

Annex 25 (Tab F – Terrorism) to the Darlington County Emergency Operations Plan

Primary: Crisis Management - Sheriff's Office
Consequence Management - Fire District; EMS, Sheriff's Office

Support: Emergency Services Department, Lake Robinson Rescue Squad, Hartsville Rescue Squad, Lamar Rescue Squad, Darlington Firemen's Rescue Squad, Society Hill Rescue Squad, SC Highway Patrol, SC Department of Natural Resources, Roads and Bridges, Municipal Police Departments, Municipal Fire Departments, Palmetto Rural Fire Department, Hartsville and Darlington Health Departments, Region 4 Public Health District

I. Introduction:

- A. Purpose: This plan provides a defined process for a coordinated and efficient response to terrorism incidents within Darlington County. The purpose of the plan is to:
1. Establish assumptions and policies.
 2. Develop a concept of operations that clearly defines the roles and responsibilities of all federal, state and local agencies involved in Crisis and Consequence Management.
 3. Incorporate the coordination mechanisms and structures of applicable federal, state and local plans into the overall response.
 4. Crisis and Consequence Management and their interrelationship:
 - A. The response to terrorism involves two functions that significantly overlap; Crisis Management and Consequence Management with both responses occurring simultaneously during a threat or actual incident. For instance, while crisis management agencies are evaluating a threat for credibility, consequence management agencies may begin evaluating what actions can be taken to prepare for responding to a credible threat and the occurrence of a terrorist incident. Prior to an incident, crisis management is the focus of activities, however, with an impending or actual incident consequence management activities receive priority.
 - B. The responsibility for Crisis Management rests with the Sheriff's Office until both SLED and Federal Bureau of Investigation (FBI) arrive on scene. Lead responsibility during Consequence Management rests with Darlington County, led by the Emergency Services Director and supported by state and federal agencies. The FBI shall be notified of all terrorist incidents, actual or suspected and when on scene, will assume command of the Crisis

Management operations. See Appendix 2 for threat notification procedures. The relationship between Crisis and Consequence Management is explained in the following paragraphs:

1. Crisis Management:

- (a). Crisis Management is the law enforcement response to the causes of terrorist incidents, terrorists, and their weapons. It includes measures to identify, acquire and plan for the use of resources needed to anticipate, isolate, prevent and/or resolve a threat or act of terrorism. In a weapons of mass destruction/nuclear, biological, chemical(WMD/NBC) incident, a Crisis Management response may include traditional law enforcement missions (i.e., intelligence, surveillance, tactical, negotiations, forensics, investigations relating to apprehending the terrorists, etc.) and technical support, missions (i.e., agent identification, search, disablement, transfer and disposal, and limited decontamination relating to the terrorists weapons).
- (b). Under the laws of the United States, confirmed by federal policy, Presidential Decision Directive (PDD) # 39, the FBI has been assigned the lead responsibility for managing the federal law enforcement response for Crisis Management. The FBI leads the federal Crisis Management effort with assistance from other federal, state and local agencies as necessary. The lead State agency is the South Carolina Law Enforcement Division. The lead Darlington County agency is the Sheriff's Office. The Crisis Management effort will be managed from the Joint Operations Center (JOC), when established, under the direction of the FBI's On-scene Commander (FBI OSC). Final authority to make decisions on-scene regarding the causes of the incident such as securing the scene perimeter, identifying and rendering weapons safe, and capturing terrorists rests with the FBI's OSC.

2. Consequence Management:

- (a). Consequence Management addresses the effects of terrorist threats or incidents on people, property and communities. It includes measures to protect public health and safety, restore essential government services and provide emergency relief to governments, businesses and individuals affected by the consequences of terrorism.
- (b). The Federal Emergency Management Agency (FEMA) has been assigned the lead responsibility for coordinating the Federal Consequence Management response to a terrorist incident.
- (c). The State of South Carolina and local agencies exercise the preeminent authority to make decisions regarding the consequences of terrorism.

The lead State agency is the South Carolina Emergency Management Division. The lead Darlington County agency is the Darlington County Emergency Services Department. All actions will be coordinated with the FBI OSC within the unified command structure. The federal government provides assistance as required and as requested by the State of South Carolina and local government agencies.

- B. Assumptions: This plan is intended to provide guidance to all activities that may respond to a terrorist event in the County and will be involved in Crisis and Consequence Management activities. The following assumptions are an integral part of this plan.
1. The citizens and property in Darlington County could be at risk from the potential of terrorist threats or activities. Terrorist activities may include the use of chemical, toxic industrial chemicals, biological or radiological agents. Improvised or commercially manufactured explosive devices may also be used in an attack .
 2. Darlington County has conducted risk assessments to determine the County's vulnerability to a terrorist incident. While there are facilities in the County that could be the target of a terrorist incident; these facilities will not be identified in the emergency plan. The "Hazard Rating Summary" (Table 1, Basic Plan, DARCO EOP) shows that a terrorist incident is "possible" and has the potential to cause catastrophic damage in the County. A "possible" threat indicator means that there is between a one (1%) percent and ten (10%) percent probability that an incident may occur in the next year or at least one (1) chance of an incident in the next 100 years.
 3. A terrorist incident may occur with little or no advanced warning at any time of day. Local agencies have the capability to manage the initial crisis and consequence response to a threat or an actual terrorist incident. However, the nature and scope of a terrorist event will require immediate federal and state support during both the Crisis and Consequence Management phases of the response.
 4. An effective response to a terrorist threat or incident will require careful coordination in planning, training and operations among local, state and federal agencies representing many different functions and disciplines.
 5. From the initial notification from the Sheriff's Department until the State Law Enforcement Division (SLED) or FBI arrives to assume command of the Crisis Management Operations, the Sheriff's Department will take the lead role. In this capacity they must implement crime scene protection as well as provide for the public health and safety and protect the area from additional damage.

- C. Authority: See paragraph XI, Darlington County EOP, Basic Plan.
- D. Explanation of Terms: See Glossary, Darlington County EOP, Basic Plan.
- E. Definition of terrorism: The FBI defines terrorism as *"the unlawful use of force or violence committed by a group or individual against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives."*
- F. Situation
1. Terrorist incidents including threats of potential incidents, create a unique challenge to public safety officials at every level of government. There are distinct legal authorities that impact how either the threat or occurrence of acts of terrorism are managed. There are specialized organizational structures that come into play only in terrorist incidents, specialized resources that may be required, supported and managed, as well as special risks to the general public, first responders or public health officials.
 2. Terrorist incidents are not normal hazardous materials incidents or normal emergency response incidents. Besides the focus on placement, timing, dispersion mechanisms and the affected population, there are numerous other weapons (nuclear, living biological, lasers, thermo-baric, EMP, cyber, explosives, incendiary, etc) that the terrorist can use to achieve his objectives besides weaponization of hazardous materials.
 3. Published operational plans can be used to design the initial or secondary attacks; and the security of sensitive elements within the plans (rapid evacuation routes, pre-determined secure ingress and egress routes of emergency services and supplies, predetermined staging and standby points, location of caches of specialized equipment and pharmaceuticals, lists of specially trained personnel, early warning communication structures, potential targets, etc) should be evaluated by law enforcement personnel for operational security.
 5. Despite the significant federal role in terrorism response, state and local governments have the primary responsibility for protecting public health and safety. Local law enforcement, emergency medical service (EMS), and fire service agencies will be the first units to respond to a terrorist incident. Local health care facilities will be required to provide treatment to victims and, in cases of chemical or biological attacks, rapidly identify the substance used in the attack. Citizens will inevitably look to local and state officials and familiar media personalities for information regarding what has occurred and what actions are being taken.
 6. These realities make readiness at the local and state level the cornerstone of America's domestic preparedness strategy. While the federal

government can provide many specialized resources, the fundamental effectiveness of any response to a terrorist incident, or the threat of an incident, will depend on what occurs in America's communities and at the state level.

7. This plan applies to all departments and agencies within Darlington County tasked to provide primary or support roles during a terrorist incident and assigns specific responsibilities to these activities

II. Mission: To establish the policies and procedures that will prevent or minimize terrorist activities, assist in the apprehension of the persons responsible for the incident and maximize the effectiveness of Darlington County's response to and recovery from a terrorist incident.

III. Concept of Operations:

A. Crisis Management:

1. Information regarding terrorist threats or potential activities received by public agencies must be reported to the local law enforcement in accordance with procedures outlined in Appendix 2, Terrorist Threat Conditions and Threat Notification Procedure .
2. The responsibility for initiating and conducting Crisis Management activities is the Darlington County Sheriff's Office. As soon as the FBI arrives on scene, they will assume the lead agency role for crisis management with state and local agencies acting in the support role. Even though the FBI assume the lead crisis management role, the Sheriff's Office must still provide the appropriate law enforcement command element in the local Consequence Management Group. The Sheriff's Office is also responsible for coordinating the deployment of the SLED Bomb Team and SLED WMD Response team. These two teams will have the responsibility for mitigating hazardous primary and secondary devices. Support services will be provided as requested and as necessary through the EOC. Prompt response employing such actions as citizen evacuation and isolation of the incident may prevent further personal injury or loss of life.
3. Upon arriving on-scene and assuming command the FBI will manage the Crisis Management response from the command post and the JOC. State and local resources may be called upon to support this operation.
4. As county departments and agencies may be the primary or secondary targets, the heads of the various departments and agencies are responsible for the security of their personnel, equipment and facilities.
5. Departments and agencies will deploy liaisons and support structures to the JOC as directed by the Emergency Services Director to coordinate Crisis

Management activities.

6. Upon initiation of Consequence Management activities, departments and agencies will maintain liaisons within the JOC as necessary to support operations, however, Consequence Management will be directed from the Darlington County EOC.

B. Consequence Management:

1. Darlington County exercises preeminent authority to make decisions regarding the consequences of terrorism. This includes the authority to proclaim an emergency and/or make decisions on-scene regarding rescue and treatment of casualties along with protective actions for the community. This authority rests with the Incident Commander and local emergency service organizations. Incidents will be managed using the NIMS Incident Command System (ICS), Unified Command Organization. Initially state and federal governments will provide assistance as requested by the Incident Commander until such time as the County EOC is operational and directing requests. This authority is implemented through the Darlington County Emergency Services Office. The state and federal governments provide assistance as requested.
2. The preparations for and response to the consequences of a terrorist incident will be coordinated by the Emergency Services Director from the EOC. County preparations will be conducted in coordination with SCEMD and FEMA. The focus of the preparation and response will occur at the County EOC, the SEOC, the FEMA ROC and/or DFO. General Consequence Management activities will be conducted according to the Darlington County EOP, the State EOP and the National Response Plan.
3. Once an incident has occurred, the nature and magnitude of the incident will determine the degree of local response and the amount of local, state and federal assistance required. The state and local consequence management response will be conducted according to existing protocols as outlined in the County EOP and the State EOP.
4. If a potential terrorist incident occurs with no prior warning, the initial response will include law enforcement, fire service, hazardous materials operations and EMS. Upon determining that the incident was a terrorist incident, the Incident Commander will notify the chief law enforcement official who will assume command of the incident. The chief law enforcement officer will notify the State Law Enforcement Division in accordance with established notification procedures. Law enforcement will establish a Unified Command with SLED until the arrival of the FBI and command is transferred.
5. If a terrorist threat is received, or the incident is known to be a terrorist incident, the chief law enforcement official or their designee will establish incident

command. Information on terrorist activities and terrorist demands will be reported to the State Law Enforcement Division who will notify the FBI and the SCEMD in accordance with the threat notification procedures.

