



UNITED STATES MARINE CORPS

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STATION ORDER 3006.1

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To: Distribution List

Subj: MCAS YUMA EMERGENCY MANAGEMENT (EM) PROGRAM

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Encl: (1) Locator Sheet

1. Purpose. To establish policies and procedures for planning and executing the MCAS Yuma Emergency Management (EM) program. MCAS Yuma is vulnerable to threats posed by a wide variety of natural and manmade causes. The EM program seeks to reduce the likelihood that personnel, facilities, and material will be exposed to these threats and to mitigate the effects of such events should they occur.

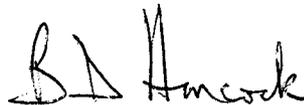
2. Cancellation. StaO 3005.1

3. Background. This directive supplements the references. It serves as policy except where it contradicts any regulation issued by a higher headquarters in which case the higher headquarters directive shall prevail in determining actions.

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This directive is applicable to all military, civilian, and contractor personnel assigned to MCAS Yuma, to include tenant organizations.

4. Action. Commanding Officers are responsible for the full implementation of this order as it pertains to their organization.

A handwritten signature in black ink, appearing to read "B. D. Hancock". The signature is written in a cursive style with a large, stylized initial "B".

B. D. HANCOCK

Distribution: A

EMERGENCY MANAGEMENT (EM) PROGRAM

LOCATOR SHEET

Subj: MCAS YUMA EMERGENCY MANAGEMENT (EM) PROGRAM

Location: _____

(Indicate location(s) of the copy(ies) of this Order.)

Enclosure (1)

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CHAPTER 1

INTRODUCTION

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CHAPTER 1

INTRODUCTION

1000. BASIC POLICY. MCAS Yuma will continuously execute a comprehensive EM program to prepare for, mitigate the potential effects of, respond to, and recover from domestic incidents regardless of the cause, the source, size or complexity, including acts of catastrophic terrorism.

1001. OBJECTIVES. An aggressive EM program will be executed in order to protect MCAS Yuma personnel, their families, facilities, and materiel resources against terrorist attacks and other natural or manmade disasters. The desired end state is a comprehensive EM program that effectively saves lives and prevents human injury, minimizes mission degradation, and protects government property, in this order.

1002. ASSUMPTIONS

1. Absolute protection is not possible.
2. Incidents may occur with little or no warning.
3. Federal, state, local, and non-military forces will be available to assist in the response and recovery efforts. However, this assistance may not be available for the first twenty four to seventy two hours after a major event has occurred.

1003. CONCEPT OF OPERATIONS

1. MCAS Yuma EM operations will consist of three-phases: pre-incident, incident, and post-incident. The pre-incident phase will consist of measures designed to deter/prevent the occurrence of an incident as well as planning and programming to mitigate the effects of such an incident should it occur. Emphasis during this phase will be on information gathering and analysis, developing detailed, integrated and supporting EM plans, and training and exercising installation plans. If an incident occurs, efforts during the incident phase will focus on executing incident response procedures designed to mitigate and contain the effects of the incident. The post-incident phase will concentrate on implementing consequence management procedures to restore normal operations as quickly and efficiently as possible. Threaded throughout these phases are

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the related concepts of Mission Essential Tasks (MET), Critical Infrastructure Protection (CIP), and Continuity of Operations (COOP).

2. MCAS Yuma will implement EM operations through the following elements:

a. Identification of Mission Essential Tasks. METs are those tasks that the installation must accomplish in order to ensure its principal mission is accomplished. METs focus the efforts of the installation staff to directly link installation activities, infrastructure requirements, and training to support its warfighting tenants.

b. Assessment. Accurate interagency information and analysis is necessary to identify a threat and to provide warning of an impending incident.

c. Identification of Critical Infrastructure and Assets. Critical personnel, facilities, and equipment will be identified and continuously evaluated. The identification of likely threat(s) will assist in this effort.

d. Vulnerability Assessments. Areas that require mitigation or enhancement (to include both procedural and programmatic requirements) will be identified. This process will be governed by the likelihood of a threat being targeted against critical assets.

e. Incident Response Capability Assessments. An incident response strategy and capability will be developed and continuously refined in order to deter terrorist attacks as well as prevent/mitigate the effects of disasters/incidents.

f. Risk Assessments. Risk levels will be established and prioritized to develop an EM strategy. These levels will be based on threats to assets, vulnerabilities, and incident response capability.

g. Planning. A comprehensive EM plan will be designed to address threats and vulnerabilities as well as specific consequence management and response procedures. All planning will include station and tenant commands.

h. Training and Exercises. Training increases the awareness level of personnel and fosters a mindset focused on prevention

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of incidents. Exercises provide an opportunity to test EM plans and the ability to transition between EM phases. Exercises shall include the participation of tenant commands to the greatest extent possible.

i. EM Resource Requirement Documentation and Submission. A key to the success of the EM program is the efficient management of scarce resources; the identification of EM resource requirements must be related to an assessed vulnerability or risk.

j. The focal point for development, implementation, and assessment of the installation EM program is the Installation Security Department (ISD).

k. This order complements individual first responder orders; it does not supplant them.

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CHAPTER 2

GENERAL RESPONSIBILITIES

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CHAPTER 2

GENERAL RESPONSIBILITIES

2000. GENERAL. Emergency Management is an all hands affair. All personnel, whether military, civilian, or family member, have a role to play.

2001. RESPONSIBILITIES

1. Director, Installation Security

- a. Retain primary staff cognizance for the preparation, implementation, and revision of this order and supporting plans.
- b. Retain primary responsibility for emergency services coordination for the Air Station.
- c. Provide membership to the Emergency Management Executive Steering Group (EMESG), Emergency Management Working Group, Crisis Management Team (CMT), Emergency Operations Center (EOC), Threat Working Group, and Mass Casualty Working Group (MCWG).
- d. Retain primary responsibility for the management and direction of the Emergency Management Working Group (EMWG) and Threat Working Group (TWG).
- e. Develop and maintain the capability to man and operate a primary/alternate Emergency Operations Center (EOC).
- f. Maintain a prioritized list of Mission Essential/Vulnerable Areas (MEVA), High Risk Targets (HRT), critical assets, and vulnerabilities.
- g. Assess installation incident response capabilities.
- h. Establish risk priorities.
- i. Ensure this order is coordinated with local, state, and federal agencies, as appropriate.
- j. Coordinate the EM training program and plan, develop, and conduct EM exercises and evaluations at least annually. As requested, assist tenant organizations with the same.

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k. Identify unfunded EM requirements.

2. Director, Installation and Logistics

a. Ensure construction and renovation designs comply with construction standards contained in reference (a).

b. Ensure all public works support and emergency support contracts include EM considerations during contracting requirements, award, execution, and evaluation process.

c. As required, compile and report damage assessment information.

d. Coordinate internal and external resources for emergency logistical support.

e. Maintain updated utility and facility drawings and diagrams and provide copies, as required, to the EOC, CMT and Incident Commander.

f. Provide membership to the EMWG, CMT, EOC, and the IRT.

g. Be prepared to stand up a Logistics Operations Center (LOC) if required.

h. Establish and implement procedures for emergency purchasing.

3. Director, Communications Data Electronics

a. Develop and promulgate an installation EM communications plan. Ensure plan is compatible with local community first responders.

b. Provide communication services required to establish, operate and maintain the EOC and alternate EOC.

c. Assist in prioritization and restoration of installation communications.

d. Provide emergency operations crews to restore communications capabilities.

e. Provide membership to the EOC, EMWG, and IRT.

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4. Station Operations Officer

- a. Provide membership to the EMWG, TWG, and CMT.
- b. Be prepared to operate the airfield as a regional Aerial Port of Embarkation/Debarkation in support of emergency operations.

5. Supervisory Special Agent, Naval Criminal Investigative Services (NCIS)

- a. Develop and update an annual installation-specific threat assessment.
- b. Develop and maintain liaison with Federal, state, and local law enforcement agencies to ensure the exchange of international and domestic threat information.
- c. Be prepared to support high-risk personnel security details.
- d. Provide membership to the EMWG and TWG.

6. Staff Judge Advocate (SJA)

- a. Advise the installation Commanding Officer concerning legal issues and SJA support to EM operations.
- b. Review memoranda of agreement/understanding (MOA/MOU), and EM support contracts to ensure legal aspects are adequately addressed.

7. Comptroller. Develop and implement procedures to capture EM related expenses during all phases of the EM plan.

8. OIC Branch Medical Clinic

- a. In accordance with reference (b), serve as the installation Public Health Emergency Officer.
- b. Develop and maintain medical memoranda of agreement/understanding (MOA/MOU) with local civilian and military medical facilities to provide emergency medical support.

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c. Within organic capabilities, maintain the means to execute emergency medical services, to include basic lifesaving measures and procedures to treat CBRN (chemical, biological, radiological, nuclear) contaminated victims.

d. Maintain an adequate medical supply for medical emergencies.

e. Be prepared to coordinate the establishment of emergency morgue services.

f. Provide membership to the EMWG, MCPG, and the EOC.

9. Provost Marshal

a. Be prepared to assume duties as the Incident Commander.

b. Maintain the capability to implement immediate law enforcement and emergency response to terrorist incidents as well as natural/manmade disasters.

c. Ensure all MEVA, HRT, and critical assets are incorporated into routine/random security checks.

d. Be prepared to conduct high-risk personnel security operations.

e. Develop and maintain law enforcement memorandum of agreement/understanding with local and state agencies.

f. Provide membership to the EMWG, TWG, CMT, and EOC.

10. Chief, Station Fire Department

a. Be prepared to assume duties as the Incident Commander.

b. Maintain the capability to implement immediate fire and emergency response to terrorist incidents as well as natural/manmade disasters.

c. Develop and maintain fire and emergency response Mutual Assistance Agreements with federal, state, and local agencies to ensure proper assistance.

d. Maintain the capability to execute emergency medical services, to include basic lifesaving measures and procedures to

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treat CBRN contaminated victims.

e. Maintain an adequate medical supply for medical emergencies.

f. Provide membership to the EMWG, MCPG, CMT, and EOC.

11. Public Affairs Officer

a. Operate as the spokesperson for the MCAS Yuma Commanding Officer.

b. Initiate liaison with local media as appropriate.

c. Compile and prepare news release(s) on all phases of EM operations for release to the media and general public.

d. Ensure public affairs operating procedures and media programs support this order.

e. As required, establish a Command Information Bureau to address media queries and news releases.

f. Provide membership to the EMWG and CMT.

12. Director, Environmental Department

a. Retain primary oversight and policy responsibilities for the installation hazardous material (HAZMAT) program.

b. Provide membership to the EOC, EMWG, and IRT.

13. Officer in Charge, Explosive Ordnance Disposal Unit

a. Be prepared to assume duties as the Incident Commander.

b. Provide membership to the EMWG.

14. Commanding Officers, MAG-13, MAWTS-1, MWSS-371, MACS-1, VMFT-401, and CLC-16

a. Provide membership to the EMESG and the EMWG.

b. Participate in installation planning and training exercises.

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c. Be prepared to provide manpower in support of emergency operations.

2002. COORDINATING INSTRUCTIONS

1. The conduit for all pre incident coordination will be the EMESG and the EMWG. While this does not preclude direct liaison, the expertise resident in the EMWG will facilitate the resolution of most EM planning issues.
2. The conduit for all incident and post incident coordination will be the CMT and EOC.
3. MOA/MOU shall be developed and station bulletins promulgated to facilitate execution of this order and to support planning shortfalls, as well as to provide law enforcement, intelligence, and incident response support.

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CHAPTER 3

EMERGENCY MANAGEMENT PLANNING GROUPS

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CHAPTER 3

EMERGENCY MANAGEMENT PLANNING GROUPS

3000. GENERAL. This chapter discusses and outlines the responsibilities of the organizations to be used in the management of the MCAS Yuma EM program. These organizations include the Emergency Management Executive Steering Group (EMESG), the Emergency Management Working Group (EMWG), and Threat Working Group (TWG).

3001. EMERGENCY MANAGEMENT EXECUTIVE STEERING GROUP

1. All EM issues should be closely coordinated with the EMESG. The steering group consists of senior members of the Station Commanding Officer's staff and Commanding Officers of tenant commands. The EMESG will normally meet on a quarterly basis. Responsibilities include:

- a. Development of EM strategy and policy guidance and oversight and implementation of EM standards, policies, and programs.
- b. Oversight and annual review of the MCAS Yuma EM program.
- c. Provide direction to the EMWG on matters of physical security, Force Protection Conditions (FPCON) implementation and Random Antiterrorism (RAM) measures.
- d. Oversight of the identification and programming of EM resource requirements.

2. Composition

- a. Executive Officer, MCAS Yuma
- b. Executive Officer, MAG-13
- c. Executive Officer, MAWTS-1
- d. Executive Officer, MWSS-371
- e. Executive Officer, MACS-1
- f. Executive Officer, VMFT-401

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- g. Executive Officer, CLC-16
- h. Director, Installation Security Department

3002. EMERGENCY MANAGEMENT WORKING GROUP

1. The MCAS Yuma EMWG develops and implements the EM program and plan. The working group coordinates EM activities on the installation; tracks EM projects; reviews installation, higher, and lower command regulations for compliance and standardization; tracks EM resource requirements, identifies funding sources to make required enhancements, and performs other staffing actions as required. The EMWG will normally meet on a quarterly basis. Because MCAS Yuma is a relatively small installation, the EMWG will serve as the installation Force Protection Working Group (FPWG) as defined in reference (c), the Physical Security Council (PSC) as defined in reference (d), and the CBRNE Emergency Response Working Group (CERWG) as defined in reference (e). The EMWG will:

- a. Compile a prioritized list of Mission Essential/Vulnerable Areas (MEVA) and High Risk Targets (HRTs).
- b. Identify critical assets.
- c. Identify installation vulnerabilities.
- d. Assess and establish risk priorities.
- e. Develop installation-specific physical security, FPCON and random antiterrorism measures (RAM) and EM courses of action.
- f. Coordinate the identification, compilation and submission of EM resource requirement projects and unfunded requirements.
- g. Track EM construction and enhancement projects; ensure military construction projects include EM considerations.
- h. Review subordinate/tenant command programs for compliance and standardization.
- i. Conduct the planning and coordination of EM exercises and evaluations.

