living organisms. These can present a variety of health hazards ranging from minor illness to death, depending on the type of agent. Biological agents may be disseminated by aerosols, injection or ingestion (through contaminated food, water and common items). Initial symptoms from biological agents typically resemble common viral or bacterial infections. Some biological agents require an incubation period of several hours to weeks, while some toxins are almost immediately lethal in high concentrations. Laboratory testing will be needed for positive identification

of biological agents. Victims of biological agents, such as smallpox or plague, may serve as carriers of the disease with the capability of infecting others.

- **Radiological/Nuclear.** Ionizing radioactive materials may create both internal and external biological damage to living things and can produce short- and long-term health effects.
- **Conventional Explosives Devices.** The easiest weapon to obtain and use is still a conventional explosive device that may be used to cause massive local destruction or to disperse chemical, biological or radiological agents.
- **Combined Hazards.** Weapons of mass destruction agents can be combined to achieve a synergistic effect – greater in total effect than the sum of their individual effects. They may be combined to achieve both immediate and delayed consequences. When multiple weapons of mass destruction agents are used or multiple attacks are executed, it reduces the effectiveness of protective measures. The potential exists for multiple incidents in single or multiple municipalities.

**Homeland Security:** The preparation for, prevention of, deterrence of, preemption of, defense against and response to threats and aggressions directed towards US territories, sovereignties, domestic populations and infrastructure; includes crisis management, consequence management and other civil support.

**Homeland Security Advisory System (HSAS):** The color coded terrorist threat system utilized by the Department of Homeland Security (DHS) to identify and warn the public of the likelihood of a terrorist attack.

**Hospice shelter:** A facility housing people who have been adversely impacted by an agent and are dying. Any request for Red Cross assistance in such a shelter should be fully discussed with the Disaster Operations Center. Red Cross would likely only provide logistical support to this type of shelter.

**Incident commander:** The identified leader of the first responder agencies. This individual may be fire department or law enforcement personnel.

**Mass casualty disaster:** A disaster with significant loss of life and/or injury. It often exceeds the ability of normal local community resources to effectively manage the response. Typically, it is the result of transportation accidents, fires/explosions in structures with high occupancy, industrial accidents or similar disasters, but can also result from a terrorism incident.

**National Special Security Event (NSSE):** Significant domestic or international events, occurrences, contests, activities or meetings that by virtue or their profile or status, represents a significant target and therefore, warrants additional preparation, planning and mitigation efforts. By definition, a National Special Security Event, is an incident of national significance defined in the National Response Framework. The designation process for National Special Security Event is established by Presidential Decision Directive 62 (PDD-62), May 1998.

**Neighborhood emergency help centers (NEHCs)/neighborhood assistance centers.** Places established by the authority having jurisdiction as distribution sites of prophylaxis, medicines and/or of self-help information.

**Personal Protective Equipment (PPE):** Equipment or devices worn or used to control substances or conditions that might cause specific types of occupational illnesses or to prevent accidental injuries or serious harm in hazardous or potentially hazardous conditions or areas. Personal Protective Equipment must be selected which will protect employees from the specific hazards that they are likely to encounter during their work on-site. Annual training is required for Levels A, B and C. Personal Protective Equipment is divided into four categories based on the degree of protection afforded –

*(Red Cross will not use Level A, B or C equipment, nor provide services in areas in which such equipment is used or required.)*

- Level A - To be selected when the greatest level of skin, respiratory and eye protection is required.
- Level B - The highest level of respiratory protection is necessary but a lesser level of skin protection is needed.
- Level C - The concentration(s) and type(s) of airborne substance(s) is known and the criteria for using air-purifying respirators are met.
- Level D - A work uniform affording minimal protection: used for nuisance contamination only. This can include long sleeved shirts and pants, dust masks, hard hats, gloves and like items.

**Points of Distribution (PODs):** Government-operated central repository of materials which will be distributed to the affected community. This may include food, water or medical supplies.

**Protective actions:** Those measures taken in anticipation of, during or after an event in order to prevent or minimize abnormal exposures that would likely occur if actions were not taken. Such protective actions may include shelter, evacuation, access control, control of food and liquids, barriers and individual protections (such as long sleeve shirts, gloves and appropriate footwear).