6. Crime scene preservation: Due to the very nature of terrorist acts involving a variety of tactics, law enforcement personnel will work together with one or more emergency support function(s) to preserve the crime scene while carrying out life saving activities, implementing the necessary protective actions, developing strategies to protect response personnel and in defining and containing the hazard. Therefore, while responding to the incident and carrying out their functional responsibilities, first responders become potential witnesses, investigators and sources of intelligence in support of the crime scene investigation. As such, they must be trained in looking at the disaster area as potential crime scene that may provide evidence in determining the cause of the event and identifying the responsible party(ies). Responders must also be aware that the crime scene may harbor additional hazards to responders as they carry out their responsibilities. Law enforcement personnel have to review and modify their response procedures to ensure that the crime scene can be preserved to the extent possible without compromising functional responsibilities.
7. The state and federal governments assistance for responding to WMD/NBC incidents may include special resources not available at the local level. Therefore, pre-designated and secure standby points will be determined prior to arrival of rapid response teams or other specialized assistance. These points must be free of secondary devices and potential release areas adjacent to these points must be secured.

NOTE: Appendix 1 shows the combined County/Federal EOC/JOC Organization.

- C. Threat Notification Procedures and Threat Levels: In order to evaluate information concerning potential threats, the Department of Homeland Security have developed a color coded threat warning condition(s). Appendix 2 contains specific information threat notification procedures and threat conditions.
 - D. Role of the Incident Commander, Emergency Operations Center (EOC) and Joint Operations Center (JOC): All WMD incidents that occur in Darlington County will be managed under the NIMS Incident Command System, Unified Command System. The incident may initially be managed under a single Incident Commander, however as soon as additional agencies respond to the incident, a Unified Incident Command System **will** be established to manage the incident. A Unified Command System will be maintained until such time as individual agencies complete their role and can be demobilized.
1. Role of the Incident Commander: The Incident Commander's responsibility is for the overall management of the incident. Once a terrorist incident has occurred an Incident Commander will be designated by the Law Enforcement,

Fire and EMS agencies that are responding to the incident. These three individuals are responsible for establishing a Unified Command at the incident location. The Sheriff's Office has the responsibility for insuring that an Incident Commander is designated that can effectively manage both the Crisis and Consequence management functions for law enforcement. The Fire and EMS Commanders must insure that their personnel understand that they are responding to a crime scene. Fire and EMS personnel will exercise due regard for the preservation of evidence that may assist in the apprehension and convicting of the perpetrators without jeopardizing their safety or the safety of victims. Until the EOC is activated, requests for support will be provided by local mutual aid agreements. As soon as the EOC is activated, all requests for support at the incident scene will be forward to the EOC.

2. Role of the Emergency Operations Center (EOC): The EOC will be activated to serve as the multi-agency coordination center for emergency operations during both the crisis and consequence management phases of a terrorist incident. The Darlington County Emergency Services Director or his designee, acting on behalf of the County Administrator, will have the overall responsibility for the coordination of the county's response to terrorism incidents during both the crisis and consequence management phases. All requests for state and federal support will be forwarded through the EOC. All media activities that discuss the County's response activities will be coordinated by the County PIO located in the JIC/EOC. All agencies (local, state and federal) involved in response operations will have a representative in the EOC.
 3. Role of the Joint Operations Center: The JOC will serve as the multi-agency coordination center for all federal response activities. The FBI will serve as the lead agency in the JOC. Both the federal Crisis and Consequence Management groups will operate in the JOC. A Liaison Officer from the SEOC, County EOC and Incident Command Post will be present in the JOC.
- E. Coordination of local medical response to a WMD incident with State Public Health Officials: Medical response to a WMD incident will be conducted from three (3) aspects, the response by EMS personnel, the treatment and care provided by area hospitals and the response by DHEC Public Health Officials.
1. EMS response to a WMD incident: Upon request of either the Law Enforcement or Fire Service Incident Commander(s), EMS personnel will respond to a terrorist incident. Upon arrival on scene, the senior Paramedic, EMT or Shift Supervisor will establish the EMS Incident Command as part of the overall Unified Command System. The EMS IC will activate the County's Mass Casualty and Mass Fatality Plans. The IC will contact the three primary hospitals that serve the County to determine the number of patients each facility can accept. Triage, Treatment, Transport and Morgue stations will be established. As soon as the EOC is activated, the IC will brief the EMS Coordinator in the EOC of all actions performed at the scene. All requests for additional resources

will be forward to the EOC and on to the State EOC as necessary. EMS personnel will assist as required with insuring that patient decontamination is performed prior to transport. The IC will notify the hospitals of the agents, (chemical, biological, radiological, etc) involved in the incident. When each hospital has reached their surge capacity, the EMS IC will be directed by the EOC about additional hospitals available to accept patients. Medical evacuation assets will be called as necessary to insure that patients are transported to the appropriate facilities. On scene communications with the Public Health District will be limited to receiving specific information on protective actions for emergency responders and patients. The EOC will be the primary point of contact for communications with the Public Health District.

2. Local Hospital response to a WMD incident: Darlington County is extremely fortunate in that three (3) trauma centers are located within a 30 mile radius of the county. This provides patients with access to appropriate levels of care in a matter of minutes. Hospitals have the final responsibility to insure that patients are completely decontaminated. SCDHEC has established protocols for the reporting of persons exposed to WMD agents. Local hospitals are expected to report the number of patients and type of agents that victims have encountered. Local hospitals will immediately notify the EOC as soon as their surge capacity has been met. The Region 4 Public Health District Emergency Preparedness staff will assist both EMS and the hospitals in determining which facilities will accept patients.
 3. Region 4 Public Health District and State Public Health Response to a WMD incident: Involvement by the Region 4 Public Health District during a chemical , radiological or bomb scenario will be limited. The Health District will provide technical assistance to the hospitals and emergency responders about appropriate protective actions that should be taken. Communications with SC DHEC will be through the Health District office or through SCEMD. Initial requests for hazardous materials assistance will be forwarded through County and State EOC. Both EMS and area hospitals will be directed by the Health District about additional medical facilities that can accept patients. During a terrorist event involving biological agents, the Health District would assume the lead role in coordinating the medical response to the incident. The Health Districts "Epi" Staff will serve as the lead agency in the investigation and determination of the specific agent involved. Additionally the "Epi" staff will provide technical assistance to both EMS and the hospitals about appropriate treatments for victims as well as protective actions for all personnel involved in the response. Region 4 Public Health District will have the responsibility for all communications with State Public Health officials.
- F. Threat levels and actions to be performed at each level: The FBI has established four (4) threat levels to aid response agencies determining the validity of the perceived threat and preparing for and responding to a terrorist incident. Darlington County will use the threat levels established by the FBI to validate,

prepare and respond to a terrorist incident in the county. The following threat guidelines are provided as follows:

- A. Normal operations: No threat has been received and all actions focus on preparedness. Pre-incident, the FBI and SLED may notify the Sheriff's Office and the Emergency Services Director of a threat. Based on the circumstances of the threat, the Sheriff's Office and Emergency Services Director may opt to alert local agencies that may be involved in a response to a terrorist incident. Pre-incident objectives for consequence management is to provide time for response agencies to prepare for the potential effects if a terrorist incident. These actions can include:
1. Dissemination of information and warnings (identifying the areas that may be affected by the projected incident and providing safety information for people within those areas).
 2. Acceleration of normal preparedness and mitigation measures (developing monitoring plans to survey safe areas where citizens may be sent).
 3. Increasing readiness to respond (requesting and considering pre-positioning of equipment and supplies necessary for sheltering, treating exposed populations and monitoring).
 4. Implementing emergency protective actions (advising people to shelter-in-place or identifying shelter locations or safe areas for people to move to).
 5. Initiating emergency response activities (conducting precautionary evacuations, making notifications and requesting activation including stand-by notifications of federal, state response teams and resources).
- B. **FBI Threat Level 4 - Minimal Threat:** Received threats do not warrant actions beyond normal liaison notifications or placing assets or resources on a heightened alert (agencies are operating under normal day-today conditions).
- C. **FBI Threat Level 3 – Potential Threat:** Intelligence or articulated threat indicates a potential for a terrorist incident. However, this threat has not yet been assessed as credible.

- NOTE:**
1. At FBI Threat Level 4, all county agencies tasked with a response to a terrorist incident will review their Preparedness responsibilities in this annex.
 2. At FBI Threat Level 3, all county agencies tasked to respond to a terrorist incident will insure that all Preparedness responsibilities have been completed. Agencies that will be involved in a response may want to consider putting key personnel on standby in preparation for the incident.

3. Situation progression: As the situation evolves, the potential for significant consequences may be imminent. Once the FBI determines that the potential threat is determined to be credible, the FBI will appoint an On-scene Commander (OSC) and a Joint Operations Center (JOC) will be established. Representatives from the State and County will be present in the JOC. Upon activation of the State and County EOCs, a Liaison Officer will remain in the JOC to coordinate the county crisis and consequence management actions. However all other county personnel will re-deploy to the EOC. Additionally, the SCEMD Director and Emergency Services Director will determine if the pre-deployment of state and federal consequence management assets are necessary.

D. **FBI Threat Level 2 - Credible Threat:** A threat assessment by the FBI and SLED indicates that the potential threat is credible and confirms a developing terrorist incident. Intelligence will vary with each threat and will impact the level of response. At this threat level, the county will begin tailoring response actions to use only the resources needed to anticipate, prevent and/or resolve the crisis. Crisis management will focus on law enforcement actions that are taken in the interest of public safety and welfare and are predominantly concerned with preventing and resolving the threat. Consequence management will focus on contingency pre-planning and pre-positioning of resources as required. The threat increases in significance when the presence of an explosive device or WMD agents capable of causing a significant destructive event is confirmed or when intelligence and circumstances indicate a high probability that a device exists. In this case, the threat has developed into a terrorist situation requiring the immediate process to identify, acquire and plan for the use of Federal resources to augment State and local authorities in lessening or averting the potential consequence of terrorist use or employment of WMD materials.