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j. Review and reconcile all applicable orders and MAA/MOA/MOU's.

k. Oversee the installation EM training and exercise program.

2. Composition

a. Director, Installation Security Department.

b. AT/FP Officer, MCAS Yuma.

c. Disaster Preparedness Officer, MCAS Yuma.

d. Provost Marshal.

e. Chief, Fire Department.

f. OIC, Explosive Ordnance Disposal Unit.

g. OIC, Aircraft Rescue and Firefighting.

h. Postal Chief.

i. Range Warden.

j. AT/FP Officer, MAG-13.

k. AT/FP Officer, MAWTS-1.

l. AT/FP Officer, MWSS-371.

m. AT/FP Officer, MACS-1.

n. AT/FP Officer, VMFT-401.

o. AT/FP Officer, CLC-16.

p. Representative of Environmental Department.

q. Representative of Installation and Logistics Department.

r. Representative of Communications Data Electronics Department.

s. Representative of the Public Affairs Office.

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- t. Representative of Marine Corps Community Services.
- u. Representative of Naval Criminal Investigative Service.
- v. Representative of Branch Medical Clinic.
- w. Representative of the Commissary.
- x. Representative(s) from Local, State, and Federal Agencies as required.
- y. Others as required.

3003. THREAT WORKING GROUP

1. The Threat Working Group gathers, analyzes, and disseminates threat information. The working group also assists in the preparation of the Commanding Officer's Annual Terrorism Threat Assessment. The TWG meets monthly or as required to exchange intelligence information, update the installation threat posture, discuss recent intelligence reporting, recommend changes to FPCONS, and any other significant EM issues. The TWG also determines threat likelihood, an essential ingredient in the development of the installation EM plan. Responsibilities include:

- a. Analysis of threat information.
- b. Determining threat likelihood.
- c. Prompt dissemination of intelligence information concerning terrorist threats.

2. Composition

- a. Commanding Officer, MCAS Yuma.
- b. Executive Officer, MCAS Yuma.
- c. Director, Installation Security Department.
- d. AT/FP Officer, MCAS Yuma.
- e. Representative of NCIS.

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- f. Station Operations Officer.
- g. Provost Marshal.
- h. Range Warden.
- i. As required, representative(s) from Local, State and Federal Law Enforcement Agencies.
- j. Others as required.

3004. MASS CASUALTY PLANNING GROUP

1. The Mass Casualty Planning Group addresses mass casualty planning for the installation. The MCPG meets quarterly or as required. Responsibilities include:

a. Drafting and maintaining an installation Mass Casualty Plan.

b. Planning and executing installation training exercises in preparation for a Mass Casualty incident.

2. COMPOSITION

- a. Officer in Charge, Branch Medical Clinic.
- b. Chief, Fire Department.
- c. OIC, Aircraft Rescue and Firefighting
- d. AT/FP Officer, MCAS Yuma.
- e. Disaster Preparedness Officer, MCAS Yuma.
- f. Senior Medical Officer, MAG-13.
- g. Senior Medical Officer, MAWTS-1.
- h. Senior Medical Officer, MWSS-371.
- i. Senior Medical Officer, MACS-1.
- j. Senior Medical Officer, VMFT-401.

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CRISIS MANAGEMENT GROUPS

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CHAPTER 4

CRISIS MANAGEMENT GROUPS

4000. GENERAL. In a crisis or emergency, time is a valuable commodity. Therefore, activation of crisis/emergency management cells must be a simple process that contains redundant means of notification. This chapter discusses and outlines the responsibilities of the groups to be used in the response to crises/incidents involving the Air Station and/or its personnel. These groups include the Crisis Management Team (CMT), the Emergency Operations Center (EOC), the Incident Response Team (IRT), and Incident Commander (IC).

4001. CONCEPT OF OPERATIONS

1. It is impossible to predict all potential events and incidents that may require the activation of crisis/emergency management cells. Therefore, this chapter addresses the activation of core members of these cells, that is, members who would normally be required for a wide variety of events.
2. Designated departments will assign individuals to be members of the IRT, CMT, and EOC as detailed below.

4002. CRISIS MANAGEMENT TEAM

1. The MCAS Yuma Crisis Management Team (CMT) is activated upon direction of the Station Commanding Officer. The CMT conducts command and control oversight of crisis response and consequence management operations for incidents that are beyond the capability of normal installation activities. On order, the CMT transitions into the EOC.

2. Composition

- a. Commanding Officer, MCAS Yuma.
- b. Executive Officer, MCAS Yuma.
- c. Sergeant Major, MCAS Yuma.
- d. Commanding Officer, H&HS, MCAS Yuma.

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- e. Station Operations Officer.
- f. Director, Installation Security Department.
- g. Director, Installation and Logistics Department.
- h. Chief, Fire Department.
- i. Provost Marshal.
- j. Staff Judge Advocate.
- k. Public Affairs Officer.

4003. EMERGENCY OPERATIONS CENTER

1. The MCAS Yuma Emergency Operations Center (EOC) provides the Commanding Officer with a centralized command, decentralized control capability during times of crisis. While the EOC will be task-organized appropriately to address the specific contingency, a core team will be established to provide immediate response.

2. Composition

a. Core Team

- (1) The CMT.
- (2) AT/FP, MCAS Yuma.
- (3) Disaster Preparedness Officer, MCAS Yuma.
- (4) Representative of the Branch Medical Clinic.
- (5) Representative of the Environmental Department (HAZMAT).

b. Support Team

- (1) Data Technician, Communications Data Electronics Department.
- (2) Liaison Officer, Fire Department.

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(3) Administrative Clerks (2), H&HS.

(4) Administrative Clerk (1), Station S-1.

4004. INCIDENT RESPONSE TEAM

1. The MCAS Yuma Incident Response Team (IRT) is activated on the order of the Incident Commander. Its mission is to provide functional area expertise to the Incident Commander. While the IRT will be task-organized appropriately to address the specific contingency, a core team will be established to provide immediate response. Members of the IRT must have the authority to commit resources from their respective departments. When activated, IRT members will work directly for the Incident Commander.

2. Composition

a. Installation and Logistics Department Member - FM Mobile, Communications Support.

b. Installation and Logistics Department Member - Logistics Support.

c. Environmental Department (HAZMAT) Member.

d. Department of Safety and Standardization - Tactical Safety.

4005. INCIDENT COMMANDER. Unity of command is vital in the response to any manmade or natural incident or accident. Therefore, there can only be one person in command at a particular incident/accident site. In most cases, the type of incident or accident will determine which department should be the lead department and, by extension, which person from that department will be the Incident Commander. Typically, although not always, the Fire Department or the Provost Marshal's Office will provide the Incident Commander (IC). In instances where Incident Command responsibilities may be unclear, the Commanding Officer will designate a lead department and, by extension, the IC. The IC acts with the full authority of the Commanding Officer, MCAS Yuma. Members of other departments and organizations providing on scene assistance, including tenant units and the IRT, are under the tactical control (TACON) of the IC.

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4006. DEPARTMENTAL RESPONSIBILITIES

1. The Installation Security Department will exercise overall cognizance of this program. It will:

a. Ensure recall rosters from designated departments are maintained and distributed to the Combined Dispatch Office.

b. Publish a Station Bulletin on a quarterly basis that designates members of the CMT, the EOC, and the IRT.

c. Conduct quarterly recall drills.

d. Conduct appropriate training for members of the CMT, EOC, and IRT.

2. The Provost Marshal's Office, specifically the Combined Dispatch Office, will be the primary office to initiate a recall of the IRT, CMT, and EOC. Normally, a recall will be authorized by the Incident Commander, the Command Duty Officer, the Installation Security Director, the Executive Officer, or the Commanding Officer. However, the Combined Dispatch Supervisor may also be authorized a recall if, in his or her judgment, a recall is warranted.

3. Department Heads and Commanding Officer, H&HS

a. Provide members to the above teams. Where specific billets are indicated (i.e., for the CMT), those individuals will be assigned. Where specific billets are not indicated, assign members as appropriate.

b. Provide the Installation Security Department with recall information in a format prescribed by the ISD.

c. For planning and training purposes, teams will be required to conduct twenty four hour a day operations for a minimum of ninety six hours. Therefore, two names will be provided for each required fill.

d. Since it is likely that the IRT and CMT/EOC will be operating simultaneously, members designated for assignment to the IRT cannot also be designated for assignment to the CMT/EOC.

e. Departments will ensure designated team members are available for recall. If a team member will be unavailable for

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recall (i.e., on leave, TAD, etc.) the department must provide the ISD with an alternate member.

4. Members of the CMT, EOC, and IRT

a. Members of all teams must have the authority to commit resources from their particular department.

b. When activated, team members will be issued reporting instructions.

c. Members shall not violate any motor vehicle regulations or laws when activated.

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CHAPTER 5

PERSONNEL CATEGORIZATION

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CHAPTER 5

PERSONNEL CATEGORIZATION

5000. GENERAL. All personnel living and/or working onboard MCAS Yuma will be categorized based upon the primary role they play in terms of Emergency Management. These categories will be used to develop the appropriate employment strategy for each individual or group during an event, to include installation access, planning, training, and exercising.

5001. CATEGORIES. Personnel will be assigned one of five categories. These categories are:

1. Emergency Essential Personnel. This category includes individuals (military or civilian), filling first responder and emergency management positions.

a. Composition.

- (1) Members of the CMT.
- (2) Members of the EOC.
- (3) Members of the IRT.
- (4) Branch Medical Clinic Personnel.
- (5) Aircraft Rescue and Firefighting (ARFF) personnel.
- (6) Search and Rescue crews.
- (7) Structural Fire Department personnel.
- (8) Military Police personnel, to include Crisis Management Force Personnel assigned to augment the Military Police.
- (9) Explosive Ordnance Disposal personnel.
- (10) Range Wardens.
- (11) Commanding Officer, Executive Officer, Operations Officer, Sergeant Major, and medical personnel of:
 - (a) MAWTS-1.

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- (b) MAG-13 (to include subordinate squadrons).
- (c) MWSS-371.
- (d) MACS-1.
- (e) VMFT-401.
- (f) CLC-16.

b. The Installation Security Department will maintain an accurate roster of Emergency Essential Individuals. This roster will be updated monthly and a current copy will be maintained by the Provost Marshal's Office for installation access purposes.

2. Mission Essential Personnel. This category includes military members and civilian employees whose prolonged absence would result in significant degradation of services that support mission essential tasks. Because of the many different crisis/incidents that may be encountered, maintaining a list of these personnel is impracticable. Normally, they will be designated by the CMT as required.

3. Remaining Military Personnel. This category includes military members not categorized as Emergency or Mission Essential.

4. Remaining Civilian Personnel. This category includes civilian employees not categorized as Emergency or Mission Essential.

5. Family Members Residing on Base. This category includes family members residing in base housing.

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CHAPTER 6

TENANT SUPPORT

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CHAPTER 6

TENANT SUPPORT

6000. GENERAL. With the assistance of tenant commands (i.e., the Fleet Assistance Program and augmentation provided to the Provost Marshal's Office), the Air Station is staffed to address routine incidents/accidents. However, during incidents/accidents that are large scale or extended in nature, the Air Station will require manpower and resources from tenant commands.

6001. SUPPORT

1. It is impractical to codify the level of support that will be provided by tenant commands. The nature and extent of an incident/accident and the operational commitments of tenant commands will directly impact the support required/available. In general, manpower will be the principal contribution of tenant commands. However, certain commands possess unique capabilities that may be required by the Air Station during an emergency response event:
 - a. MAG-13 - Chemical, biological, radiological, and nuclear (CBRN) expertise.
 - b. MWSS-371 - Engineering and heavy equipment expertise.
 - c. MACS-1 - Communications expertise.
 - d. CLC-16 - Limited engineering and heavy equipment expertise.
2. A skill which is particularly crucial during large scale incidents/accidents is medical support. Within their operational capabilities, all tenant commands will make their medical personnel and resources available to the Air Station for tasking.
3. The principal mechanism for requesting support from tenant commands will be the CMT or, if operational, the EOC.
4. For planning and response purposes, the installation will be divided into distinct security zones. See chapter 7.
5. For incidents/accidents involving tenant commands, the affected command will provide liaison personnel to the Air Station. These individuals may be used to augment the CMT, EOC,

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and/or the IRT. Additionally, for accidents involving tenant aircraft, the tenant command will provide personnel for security/access control to the accident site.

6002. TRAINING. Specialized training required for augmentation personnel (security training, firefighting, etc) will be the responsibility of the Air Station.

6003. TASKING AUTHORITY. Personnel provided to the Air Station by tenant commands in support of emergency response to incidents/accidents will fall under the tactical control (TACON) of the Commanding Officer, MCAS Yuma for the duration of their assignment.

6004. PLANNING AND EXERCISES. To reduce the friction inherent in effecting short notice augmentation requirements, tenant commands will participate in planning and exercises conducted by the Air Station to the greatest extent possible.

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CHAPTER 7

CRITICAL INFRASTRUCTURE PROTECTION

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CHAPTER. 7

CRITICAL INFRASTRUCTURE PROTECTION (CIP)

7000. GENERAL. MCAS Yuma must identify, protect, and ensure the availability of those assets and infrastructures critical to the execution of its missions. This chapter establishes policies, procedures and responsibilities for the development and implementation of the MCAS Yuma Critical Infrastructure Protection (CIP) Program.

7001. CONCEPT OF OPERATIONS

1. The basis of the Air Station's CIP program is its Mission Essential Tasks.
2. CIP focuses on the assurance of MCAS Yuma capabilities. CIP efforts encompass all traditional aspects of operational security, physical security, infrastructure assurance, information assurance (IA), and antiterrorism (AT) operations. CIP must be designed to support overall mission assurance, and as such should be considered a critical element in acquisition and operations planning. CIP must address both conventional and asymmetrical threats.
3. Involved infrastructures may be DoD-owned or belong to local or state governments, or the U.S. government, or commercial or private sector entities. The effort to ensure that critical infrastructure is identified and protected against loss or significant degradation should be a joint effort between MCAS Yuma and these local, state, and Federal agencies.
4. CIP planning requires examining previous assumptions that infrastructure will "be available" when required. Planning for the assurance of critical capabilities recognizes that the infrastructures upon which the installation's critical capabilities are based are vulnerable. Those vulnerabilities may ultimately jeopardize the execution of the MCAS Yuma mission. Capabilities must be understood not just in terms of the infrastructures and assets they require, but also from the understanding of today's complex and highly synchronized environment that relies on interdependent infrastructures. Critical assets once assessed and analyzed will possibly reveal vulnerabilities and dependencies that require additional planning considerations to assure MCAS Yuma mission success.