**Reception center:** The immediate area to which people may be directed following the decontamination process. Additional medical information is gathered and shared before people are released to return home or seek shelter. The Red Cross may operate at this location but is not in charge..

**Screening area:** The initial point of entry in the decontamination process for persons believed to be exposed to a nuclear, radiological, biological and/or chemical agent. Initial information about victims is taken here and the initial medical screening is conducted here. This area as well as the decontamination site and reception center, are managed by the authority having jurisdiction for decontamination in the community. Red Cross does not operate here.

**Threat levels:** Are determined by appropriate agencies, based on a variety of factors, taking into account the likelihood of specific actions detrimental to the health and/or safety of the American public taking place. Each threat level provides for an



escalating range of actions that will be implemented. Some of the threat levels advisories that Red Cross chapters may encounter may be issued by the Department of Homeland Security, the Federal Bureau of Investigation, the Secret Service (regarding National Special Security Events) or local law enforcement or emergency management agencies. (See Attachment 2)

**Triage and referral centers (TARFs).** Pre-designated structures or areas near acute care hospitals where triage and limited care are provided by government entities followed by referral home or transport to another facility. The Red Cross does not operate this facility.

**Zones of vulnerability:** Boundaries established by emergency response officials to designate areas of probable vulnerability based on known or likely hazards. The actual perimeters will be determined by a series of factors including agent characteristics, wind speed and direction, secondary hazards, potential area of spread and geography. Perimeters may range from 360 degrees to a narrow cone. These perimeters may change as circumstances change.

- Red or Hot Zone: Known danger area. Need protective equipment.
- Yellow/Warm Zone: This is an area of vulnerability from a known hazard. Injury is less likely but will usually require some form of protection or limitation to exposure. Also known as contamination reduction zone, decontamination could occur at the outer perimeter, permitting safe passage to the green/cold zone.
- Green/Cold Zone: This area is considered to be free of known hazards. Red Cross service delivery is only provided here.

## **B. Acronyms**

AHJ	Authority having jurisdiction
CBRNE	Chemical, Biological, Radiological, Nuclear or Explosive
CDC	Centers for Disease Control and Prevention
COOP	Continuity of Operations Plan
DHS	Department of Homeland Security
DOD	Department of Defense
DOJ	Department of Justice
HHS	Department of Health and Human Services
EMS	Emergency Medical Services
FBI	Federal Bureau of Investigation
HAZMAT	Hazardous Materials
JIC	Joint Information Center
JOC	Joint Operation Center (FBI Operations – Crisis Management)
MCI	Mass casualty incident
NBC	Nuclear, Biological, Chemical
NSSE	National Special Security Event
PPE	Personal Protective Equipment
POD	Point of Distribution

SNS	Strategic National Stockpile
USPHS	United States Public Health Service
WMD/T	Weapon of Mass Destruction/Terrorism

## V. References

### **Red Cross Specific Information**

Chapter Disaster Response Plan Template - [Chapter Disaster Plan](#)

Continuity of Operations Plan (COOP) - [COOP](#)

Disaster Response Handbook - [Response Handbook](#)

### **U.S. Government Policy**

National Response Framework - [NRF](#)

National Incident Management System - [NIMS](#)

### **Government Websites**

Federal Emergency Management Agency - [FEMA](#)

Department of Homeland Security - [DHS](#)

Department of Health and Human Services - [HHS](#)

Centers for Disease Control and Prevention - [CDC](#)

Environmental Protection Agency - [EPA](#)

Federal Bureau of Investigation - [FBI](#)

## VI. Attachments

**Attachment 1 - Potential Areas of Vulnerability**

Traffic	For traffic information see Disaster Plan section II B.
Trucking and transport activity	See HAZMAT facilities, utilities and nuclear facilities at the end of Attachment 1
Waterways	For waterway and dam information see Disaster Plan section II B.
Airports	For airport information see Disaster Plan section II B.
Trains/subways	For train railway information see Disaster Plan section II B. There are no subways in the chapter area.
Government facilities	Rice County Court - 300 4 <sup>th</sup> St NW Faribault  Le Sueur County Court & offices - 88 S Park Le Center  For city offices, fire and police locations and phone numbers see Chapter Disaster Plan Appendix F, Section 2.
Recreation facilities	There are no major malls, theaters or sport areas in the chapter area.
Other facilities	There are no significant financial institutions or business districts. There are over 200 buildings etc. on the national registry but no major or large historical sites.
Military installations	National Guard Armory, 2831 Park Ave NW, Faribault  US Army Reserve Armory, 2119 Hwy 60 W Faribault  National Guard Armory, 2323 W Bridge St Northfield