NOTE: At FBI Threat Level 2, all county agencies will review their tasking under the Response phase. Agencies will insure that all response personnel understand their role in response efforts. Additionally, agencies should consider reviewing their mutual aid agreements and determining which mutual aid organizations should be briefed on the threat prior to incident. The Sheriff's Office, Emergency Services Director and County Administrator will determine if the curtailment or cancellation of county government operations may be necessary. A decision will be made on the issuance of a Statement of Emergency prior to the incident occurring. The Emergency Services Director will coordinate with SCEMD to insure that the appropriate state agencies are prepared to respond to assist the county if required. A Threat Level 2, a decision will be made to either conducted a limited or partial activation of the EOC. All EOC staff personnel will be placed on alert before the incident occurs. A decision will be made on any resources that should pre-positioned prior to the incident. Pre-positioning of resources should be kept to an absolute minimum, since this will create very lucrative targets for diversionary attacks

prior to or during the incidents.

- E. **FBI Threat Level 1 - Terrorist Incident:** A terrorist incident has occurred which requires an immediate process to identify, acquire and plan the use of resources to augment local authorities in response to limited or major consequences of a terrorist incident. If an incident occurs without warning that may produce or produces major consequences and appears to be caused by an act of terrorism, the Sheriff's Office and Emergency Services will initiate crisis and consequence management actions concurrently. The Emergency Services Director will immediately consult with SCEMD to determine the scope of consequence response.
- F. **Disengagement:** If an act of terrorism does not occur, the consequence management response disengages when the Emergency Services Director issues a cancellation notification. If an act of terrorism occurs, each response agency disengages at the appropriate time according to the conditions of the situation and in coordination with decision reached through the Unified Command in the JOC.

IV. Responsibilities: All county departments and/or agencies that may be involved in a terrorist incident or response to a terrorist incident has their specific tasking identified in this paragraph.

A. Preparedness Phase:

1. **Federal Agencies:** The FBI, under the command of a designated OSC, will establish a command post near the site that will serve as the base for Crisis Management operations at the scene. The FBI will also establish a JOC to manage and coordinate the federal field response. The JOC is organized into a Command Group, Operations Group, Consequence Group and the Support Group. Detailed descriptions of the groups can be found in the National Response Plan. Activation of the FEMA ROC will be made when deemed necessary according to the potential consequences of the incident. The federal Consequence Management Group in the JOC will transition to the ROC when deemed appropriate by the FBI and FEMA. FEMA will respond to requests for state assistance forwarded by SCEMD and coordinate federal Consequence Management operations.
2. **State of South Carolina and state agencies:** Once a credible threat notification or notification of the occurrence of a terrorist incident has been received, appropriate state agencies will organize and operate under the SEOC. Liaisons from the appropriate state agencies will deploy to the JOC and coordinate with FEMA for necessary state and federal assets. The SEOC management will activate only those functions needed for the management and coordination of the incident.

3. Darlington County, Cities of Hartsville and Darlington, Towns of Lamar and Society Hill and municipal agencies: The central premise of the emergency management system in South Carolina and Darlington County is that local governments have the primary responsibility for coordinating initial response activities. **With that in mind, incidents that occur in the cities or towns within Darlington County will remain under the city or towns jurisdictional control for Crisis and Consequence Management.** In the Crisis Management phase, the FBI will assume control of the incident regardless of jurisdiction once the FBI arrives on scene. In the Consequence Management phase, the jurisdiction where the incident occurred retains jurisdiction unless the jurisdiction chooses to relinquish control to Darlington County. In this aspect all county agencies will assume support roles to the jurisdiction. Tasks that would normally be accomplished by the Sheriff's Department, County Fire District or other county agencies will be the responsibility of the affected municipal agency. All requests for state and federal support must be coordinated through the EOC and JOC. Once jurisdiction is transferred to Darlington County, the county will assume responsibility for the appropriate actions in each phase. Tasking for Darlington County departments and agencies apply to incidents that occur in the County's jurisdiction.
4. Darlington County departments and agencies: Once a threat notification or notification of the occurrence of a terrorist incident causing the activation of the County EOC has been received, all county agencies and departments will organize and operate under the NIMS Incident Command System, Unified Command Organization as specified in the County EOP. A terrorist event will present very unique challenges to all responding agencies. Responding to a terrorist event is not like a typical Law Enforcement, Fire or EMS call. In many cases public safety responders will be required to operate in environments and under command structures not encountered in day to day operations. Departments and agencies will have to be extremely flexible in fulfilling their mission. Specific responsibilities for departments and/or agencies are as follows:
5. Emergency Services Department:
 - a. Coordinate the development and maintenance of plans and procedures to respond to a terrorist incident.
 - b. Participate in an exercise at least annually to validate this annex and supporting SOPs.
 - c. Maintain current inventories of facilities, equipment, personnel and resources throughout the county that can be used in response to a terrorist incident.
 - d. Develop mutual aid agreements as necessary to insure support is available from adjacent counties.

- e. Assist in determining critical facilities that may be affected by a terrorist incident and the requirements needed to safeguard those facilities.

6. Sheriff's Office:

- a. Develop, coordinate and maintain the terrorist Crisis Management SOP. During crisis management, the Sheriff's Office will coordinate operations closely with SLED, the FBI and JOC to achieve a successful law enforcement solution to the incident. The Sheriff's Office will determine what assistance state and federal authorities may need from local agencies to support crisis management operations.
- b. Upon receipt of information from, SLED, the FBI or DHS, regarding a credible threat or potential terrorist incident, evaluate the information and if necessary inform the County Administrator and Emergency Services Director. Request that the appropriate departments or agencies be placed on alert or standby to immediately respond if an incident does occur.
- c. Develop procedures for the collection and disposition of evidence and disseminate to all law enforcement agencies.

7. Fire District:

- a. Develop the procedures required to implement this Annex.
- b. Maintain current inventories of fire service facilities, equipment and personnel that can respond to a terrorist incident.
- c. Maintain mutual aid agreements and working relationships with supporting agencies and departments.
- d. Organize and train fire service emergency teams to rapidly respond to terrorist incidents using the proper equipment and tactics.
- e. Train personnel on procedures for accounting for victims of a terrorist incident.
- f. Participate in an exercise at least annually to validate this annex and supporting SOPs.

8. Emergency Medical Services (EMS):

- a. Develop the procedures required to implement this Annex
- b. Identify medical facilities and their capabilities for the decontamination and treatment of casualties during a terrorist incident.

- c. Participate in an exercise at least annually to validate this annex and supporting SOPs.
 - d. Plan for the establishment of staging areas for medical personnel, equipment and supplies.
 - e. Train personnel on triage tags to insure all victims of a terrorist incident are accounted for and identified.
 - f. Insure that all EMS personnel are trained on the implementation and execution of the County's Mass Casualty and Mass Fatality Plans .
 - g. Maintain current inventories of EMS services and health and medical facilities, equipment and personnel that can respond to or support response to a terrorist incident.
9. Coroner:
- a. Maintain liaison with the EMS Coordinator.
 - b. Develop and maintain plans for mass fatality operations following a terrorist incident which includes procedures for the location, identification, removal and notification of families of the deceased victims with the subsequent release of remains to families.
 - c. Establish a system for collecting and disseminating information regarding victims and have the operational capability to deliver the information in a field environment in coordination with the County's Public Information Officer.
 - d. Coordinate with local funeral homes to insure they have plans in place for terrorist incidents.
 - e. Develop, maintain and implement procedures or SOPs for the maintenance of death records following a terrorist incident. Insure that all Funeral Homes within the county are trained in these procedures.
 - f. Develop protocols to deploy and utilize the assistance available through the SC Coroner's Association and the DMORT Team.
 - g. Participate in training exercises.
10. Public Information Officer (PIO):
- a. Develop a public information program to support a countywide response to a terrorist incident.

- b. Develop plans and procedures to support implementation of this annex and for rumor control.
 - c. Develop plans to coordinate with national, state and local news media for emergency operations, before, during and after a terrorist incident.
 - d. Develop plans to conduct a multi-agency/jurisdiction coordinated public information program during a terrorist incident.
 - e. Develop procedures to organize and operate a Joint Information Center.
 - f. Develop and maintain pre-scripted EAS messages and news releases for use during a terrorist incident
 - g. Provide evacuation information to the affected public during a terrorist incident.
 - h. Participates in an exercise at least annually to validate this annex and supporting SOPs.
11. Department of Social Services (DSS):
- a. Develops plans, procedures and SOPs required to implement this annex to include an alert list of Mass Care personnel who may be activated for shelter operations following a terrorist incident.
 - b. Participate in or conduct an exercise annually to validate this annex and supporting SOPs.
 - c. Coordinates with the Emergency Services Director and the Red Cross while assisting in the designation, identification and maintenance of lists and locations of emergency shelters including a special medical needs shelter.
12. School District:
- a. Develop plans, procedures and SOPs necessary to insure that all schools can be locked down and students remain sheltered at their school for a prolonged period should a terrorist incident occur during school hours.
 - b. Be prepared to route buses around a actual or suspected terrorist incident.
 - c. Develop plans, procedures and SOP's to allow all school buses in the district to be used to evacuate the general populace following a terrorist incident.
 - d. Develop plans, procedures and SOP's to allow the schools to be used as emergency shelters for the general populace following a terrorist incident.

13. American Red Cross:

- a. Develop plans, procedures and SOPs to assist in family reunification following a terrorist incident.
- b. Develop plans, procedures and SOPs necessary to establish emergency shelters for the general populace following a terrorist incident.
- c. Develop plans, procedures and SOPs to assist with providing feeding services to emergency responders during a terrorist incident.
- d. Be prepared to assist with crisis counseling following a terrorist incident.

14. Roads and Bridges:

- a. Develop plans, procedures and SOPs necessary to support emergency responders with fuel, excavation equipment and heavy dump trucks following a terrorist incident.
- b. Develop a maintain a resource list of heavy equipment available in the county to assist emergency responders at the scene of a terrorist incident.

15. Central Communications/911:

- a. Develop procedures to support this annex to include providing communications staff to assist in the operation of the mobile Command trailer.
- b. Assist in the review and determination of communications requirements for additional equipment, supplies and resources to support this annex.
- c. Identify actual and planned actions of commercial communications companies to restore services following a terrorist incident.
- d. Coordinate the acquisition and deployment of communications equipment, personnel and resources necessary to establish temporary communications to support response to a terrorist incident.
- e. Participate in tests and exercises annually to evaluate this annex and plan.

16. Region 4 Public Health:

- a. Keep the EMS Coordinator advised on the availability of health and medical resources that may be used following a terrorist incident.
- b. Be prepared to provide epidemiological support to assist emergency responders with agent identification, treatment and decontamination following

a terrorist incident.

- c. Be prepared to assume the lead agency role providing the appropriate technical assistance expertise to emergency responders following a terrorist incident using a biological agent.
- d. Assist all emergency responders in determining the appropriate PPE requirements for the incident. .
- e. Insure that plans and procedures are in place assist in the arrangement for deployment of DMAT Services.

B. Response Phase:

NOTE: All incidents in Darlington County will be managed using the National Incident Management System (NIMS) Incident Command System/Unified Command System.