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5. The procedures contained in chapter 8 will be used to identify critical infrastructure and assets.

7002. CIP CATEGORIZATION. For CIP purposes, assets are categorized into four tiers. These are:

1. Tier I. A capability, when not assured, causes the installation to suffer mission failure.
2. Tier II. A capability, when not assured, causes an installation-specific asset to fail, or mission accomplishment is degraded, but still achievable.
3. Tier III. A capability, when not assured, causes an individual asset to fail, installation mission accomplishment is minimally degraded, but achievable.
4. Tier IV. A capability, when not assured, causes an individual asset to fail, or degrades that asset, with little to no effect on installation mission accomplishment.

7003. RESPONSIBILITIES.

1. Director, Installation Security.

a. Exercise staff cognizance over the Critical Infrastructure Program.

b. Implement a CIP database management system to support critical asset remediation, mitigation, and risk management decisions and reporting requirements.

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CHAPTER 8

ASSESSMENTS AND RISK ANALYSIS

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CHAPTER 8

ASSESSMENTS AND RISK ANALYSIS

8000. GENERAL. Emergency Management planning must be predicated on critical asset, threat/hazard, vulnerability, consequence, and response capability assessments. These assessments are used to evaluate the Air Station's ability to respond to a threat/hazard, protect the population on the installation, and implement future strategies to mitigate risks. Risk is a function of threats/hazards, vulnerability to threats/hazards, and resulting consequences if these threats/hazards were to strike a critical infrastructure on the Air Station. Risk Management is a continuous process of assessing critical infrastructure and evolving hazards, threats, vulnerabilities, consequences, and existing response capabilities to determine what additional actions are needed to achieve/maintain a desired level of readiness.

8001. ACTION. At least annually, the Installation Security Department will lead the EMWG in the accomplishment of EM assessments. The goal of these assessments will be to produce detailed information and data concerning MCAS Yuma critical assets, vulnerabilities, incident response capability and related risks. The results of this assessment will be briefed to the EMESG.

8002. METHOD. There are a variety of methods available to conduct EM assessments. Regardless of the method chosen, they all contain the same basic components. When conducting assessments, the ISD will incorporate the following:

1. Threat and Hazard Assessments

a. Threats in the form of terrorism and sabotage must be assessed. Threat assessments are the primary responsibility of NCIS. Threat assessments must include CBRNE attacks as well as the use of Weapons of Mass Destruction.

b. Hazards, both natural and man-made must also be assessed. All likely hazards will be assessed. These will include, but are not limited to, meteorological, public health and medical, Toxic Industrial Materials (TIMs) accidents, and aircraft mishaps.

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2. Criticality Assessments. Critical assets consist of those systems/assets essential to sustain Mission Essential Tasks (METs) and supporting essential assets/services. A critical asset can be tangible (i.e., aircraft, facilities, or personnel) or intangible (i.e., information). It also does not have to be a DoD asset - it may be a civilian asset that contributes to the Air Station's ability to sustain METs. It is important to distinguish between assets and the location or area containing the asset (e.g., the asset would be the personnel in the gymnasium, not the gym itself). The critical asset identification process assists the Commanding Officer in determining which specific assets on the installation need special protection. The process is iterative in nature and must include the concerns of tenant organizations. The results of the process will include a list of assets for further consideration by the EMWG in terms of protective measures/mitigation procedures required to ensure the viability of these assets. The assets will include Mission Essential Vulnerable Assets (MEVAs) and High Risk Targets (HRTs). The list will be prioritized in terms of criticality and will be numbered to reflect the degree of criticality associated with each asset. The list will be published annually in the form of a Station Bulletin.

3. Vulnerability Assessments. Vulnerability is a measure of the probability that in-place installation processes and asset safeguards against a threat or hazard will fail. The vulnerability analysis process is a key part of EM plan development and is critical to the risk assessment process. The objective of the vulnerability analysis is to identify elements in the EM program that may be susceptible to failure and to quantify vulnerabilities of specific assets or events on the installation to specific threats and hazards. The information developed from the analysis will be used in conducting an overall risk analysis and in developing and evaluating measures to reduce risk. Elements of vulnerability assessments include, but are not limited to, inspections, after action reports from drills and exercises, training programs, and manpower analysis. One product of this process is the ranking of critical assets in terms of their vulnerability to specific threats and hazards.

4. Consequence Assessments. The purpose of the Consequence Assessment is to determine the probable consequences of a threat or hazard occurring at an Installation's current level of preparedness/response capability. Consequence assessments must also take into account "cascade effects", that is, the tendency

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for the failure of one process/asset to impact the viability of other processes/assets. Exercises and drills are an excellent method for conducting consequence assessments.

5. Response Capability Assessments. Whereas the vulnerability analysis concentrates on weaknesses, the response capability assessment concentrates on strengths. The process involves analyzing the mitigating effects of existing emergency management manpower, procedures, training, equipment, and exercising to more accurately predict consequences.

6. Relative Risk Evaluation. Evaluating the risk of a specific threat and hazard to an asset is not enough. The risks to an asset from each threat and hazard need to be compared to risks to other assets in order to determine which assets should receive priority for application of additional response or mitigation capabilities. The relative risk evaluation process involves applying each applicable threat and hazard against critical infrastructure/assets and then determining the appropriate ranking factors based on the vulnerability, consequence, and response capability assessments. While local threat/hazard assessments may indicate a low likelihood of certain events, certain events/incidents that may cause a large level of deaths and/or damage must be evaluated in terms of their actually occurring. This will assist in determining measures designed to mitigate to effects of such an incident. For instance, although the probability is generally low that a terrorist may deploy an improvised nuclear device or infectious biological agent aboard/adjacent to MCAS Yuma, it is critical to conduct a relative risk evaluation for this occasion since the consequences of such an event are extremely high. When these higher threat level assessments are performed, consideration should be given to reducing vulnerability considerations since higher FPCON measures should lower some vulnerabilities.

7. Requirements Assessments. A requirements assessment is designed to identify additional risk mitigation strategies (procedures, training, activities, countermeasures, and equipment) needed to reduce the probability and consequences of threats and hazards that are evaluated as having relatively higher risk. Included are those risk mitigation strategies that improve recovery. Multiple layers of protection (defense in depth) against the most critical risks should be considered. Strategies involving equipment/facilities or additional personnel must be prioritized, tracked, and reported in time to support the budget process. A key portion of the Requirements

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Assessment analyzes and prioritizes the costs and benefits of risk mitigation strategies.

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CHAPTER 9

CONTINUITY OF OPERATIONS

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CHAPTER 9

CONTINUITY OF OPERATIONS

9000. GENERAL. Continuity of Operations (COOP) planning and procedures are designed to enable MCAS Yuma to continue to execute its primary functions as defined by its METs during and after the occurrence of a broad spectrum of incidents/accidents. Integral to this effort is the continued operation of critical assets and/or the performance of operations in support of METs at identified Emergency Relocation Sites (ERS). A limited number of critical assets, which require specialized facilities and equipment, may not be able to relocate to an ERS either due to the unique nature of their function or due to the lack of warning and relocation time during an emergency. These assets should receive specialized collective and individual protection capabilities in order to sustain critical operations at the primary facility. While the COOP Plan will not address every conceivable event, the COOP Plan serves as a commonly understood point of departure from which hazard-specific modification may be made to meet the actual circumstances of the event as it develops.

9001. ELEMENTS. The COOP program involves the following elements:

1. Protecting critical assets.
2. Mitigating the loss or disruption of METs and/or planning for timely restoration or recovery of METs.
3. Determining the Recovery Timeframe Objective (RTO) for each identified MET.
4. Planning for the dependence on non-Marine Corps assets (infrastructures, utilities, facilities, services of the private sector, and other government departments and agencies) to help accomplish METs in the event of emergencies.
5. Coordinating with private and non-military asset owners on the security and protection of critical non-Marine Corps infrastructures and assets.
6. Maintaining information sharing, cooperative agreements, and outreach with the private sector, to include partnerships with

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State and local governments.

9002. PLANNING. COOP planning will be conducted by the EMWG, augmented as required, as directed by the EMESG. COOP planning should consider the following functional areas:

1. Operations. Operational considerations in support of COOP should include the following:
 - a. Establish the specific criteria that trigger COOP activation.
 - b. Document the operational characteristics of each MET and associated critical infrastructure.
 - c. Evaluate the assessment of loss or degradation of operational capability and its impact to the ability to support the MET.
 - d. Document the criteria and process that will be used to determine whether the assets supporting a MET can/should relocate during an emergency.
 - e. Document the criteria and process that will be used to determine whether the supporting critical infrastructure should be recovered or replaced post-event, if such an event severely damages or renders inoperable the existing infrastructure.
 - f. Determine actions and responsibilities once the COOP Plan is activated.
 - g. Identify actions to support notice and no-notice activation of the COOP Plan.
 - h. Integrate the COOP Plan with external organizations, both governmental and civilian.
 - i. Identify a traffic management system to support all emergency access and evacuation routes.
 - j. Document MOU/MOA/MAA/ISSAs.

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2. Personnel

- a. Document the personnel requirements of each MET and associated critical infrastructure.
- b. Evaluate the loss of personnel and its impact on the ability to support the MET.
- c. Identify any external (organic and non-organic) personnel requirements to support METs and associated critical infrastructure.

3. Security

- a. Determine procedures for installation access for Emergency Essential and Mission Essential personnel during increased Force Protection Conditions.
- b. Document points of contact for essential contractor and services personnel.

4. Facilities/Utilities

- a. Identify alternate facilities to support MET relocation during an emergency.
- b. Identify the criteria and process that will be used to determine whether the utilities capabilities supporting the MET and associated critical infrastructure should be recovered or replaced post-event.
- c. Identify redundant (two independent methods/types) utility requirements to support the MET and associated critical infrastructure.

5. Services

- a. Identify the services necessary to support each MET and associated critical infrastructure/assets.
- b. Identify contracting authority (with alternate) able to meet contract requirements in support of the COOP effort.

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6. Information Systems

a. Document the IS requirements necessary to support each MET and associated critical infrastructure/assets.

b. Evaluate the assessment of loss or degradation of IS capability and the impact to the ability to support the MEF.

7. Medical

a. Identify medical resource requirements, including alternate sources of personnel and medical supplies.

b. Identify any external medical resource requirements to support METs.

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CHAPTER 10

AGREEMENTS

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CHAPTER 10

AGREEMENTS

10000. GENERAL. Given the limited capabilities of MCAS Yuma to respond to terrorist incidents or natural/manmade disasters, it may be necessary to request support from local, state and federal agencies. Memoranda of Agreement (MOA), Memoranda of Understanding (MOU), Mutual Aid Agreements (MAA), and Interservice Supports Agreements (ISA) are instruments that can be used to detail the type and level of mutual support to be provided by the parties involved. Agreements are kept on file at the Station Community Planning and Liaison Office. Copies of agreements related to Emergency Management will be maintained in the Installation Security Department and applicable departments.

10001. REVIEW. Each Emergency Management related agreement will be reviewed annually by the EMWG to ensure the information in each is accurate and updated. New signatures are not required on the agreement when a review is conducted; however, a written record of the review will be maintained by the Installation Security Department.

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CHAPTER 11

TRAINING AND EXERCISES

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CHAPTER 11

TRAINING AND EXERCISES

11000. GENERAL. Training and exercises form the cornerstone of any emergency management program. MCAS Yuma will conduct an aggressive training and exercise program in order to validate planning assumptions, uncover deficiencies, and maintain a high state of emergency management readiness. Individual skill training and stand-alone departmental training are beyond the scope of this order. This order encompasses only those elements of training and exercises that serve to foster unity of command and effort among the various installation and local community first responders as well as the leadership elements of the Air Station.

11001. EXERCISES

1. There are a number of different types of exercises that will be conducted aboard the Air Station. From the simplest to the most complex, these events include:

a. Tabletop Exercises. A tabletop exercise simulates an emergency situation in an informal, stress-free environment. The participants, usually those in a decision making position, discuss general problems and procedures in the context of an emergency scenario. The focus is on training and familiarization with roles, procedures, or responsibilities. The tabletop is largely a discussion guided by a facilitator. Its purpose is to solve problems as a group. There are no simulators and no attempts to arrange elaborate facilities or communications. One or two evaluators may be selected to observe proceedings and progress toward the objectives. The success of a tabletop exercise is determined by feedback from participants and the impact this feedback has on the evaluation and revision of policies, plans, and procedures. In many respects, a tabletop exercise is like a problem-solving or brainstorming session. Problems are tackled one at a time and talked through without stress.

b. Functional Exercises. A functional exercise simulates an emergency in the most realistic manner possible, short of moving real people and equipment to an actual site. As the name suggests, its goal is to test or evaluate the capability of one or more functions in the context of an emergency event. A functional exercise is a fully simulated interactive exercise

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that tests the capability of an organization to respond to a simulated event. The exercise tests multiple functions of the Air station's emergency management plan. It is a coordinated response to a situation in a time-pressured, realistic simulation. A functional exercise focuses on the coordination, integration, and interaction of the Air station's policies, procedures, roles, and responsibilities before, during, or after the simulated event. A functional exercise makes it possible to test several functions and exercise several agencies or departments without incurring the cost of a full-scale exercise. A functional exercise is generally a prerequisite to a full-scale exercise.

c. Full Scale Exercises. A full-scale exercise simulates a real event as closely as possible. It is an exercise designed to evaluate the operational capability of emergency management systems in a highly stressful environment that simulates actual response conditions. To accomplish this realism, it requires the mobilization and actual movement of emergency personnel, equipment, and resources. Ideally, the full-scale exercise should test and evaluate most functions of the emergency management plan. A full-scale exercise differs from a drill in that it coordinates the actions of several entities, tests several emergency functions, and activates the EOC or other operating center. Because they are expensive and time consuming, it is important that they be reserved for the highest priority hazards and functions. Realism is achieved through:

- (1) On-scene actions and decisions.
- (2) Simulated "victims."
- (3) Search and rescue requirements.
- (4) Communication devices.
- (5) Equipment deployment.
- (6) Actual resource and personnel allocation.