<p>HAZMAT facilities, utilities and nuclear facilities</p>	<p>Major facilities include: Airgas - Faribault Genesis – Morristown, Le Center Ferrellgas - Faribault Hwy Ag Services - Le Sueur &amp; Le Center Cambria – Le Sueur Ferrellgas – Le Sueur Lakes Gas Co – Northfield, Waterville Mn Valley Coop = Montgomery For complete list of all facilities see the county 302/312 listings on file at the chapter office.</p>
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## **Attachment 2 - Federal Terrorism Concepts of Operation Threat Levels**

### **National Security Special Events** (taken from [Fact Sheet: National Special Security Events](#))

When an event is designated a National Special Security Event, the U.S. Secret Service assumes its mandated role as the lead federal agency for the design and implementation of the operational security plan and Federal resources are deployed to maintain the level of security needed for the event and the area. The goal of such an operation is to prevent terrorist attacks and criminal acts.

Once an event is designated a National Special Security Event, the Secret Service relies on existing partnerships with federal, state and local law enforcement and public safety officials with the goal of coordinating participating agencies to provide a safe and secure environment for the event and those in attendance.

To be fully prepared to meet its mission for consequence management within the Department of Homeland Security, FEMA will pre-position some combination of the following response and recovery assets in coordination with other federal agencies: the Domestic Emergency Support Team (DEST), Urban Search and Rescue (USAR) teams, national Emergency Response Teams (ERT-N), the Nuclear Incident Response Team (NIRT), the Strategic National Stockpile (SNS) and Mobile Emergency Response System (MERS). The specific package is tailored for each individual event based on coordination with other federal agencies, state and local jurisdictions, available local resources, mutual aid agreements and other event-specific requirements.

A number of factors are taken into consideration when designating an event as a National Special Security Event including a few outlined below:

1. **Anticipated attendance by dignitaries** - Events which are attended by officials of the United States Government and/or foreign dignitaries also may create an independent federal interest in ensuring that the event transpires without incident and that sufficient resources are brought to bear in the event of an incident.
2. **Size of the event** - A large number of attendees and participants generally increases the security requirements. In addition, larger events are more likely to draw the attention of terrorists or other criminals, particularly those interested in employing weapons of mass destruction.
3. **Significance of the event** - Some events have historical, political and/or symbolic significance that may heighten concern about possible terrorist acts or other criminal activity.

### **Special Event Homeland Security (SEHS) Levels for States**

**SEHS I:** Large magnitude and significant national or international importance. (past examples include the Super Bowl and the United Nations General Assembly).

**SEHS II:** Medium magnitude and average national or international importance. (past examples include the Rose Bowl, Kentucky Derby, July 4th and New Years Eve).

**SEHS III:** Low magnitude and limited national importance (past example includes NASCAR races).

**SEHS IV:** Local or regional importance (past examples includes the Academy Awards, professional sports events, etc.).

\* Each state has its own unique procedures and criteria for the evaluation and declaring of its special security events.

### **Homeland Security Advisory System (HSAS)**

(Taken from Homeland Security Presidential Directive-3, dated March 11, 2002)

**Severe/Red** – *Severe risk of terrorist attack recommended measures*

- Increasing or redirecting personnel to address critical emergency needs.
- Assigning emergency response personnel and pre-positioning specially trained teams or resources.
- Monitoring, redirecting or constraining transportation systems.
- Closing public and government facilities.

**High/Orange** – *High risk of terrorist attack*

- Coordinating necessary security efforts with Federal, State and local law enforcement agencies or any National Guard or other appropriate armed forces organizations.
- Taking additional precaution at public events and possibly considering alternative venues or even cancellation.
- Preparing to execute contingency procedures, such as moving to an alternate site or dispersing their workforce.
- Restricting threatened facility access to essential personnel only.