1. Emergency Services Department: During the Crisis and Consequence Management phases of a terrorist incident, the Emergency Services Director and/or his designee, acting on behalf of the County Administrator, will have overall responsibility for the coordination of the County's response to terrorism incidents.
 - a. Activate the EOC to serve as the multi-agency coordination center during the crisis and consequence management phases of a terrorist incident. Agencies or activities identified in Appendix 1 of this annex will have a representative in the EOC. The EOC serves as the initial coordination point for state and federal activities until the JOC is established.
 - b. Mobilize, deploy and coordinate resources to the impacted area to assist in lifesaving efforts and coordinate additional support resources.
 - c. Provide the Command trailer to assist the Incident Commander with communications during the event.
 - d. Activate the Emergency Alert System (EAS) to advise the population at risk of the appropriate protective actions to insure their safety.
 - e. Recommend curtailment or closing of government operations to provide additional personnel for response or insure the safety of county employees.
 - f. During the Consequence Management phase, the Emergency Services Department will serve as the lead county agency during response operations and coordinate with supporting state and federal agencies.

- g. Emergency Services will have the responsibility for developing and maintaining communications links with all response activities and for issuing appropriate warnings to the public.
 - h. The Emergency Alert System (EAS) will be activated at the direction of the Emergency Services Director or his designee.
 - i. Direct DSS to coordinate shelter activities if required.
 - j. Direct the activation and staffing of the County JIC; insuring that all PIO personnel are assigned to the JIC and a PIO is assigned to the EOC and JOC.
 - k. Assist in determining the location and responsibility for establishing and manning TCPs during a terrorist incident.
 - l. Assist in determining evacuation routes out of the danger area during a terrorist incident.
2. Sheriff's Office: The Sheriff's Department will assist in response and recovery activities by insuring that security and access control measures in and around the disaster site are in place. The area will be quickly evaluated in terms of health and safety to identify the protective actions required, and the PPE response personnel will need enter the area and conduct life saving activities. Once it is suspected or determined that the incident may have been the result of a terrorist act, local law enforcement personnel will begin operations to ensure that the crime scene is preserved and the scene is safe for emergency response operations. During Crisis Management operations the Sheriff's Office:
- a. Will be the lead law enforcement agency for the Crisis Management phase until the FBI arrives. Once the FBI arrives, they will become the lead agency with local agencies acting in support.
 - b. Designate an Incident Commander during the Crisis Management phase. Federal and state regulations impacting response to hazardous materials incidents must be taken into consideration. The senior responder appointed as the Incident Commander must have operations level training in Hazardous Materials Operations if hazardous materials are involved (per the requirement of OSHA Standard 29 CFR 1910.120). This individual should have completed training on the NIMS Incident Command System. (This individual should take and complete IS-100, Basic Incident Command, IS-200, Single Incident Command, I-300 and I-400, Intermediate and Advanced Incident Command, IS-700, An Introduction to NIMS and IS-800, the National response Plan, An Introduction.)
 - c. Conduct the necessary coordination with the SLED Bomb team for the

mitigation of hazardous primary and secondary devices.

- d. Implement the Crisis Management Operations SOP.
- e. Insure that security is provided for the victim triage area, patient transport area, victim and responder staging areas, morgue areas and responder rehabilitation areas during response efforts.
- f. Implement traffic control measures that will facilitate the evacuation of victims from the risk area and insure smooth egress and ingress for all response personnel.
- g. Implement measures required for evidence gathering and protection.
- h. Provide an outer and inner security perimeter.
 1. Outer perimeter security: The Sheriff's Office Incident Commander will determine the size of the outer perimeter security team to match the needs of the situation and limit passage through the area. The outer perimeter team may be used to:
 - (a). Establish and maintain the area outside the perimeter of the incident scene.
 - (b). Evacuate and seal off the incident scene.
 - (c). Control access to the incident scene.
 - (d). Guard critical and restricted areas outside the incident scene.
 - (e). Augment on-site personnel.
 2. Inner perimeter security: The Incident Commander will determine the size of the inner perimeter team given the available resources and the degree of control required by the situation for controlling the physical environment surrounding the incident. The inner perimeter team has the responsibility to:
 - (a). Minimize the potential for loss of life.
 - (b). Maintain self-defense and self protection.
 - (c). Gather and report intelligence.
- i. Investigate the cause of terrorist incidents.

- j. Assign liaison and advisory personnel to the EOC and JOC.
 - k. In coordination with the Emergency Services Director, provide recommendations regarding protective actions for responders and victims at the scene and for populations that may live under a hazardous plume.
 - l. Assist in determining the location and the agency responsible for establishing and manning TCPs during a terrorist incident.
 - m. Assist in determining evacuation routes out of the danger area during a terrorist incident.
9. Fire District: In a terrorist event, the Senior Fire Officer responding will assume the Incident Commander's position. This person will be in charge of all Consequence Management activities at the scene of the incident. The Incident Commander is responsible for establishing the Incident Command System in a Unified Command Organization structure. He/she is responsible for insuring that representatives of all responding agencies are present to perform their ICS roles. Specific responsibilities for the Fire District are as follows:
- a. Fire Departments will be dispatched to the scene based on the information received in the initial call. However, fire personnel and equipment should remain in the outer perimeter until it has been secured by law enforcement personnel.
 - b. Providing fire suppression once the scene has been secured by law enforcement.
 - c. Coordinating search and rescue operations at the scene. Search and Rescue operations will be implemented as directed by each department's SOPs or plans and as stated in the Darlington County EOP.
 - d. The Darlington County Fire District is responsible for conducting and coordinating all hazardous materials operations. The Fire District Incident Commander should request deployment of the County's Hazmat Team and the County's SERT team as soon as it is determined that hazardous materials are involved. Federal and state regulations impacting response to hazardous materials incidents must be taken into consideration. The Fire Officer serving as Incident Commander must have operations level training in Hazardous Materials Operations if hazardous materials are involved and training in the Incident Command System (per OSHA Standard 29 CFR 1910.120). This individual should have completed training on the NIMS Incident Command System. (This individual should take and complete IS-100, Basic Incident Command, IS-200, Single Incident Command, SCFA Incident Command Course, I-300 and I-400, Intermediate and Advanced Incident Command, IS-700, An Introduction to NIMS and IS-800, the National Response Plan, An

Introduction.)

- e. Upon request, the Emergency Services Director will coordinate obtaining assistance from the DHEC Hazardous Materials Team and other agencies that can provide hazardous material support. Assistance from area COBRA teams and the 43rd Civil Support Team (CST), SCARNG, will be requested through the EOC.
 - f. In the event of a chemical, biological, radiological, nuclear or hazardous materials incident, trained personnel will be used to take initial readings to determine the degree of the hazard and establish a hot zone.
 - g. Pending the arrival of EMS, the Fire Department will provide medical care within the outer perimeter.
 - h. Should a NBC incident take place, trained personnel will establish decontamination control in response to actual conditions. Decontamination of individual will be conducted prior to being removed from the affected area. However, when this procedure is not possible, the person or persons will be taken to the decontamination area for decon.
NOTE: Fire departments will be prepared to initiate gross decontamination procedures on all victims of a suspected NBC incident. See Appendix 5 for gross decontamination procedures.
 - i. Fire service responders at the scene of a potential or verified terrorist event should bear in mind that they are involved in a crime scene. Further, they should be aware and prepared for the potential of secondary devices.
10. Emergency Medical Services (EMS): A terrorist incident or event will place a unique set of requirements on any emergency medical service. EMS will have to deal with patients that may have been exposed to any variety of nuclear, chemical, biological, incendiary or explosive devices. EMS crews responding to a terrorist event may be immediately inundated with multiple casualties or fatalities. The first EMS unit on scene must be trained and prepared to handle either event. With support from all of the Darlington County Rescue Squads, EMS will:
- a. Be dispatched per the request of the Incident Commander or based on the information received in the initial call. Responding EMS crews will remain in the outer perimeter, not entering the area, until it has been secured by law enforcement personnel.
 - b. Activate the County's Mass Casualty or Mass Fatality Incident Plan as needed.

- c. Designate an Incident Commander. Federal and state regulations impacting response to hazardous materials incidents must be taken into consideration. The senior responder appointed as the Incident Commander must have operations level training in Hazardous Materials Operations if hazardous materials are involved (per the requirement of OSHA Standard 29 CFR 1910.120). This individual should have completed training on the NIMS Incident Command System. (This individual should take and complete IS-100, Basic Incident Command, IS-200, Single Incident Command, I-300 and I-400, Intermediate and Advanced Incident Command, IS-700, An Introduction to NIMS and IS-800, the National response Plan, An Introduction.)
- d. Establish a triage system to systematically identify patients for priority treatment and transport.
- e. Establish a holding area for patients awaiting transport to the hospital.
- f. Coordinate with Carolina Pines Regional Medical Center, McLeod Regional Medical Center and Carolina's Hospital System so as not to overload the hospitals with patients. Once the facilities have reached their surge capacity, the EMS Coordinator will coordinate with DHEC Region 4, Public Health District to determine the medical facilities that patients will accept patients from the County.
- g. Provide on-scene patient care for injured persons.
- h. In coordination with the Coroner, establish a temporary morgue area for fatalities until such time as fatalities can be transported to either the morgue or funeral home facilities.
- i. When the EMS Incident Commander determines that all regional facilities have reached maximum capacity, request NDMS/DMAT assistance through the EOC.
- j. Provide technical assistance to the Fire Service Incident Commander in the areas patient care and decontamination, as well as search, rescue and recovery of victims. Assist the Incident Commander in determining whether casualties can safely be extracted or must be left pending the arrival of specialized rescue resources.
- k. Request mutual aid assistance when local Rescue and EMS assets have been fully committed to the incident.
- l. Be prepared to treat and transport patients that may have been contaminated with potentially infectious organisms.
- m. Be prepared to provide personnel assistance to the decontamination

station to assist in the decontamination of victims.

- n. Insure that all ambulances transporting contaminated patients and/or victims are decontaminated before being returned to service.
 - o. Be prepared to assist the Health Department with the transport of exposed victims following the incident.
 - p. Provide space in the ambulance bays at Darlington base to store approximately 100 square feet of medical supplies received from the CDC and DHEC.
 - q. EMS personnel at the scene of a potential or verified event should bear in mind that they are involved in a crime scene. Further, they should be aware and prepared for the potential of secondary devices and terrorists as patients.
11. Incident Commander(s): The Incident Commander should qualify for command as follows. The senior responder appointed as the Incident Commander must have operations level training in Hazardous Materials Operations if hazardous materials are involved (per the requirement of OSHA Standard 29 CFR 1910.120). This individual should have completed training on the NIMS Incident Command System. (This individual should take and complete IS-100, Basic Incident Command, IS-200, Single Incident Command, I-300 and I-400, Intermediate and Advanced Incident Command, IS-700, An Introduction to NIMS and IS-800, the National response Plan, An Introduction.)
- a. Establish a Unified Command involving all emergency response agencies. The IC(s) must ensure life safety, stay in command and manage resources and costs effectively and efficiently.
 - b. Establish the Incident Command Post at location near the incident, but in a safe location for Command Post personnel.
 - c. Insure that the appropriate Command and General staff positions are established.
 - d. Establish the immediate priorities for the incident. The immediate priorities will always be; first priority is always safety of the people involved in the incident, responders, other emergency workers and bystanders. The second priority will always be incident stabilization which is directly tied to incident complexity.
 - e. Determine incident objectives and strategies.
 - f. Insure that the Incident Action Plan is developed and then approve the plan.