2. Tenant Participation. Exercises will incorporate tenant commands to the maximum extent practicable; therefore, exercise planning and scheduling will include tenant units.

11002. TRAINING. Emergency management training can take many forms. As stated, it is not the intent of this order to detail

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individual first responder skills training. Rather, emergency management training is designed to enhance the ability of the Air Station's leadership (CMT, EOC personnel) and support personnel (IRT) to respond in an incident/accident. Training may take the form of classroom instruction, one-on-one instruction, online training, or other appropriate forms.

11003. RESPONSIBILITIES

1. Director, Installation Security

a. Retain overall cognizance of the Air Station's EM training and exercise program as defined in this order.

b. Compile and maintain an exercise Lessons Learned file.

c. Serve as the lead department in procuring sufficient umpires and controllers to support exercise requirements.

d. Publish an annual Training and Exercises Employment Plan via Station Bulletin that details specific training and exercises for the calendar year.

2. Emergency Management Working Group

a. Assist the Installation Security Department with planning for the Air Station's exercise program.

b. Assist the Installation Security Department in procuring sufficient umpires and controllers to support exercise requirements.

c. Assist the Installation Security Department in compiling exercise lessons learned.

d. Disseminate lessons learned as appropriate.

3. Department Heads. Participate as directed in the Air Station's exercise program.

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4. Tenant Units. Participate to the maximum extent practicable in the Air Station's exercise program.

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CHAPTER 12

MASS NOTIFICATION

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CHAPTER 12

MASS NOTIFICATION

12000. GENERAL. Mass Notification is concerned with providing MCAS Yuma personnel, the public and first responders with information to respond to and mitigate the effects of a critical accident/incident. Relevant information must be disseminated to the lowest level in the most efficient manner available. Mass Notification information will include a general warning to personnel and the public about an actual or anticipated threat. The Mass Notification will also contain specific information about what action(s) the affected community should take.

12001. PRIORITY FOR MASS NOTIFICATION

1. 3N National Notification Network.
2. Giant Voice, Personnel Alerting System.
3. Vehicle and hand-held Public Address (PA) systems.
4. Installation-wide e-mail broadcast (Yuma All-Hands).
5. Telephone calls.
6. Local television (Commanders Channel).
7. Messenger.

12002. ROUTINE NOTIFICATION

1. Force Protection Conditions (FPCON). The MCAS Yuma community will be kept aware of day-to-day FPCON Levels by means of an FPCON sign posted and maintained at both the main and north gates. See reference (f).
2. As required, the Commanding Officer may direct the PAO to conduct Emergency Management briefings to the public. These briefings will be coordinated with the Installation Security Department.

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CHAPTER 13

GUIDANCE FOR NATURAL DISASTERS

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CHAPTER 13

GUIDANCE FOR NATURAL DISASTERS

13000. GENERAL. MCAS Yuma is geographically located in a zone that is susceptible to a myriad of natural disasters. It is the responsibility of every commander to adopt appropriate precautionary measures to mitigate the potentially damaging effects of such disasters. Some natural disasters can strike quickly with little or no warning, like earthquakes, while other natural disasters may be forecast through indications and warnings. Hasty, last minute preparations to respond to or mitigate these disasters are typically of little value.

13001. CONCEPT OF OPERATIONS

1. MCAS Yuma will develop a condition of readiness that allows for an instantaneous and appropriate response to the threat of a natural disaster. The intent of this state of readiness is to save lives and minimize the effects of natural disasters.

2. Preparation for emergency operations in response to natural disasters will be conducted at all levels. Natural disasters include, but are not limited to the following:

- a. Earthquakes.
- b. Floods.
- c. Destructive Weather.

13002. EARTHQUAKES

1. Pre-Incident. There will likely be no advanced warning prior to an earthquake. With this in mind, tenant units and other station organizations should develop an emergency response plan to prepare for and potentially minimize the effects of a major earthquake to their areas.

a. Station personnel should prepare work areas, office space or living areas to ensure items in these areas cannot become a hazard in the event of an earthquake. Earthquake protection measures will be inspected as part of routine zone inspections as outlined in reference (h).

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b. Tenant units and other station organizations will develop and exercise building evacuation procedures to include personnel accountability, ingress and egress routes, and rally points where units will assemble after an event. See reference (h).

c. All individuals (military personnel, civilian personnel and families) should develop an individual/family emergency preparedness plan and maintain enough emergency supplies to survive during an earthquake in an isolated environment for a minimum of 3 days. This individual/family emergency preparedness plan should also provide a method of emergency contact in case family members/unit personnel are separated at the time of the earthquake. The Federal Emergency Management Agency (FEMA) website (www.fema.gov) contains an excellent guide for constructing an individual/family emergency plan.

2. Incident (general guidelines)

a. Some earthquakes are actually foreshocks and a larger earthquake might occur. Individual should limit their movements to a few steps to a nearby safe place and stay indoors until the shaking has stopped.

b. If Indoors

(1) Individuals should drop to the ground; take cover by getting under a sturdy table or other piece of furniture, and hold on until the shaking stops. If there isn't a table or desk nearby, individuals should cover their face and head with their arms and crouch in an inside corner of the building.

(2) Individuals should stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.

(3) Individuals should use a doorway for shelter only if it is in close proximity and it is a strongly supported, load bearing doorway.

(4) Individuals should stay inside until shaking stops and it is safe to go outside. Research has shown that most injuries occur when people inside buildings attempt to move to a different location inside the building or try to leave.

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(5) Individuals should be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.

(6) Elevators should not be used.

c. If Outdoors

(1) Individuals should remain outdoors.

(2) Individuals should move away from buildings, streetlights, and utility wires.

(3) Once in the open, individuals should stay there until the shaking stops. The greatest danger exists directly outside buildings, at exits, and alongside exterior walls. Ground movement during an earthquake is seldom the direct cause of death or injury. Most earthquake-related casualties result from collapsing walls, flying glass, and falling objects.

(4) If in a moving vehicle, individuals should stop as quickly as safety permits and stay in the vehicle. Individuals should avoid stopping near or under buildings, trees, overpasses, and utility wires.

d. If trapped under debris

(1) Do not light a match.

(2) Do not move about or kick up dust.

(3) Cover your mouth with a handkerchief or clothing.

(4) Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

3. Post-Incident. This phase will involve continued and more detailed assessment and mitigation of damages incurred in the earthquake event. In order, priority of efforts will be:

a. Life saving efforts.

b. Repair of life threatening damage (gas leaks, electrical system damage, etc).

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- c. Repair of damaged roads to open major supply routes.
- d. Restoration of power.
- e. Restoration of communications.
- f. Restoration of infrastructure that supports mission essential tasks.

13003. FLOODS

1. Pre-Incident. MCAS Yuma is located in an area that is susceptible to flooding from rapid runoff of surface water. Flooding from surface runoff can occur slowly as a result of extended rainfall, or rapidly as flash floods precipitated by a heavy downpour or dam break. If flooding occurs, it has the potential of causing considerable property damage and endangering life.

a. I&L will maintain maps of the installation that depict areas subject to flooding. Copies will be provided to ISD and PMO.

b. PMO will develop and maintain flood evacuation routes for the installation. Copies will be provided to ISD.

2. Incident Response. The Incident Response phase for flood hazards will include the period during which hazardous weather forecasts are in effect.

a. Flood Hazard Alert Conditions. The Weather Office is responsible for setting Flood Alert Conditions aboard MCAS Yuma. Flood Alert Conditions are as follows:

(1) Alert Condition 3. Rainfall is observed or reported in Yuma County of one to two inches on wet or saturated ground; four inches plus on dry ground; or local or flash flood conditions.

(2) Alert Condition 2. Rainfall is equal to or exceeds the conditions in Alert Condition 3 and visible flooding is detected upstream; or weather services forecast heavy thunderstorms, flash flood watches, or flash flood warnings.

(3) Alert Condition 1. Rainfall is equal to or exceeds conditions in Alert Condition 2 and bridges, roads, or culverts

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are overflowing with water. Upstream fire departments are reporting local flooding.

b. Station Operations Officer

(1) At Alert Condition 3, make notifications in accordance with reference (i). Update as necessary.

(2) Be prepared to provide a weather liaison individual to the EOC.

(3) Assist tenant units with aircraft weather evacuation plans.

c. Director, Installations and Logistics

(1) Be prepared to establish roving patrols to observe and take immediate action at sites of critical flooding.

(2) Be prepared to conduct testing of potable water.

(3) Maintain a supply of dirt filled sandbags available for general distribution during periods of potential flooding.

d. Provost Marshal

(1) Be prepared to establish traffic control points and provide alternative routes for traffic around flooded roads, bridges, and lowland areas.

(2) Be prepared to restrict station access.

e. Officer in Charge, Branch Medial Clinic

(1) Be prepared to provide emergency medical service as required.

(2) Be prepared to augment search and rescue teams with medical support.

f. Commanding Officer, H&HS

(1) Be prepared to provide Search and Rescue support.

(2) As required, weather evacuate station aircraft.

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- d. Restoration of power.
- e. Restoration of communications.
- f. Restoration of infrastructure that supports mission essential tasks.

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CHAPTER 14

GUIDANCE FOR CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR (CBRN)
INCIDENTS

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CHAPTER 14

GUIDANCE FOR CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR (CBRN) INCIDENTS

14000. GENERAL. CBRN incidents, whether accidental or intentional, have the potential to quickly overwhelm the resources of MCAS Yuma and the surrounding community. They may cause massive casualties, panic among the population, and render critical infrastructure and assets unusable for prolonged periods of time. Additionally, the nature of a CBRN incident may be difficult to initially detect. A CBRN event can be a combination of three types of incidents - a hazardous materials incident, a mass casualty incident, and a crime scene. For these reasons, the response to a CBRN incident must be well planned. Educated and trained personnel are the best means of addressing CBRN incidents.

14001. PRE-INCIDENT

1. General. The pre-incident phase consists of response planning, training and exercises, threat detection, local toxic industrial materiel/chemical (TIC/TIM) identification, and general measures to deter/prevent a terrorist attack involving CBRN materials.

2. Responsibilities

a. The Emergency Management Working Group will serve as a forum for CBRN related planning.

b. The Air Station Anti-Terrorism/Force Protection Officer is designated as the Installation CBRN Defense Officer. He will work in close coordination with the Fire Department, Environmental Department, the Station Disaster Preparedness Officer, and the MAG-13 Nuclear, Biological, and Chemical Defense Officer in the execution of his duties. The Installation CBRN Defense Officer will:

(1) Assess CBRN readiness and vulnerabilities.

(2) Coordinate and track execution of CBRNE defense training.

(3) Maintain liaison with specially trained CBRN response organizations, to include contact/request for assistance

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information.

(4) Assist first responders in identifying and resourcing Personal Protective Equipment.

(5) Ensure installation Force Protection measures address CBRN concerns.

(6) Ensure CBRN defense/response procedures are exercised at least annually. These procedures may be incorporated into general installation exercise requirements.

c. Director, Environmental Department

(1) Ensure the HAZMAT members of the Incident Response Team are trained and equipped to perform field detection and analysis of toxic chemical and radiological agents.

(2) Maintain a list of common toxic chemical producers located in the vicinity of MCAS Yuma and the particular chemical(s) associated with these producers.

(3) Be prepared to provide guidance on the disposal of CBRN-contaminated waste material.

d. PHEO/OIC, Branch Medical Clinic

(1) Ensure all station Health Care Providers are trained in the identification of chemical and biological symptoms in patients. Coordinate with medical personnel assigned to tenant units as required.

(2) Monitor local, state, and national disease reporting systems for indicators of a biological attack/incident in an area that could affect the installation.

(3) Ensure all station Health Care Providers are equipped and trained to treat CBRN contaminated victims within the capabilities of the Branch Medical Clinic.

(4) Train and exercise epidemic and medical treatment response teams.

(5) Maintain an adequate medical supply for CBRN medical emergencies.

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(6) Be prepared to execute an installation-wide vaccination policy. Identify facilities aboard the installation, other than the Branch Medical Clinic, at which mass inoculations can be effectively delivered. Coordinate with the Installation and Logistics Department.

e. Chief, Station Fire Department

(1) Ensure emergency response personnel are equipped and trained to respond to CBRN contaminated incident scenes.

(2) Ensure emergency response personnel maintain an on-scene capability to identify CBRN agents/materials.

(3) Be prepared to perform decontamination of victims.

f. The Provost Marshal will ensure emergency response personnel are equipped and trained to respond to CBRN contaminated incident scenes.

g. The Supervisory Special Agent, NCIS will ensure a CBRN threat section is included in the overall installation threat assessment.

3. External Resources. There are a number of external agencies available to assist the installation in response to a CBRN accident/incident. It is imperative that liaison with these organizations be established and maintained prior to an accident/incident. The following are the organizations most likely to be available to assist the installation:

a. National Response Center (NRC) and Chemical/Biological Hot Line. The NRC mans a hot-line service and serves as an emergency resource for first responders to request technical assistance during an incident.

(1) Mission. The NRC mission is to provide hot line assistance to first responders who arrive at the scene of a suspected chemical/biological terrorist incident.

(2) Capabilities. The NRC and its trained operators staff a hot line seven days a week, 24 hours a day. Operators use extensive databases and reference material in addition to having immediate access to the nation's top experts in the field of CBRN agents. NRC duty officers take reports of actual or potential domestic terrorism and link emergency calls with

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applicable experts for technical assistance as well as with the FBI. Specialty areas include decontamination systems and methods, physical properties of chemical/biological agents, toxicology information, medical symptoms from exposure to chemical/biological agents, treatment of exposure to chemical/biological agents, and hazard-prediction models.

b. 91st Weapons of Mass Destruction Civil Support Team (WMD-CST), Phoenix, AZ. The 91st WMD-CST is a National Guard Unit that operates under Title 32 authority.

(1) Mission. The 91st WMD-CST mission is to deploy to an area of operations to assess a suspected incident involving a biological, chemical, or radiological device in support of an Incident Commander; advise first responders regarding appropriate action; and facilitate requests for assistance to expedite the arrival of additional state and federal assets.