**Elevated/Yellow** – *Significant risk of terrorist attack*

- Increasing surveillance of critical locations.
- Coordinating emergency plans, as appropriate, with nearby jurisdictions.
- Assessing whether the precise characteristics of the threat require the further refinement of pre-planned protective measures.
- Implementing, as appropriate, contingency and emergency response plans.

**Guarded/Blue** – *General risk of terrorist attacks*

- Checking communications with designated emergency response or command locations.
- Reviewing and updating emergency response procedures.
- Providing the public with any information that would strengthen its ability to act appropriately.

**Low/Green** *Low Risk of Terrorist Attacks*

- Refining and exercising, as appropriate, preplanned protective measures.
- Ensuring personnel receive proper training on Homeland Security Advisory System.

- Specific pre-planned departmental or agency protective measures; Institutionalizing a process to assure that all facilities and regulated sectors are regularly assessed for vulnerabilities to terrorist attacks and that all reasonable measures are taken to mitigate these vulnerabilities.



**Attachment 3 - Disaster Assessment Information**

Phone numbers and addresses of contacts (except active EOC) are contained in the disaster plan Appendix F (Resource Manual). Active EOC location and phone number may be obtained from the county dispatcher. Required information may be obtained by phone or by dispatching a Red Cross Liaison person to the EOC.

CONTACT POINT	INFORMATION
County dispatch, active EOC, responding fire/police department	Nature of the event.
TV, internet	Weather prediction for next 3 days.
Active EOC, responding fire/police department	Smoke/dust – what is in the air?
Active EOC, responding fire/police department	Plume direction.
Active EOC, responding fire/police department	Boundaries of the current and potential contamination/impact.
Active EOC, responding fire/police department	Environmental considerations for service delivery
Active EOC	Size and demographics of impacted population.
Active EOC, responding fire/police department	Current personal protective actions – Time, Distance and Shielding as a Guide for Red Cross staff attire – while staying outside of areas of known hazards.
Active EOC	Locations of Reception, Information, Reunification Centers or other areas where people are gathering.
Active EOC, county health department	Health related issues.
County Nursing, Hospitals	Potential impact on essential life sustaining materials.
Active EOC, responding fire/police department	Monitoring and decontamination procedures communicated to the public by government.
Active EOC	Official information channels.

Active EOC, responding fire/police department	Perimeters of Damage.
Active EOC, utility companies	Utility outages.
Active EOC, police	Transportation accesses (road, bridge and transit).
Active EOC, police	Traffic control.
Active EOC, police	Crime scene.
Active EOC, police	Evacuation routes.
Active EOC	Decontamination sites.
Active EOC, local fire department, Red Cross identified shelter contacts contained in Appendix F (Resource Manual) of the Chapter Disaster Plan	In-place sheltering.
Coordinate all safety information with Health Services and Life Safety and Asset Protection.	

**Attachment 4 – Welfare Information**

All contact information for schools, hospital, police, fire emergency management, etc. is contained in the Chapter Disaster Plan.

**Attachment 5 - CBRNE Incident Report Form**

**Instructions:**

Prepare a report when notified of a disaster involving Chemical, Biological, Radiological, Nuclear or Explosive agents, whether WMD/T or HazMat. FAX or email immediately to the DOC at national headquarters (202-303-0225 or DOC@usa.redcross.org).

Date/Time of Notification: \_\_\_\_\_ Date/Time of Incident: \_\_\_\_\_

Name of Caller: \_\_\_\_\_

Organization/Title: \_\_\_\_\_

Telephone/FAX #: \_\_\_\_\_

Type of Incident/Agent Involved:					
Chemical:		Biological:		Nuclear/ Radiological:	
Explosion:		Other:			

Location of the Incident (see disaster assessment form):	
Known Casualties? Yes / No Details known at this time:	
Evacuations? Yes/ No Details known at this time:	
In place sheltering? Yes/ No Details known at this time:	

List all requests for services (to include Biomedical) and services being provided: \_\_\_\_\_

Anticipated Support Needed by Chapter: \_\_\_\_\_

Safety Measures/Safe Route Information Supplied? Yes / No?

Secondary Incident Concerns? Environmental Concerns?

Name of Person Filing Report:	
Chapter Name (to Include Location):	
Position/Title within Chapter:	

Telephone/FAX #:			
Date/Time Sent:		Incident Report #	