- g. Insure that adequate safety measures are in place.
 - h. Coordinate the activity for all Command and General Staff personnel.
 - i. Coordinate with key officials from local, state and federal government.
 - j. Approve the requests for and release of resources.
 - k. Keep the EOC informed of the incident status.
 - l. Authorize and coordinate the release of information to the news media through the County PIO located in the JIC.
 - m. Order the demobilization of the incident when appropriate.
12. Coroner: The Darlington County Coroner is responsible for;
- a. Coordinating with the Incident Commander to insure that all local and protocols and regulations are followed in the recovery of victims.
 - b. Once local facilities have reached capacity, request DMORT assistance through the EOC.
 - c. Insuring that DMORT operates under local and state protocols and regulations once arriving on scene. The Coroner retains jurisdiction even when DMORT is on scene.
 - d. Insuring that representatives from the Coroner's office are present both the EOC and JOC.
13. Public Information Officer (PIO): The Darlington County Public Information Officer (PIO) will coordinate all media events and releases with all agencies involved in both the Crisis and Consequence Management phases.
- a. The role of Public Information: The objective of public information is to limit the media exposure terrorists seek and communicate a calm measured and reasoned reaction on the part of the media personnel and government officials. Media relations must be designed to identify terrorist activities as criminal acts not justifying public support and insuring that releasing information will not compromise counter-terrorism plans or operations.
 - b. Rumor control: In an attempt to ensure rumor control, all Darlington County news releases will be approved by the Emergency Management Director, County Administrator or their designees. All news releases will

be coordinated through the County PIO and forwarded to the EOC.

- c. All news releases will be compiled with information from all agencies and released to the media from the EOC following final approval from Emergency Management Director, County Administrator or their designee. The following information should be included in all news releases:
 - 1. Focus on specific event-related information.
 - 2. When possible, report positive information concerning emergency response efforts.
 - 3. Practice rumor control.
 - 4. Aim ongoing public information and education programs towards increasing awareness of hazards and proper response.
 - 5. Depend on the cooperation of the commercial media for information and educational programs.
 - d. Appendix 4, contains a sample EAS message for release during a terrorist event.
14. Department of Social Services (DSS): DSS will be prepared:
- a. To provide sheltering (including Special Medical Needs) or evacuation assistance as directed by the EOC.
 - b. To implement the entire Mass Care structure if necessary. Requests for support that exceeds local capabilities will be requested through the EOC from the state and federal agencies.
 - c. To coordinate Mental Health assistance with Pee Dee Mental Health as needed for event victims.
 - d. To send representatives to EOC.
15. School District: The School District will:
- a. Be prepared to assist DSS in the opening and operation of shelters as directed by the EOC.
 - b. Be prepared to assist in the evacuation of citizens and victims as directed by the EOC.

- c. Send representatives to the EOC.
16. American Red Cross: The American Red Cross will:
- a. Be prepared to operate evacuation shelters as necessary.
 - b. Be prepared to assist in the re-unification of families separated by the event.
 - c. Be prepared to open feeding stations for all emergency responders at the terrorist event.
 - d. Be prepared to coordinate the arrival of additional Red Cross assets in the county.
 - e. Be prepared to send representatives to the EOC.
17. Roads and Bridges and Environmental Services: Both the Roads and Bridges and Environmental Services Departments will be prepared:
- a. To provide heavy equipment (i.e., backhoes, bulldozers, graders and heavy trucks, etc.) with drivers upon request.
 - b. To assist with movement of local, privately owned heavy equipment if necessary to support response operations.
 - c. To provide pickups and other vehicles as necessary to support response operations.
18. Central Communications/911: The Central Communications Center/911 will be prepared to:
- a. Augment shift personnel to insure adequate coverage based on call volume.
 - b. Provide personnel to the Incident Commander to operate the Command trailer.
 - c. Assist with obtaining additional communications assets as needed by the Incident Commander or EOC necessary to support the incident.
19. Region 4 Public Health and County Health Departments: The Emergency Preparedness Coordinator for the Region 4 Health District and the County Health Department/Health Officer will:
- a. Be prepared to provide Nurses for the operation of Special Needs

Medical Shelter and evacuation shelters.

- b. Be prepared to open treatment centers for purposes of mass vaccinations and dispensing of medications to treat the general populace.
 - c. Be prepared to operate treatment centers at the Hartsville Health Department, Darlington Health Department, Society Hill Community Center and the Lamar Grooms Building. These centers will be used for both dispensing of medications and triage of exposed personnel.
 - d. Be prepared to receive and distribute supplies received from the CDC push packs. These supplies will be stored and distributed to the Treatment Centers from the EOC.
 - e. Be prepared to provide technical expertise to the County in order to insure that all emergency responders are using the appropriate levels of protection while work at the scene.
20. While specific responsibilities have been assigned to county departments, a terrorist event in Darlington County will rapidly use up local resources and personnel. All county departments and agencies should be prepared to provide personnel, vehicles and other equipment as necessary to support response operations. The EOC will determine the specific requirements that are required to meet the needs of the Incident Commander. Once this determination has been made, the EOC will task the departments that can provide the resources required.

C. Recovery Phase:

1. Emergency Services Department/Emergency Operations Center (EOC):
 - a. Coordinate the recovery activities of Darlington County with state and federal agencies.
 - b. Insure that all activities involved in the response maintain complete and accurate records of all costs incurred.
 - c. Maintain logs and reports as necessary for inclusion in forthcoming plan and procedure updates.
2. Sheriff's Office:
 - a. Compile and provide investigation reports.
 - b. Insure that complete and accurate records of all costs incurred are maintained.

- c. Maintain logs and reports as necessary for inclusion in forthcoming plan and procedure updates.
3. All agencies or activities are required to maintain records that accurately reflect the total hours worked by their personnel and the total costs incurred by the agency or activity.
4. Upon the request of local government, when verified by SCEMD, or upon authority of the Governor, the Governor will proclaim a state of emergency and request that the President declare either a federal emergency or major disaster.
 - a. The President may declare a federal "emergency" under Title V of the Stafford Act. The emergency declaration only covers disaster related emergency debris removal and emergency protective measures. As disaster damage information is collected and evaluated, the President may change the "federal emergency" to a "major disaster" declaration. The recovery efforts of the federal government are guided by the Stafford Act. More information can be found in the NRP and the regulations implementing the Act.
 - b. If a terrorist incident creates a nuclear emergency resulting in contamination, site restoration will be based on technical considerations (primarily health and safety) at the time of the event. The Price-Anderson Act, which is designed primarily to address cost recovery for accidents at commercial nuclear power plants, including transport of nuclear fuels, does not specifically address terrorism, theft, sabotage or diversion of nuclear materials.
 - c. Funding for a Crisis Management operation (as defined in the NRP) will be determined at the time a Presidential emergency or major disaster declaration is made.

D. Mitigation Phase:

1. Support and plan for mitigation measures.
2. Document matters that may be needed for inclusion in agency situation reports and plans.

E. Training and Exercises: In support of this plan, Emergency Services shall assess the training and equipment needs of all first responders and support personnel. Emergency Services shall provide and/or make training programs available to all first responders and support personnel. These programs are intended to address the topic of terrorism generally and specifically address the threat assessment, intelligence, response to and recovery from terrorist events. It is the stated intent of this plan that emergency management will develop and administer exercises to test and enhance the capabilities of first responders and

support personnel to prepare for, respond to and recover from terrorist incidents.

V. Administration and Logistics:

- A. Administration: Initial situation reports will be made will be made by the Incident Commander and submitted to the EOC. They should contain, but not be limited to, the following:
1. Type of incident (chemical, biological, radiological, explosive device, etc):
 2. Potential hazards (what WMD agents or devices have been identified as causing the incident?):
 3. Casualties incurred:
 - a. General Populace:
 - b. Emergency responders:
 - c. Fatalities: 1. General populace _____ 2. Emergency responders _____
 4. What specific resources are required to complete response and recovery efforts?
 5. A. What specific protective measures are required for response personnel?
B. What specific protective measures are required for the general populace?
 1. Evacuation
 2. Shelter-in-place
 3. Other (specify):
 6. A. Number of residents evacuated: _____
B. Number of residents sheltered-in-place: _____
 7. Comments: (provide any additional information about the incident for inclusion in situation reports and briefing for County, State and federal officials and the media.)
- B. Logistics: The Command Post and EOC will utilize existing resources provided by the responding agencies. Additional equipment, personnel and assistance will be coordinated through the EOC.
- C. Provide a laptop computer for use in the ESF for WEBEOC access.
- D. Direction and Control:

1. The Darlington County EOC is located at 1625 Harry Byrd Highway and will be made operational on the direction of the Emergency Management Director or his designee.
2. The SEOC will be located at 2779 Fish Hatchery Road, West Columbia, SC 29172.
3. The EOC will provide space and communications for state and federal liaison on personnel.
4. Darlington County Jetport in Dovesville can accommodate up to 10 commuter aircraft. The runway length is 5000 feet. Other aircraft may use the Hartsville Municipal Airport approximately 5 air miles north of Hartsville. Additional landing zones for helicopters will be opened as necessary to support response efforts.
5. Mutual Aid agreements: Mutual Aid agreements are in place that will adequately provide additional personnel to support a response to a terrorist incident. Requirements above those of the county and existing mutual aid agreements will be referred to the SCEOC for additional help.

VI. Annex review and maintenance: This annex (ESF) will be reviewed annually by the primary action agency, department or individual with changes submitted to the Emergency Services Department by November 30th of each year for inclusion into the EOP. Following exercises or actual events the annex will be reviewed to determine if changes are required. If no changes are required, the primary action agency, department or individual will certify to the Emergency Services Director that the annex has been reviewed and changes are not required.