(2) Capabilities. The 91st WMD-CST is designed to support Incident Commanders and emergency responders in the state of Arizona. It is neither designed nor intended to replace functions carried out under the Incident Command System nor to replace those functions normally performed by the emergency first responder community. The 91st WMD-CST maintains a level of readiness that allows for a response within 4 hours. It has the means to facilitate a rapid recall, permitting expeditious responses to requests for assistance. The 91st WMD-CST maintains equipment to identify chemical/biological agents, to include a field laboratory.

c. U.S. Marine Corps Chemical/Biological Incident Response Force (CBIRF). The CBIRF is prepared to respond to no-notice WMD incidents with a rapidly deployable Initial Response Force and a follow-on force if required.

(1) Mission. When directed, the CBIRF deploys to an area in order to provide Force Protection and/or mitigation in the event of a WMD incident.

(2) Capabilities. The CBIRF is composed of Marines and Sailors and is an incident-response force that executes operations in support of a combatant commander or a lead federal agency. The CBIRF has state-of-the-art monitoring and detection equipment used to identify, sample, and analyze CBRN hazards, including toxic industrial chemicals and materials. The CBIRF provides liaison teams to other agencies or commands; interfaces

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with local and military commanders; coordinates all on-site CBIRF operations; establishes data/voice reach back to scientific and medical advisors; and prepares chemical, biological, or radiological plume models. It conducts agent detection and identification, performs sampling and collection, monitors concentration and exposure levels, provides decontamination support for unit personnel and first responders, conducts casualty decontamination on scene, and conducts victim searches and technical rescue and casualty extraction. Its medical capabilities include emergency medical care in contaminated area, casualty triage and stabilization. CBIRF maintains a one-hour alert status.

d. Defense Threat Reduction Agency (DTRA). DTRA offers a variety of CBRN related assistance available through its Emergency Operations Center. Included are:

(1) The Joint Nuclear Accident Center for assistance in response to an accident or incident involving radioactive materials.

(2) The WMD Assessment and Analysis Center.

(3) The Consequence Management Advisory Team with expertise in CBRN response procedures, requirements, resources, and specialized technical information.

(4) The Medical Radiobiology Advisory Team for state-of-the-art expertise and advice to commanders and primary-care providers following a nuclear or radiological accident (nuclear weapons, reactor, or radiological material).

e. See reference (j) for additional resources.

14002. INCIDENT

1. General. First responders will perform actions such as containing and controlling the incident site, rescuing survivors, performing hasty decontamination, triage and evacuation, identifying the agent, and, if a deliberate attack is suspected, collecting and preserving evidence. This phase is complete when the immediate threat has been abated and surviving victims have been evacuated for treatment.

2. Responsibilities.

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a. Incident Commander. CBRN events are extremely time sensitive. Early actions by the Incident Commander are critical in detecting, assessing, and containing the effects of a CBRN incident/accident, as well as decontaminating personnel, victims, and equipment. While specific procedures are beyond the scope of this order, the following general information is provided. This information is valuable for first responders as well as members of the CMT, IRT, and EOC.

(1) Control Zones. If the Incident Commander suspects that a CBRN event has occurred, he will immediately establish control zones around the incident site. Control zones are operational areas established at a CBRN incident site within which only specific types of operations are conducted. Personnel working in these areas must adhere to strict procedures to ensure the safety of those working in the zones. Control zones are established to ensure the safety of all responders and control access into and out of a contaminated area. The three zones established at a CBRN incident site are known as the hot zone, the warm zone, and the cold zone. See figure 14-1.

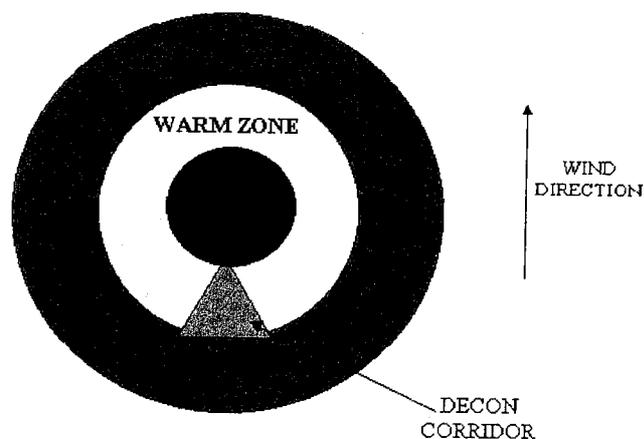


Figure 14-1

(a) Hot Zone. The hot zone is an area immediately surrounding an incident, which extends far enough to prevent adverse effects from the device/agent to personnel outside the zone. The hot zone is the primary area of contamination. The hot zone is the area that the Incident Commander judges to be the most affected by the incident. This includes any area to which the contaminant has spread or is likely to spread. Access is only permitted to personnel who are properly trained and

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protected. The Incident Commander sets the parameters of this zone after giving consideration to the type of agent, the volume released, the means of dissemination, the prevailing meteorological conditions, and the potential effects of local topography. Priorities within the hot zone include conducting search and rescue, performing mitigation, and identifying CBRN or other physical obstacles to the entry point. The hot zone is also the location where contamination reduction begins.

(b) Warm Zone. The warm zone is an area immediately surrounding the hot zone, which could become contaminated due to ongoing operations. The warm zone is the area between the hot and cold zones where personnel and equipment decontamination and hot zone support take place. It includes control points for the access corridor and thus assists in reducing the spread of contamination. It is an operational area safe from downwind exposure and includes the bulk of the decontamination assets where survey-team and equipment decontamination is accomplished. Access control points connecting the hot and cold zones are established.

(c) Cold Zone. The cold zone is the area outside the warm zone where there is no contamination present. The cold zone is the area where the Incident Command Post and support functions that are necessary to control the incident are located. The same basic considerations that are used for the hot and warm zones influence the extent of the cold zone. The cold zone must be readily accessible and provide the means for safety and rest. It must also be large enough to accommodate local, state, and federal CBRN response forces (if required) and to serve as the staging area for personnel and equipment. The operational priorities of the cold zone include providing command and control for operations being conducted in the warm and hot zones and ensuring that there is an area of security for emergency personnel and response forces conducting operations.

(2) Detection. Initial response begins with incident reporting by an observer and provides the Incident Commander with information on contamination hazards and clean areas. Responders should be aware that CBRN detection equipment will not detect the presence of many toxic agents. Reliance on reported information and visual indicators (both positive and negative) from the site may be the sole indication that a toxic environment exists. If the Incident Commander suspects the presence of CBRN material, he should treat the incident as if the material is present until it is conclusively determined not

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to be. He should also immediately request that the HAZMAT Incident Response Team be dispatched to the incident. If a CBRN environment is suspected, first responders will approach the incident area with care from upwind or crosswind, maintaining a safe distance from the site. Finally, if a deliberate attack is suspected, NCIS should be immediately notified. NCIS will, in turn, notify the local FBI Office.

(3) Assessment.

(a) Assessment is a continuing process throughout any incident. The situation must be quickly evaluated to determine the response objectives based on available incident-response capability. Information such as the type of incident, probable size of the affected area, and physical or environmental conditions must be reported. Actions besides warning and reporting (and associated alarms and signals) include contamination marking and hazard prediction. It must be stressed that contamination can spread rapidly, particularly if it is in the form of an airborne agent. Rapid assessment and warning by the Incident Commander is crucial. This information is crucial in deciding what areas should receive instructions on whether to evacuate or to seek shelter in place. The installation's Mass Notification System (Giant Voice) will play a critical role in disseminating information.

(b) Assessment-decision support tools may also help to identify possible locations of hazards at an incident site or locate populations within a community potentially affected by hazards. This information is intended to give an estimate of the extent and location of the area that might be placed at risk by a particular HAZMAT release. Specifically, reference guides such as the Department of Transportation (DOT) North American Emergency Response Guidebook provides information on determining protection distances for TIC and select CW agents. This type of hazard analysis uses assessment-decision support tools to support maintaining improved situational awareness. The ARFF Division, Fire Department, and HAZMAT IRT will all maintain publications/instrumentation to assist the Incident Commander in assessing the presence of CBRN material.

(4) Containment. The contaminated site should be clearly marked to prevent personnel from mistakenly entering. Personnel who have been in contaminated areas must be identified and requisite actions taken (medical treatment, decontamination, etc.). Site containment also provides for actions to consolidate

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and confine any contaminated material (water runoff). Personnel exposed during the incident, subsequent cloud passage, or post-incident entry into the contaminated area, are given a high priority in response actions. This includes responders and other contaminated individuals. Early definition of the perimeter is important so that potentially contaminated people may be identified and measures taken to prevent the contamination of additional people. The potential contamination of critical infrastructure and transportation assets presents a health problem for both responders and bystanders. Procedures to be considered include the following:

(a) Initial monitoring upon arrival to determine preliminary site characterization and personnel contamination.

(b) Procedures to minimize the spread of contamination.

(c) Contamination control. Contamination-control measures ensure contamination is not transferred from an area that is already contaminated to an uncontaminated area through the orderly processing of personnel, equipment, and vehicles entering and leaving the contaminated area. The actual amounts of material used for contamination control depend on conditions at the incident site. Planners identify and understand the casualty, personnel, and equipment decontamination requirements and standards. Resources must be provided that can monitor, detect, and identify the degree and source of contamination. The Incident Commander, in conjunction with the IRT and other assistance as applicable, conducts risk assessments to determine options for the conduct of decontamination and determine the allocation of necessary resources to support the decontamination process. Safety is a paramount concern in the decontamination planning process to ensure that first responders' exposure is minimized. Control measures are also taken to minimize the exposure to and the spread of any contamination. Contamination-control measures include leaving equipment in a contaminated area until it is monitored for contamination. Other contamination control measures include encapsulating contaminated items by qualified personnel or covering the equipment with plastic bags or tarps. Some equipment may not be salvageable and will require proper disposal. If civilians in the contaminated area are sent or go to processing points using their own vehicles, the vehicles should be monitored before moving away from the area.

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(5) Decontamination.

(a) General. The aim of decontamination is to rapidly and effectively render contamination harmless or remove it. The ability to function in a contaminated environment and perform decontamination actions is one of the factors that can reduce the effect of an attack/incident.

(b) Priorities. The Incident Commander establishes decontamination priorities. Decontamination of exposed personnel and casualties are usually the top priority followed by equipment, facilities, and areas. CBRN contamination threatening to create a downwind hazard will also have a high priority, and contamination-reduction and containment actions must begin as soon as possible.

(c) Methods. All decontamination is based on one or more of the following principles: destroy toxic agents by chemically modifying them (destruction); physically remove agents by absorption, washing, or evaporation; and/or physically isolate the agent so that it causes no damage (shielding/containment). Initial efforts should focus on terminating the contamination release if responders are able to identify the source of the contamination.

(d) Decontaminants. The decontaminant of choice will depend on factors like the type of contamination and the operational environment. The decontamination plan (as prepared by the Incident Commander) will outline details such as the type and amount of decontaminant that will be used. For example, weathering is one method of decontamination; however, it may not be an acceptable alternative at an incident site due to time constraints.

(e) Planning. The decontamination process should be directed toward confinement of the contaminant within the hot zone and the decontamination corridor. The potential effects of the decontamination process on responder personnel are considered when developing the decontamination plan, and countermeasures such as adequate work/rest cycles are addressed. No entry into the hot zone should be permitted until appropriate decontamination methods are determined and established. During the course of decontamination planning, the basic steps of mass personnel decon and estimating the total number of personnel to be decontaminated will influence the amount of resources used to

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support the operation. These basic steps include:

1. Clothing decontamination and removal.
2. Showering (may be as simple as spraying down with fire hoses/using soap and water).
3. Monitoring (and medical treatment) for contamination.
4. Performing triage and treatment as required.

(f) Personnel decontamination. Personnel decontamination requires a step-by-step process to reduce the contamination on casualties and personnel to a safe level and to prevent the transfer of contamination outside the containment area. The procedures used are based on a field analysis of the hazard and risks involved. This consists of checking technical reference sources to determine the general hazards such as flammability and toxicity, and then evaluating the relative risks (i.e., vapor versus liquid; blister versus nerve; radiological versus chemical and/or biological) associated with the contaminants.

1. The formal decontamination process begins in the warm zone (see figure 14-1) (contamination-reduction corridor).

2. A controlled entry point marks the entrance to the decontamination corridor and a controlled exit point marks the exit to the cold line (a transition point between the warm and cold zones).

3. Once personnel cross the cold line, medical teams will perform triage and conduct monitoring and treatment for any injuries. Next, personnel will be redressed/covered, moved to a holding area, and monitored for ongoing signs and symptoms of exposure. When medical triage dictates, the casualty will be treated for injuries and evacuated to a medical facility.

(g) Contamination-Reduction Considerations (Personnel Decontamination-Station Operations). See figure 14-2.

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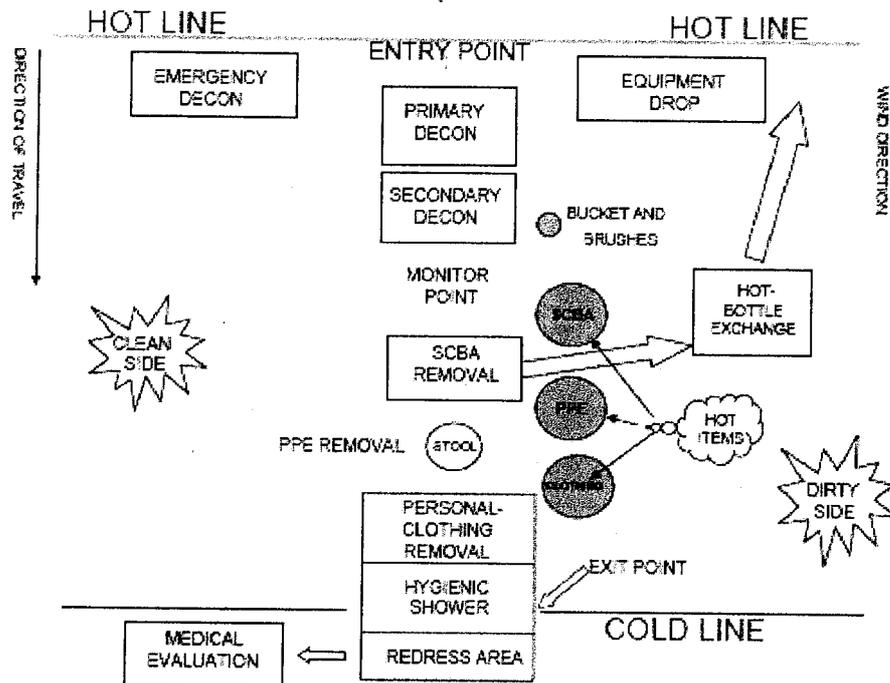


Figure 14-2

1. Contamination reduction removes, rinses off, or dilutes the contaminants. This consists of three main steps, although several intermediate steps may be necessary (which will add additional wash and rinse stations to the decontamination line). The type of hazard will dictate what decontaminants are used and the best method of decontamination. The decontamination line generally consists of a primary decontamination to remove the majority of the hazard, a secondary decontamination tailored to the specific hazard, a monitor point to ensure that all contamination has been removed from the outer garment, a PPE and personal-clothing removal, and a medical evaluation.