VII. Coordinating Instructions: This annex is effective for planning upon receipt and execution upon order.

Appendices:

Appendix 1: Organization Chart(s)

Appendix 2: Threat Conditions and Threat Notification Procedure

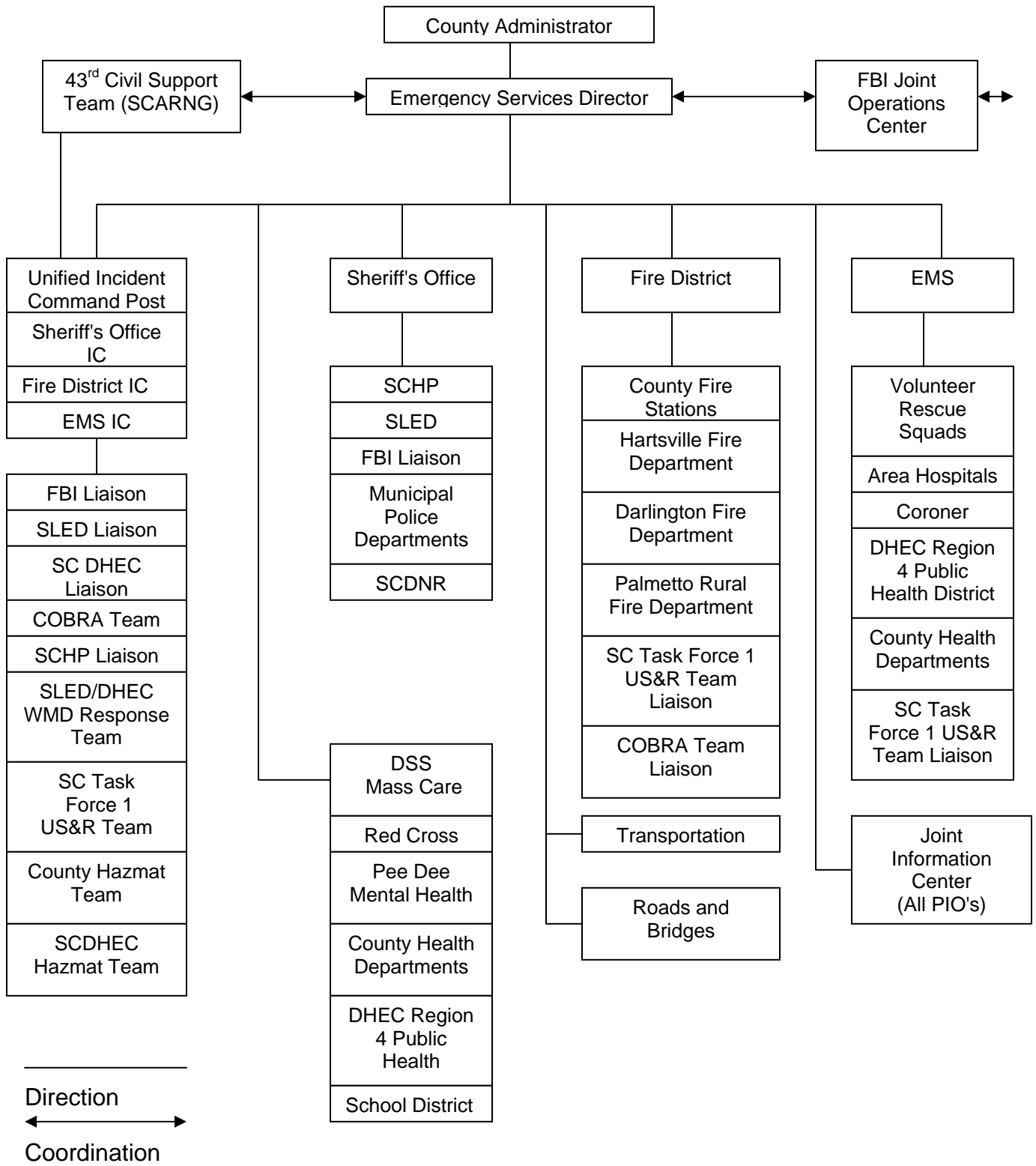
Appendix 3: First Responder Safety

Appendix 4: Sample EAS Message

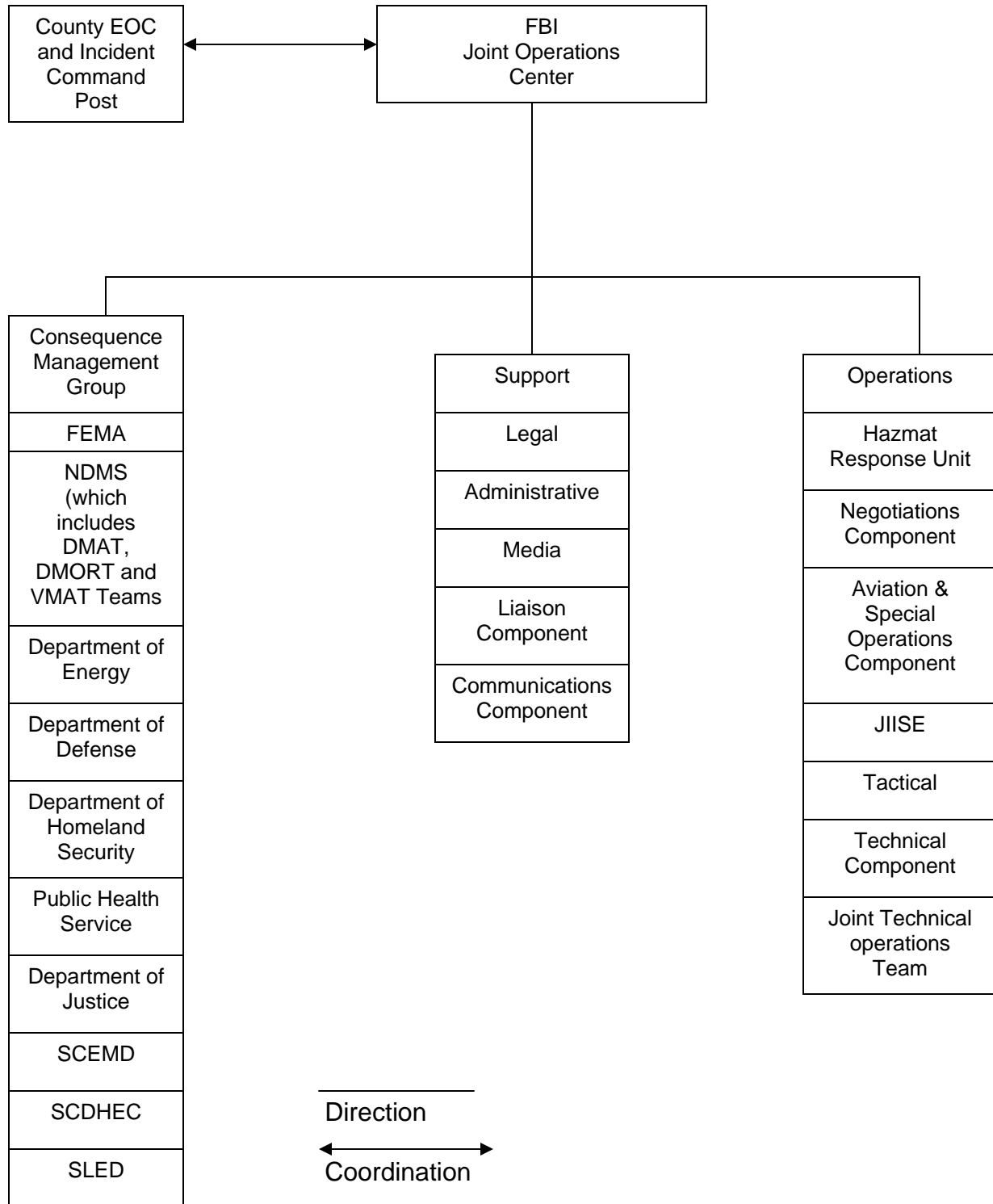
Appendix 5: Decontamination

Appendix 6: Hazard Agents

Appendix 1 (Organization Chart – Consequence Management Response - Emergency Operations Center (EOC))



Appendix 1 (Organization Chart – Crisis Management Response – FBI Joint Operations Center (JOC))



Appendix 2 (Terrorist Threat Conditions; Threat Notification Procedure and Continuous Surveillance Guidelines)

1. The following information is extracted from the Terrorism Annex Model, SC WMD FOG, PDD # 3 and the Homeland Security website published by the White House. Current information on Threat Levels can be viewed at www.whitehouse.gov/homeland. Presidential Decision Directive (PDD) # 3, dated March 11, 2002 outlines the new Threat Levels. A copy of PDD # 3 can be viewed or obtained at the above website.
2. Threat Conditions and associated color: PDD # 3 assigned the following threat levels and colors to aid in communicating the severity of a threat to all agencies and the general populace.

Low – Green

Guarded – Blue

Elevated – Yellow

High – Orange

Severe – Red

The higher the Threat Condition/Color, the greater perceived risk there is of a terrorist attack. Risk includes both the probability of an attack occurring and its potential gravity. Higher Threat Conditions indicate a greater risk of a terrorist act, with risk including both probability and gravity. Despite best efforts, there can be no guarantee that at any given Threat Condition, a terrorist attack will not occur. An initial important factor is the quality of the threat information itself. The evaluation of this threat information shall include, but not be limited to, the following factors:

To what degree is the threat information credible?

To what degree is the threat information corroborated?

To what degree is the threat specific and/or imminent?

How grave are the potential consequences of the threat?

A. **Low Condition (Green)**: This condition is declared when there is a low risk of terrorist attacks. Departments and agencies should consider the following general measures in addition to agency specific protective measures they develop and implement:

1. Refining and exercising as appropriate preplanned protective measures.

2. Insuring personnel receive proper training on the Homeland Security Advisory System, SC Homeland Security Procedures and specific department/agency protective measures.
 3. Instituting a process to assure that all facilities and regulated sectors are regularly assessed for vulnerabilities to terrorist attacks.
 4. All reasonable measures are taken to mitigate these vulnerabilities.
- B. **Guarded Condition (Blue):** This condition is declared when there is a general risk of terrorist attacks. In addition to the protective measures taken in Threat Condition Green, departments/agencies should consider the following general measures:
1. Checking communications with designated emergency response or command locations.
 2. Reviewing and updating emergency response procedures.
 3. Providing the public with any information that would strengthen its ability to act appropriately.
- C. **Elevated Condition (Yellow):** An Elevated condition is declared when there is a significant risk of terrorist attacks. In addition to the protective measures taken in previous threat conditions, departments/agencies should consider the following general measures:
1. Increased surveillance of critical locations.
 2. Coordinating emergency plans with nearby jurisdictions.
 3. Assessing whether the precise characteristics of the threat requires the further refinement of preplanned protective measures.
 4. Implementing, as appropriate, contingency and emergency response plans.
- D. **High Condition (Orange):** A High condition is declared when there is a high risk of terrorist attacks. In addition to the protective measures taken in the previous threat conditions, departments/ agencies should consider the following general measures:
1. Coordinating necessary security efforts with Federal, State, local law enforcement, National Guard or other armed forces organizations as necessary.

2. Taking additional precautions at public events and possibly considering alternative venues or even cancellation.
 3. Preparing to execute contingency procedures such as moving to an alternate site or dispersing their workforce.
 4. Restricting threatened facility access to essential personnel only.
- E. **Severe Condition (Red):** A Severe condition reflects a severe risk of terrorist attacks. Under most circumstances, the protective measures for a Severe condition are not intended to be sustained for substantial periods of time. In addition to the protective measures in the previous threat conditions, departments/agencies should also consider the following general measures:
1. Increasing or redirecting personnel to address critical emergency needs.
 2. Assigning emergency response personnel and pre-positioning and mobilizing specially trained teams or resources.
 3. Monitoring, redirecting or constraining transportation systems.
 4. Closing public and government facilities.
3. **Threat Notification Procedure:** When a department, agency or employee believes that they have received a terrorist threat, the following procedure will be followed.
- A. When an individual receives what is believed to be a potential or credible terrorist threat, suspicious article or observes activity that could be potentially terrorist related, the information should be immediately provided to local law enforcement (Sheriff's Office).
 - B. The Sheriff's Office will conduct an initial assessment and determine if the situation meets the federal definition of terrorism. Terrorism includes the unlawful use of force against persons or property to intimidate or coerce a government, the civilian population or any segment thereof, in furtherance of political or social objectives.
 - C. If determined to meet the definition, or if unsure, SLED will be notified. In incidents involving a possible WMD, the FBI, the Emergency Services Director or his designee and the Emergency Preparedness Coordinator at the Region 4 Public Health District will be contacted immediately.
 - D. The local assessment should elevate the current threat conditions within the jurisdiction and in conjunction with the FBI, SLED and other state and federal agencies evaluate the nature, credibility and implications of perceived

threats.

- E. With regards to possible NBC contamination, local health officials and persons with expertise in these areas should be involved in the decision-making process.
 - F. Decisions about the need for initial decontamination and initiation of medications should be by officials responsible for the jurisdiction in which the event occurs.
 - G. The Special Agent-in-Charge (SAC) of the local FBI Field Office will validate the credibility of the potential or actual terrorist threat. Upon determination of the credibility of the report, the SAC will notify SLED of their determination and Threat Condition if appropriate. If credible, the notification will include an estimate of when the FBI OSC will arrive at the perimeter to assume overall command.
 - H. Upon receipt of the determination, SLED will notify the Sheriff's Department providing an estimate of when the SLED/DHEC Critical Incident Response Team, if required, will arrive on scene to assist command until the FBI OSC arrives.
 - I. If the threat is determined not to be credible, SLED will notify the Sheriff's Department that the threat is not credible and the Sheriff's Department should follow standard department procedures for criminal investigation. See Figure 1; Threat Notification Flow Chart this appendix for further guidance.
4. Continuous Surveillance Guidelines: The goal of continuous surveillance is to detect attack. Initial detection will probably occur by local law enforcement fore or EMS personnel and may have the characteristics of to other emergency situations. The key is rapid information that is collected from the various response disciplines and assessed by trained individuals. The first objective is to establish a baseline of incidents within the county so when an unusual occurrence takes place it can be compared to the baseline. The following information is intended as a guide only.
- A. Law Enforcement:
 - 1. Observe for unusual criminal activity (crimes, times, place, simultaneous locations, potential targets, etc).
 - 2. Observe for unusual criminal elements (groups, gangs, methods, capabilities or motives).
 - 3. Unusual weapons involved in criminal activities (WMD related).
 - 4. Unusual criminal threats.

B. Fire and Hazmat:

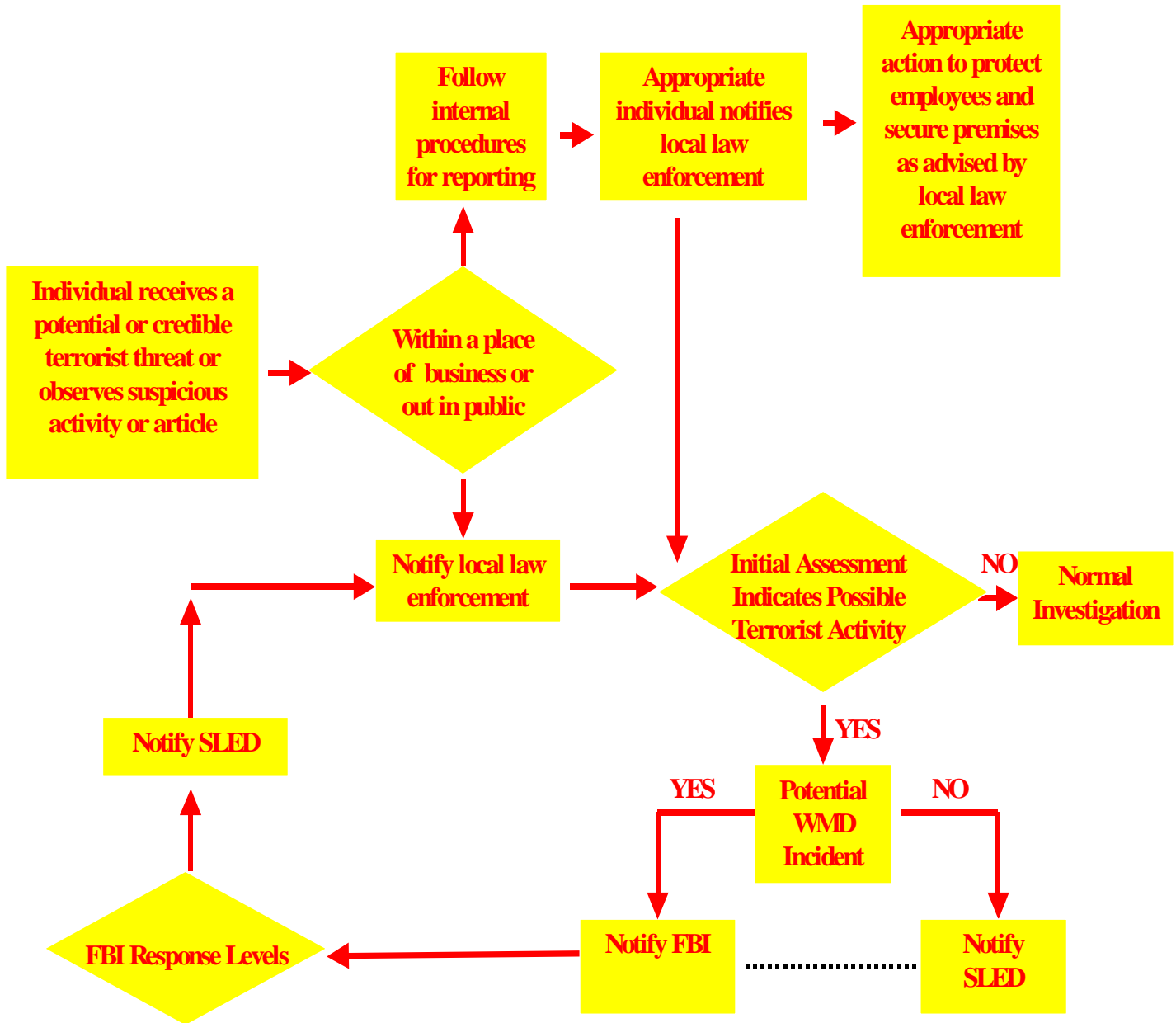
1. Take note of unusual arson activity (same as criminal activity).
2. Unusual materials involved in fire incidents (type, quantity, purity, concentration, unusual transport methods).
3. Unusual times, frequency of call or number of calls.

C. EMS, Hospitals, Physicians offices and Veterinarians:

1. Unusual clusters of patients.
2. Unusual number of patients with similar signs and symptoms.
3. Unusual diseases or illnesses encountered on calls.
4. Unusual time of years for diseases or illnesses.
5. Unusual or increased deaths in compromised patients (i.e., patients with health conditions that already depress their immune systems)
6. Unusual shortages of medications.

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Figure 1 (Threat Notifications Flow Chart) to Appendix 2 (Threat Conditions and Threat Notification Procedure)



Appendix 3 (First Responder Safety)

A. Introduction: The State of South Carolina has developed a Field Operating Guide (FOG) for all First Responders to a WMD/NBC Terrorism incident. First responders must be familiar with Section III, Scene Control, before arriving at a suspected WMD/NBC terrorism event.

B. Indication of a Terrorist Incident involving WMD/NBC: NBC/WMD deployed in a civilian setting can include C/B warfare agents, the intentional release of industrial chemicals or the release or explosion of nuclear or radiological materials. While each particular agent has its own unique signature and consequences, general outward warning signs or indicators include:

1. Explosions that disperse or dispense liquids, mists, vapors or gas.
2. Explosions that seem to only destroy a package or bomb device.
3. Unscheduled and unusual dissemination of aerosol sprays.
4. Abandoned spray devices.
5. Numerous dead animals, fish or birds.
6. Lack of insect life or unusual abundance of insect life.
7. Mass casualties without obvious trauma.
8. Definite pattern of casualties and common symptoms.
9. Civilian panic in potential high-profile target areas (e.g., government buildings, mass transit systems, sports arenas, etc.).

C. Initials actions by Dispatch personnel: Dispatch personnel play a key role in mobilizing the proper response to a WMD incident. Dispatchers must be aware of potential target locations and the indicators of possible criminal or terrorist activity involving NBC agents. They must know the indicators, signs and symptoms of exposure to NBC agents and recognize unusual trends or patterns of activity indicative of a possible NBC incident. Dispatchers should make the proper notifications that are required to other responding agencies and should understand how WMD/NBC incidents will develop within the Incident Command System (ICS).

D. Initial actions by First Responders:

1. Initially, first responding units must **isolate** the area, **deny entry**, **control egress of victims** and provide a **response information update**. Information that should be provided include:

- A. Observed NBC indicators.
- B. Wind direction and weather conditions at scene.
- C. Number of apparent victims.
- D. Types of injuries presented.
- E. Nature of NBC agents (if known) from detection equipment or monitors.
- F. Initial scene control, perimeter and command post locations.
- G. Suggested safe access routes and staging areas.

2. Next, first responding units should:

- A. Request appropriate specialized resources such as HAZMAT teams, etc.
- B. Don full turnouts and SCBA.
- C. Identify the source of contamination, immediately isolate the area 1,500 feet in all directions and designate zones of operation (Hot, Warm, Cold). Consider weather effects during zone designation.
- D. Establish a "safe refuge" area within the Warm Zone for victims who can self-relocate.
- E. Provide emergency decontamination (gross decontamination) for victims who are outside the Hot Zone. Use soap and water or just plain water.
DO NOT USE BLEACH ON THE VICTIMS.
- F. Initiate protective actions (evacuation or shelter-in-place), as needed for the community.

E. Safety: Safety is an issue that must be in the forefront of all first responder's minds. The first responder that drops his guard will be the next victim.