2. Consideration must also be given to the staffing and safety of the decontamination team. The decontamination team should be fully trained on all PPE worn, as well as trained and certified on all equipment that is being operated. Decontamination team members will be dressed in Level A through Level D individual protection based on their proximity to the hot zone and the level of contamination they are expected to encounter throughout the decontamination site. All decontamination personnel, to include the equipment they used, must be decontaminated before leaving the contamination-reduction zone (CRZ). There are many approaches to decontamination, but all are built around the basic principle of

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contamination reduction. The hazard encountered in the mission will dictate the necessary details, but the overall process remains the same.

(h) Decontamination Procedures (Entry Point). See figure 14-2.

1. The controlled entry point is a clearly designated place at the hot line that identifies the beginning of the decontamination corridor (CRZ). The purpose of the controlled entry point is to ensure that all personnel leaving the hot zone process through the decontamination line, thereby controlling the spread of contamination. At the controlled entry point, two separate stations are set up—the equipment drop point and an emergency-decontamination area.

2. Primary decontamination can be accomplished in several ways depending on the hazard. Typically, it consists of a "wet decontamination" (i.e., emergency decon) where the individual is flushed with water to remove or dilute the contaminants. A "dry decontamination," such as brushing and scraping, can be another alternative for other contamination removal (i.e., radioactive-contaminated physical particles). Other considerations such as the hazard's reactivity with water and its solubility will be factors in determining the decontamination method. Once the primary decontamination has been accomplished, the individual moves to the secondary decontamination.

3. Primary decontamination activity at the equipment drop may consist of a tarp or table where all equipment used in the hot zone is placed. The equipment drop serves a dual purpose. First, it ensures that all potentially contaminated equipment stays within the contaminated area, and secondly, it allows the equipment to be reused by anyone reentering the hot zone. This will minimize the amount of equipment brought into the hot zone that will later require decontamination or disposal.

4. Secondary decontamination can consist of one to several stations depending on the hazard. The decontamination team must be available to supervise the operation and assist in the processing of personnel. The team is trained to help the personnel decontaminate their outer clothing from top to bottom (always moving the contaminants toward the ground). To control the spread of contaminants, low-pressure water should be used

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and overspraying and splashing should be kept to a minimum. The decontamination site should be established in an area where contaminated runoff can be controlled.

5. Once the primary and secondary decontaminations are complete, the personnel should be monitored for any residual contamination. If the hazard is known, monitors such as the chemical-agent monitor (CAM), radiacmeters, and commercial instruments can be used to perform this function. When working with an unknown substance or without monitoring devices, use visual observation. Stains or discoloration of the PPE should be noted as well as any obvious signs and symptoms that the personnel exhibit indicating exposure to the hazard. If the contamination is still present (visually observed or detected by monitoring devices), the personnel return to the primary and secondary decontamination areas to repeat the procedure, paying specific attention to the areas noted by detection devices. After the contamination check, the outside of the PPE (i.e., Level A suit) should be decontaminated (however, personnel should not touch the PPE with their bare hands).

6. The decontamination and monitoring process is unique to each accident/incident. Decontamination techniques may be both physical and chemical. The decontamination methods selected should be tailored to the hazard, responders on scene, location, and equipment available. The equipment and the response units' knowledge, as well as the IC's operations section technical knowledge and research will be of assistance when dealing with hazards. Whichever method(s) is used, the outcome should be the elimination or reduction of contamination to a safe level while confining the hazard to the hot zone and decontamination corridor.

(i) Decontamination Procedures (SCBA Removal). See figure 14-2.

1. As the personnel enter this station, the decontamination team unzips and peels back the personal protective suit, exposing the SCBA. The decontamination team should not touch any part of the inside of the suit and the individual should not be touched by any part of the contaminated side of the suit. At this point, the individual can begin removing his PPE or conduct an air-bottle exchange and return to the hot zone. If monitoring devices are not being used or the hazard is unknown, the order of the next two stations may be reversed to protect the respiratory system of the individual

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until all outer garments have been removed.

2. If the individual is returning to the hot zone, the air bottle or the SCBA will be changed with the assistance of the decontamination team members. At this station, depending on the risk of exposure, the air bottle and SCBA can be removed and exchanged for clean, serviceable ones. Off to the side of this station, another team would replace the air bottle or SCBA and then reseal the individual's suit. The individual can then reenter the hot zone to continue operations.

3. Individuals continuing through the decontamination process will remove their own facepiece and loosen the straps on the SCBA. The decontamination team assists in removing the SCBA and places it in a collection container off to the side. The individual then continues on to the next station to the conduct PPE removal.

(j) Decontamination Procedures (Showers). See figure 14-2. Procedures conducted at this station can occur on site using portable enclosures if contamination of personal clothes is suspected. Portable enclosures usually have three areas—one for the removal of clothing, another for showering, and a third for donning clean clothes. Clothing that is removed should be bagged and labeled for each individual, in case uncontaminated clothing can be salvaged. The individual should shower, using generous amounts of soap and water and scrubbing downward from head to toe. After the shower, the individual moves on to the next area to dress in clean clothing. Clothing such as cotton coveralls or hospital scrubs may be used for individuals when other clean clothes are not available. The individual exits the showering facility into the cold zone (contamination-free zone). All cleaning items used during the decontamination process should be bagged for disposal, and decontamination runoff is controlled to limit the spread of contamination. Another factor to be considered at this station should be the environmental effects on personnel. During cold weather, appropriate measures are taken to eliminate the possibility of individuals receiving cold-weather injuries.

(k) Decontamination Procedures (Medical Evaluation). See figure 14-2. After completing a thorough decontamination, individuals should proceed to a medical evaluation station. The individuals' vital signs are taken, documented, and compared with the baseline information taken before entering the hot zone. Any individual showing any signs or symptoms from exposure

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or injury should be transported to a hospital for appropriate treatment and monitored after ensuring that they have been decontaminated as completely as possible. Proper documentation on all individuals processed through the decontamination corridor must be maintained. The names of individuals, methods of decontamination, and any exposures or injuries should be included. Once the individuals leave the medical-evaluation area, the decontamination process is finished.

(1) Casualty Decontamination. See figure 14-3.

1. Casualty decontamination is time constrained. The layout of the decontamination corridor is depicted in figure 14-3. The layout of the stations within the decontamination corridor should be set up to process unprotected casualties as quickly as possible. The decontamination corridor begins at the hot line and extends through the warm zone with the clean treatment and patient disposition area 30 to 50 meters into the cold zone. Casualty decontamination should be established in an area where the runoff could be controlled. The personnel (responder) decontamination corridor should not be visible from the casualty decontamination corridor. This should prevent the perception that individuals in protective gear are being processed through the decontamination corridor and receiving treatment before casualties. Overall, the emphasis of casualty decontamination is the quick removal of contamination to reduce or prevent further personal injury and prevent the spread of contamination.

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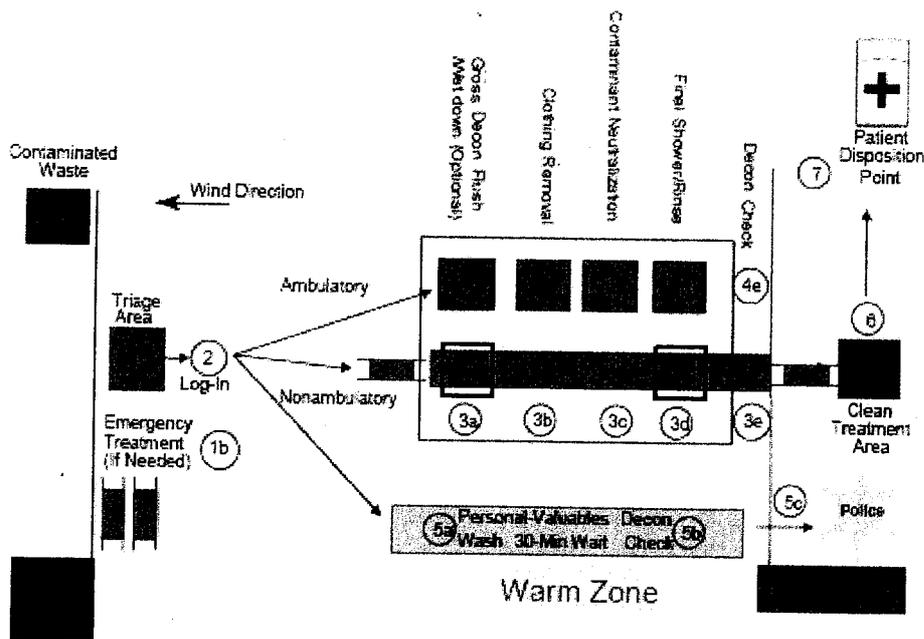


Figure 14-3

2. In the decontamination process, equipment decontamination solutions are not used on the skin. These solutions may cause burns and further injury. Mild, nonabrasive soaps or a chlorine solution should be used. When using chlorine solutions, prepare two separate concentrations. A 0.5 percent chlorine solution should be used to decontaminate the patient's skin and splints and irrigate wounds. A 5 percent solution should be used to decontaminate gloves, aprons, litters, and cutting devices. (A 0.5 percent solution can be created by adding 2 quarts of household bleach to 5 gallons of water. A 5 percent solution is approximately the same as household bleach; there is no need to dilute.) When removing gross contamination from the patient's skin before the first rinse, the M291 kit can be used.

(m) Casualty Decontamination (Triage Point). See figure 14-3.

1. As personnel arrive at the triage station, symptomatic personnel should be separated from personnel not displaying symptoms. A quick medical assessment is performed to determine the medical status of each individual and the decontamination station the individual will proceed to. The

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order in which personnel are processed through decontamination is based upon their triage status and the instructions of the medical official in charge. If a respiratory hazard is present, individuals awaiting triage and decontamination should be provided with respiratory protection. Ambulatory casualties will be processed separately from the nonambulatory (litter) casualties.

2. Communicating as much information to the casualties as possible will foster cooperation from those waiting to be decontaminated. Before being processed through the decontamination stations, casualties requiring emergency life-saving medical treatment are routed to a medical-treatment station collocated with the triage point. When dealing with large numbers of casualties, many of the less severely injured walking wounded may be required to wait. Casualties being monitored following decontamination should be placed in designated rest areas located in the cold zone.

(n) Casualty Decontamination (Emergency-Treatment Area). See figure 14-3. Medical personnel at this station provide life-saving emergency medical care only. The amount of medical treatment given should be minimal in the contaminated treatment area. Airway management, cervical immobilization, bleeding control, and treatment with nerve-agent antidote kits are all measures that could be performed to stabilize the casualty and increase his survivability throughout the decontamination process. Once the casualty is stabilized, he should be processed through decontamination as a nonambulatory patient and receive further medical care in the clean area. Bandaging of nonbleeding wounds may be postponed, based upon the overall casualty load and the severity of wounds, until the casualty reaches the clean treatment area. This permits wounds to be fully decontaminated before being passed through to the clean treatment area.

(o) Casualty Decontamination (Nonambulatory Decontamination). See figure 14-3.

1. Litter casualties will require timely decontamination. At the triage station, all nonambulatory casualties are placed on a litter and brought to the nonambulatory decontamination area. The litter is placed on supports in order to keep the casualty raised above the ground. Process the casualty through headfirst to ensure that the airway (i.e., the head) is upwind if possible.

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2. If biological or radiological contamination is suspected, the casualty's clothes should be wetted before attempting removal to prevent the reaerosolizing of the hazard. Casualties wearing respiratory protection should keep the face piece on until after being monitored and confirmed clean, unless it interferes with the establishment of an adequate airway.

3. If it is necessary to decontaminate the casualty's face, perform the procedure without exposing him to vapor hazards. To accomplish this, the casualty should hold his breath and close his eyes while the protective mask is removed and the face and face piece are decontaminated. When decontaminating a casualty without respiratory protection, decontaminate him headfirst, wet him down if required, cut away and remove all his clothing, decontaminate the front and back sides of his body with a 0.5 percent chlorine solution, conduct a final wash or rinse, and then check him. If a litter is used, always decontaminate it as one would decontaminate the casualty and change the litter after removing the casualty's clothing and when transferring him to the cold zone.

4. If the casualty is unable to accomplish this procedure, the decontamination team should postpone decontamination of his face until removal of the face piece is accomplished at the shuffle pit located on the cold line. Instead, the decontamination team should decontaminate the outside of the face piece with a 0.5 percent chlorine solution and cut away his outer clothes, being careful not to disturb holes or stained areas that might provide evidence in a criminal prosecution.

5. The decontamination team should ensure that the cutting device and their gloves and aprons are rinsed with a 5 percent chlorine solution before coming in contact with the casualty. The casualty's clothes should be bagged and sealed separate from his valuables. Both bags should be labeled with the casualty's name and placed into a closed container off to the side for evaluation and decontamination at a later time. After all clothing is cut away, the casualty is transferred to a clean litter.

6. Before washing the casualty, gently brush or blot all visible contamination to reduce the chance of the hazard reacting with water. When all visible contamination is removed, the casualty should be washed with soap or a 0.5 percent chlorine solution and copious amounts of water. The

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extent of washing and the time spent decontaminating will depend on the hazard and the casualty's exposure.

7. Casualties whose skin has come in contact with a hazard will require more extensive decontamination than those exposed to vapors only. When the extent of contamination is uncertain, the decontamination team should always assume a worse-case scenario. The decontamination team should begin the decontamination process at the patient's head and face, allow no blockage of the airway, and be careful not to flush contaminants into the casualty's eyes or wounds. Medical personnel should remove all contaminated bandages and wash and rinse wounds from the center outward. Following the washing and rinsing of wounds, cover them with water occlusive dressings or plastic wrap to prevent secondary contamination. Splints should be decontaminated in place by applying a 0.5 percent chlorine solution to the splint, padding, and cravats. If the casualty's eyes are contaminated, flush them with a normal saline solution. When all wounds are cleaned and dressed, the remainder of the casualty's body will be decontaminated. During the decontamination process, pay special attention to the hair, nails, skin folds, joints, and ear and nose cavities. Rinse the casualty with large quantities of low-pressure water. If the casualty has a triage tag, drop it into a plastic bag, seal the bag, and rinse the outside of the bag with a 5 percent chlorine solution. The triage tag can now accompany the casualty. Medical personnel will write a new triage tag when the casualty reaches the clean treatment area. Once the triage tag is copied, the original tag (still sealed) is considered contaminated and should be set aside to be disposed of with other HAZMATs during the recovery phase.

8. When the casualty is fully decontaminated, he is moved to the next area to be monitored for completeness of decontamination. Monitoring can be done by a variety of methods. M8 paper, CAM, low-level radiacmeters, and commercial devices can all be used for the appropriate hazard. For unknown hazards, visual inspection may be the only method available for checking the thoroughness of the decontamination process. When monitoring instruments are used, ensure that the area in which the casualty will be monitored is free from contamination. If the casualty is still contaminated, he will be moved back to the wash area and the decontamination process will be repeated. Casualties that are monitored and determined to be free of contamination will be moved to the clean side via the shuffle pit.

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9. The decontamination team carries the casualty by litter into the shuffle pit and places the litter on supports. After rinsing their gloves and aprons with a 5 percent chlorine solution, the decontamination team lifts the casualty from the litter and removes it. The decontamination team on the clean side of the cold line will provide a clean litter for the casualty. The decontamination team from the warm zone will remove any respiratory protection still on the casualty and decontaminate his face with a 0.5 percent chlorine solution. The face piece returns to the warm zone to be decontaminated at a later time. All equipment and personnel involved in operations in the warm zone must remain there until they are fully decontaminated. The decontamination team from the clean side of the cold zone carries the casualty by litter out of the shuffle pit to the clean treatment area. Upon reaching the cold zone, the casualty (still on the litter) should be covered to prevent hypothermia.

(p) Casualty Decontamination (Ambulatory Decontamination). See figure 14-3.

1. Casualties who are able to walk and assist in the decontamination process are sent to the ambulatory decontamination area. This includes casualties who have minor injuries and minimum exposures that have received the proper treatment. Casualties are processed in order by triage status; some casualties may be routed to a holding area to await decontamination. This is especially true in accidents/incidents with large numbers of-walking-wounded casualties. Symptomatic casualties are processed before casualties that are asymptomatic (personnel not showing symptoms).

2. Gross decontamination is performed first. This consists of removing any visible contamination from the casualty. If radiological or biological contamination is suspected, the casualty's clothes should be wet down before and during the removal process. The casualty's valuables should be bagged, sealed, and labeled with his name. Casualties wearing respiratory protection should be assisted by the decontamination team in decontaminating their faces and replacing their face pieces without further exposing them to vapor hazards. If this is not possible, postpone decontamination of the face until the face piece is removed at the end of decontamination. Triage tags should be placed in a plastic bag, sealed, and rinsed with a 5 percent chlorine solution. The triage tag accompanies the casualty until it is rewritten in the clean treatment area. The

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triage tags (still sealed) should be collected in a plastic bag then returned to the warm zone to be disposed of with other hazardous waste. Casualties are then separated, sending male patients to one corridor and female patients to another. The disposition of families and small children should be considered when establishing the decontamination corridors. Throughout the decontamination process, casualties should be shielded from bystander and media viewing.

3. In the appropriate decontamination corridor, the casualty should be assisted in removing all outer clothing down to his undergarments. Clothing should be bagged, sealed, and labeled with the casualty's name, then placed into sealed containers for inspection at a later time. If biological or radiological contamination is suspected, continue wetting the casualty's clothing during removal to prevent the reaerosolizing of the agent. Cut away the casualty's clothing. Keep the clothes from contacting the casualty's face during removal. After clothing removal, apply a decontaminant to the casualty or have him shower with soapy water, as appropriate. After the decontaminant application, the casualty washes and rinses thoroughly, starting at the head and working down to the feet. He should pay special attention to his hair, nails, skin folds, and ear and nose cavities. Soap or a 0.5 percent chlorine solution should be used, if available. The decontamination process should not be delayed due to a lack of soap. Use large amounts of water.

4. After washing and rinsing thoroughly, the casualty moves on to the monitoring area. The casualty is monitored from head to toe for completeness of decontamination. If any residual contamination is found, return the casualty to the shower to repeat the decontamination process. Casualties who are monitored and contamination is not found should have their respiratory protection removed, if it is still present. If decontamination of the face was postponed, it should be done with a sponge soaked in a 0.5 percent chlorine solution upon removal of the face piece. Provide the casualty with a cover (sheets, coveralls, hospital gowns) and direct him to the clean treatment area in the cold zone for further medical assessment.

(q) Casualty Decontamination (Clean Treatment Area). See figure 14-3.

1. Upon completion of decontamination, both ambulatory and nonambulatory casualties are brought to the clean

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treatment area in the cold zone for triage and medical evaluation. The clean treatment area should be located at least 30 to 50 yards from the cold line. Monitoring devices should be placed between the cold line and the clean treatment area to detect any drift of hazardous vapors from the warm zone. If the casualties have been previously triaged, the decontamination team will fill out a new triage tag updating it as necessary. The triage tags brought through the decontamination process in sealed bags are considered to be hazardous waste and must be disposed of properly. If triage has not been done, a triage tag is filled out as medical personnel perform secondary assessments on each casualty. All life-threatening injuries should have been identified, decontaminated, and stabilized, and casualties should have received priority on transport upon reaching the cold zone.

2. Based on their triage status, casualties are moved into selected treatment areas. Casualties in the treatment areas will need protection from observation by the media and may need protection from the weather. Blankets, hospital gowns, or some type of cover should be provided during the casualties' wait for transportation. The most critical casualties will receive advanced care and be prepared for transportation first. Casualties who have been identified as requiring a lesser degree of medical care will receive first aid while awaiting transport to a medical facility. All casualties should be transported for medical evaluation regardless of injuries or symptoms.

(r) Casualty Decontamination (Casualty Disposition Point). See figure 14-3.

1. As transportation to a medical facility becomes available, the casualty is moved to the transportation disposition point. One dispatcher in this area should handle all coordination with medical facilities to prevent the overloading of one hospital. Casualties with the most critical injuries are transported first. The walking-wounded casualties and casualties without injuries or symptoms can be transported by means of buses or vans. Vehicles used to transport patients should have all surfaces, benches, and exposed areas covered by plastic sheeting. Under ideal circumstances, patients should be fully decontaminated on scene. Planning and coordination must include the preparation for casualties who leave the scene and refer themselves to a medical-treatment facility.

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2. All personnel handling patients in the cold zone or transporting them should wear appropriate levels of PPE. Any patients being transported by air should receive extra attention to ensure that they are fully decontaminated before being placed aboard the aircraft. Hazardous vapors released into a confined space could have detrimental effects on the unprotected pilots and crew. Information on all patients should be recorded for accountability. Any information that will help track patients should be included in the accountability record, such as the patient's identification; the type of contamination; the extent of injuries; and where, when, and how the patient was transported. The decontamination process will continue until all persons exposed to the agent are received at the medical facilities.

(s) Casualty Decontamination (General Patient Decontamination Considerations)

1. The decontamination team must wear the PPE and the respiratory protection that are required for the hazard. The decontamination team at the triage point should have the highest amount of protection needed for the hazard. As patients move through the decontamination line, liquid and vapor hazards are reduced. This allows personnel closer to the cold line to wear a lower level of protection than the decontamination team at the triage station near the hot line. Contact with the patients should be minimized to limit contamination transfer. Medical and decontamination teams should monitor each other for signs and symptoms of agent exposure.

2. Use warm water in cold weather to provide patient comfort and reduce the chance of patient hypothermia. If warm water is unavailable, cold water may be used but weather conditions must be considered. Decontamination may have to be accomplished indoors to prevent patient exposure and cold-weather injuries. School gyms and other facilities containing showers are possible locations for decontamination stations. Minimize the spread of contamination by covering the interior of patient transportation modes with plastic sheeting and promptly bagging all contaminated items as they are removed from the patients.

(6) Evacuation. Planners determine if personnel in downwind hazard areas were directed to seek shelter in place or evacuate. This planning is coordinated with local, state, and federal authorities. Specific planning factors include resourcing

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protective-equipment requirements for large numbers of people and medical support. Personnel or equipment evacuated from a hazard area are checked for the possibility of residual contamination. Contaminated casualties are decontaminated before evacuation to avoid health-care-facility contamination. For example, the presence of a contaminated casualty in a hospital and the passage of chemical vapors throughout a building's ventilation system could close the entire hospital.

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CHAPTER 15

BOMB THREATS/ATTACKS

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CHAPTER 15

BOMB THREATS/ATTACKS

15000. GENERAL. Potential bombing incidents constitute a serious threat to personnel, critical assets, operations and facilities whether the motive is extortion, assault or an act of terror. This chapter details the installation response to a bomb threat, to include the actual detonation of a device.

15001. ASSUMPTION. All bomb threats or suspicious packages/devices will be considered as actual threats and devices until proved otherwise by competent authority.

15002. CONCEPT OF OPERATIONS

1. The Air Station will implement and maintain sound procedures that will be practiced regularly in order to respond to a bomb threat. Sound procedures are telephone protocols, building/facility evacuation plans, found bomb/suspicious package procedures and emergency response procedures.

2. Experience has shown that normally a bomb threat will be received at one of two places:

a. The specific building/facility targeted (i.e., Exchange, Commissary, Station Headquarters, etc.), or

b. An authoritative agency, i.e., Military Police Desk Sergeant, Combined Dispatch, Officer of the Day, etc.

3. Regardless of actual recipient, certain pertinent information may be ascertained, which will aid investigators, Explosives Ordnance Disposal (EOD) teams, etc., in locating the bomb and may assist in the apprehension of the person making the threat and/or planting the device.

4. Buildings/facilities targeted by a bomb threat or containing a suspicious device/package shall be evacuated immediately.

15003. PRE-INCIDENT

a. General. Distance is the greatest factor in reducing the effects of a bomb detonation. The MINIMUM safe initial distance from suspicious packages, suspicious vehicles, bomb threats, etc is 300 meters. EOD will adjust this distance upon arrival at

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the scene and evaluation of the incident.

2. Responsibilities

a. Provost Marshal

- (1) Maintain an Explosives Detection Dog capability.
- (2) Maintain a vehicle inspection program capable of detecting explosive devices.

b. Department Heads/Tenant Units

(1) Appoint an individual for each building/facility under your cognizance to be responsible for ordering the evacuation of the building/facility. Specifically, this person will:

(a) Ensure a rally point is selected for building occupants. The rally point shall be a minimum of 300 meters from the building. These rally points should be in areas where there is little chance of a bomb or secondary device being hidden. Open spaces that are away from garbage dumpsters, parking spaces, or other buildings are ideal rally points.

(b) Conduct a muster of building/personnel at the rally point.

(2) Ensure that all office, storage, and utility rooms are secured when not in actual use.

(3) Ensure that keys to locked areas are available.

(4) Ensure that copies of figure 14-1 are kept by telephones (Figure 15-1 is contained in the Station Telephone Directory. Local reproduction is authorized).

c. S-1 Officer

(1) Ensure post office personnel are trained to recognize suspect packages and procedures are established. Coordinate with EOD.

(2) Establish suspect package procedures for post office personnel.

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d. All hands. Be familiar with figure 15-1.

15004. INCIDENT (RECEPTION OF A BOMB THREAT)

1. Responsibilities

a. Individuals Receiving the Threat

(1) Upon receiving a bomb threat, individuals will complete the following actions:

(a) Follow the bomb threat instructions detailed in figure 15-1. If for whatever reason, figure 15-1 is not available, attempt to gain as much information from the caller as possible.

(b) Upon completing figure 15-1, immediately report the threat by dialing 911 (should be delegated to other individuals if present).

(c) Contact the building/facility individual responsible for initiating an evacuation.

(d) Provide figure 15-1 to emergency response personnel.

b. Individuals in a Bomb Threatened Building/Facility

(1) Evacuate the building/facility as directed. Proceed to pre-designated rally points.

(2) During evacuation, conduct a hasty search of the immediate area for suspicious articles, noting the location of any articles found. DO NOT touch or otherwise disturb a suspicious item.

c. Personnel Designated to Order Building/Facility Evacuation

(1) Initiate evacuation of the building/facility.

(2) Conduct a muster of personnel at the rally point.

(3) If necessary, recall personnel intimately familiar with the building/facility to assist emergency personnel to search for bombs.

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15005. INCIDENT (DETECTION OF A SUSPICIOUS PACKAGE/DEVICE)

1. Individuals Discovering the Package/Device

- a. Do not touch the package or device.
- b. Immediately report the package/device by dialing 911.
- c. Contact the building/facility individual responsible for initiating an evacuation.

2. Individuals in a Building/Facility in which the Package/Device was Discovered

(1) Evacuate the building/facility as directed. Proceed to pre-designated rally points.

(2) During evacuation, conduct a hasty search of the immediate area for additional suspicious articles, noting the location of any articles found. DO NOT touch or otherwise disturb a suspicious item.

b. Personnel Designated to Order Building/Facility Evacuation

- (1) Initiate evacuation of the building/facility.
- (2) Conduct a muster of personnel at the rally point.

(3) If necessary, recall personnel intimately familiar with the building/facility to assist emergency personnel to search for bombs.

15006. INCIDENT (DETECTION OF A SUSPICIOUS VEHICLE). Vehicles are increasingly used transport Improvised Explosive Devices (IEDs) or Weapons of Mass Destruction (WMD). The primary means to identify a potential threat is observation. A vehicle that is parked in a no parking area without an identifiable operator is the number one indicator. Vehicles, although parked legally, that display unusual characteristics; appears to be overloaded, large boxes inside, wires hanging or protruding or unidentifiable attachments may indicate a threat possibility.

1. Individuals Discovering the Vehicle

- a. Do not approach the vehicle.

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- b. Immediately report the vehicle by dialing 911.
- c. If able, notify personnel occupying nearby buildings.

15007. INCIDENT (FIRST RESPONDERS)

1. Provost Marshal

- a. Assume role of Incident Commander.
- b. Dispatch Explosive Detection Dogs to the incident as required.
- c. Set site perimeter security as required.
- d. Establish traffic control procedures as required.
- e. Be aware of the possibility of the existence of multiple devices.

2. Chief, Station Fire Department. Provide assistance to the Incident Commander as required.

3. Officer in Charge, Explosives Ordnance Disposal

- a. Serve as the primary source of expertise at the site.
- b. Be prepared to conduct a search of the incident site.
- c. Be prepared to assume Incident Command.
- d. Be aware of the possibility of the existence of multiple devices.

15008. POST-INCIDENT (DETONATION OF A DEVICE)

1. First Responders

- a. Be aware of the possibility of the existence of multiple devices.
- b. Priority will be the evacuation and treatment of injured personnel.

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c. Attempt to discern the nature of the device, with a particular emphasis on CBRN devices.

2. All hands

a. Should a bomb explode outside your building, do not rush to the window to see what happened. Step into the hallway and remain there a few minutes. There could be a second explosion and if you are standing at the window you could be injured.

b. If you are outside when a bomb explosion occurs, quickly get inside the nearest building and remain there. Shattered glass and windows popped out of the frames in buildings can scythe through the air for a considerable distance. Never be curious and move toward an area where a bomb has exploded. There may be a second bomb nearby timed to detonate a few minutes after the first.

BOMB THREATS OR THREATENING CALLS

EXACT WORDING OF THREAT

Sex of caller: _____ Race: _____ Age: _____

Length of call: _____ Number at which call is received: _____

Time: _____ Date: _____ / _____ / _____ **Report call immediately to: Ext. 2205**

Caller's Voice

- | | | | |
|--|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Crying | <input type="checkbox"/> Deep | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Ragged | <input type="checkbox"/> Excited | <input type="checkbox"/> Distinct |
| <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Slow | <input type="checkbox"/> Slurred | <input type="checkbox"/> Deep Breathing |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> Nasal | <input type="checkbox"/> Cracking | <input type="checkbox"/> Soft |
| <input type="checkbox"/> Stutter | <input type="checkbox"/> Disguised | <input type="checkbox"/> Loud | <input type="checkbox"/> Lisp |
| <input type="checkbox"/> Accent | <input type="checkbox"/> Laughter | <input type="checkbox"/> Raspy | <input type="checkbox"/> Familiar |

If voice is familiar, who did it sound like? _____

Background Sounds

- | | | |
|--|---|--|
| <input type="checkbox"/> Street | <input type="checkbox"/> Music | <input type="checkbox"/> Factory machinery |
| <input type="checkbox"/> Local | <input type="checkbox"/> Crockery | <input type="checkbox"/> House noises |
| <input type="checkbox"/> Animal noises | <input type="checkbox"/> Long Distance | <input type="checkbox"/> Voices |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Clear | <input type="checkbox"/> Booth |
| <input type="checkbox"/> PA system | <input type="checkbox"/> Office machinery | <input type="checkbox"/> Static |
| <input type="checkbox"/> Other | | |

Threat Language

- | |
|---|
| <input type="checkbox"/> Well spoken (educated) |
| <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Taped |
| <input type="checkbox"/> Foul |
| <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Message read by threat maker |

REMARKS: _____

Date _____

Name _____

Position _____

Phone Number _____

Figure 15-1

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CHAPTER 16

AIRCRAFT MISHAPS

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CHAPTER 16

AIRCRAFT MISHAPS

16000. GENERAL. Aircraft mishap procedures are contained in reference (k).

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CHAPTER 17

DEFENSE SUPPORT OF CIVIL AUTHORITIES (DSCA)

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CHAPTER 17

DEFENSE SUPPORT OF CIVIL AUTHORITIES (DSCA)

17000. GENERAL

1. Defense support of civil authorities, often referred to as civil support, is DoD support, including federal military forces, the Department's career civilian and contractor personnel, and DoD agency and component assets, for domestic emergencies and for designated law enforcement and other activities.
2. Within existing processes and procedures, the military has a well-defined basis for participation in domestic emergencies and disasters. It performs specific and appropriate roles, and is postured for expansion of its roles and missions in response to the evolving threats and future technologically related domestic emergencies. The military has the capability to rapidly respond to domestic emergencies and provide assistance to civil authorities to save lives, prevent human suffering, or mitigate great property damage. Such assistance usually occurs after a Presidential declaration of a major disaster or an emergency and supplements the efforts and resources of state and local governments. The military normally responds to domestic emergencies in support of another federal agency.
3. Civilian agencies under the direction of the Department of Homeland Security (DHS) are generally the primary agents for the coordination and employment of federal government support to state and local officials. DHS is the single federal coordinator responsible to the President for coordinating the federal response to emergencies and disasters. In accordance with the National Incident Management System (NIMS), responding agencies retain all their authorities and responsibilities and maintain operational control over their functions in coordination with the single on-site federal official. With the exception of the Homeland Defense (HLD) role of protecting the nation from missile, air, naval, and ground assault, and the protection of military facilities and installations, the military will play a supporting role. DOD will be guided by civilian law and the principle that the federal government assists state agencies, except in terrorism and other incidents where the federal government has primary jurisdiction. When supporting state and local authorities, DOD usually does so through designated federal agencies according to established

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agreements and plans. DOD will not compete with the civilian or commercial sector.

4. The U.S. Northern Command (USNORTHCOM) is responsible for planning, organizing, and executing homeland defense and civil support missions within the continental United States, Alaska, and territorial waters.

5. DSCA is generally categorized as follows:

a. Military Assistance to Civil Authorities (MACA). DOD activities and measures in response to domestic, natural and manmade disasters. The broad term MACA includes military support to civil authorities (MSCA), military assistance in response to civil disturbances (MACDIS); and in counter-drug operations, sensitive support, counterterrorism and law enforcement. See reference (l).

b. Military Support to Civil Authorities (MSCA). DOD activities and measures to assist and support any civil government agency in planning, preparing for, or responding to the consequences of civil emergencies or attacks, including national security emergencies. See reference (m).

c. Military Assistance in Response to Civil Disturbances (MACSIS). DOD activities and measures to assist federal, state, and local government and law enforcement agencies (LEA) in the United States, its territories, and possessions to prepare for or respond to civil disturbances, including response to terrorist incidents. See reference (n).

17001. TIERS OF SUPPORT. Domestic response management includes three tiers of support: local, state, and federal. Primary responsibility for responding to domestic disasters and emergencies rests with the lowest level of government able to deal effectively with the incident. If the situation exceeds local capability, the local authority can seek assistance from other jurisdictions under mutual aid agreements or request state assistance. If the state capability proves insufficient, state authorities may ask for assistance under existing mutual aid agreements and compacts. If this still proves insufficient the state may request federal assistance. Military forces and assets provide assistance when the circumstances warrant and when there is an appropriate request by proper civilian authority. Military support can be provided at the state level (National Guard assets under state control) and at the federal

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level.

17002. CATEGORIES OF DOMESTIC SUPPORT

1. Major Disasters. Included in this category are hurricanes, earthquakes, wildfires, and other man-made or natural disasters that result in suffering and damage of a severity or magnitude that overwhelm the capabilities of the federal, state, and local civil authorities. For such cases, military resources can supplement federal response efforts.
2. Civil Emergencies. Included in this category are civil disturbances, postal strikes, mass immigration, environmental incidents, and other emergencies that endanger life and property or disrupt normal governmental functions to the extent that federal, state, and local civil authorities require military support.
3. Law Enforcement Response to Terrorist Attack. This category includes measures to identify, acquire, and plan the use of resources needed to anticipate, prevent, and/or resolve a threat or act of terrorism. Investigative management is predominantly a civilian law enforcement response, the responsibility of the Department of Justice (DOJ). DOJ has assigned the lead operational response mission to the Federal Bureau of Investigation (FBI).
4. Response or Consequence Management. Response management includes measures to protect public health and safety, restore essential government services, and provide emergency relief to local governments, businesses, and individuals affected by the adverse consequences of a serious incident. Primary response authority resides with state and local governments, with the federal government assisting as required. At the federal level, lead responsibility for response and recovery is DHS, and more specifically its subordinate organization, the Federal Emergency Management Agency (FEMA). Through the National Response Plan (NRP), FEMA assigns emergency support functions (ESF) to the appropriate federal agencies. The NRP, in conjunction with the National Incident Management System (NIMS) presents one genuinely all-discipline, all-hazard plan that integrates "crisis management" and "consequence management" aspects of a disaster response - "incident management." The NIMS provides the vehicle within which the vertical integration of command, control, and communications can be managed throughout the response process - including local, state, and federal agencies.

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In the area of response management, DOD is clearly in a supporting role, under the direction of a Federal Coordinating Officer (FCO).

5. Technical Assistance. Technical assistance includes actions to identify, assess, or decontaminate personnel and/or property potentially exposed to HAZMAT and to dismantle, transfer, and/or dispose of contaminated/contaminating materials, equipment, or property.

17003. PRINCIPLES OF DSCA. The President and the Secretary of Defense establish priorities and determine what DOD resources will be made available for domestic support. Commanders ensure that DOD resources are used judiciously by adhering to the following principles:

1. Civil resources are applied first in meeting requirements of civil authorities.
2. DOD resources are provided only when response or recovery requirements are beyond the capabilities of civil authorities (as determined by FEMA or another agency with responsibility for emergency response).
3. DOD specialized capabilities, e.g., airlift and reconnaissance are used efficiently. Military forces shall remain under military command and control under the authority of the DOD Executive Agent at all times.
4. DOD components shall not perform any function of civil government unless absolutely necessary and then only on a temporary basis under conditions of immediate response.
5. Unless otherwise directed, military missions will have priority over DSCA missions.

17004. DSCA REQUEST AND RESPONSE PROCESS. When a disaster occurs, and generally after local and state resources are exhausted in response, DOD involvement in relief operations formally begins with a Presidential declaration based on a request from a state Governor. After Presidential declaration, FEMA activates the National Response Plan, and DOD prepares to provide support through its Executive Agent. An execute order designating the supported Combatant Commander (usually NORTHCOM), establishes necessary supporting DOD agencies for the Combatant Commander's mission, and requires the Combatant

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Commander to appoint a Defense Coordinating Officer (DCO). The DCO works for the overarching Federal Coordinating Officer (FCO) as his single point of contact for DOD support. The DCO is responsible for validating all requests from the FCO for DOD support. Once the request is validated, it is forwarded directly to the supported combatant commander (NORTHCOM), or to the supporting headquarters designated by the combatant commander, for execution.

17005. IMMEDIATE RESPONSE

1. Unique circumstances allow commanders to respond immediately, prior to any declaration, to imminently serious conditions that are beyond the capability of the local authorities.
2. Local commanders can respond immediately to requests for assistance to save lives, to prevent human suffering, and to mitigate great property damage.
3. Once initiated, the installation commander must inform the DOD Executive Agent through command channels as soon as possible. The installation commander should also record all incremental costs associated with this activity for potential reimbursement later.
4. Immediate response is normally of short duration (the unspecified "rule of thumb" is no longer than 72 hours).

17006. BASE SUPPORT INSTALLATION (BSI). There will generally be at least one BSI designated for each disaster. A BSI is a military installation close to an actual or projected domestic emergency contingency operational area that is designated to provide administrative and logistical support to DOD forces deployed in the area. Federal military and civil assets may be positioned at or near the BSI. The BSI may typically be tasked to provide or coordinate for the following support

1. Transportation (personnel and supply) to/from and in/around the operational area (buses and trucks).
2. Supply and distribution (food, water, ammunition, fuel, oil, repair parts, etc.).
3. Communications for command and control operations.

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4. Large open areas to serve as bivouac sites, with food, laundry and basic subsistence services (latrines and showers).
5. Emergency medical services.
6. Airfield operations to receive and service military aircraft.
7. Contracting and purchasing of supplies and services.
8. Support maintenance of common type equipment.
9. Airfield control group and/or airlift control element.
10. Administrative, logistical and transportation support to FEMA.
11. Forward assembly areas in or near the area of operations.

17007. RESPONSIBILITIES

1. Director, Installation Security. Execute staff cognizance over DSCA matters as they pertain to the Air Station.
2. Staff Judge Advocate. Provide legal counsel to the Commanding Officer on any requests for assistance made under paragraph 17005.
3. Operations Officer. Be prepared to operate the airfield in support of BSI operations.
4. Director, Installation and Logistics. Be prepared to support BSI operations.

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CHAPTER 18

SAFETY

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CHAPTER 18

SAFETY

18000. GENERAL. Safety considerations form an integral part of Emergency Management. The Safety Department will be intimately involved with all aspect, from training and exercises to actual incidents.

18001. ASSUMPTIONS

1. The potential for a mishap during exercise events and/or while reacting to actual incidents is an ever-present possibility.
2. The application of operational risk management techniques will mitigate or eliminate potential mishaps.

18002. CONCEPT OF OPERATIONS

1. Sound risk management techniques will be incorporated into all aspects of operational planning and execution.
2. Leaders at all levels will be vigilant for procedures and activities that are potentially unsafe. Additionally, they will ensure proper safety guidelines are being adhered to, and take immediate corrective action when a safety violation is observed.
3. Tactical Safety Specialists will present at all exercises.
4. Tactical Safety Specialists will be members of the Incident Response Team.

18003. RESPONSIBILITIES

1. Department of Safety and Standardization
 - a. As required, ensure Tactical Safety Specialists are involved with emergency management exercise planning and execution.
 - b. Ensure Tactical Safety Specialists are assigned to the Incident Response Team.