- 1. Chemical safety: At an incident with a potential chemical agent, it is of utmost importance to have respiratory protection donned. Chemical agents in the form of aerosolized liquid droplets, vapor, and/or gas may directly contact the eyes, skin and/or the respiratory tract. Systemic reaction with dry intact skin is usually less important than these other routes. Vapor or gas exposure to the eyes and the respiratory tract is the most important hazard associated with non-persistent chemical agents.
- 2. An acronym that you can use to assist in your identification of the signs and

symptoms of a potential chemical incident is **SLUDGE**:

- S – Salivation**; drooling
- L – Lacrimation**; tearing
- U – Urination**
- D – Defecation**
- G – Gastrointestinal**; pain and gas
- E – Emesis**; vomiting

3. Besides the chemical itself, a major concern for first responders is "off-gassing" from the patients. Keep in mind that this is a respiratory hazard and can be addressed through the use of SCBAs.
4. Biological: Typically, you probably will not arrive on a scene and see people lying around and exhibiting signs of a biological attack. It may be hours or days before a biological scenario becomes evident. In a biological attack, the primary routes of entry to the victims are ingestion or inhalation. Through minimizing contact with patients and wearing the appropriate PPE, you can greatly reduce the potential for serious adverse contamination.
5. Radiological: Probably the least likely NBC event that you will respond to is a radiological incident. The key factors for safety is this type of event are:
 - a. TIME – Minimize the length of exposure.
 - b. DISTANCE – Maintain your distance from the source.
 - c. SHIELDING – Use shielding appropriate for the type of radiation being released..
6. Another issue that must be at the forefront of the responders mind is the possibility of secondary devices. If you have responded to a scene where there has been an explosion, there is a seventy percent (70%) chance that a secondary device will be present. Be alert to the possible presence of secondary devices and perpetrators in the area. The perpetrators may be the first victims.

Appendix 4 (Sample Terrorism EAS Message)

1. A _____ has occurred in Darlington County and the
(Insert type of event(s) that occurred)
City/Town of _____. Public safety forces are responding to
(Insert City or Town name)
the situation. The Darlington County Emergency Operations Center has
been activated. Information may be obtained at
_____.
(List where to go or where to tune for information)

2. All persons within the area bounded by, _____
(List boundaries to restricted area)
are asked to stay inside (shelter-in-place).
 - A. Move all family members inside.
 - B. Close all windows and doors. Seal joints if possible.
 - C. Shut off all heating and air conditioning equipment.
 - D. Shut off all pilot lights and open flames.
 - E. Keep all pets inside at all times.

3. Stay tuned to the **Emergency Alert System** for further details.

4. Eat only sealed foods. Look carefully for tampering of food containers and products. Make sure all seals are intact. Food cannot be decontaminated.

5. Store water in bottles daily. Drink yesterday's water.

6. If you come in contact with any victims, remove and wash all clothing with soap and water. (Household bleach diluted to 1 cup of bleach to 10 cups of water can be used.)

7. If and when you go outside, wear a face mask, poncho, boots and kitchen gloves.

Appendix 5 (Decontamination)

A. General Information:

1. During the first few minutes of a response to a known or potential NBC event, responders will have a number of issues to deal with. Once you have identified that the incident is a HAZMAT/WMD event, important actions the first responders can take are:
 - A. Protect yourself.
 - B. Protect the public, within your capabilities.
 - C. Notify and request appropriate resources.
 - D. Initiate mass casualty gross decontamination.
2. While the Decontamination Corridor(s) are being established, evacuate potential and ambulatory victims upwind and uphill into holding/control areas in the outer perimeter of the Hot Zone. These areas should be easily identifiable through the use of Red scene tape. Red tape only will be used to indicate the Hot Zone. Consider the use of water fog hand-lines for control of the scene and/or to protect yourself. Keep in mind that every person who was potentially contaminated will be decontaminated.
3. One member should be positioned at the entry point to the corridor who is dressed in (at a minimum) their structural firefighting gear with SCBA and covered. Wear Nitrile rubber gloves. Minimize your contact with patients. Keep in mind that even though you may not have physically touched any patients, you must consider yourself contaminated if you have been working within the Warm Zone. Consideration to using 1-hour bottles should be given to minimize the number of bottles exchanges that have to take place.
4. Within the decontamination corridor have a second member who controls the flow of patients. Ensure that all patients have removed their clothing at least to their undergarments. Upon entry into the decontamination corridor, each patient should be directed to:
 - A. Enter the water.
 - B. Raise their arms above their heads and turn 360 degrees, 2 to 3 times.
 - C. Have the patients pay attention to their underarms and groin area.
 - D. Direct the patients to the exit/holding area to await medical triage and treatment, as needed.

- B. Gross Decontamination Corridor: The primary objective of the decontamination corridor is to provide large volumes of water within a controlled area to dilute or remove contaminants from a large number of patients.
1. Time is critical.
 2. A large area will be required upwind of the Hot Zone. The corridor should extend from the Hot Zone nearest the incident site and extend through the Warm "Decontamination" Zone. It is important that the decontamination corridor not be too far away from the exit point of the Hot Zone. As a result of contamination some victims may have vision difficulties or other physiological problems that may prevent them from being able to self-rescue.
 3. The control of runoff should be considered (i.e., going back into the Hot Zone). Your primary concern, however is to keep runoff from going into a "Clean" area. If you are dealing with a known radiological incident, confinement of runoff is critical.

NOTE: A. For chemical agents, it is possible that the agents will be diluted by the large amount of water and not present a major downstream hazard.

B. For radiological agents expect water to spread the contamination.

C. For biological agents, downstream contamination will vary dependent upon the agent and environment.

4. If time permits and resources are available, establish segregated lanes for symptomatic and asymptomatic patients as well as for male and female.
5. Decontamination corridors can be established by placing engines parallel and using pike poles or ground ladders strung between the engines and covered with tarps.
6. An option that should be considered and may work well while the decontamination corridors are being established, or if resources are thin, is the use of hand-lines with the nozzles set to a wide fog pattern.
7. Consider weather conditions. Patients who become hypothermic can become as much of a drain on responders as the actual NBC event itself.
8. Communicate what the victims should do. Pre-made signs or bullhorns should be used to direct victims to the corridor.

9. Consider terrain and wind direction, establish uphill, upwind or crosswind as necessary.
10. Use hose-lines or elevated master streams.

NOTE: Do not wait for soap or bleach, use copious amount of water, immediately.

C. Emergency Self-Decontamination:

1. Wet down prior to removing clothing for nuclear or biological agents.
2. Blot chemical agents from exposed skin immediately.
3. Strip off all clothing.
4. Flush the affected area with large amounts of water, working from the top down.
5. Cover and seek immediate medical intervention.
6. At a minimum, all members must have on their turnouts with SCBAs and Nitrile gloves. Based on information received prior to arrival, if you witness patients exhibiting signs or symptoms of exposure, all personnel must use extra caution by covering and "going on air" and donning Nitrile gloves prior to any patient contact.

NOTE: Structural firefighter gloves provide limited protection from NBC agents.

D. Decontamination solution(s): Decontamination facilities for hospitals and medical treatment centers should contain multiple shower stations that are designed to allow patients to progress at various rates without compromising overall flow. Patients whose clinical conditions deteriorates in the decontamination line can impede the progress of others. Plans must include means for sidetracking these patients into an area separate from the main decontamination sites, where treatment can be initiated.

Current military doctrine regarding decontamination solutions recommends as agent neutralizer such as a 0.5 percent solution of hypochlorite (bleach). It inactivates biological agents (except mycotoxins) and chemical agents such as mustard and organophosphates.

However 15 to 20 minutes of contact time is necessary for the inactivation of chemical agents. Furthermore, dilute bleach can cause tissue damage in open wounds, exposed nerve tissue and the eyes. The lack of clear safety

and efficacy data for bleach decontamination suggests that it should be avoided, especially if soap and water are immediately available.

Decontamination can be accomplished by using a sequential copious warm water rinse, a hypoallergenic liquid soap wash, another warm water rinse and then a final rinse after walking past other in-use showers. Incapacitated patients will require soap and water cleansing by staff with attention to washing and rinsing the patients back and the nonabsorbent backboard. The water temperature must be adjustable. Excessively warm water should be avoided, since this may promote peripheral vasodilatation and toxin absorption. Stiff brushes or abrasives should also be avoided since they may enhance dermal absorption of the toxin and can produce skin lesions that may be mistaken for chemical injuries. Sponges and disposable towels are affordable alternatives.

NOTE: Current doctrine eliminates the use of bleach as a decontamination cleaning agent for human use. Bleach solutions may work fine for vehicles and equipment, however it can cause harm or exacerbate injuries that victims may already have. Eighty percent (80%) of all agents will be removed with the victims clothes. The remaining twenty percent (20%) of the contamination can be removed with soap and water. Therefore it is much simpler just to give everyone a bar of soap and send them through the decon shower. If bleach is used please take note that it is a greatly diluted strength bleach (.5% solution of household bleach). To dilute bleach to .5%, use 10 gallons of water to each gallon of bleach.

E. Mass Decontamination Area Setup: Refer to NAERG for initial isolation distances. If product is unknown or not listed, use Guide # 111. See SC Terrorism Response Field Operating Guide (FOG), Section V, Paragraph E, Mass Decontamination Area Setup for instructions and diagram of a decontamination point.

F. Engines in parallel: An effective decontamination corridor can be set up quickly by positioning two engines parallel approximately 20 to 25 feet apart. With 2 1/2-inch fog nozzles attached to the discharge ports, position the engines so the patterns overlap in the corridor between the engines. It is advisable to position the engines pointed away from the incident and at an angle so the front ends are closer than the tailboards. This does three things; it puts you in position to drive away if needed; it creates a natural funnel point for the patients and it will direct the water back towards the Hot Zone.

NOTE: With down turned discharge ports, you may find that you can get better directional control of the nozzle if you attach a siamese or gated wye versus attaching the nozzle directly to the port. The basic concept that by using large volumes of water at low pressure you will ensure a more complete decontamination. With this type of setup, you may need to provide some sort of cover to address the modesty issue that some of your patients will have. If engines are placed slightly closer, you may be able to bridge ladders over the hose beds and cover with tarps.

Appendix 6 (Hazard Agents and Hazard Assessment)

1. **The hazard – Assessment of the hazard(s)/threat:** Darlington County is rated as having a **low threat potential** for a terrorist event.

A. **Nature of the hazard:** Darlington County could be the focus of a terrorist event at anytime. While the county may not possess targets as lucrative as the World Trade Center or the mass population of cities like New York City, there are viable targets within the county. It is important to remember that terrorists will strike at targets that offer them the best opportunity to "make a statement" or draw attention to their cause. Therefore, it is equally important that citizens of Darlington County remain vigilant to suspicious activities. Once suspicious activities are observed, insure they are reported to the appropriate local authorities. Darlington County has conducted an assessment of likely terrorist targets. The results of that assessment led to the development of this annex.

B. **Incidents:** To date there have been no recorded terrorist incidents in Darlington County.

2. Based on the hazard assessment, the following information on the types of agents, their signs and symptoms and information on the types of delivery devices is included to aid first responders in the development of plans and procedures to be able to respond to a terrorist incident. This information is taken directly from the SC WMD FOG.

3. **WMD agents:**

A. **Chemical agents:**

1. **Nerve agents:** The most common nerve agents are; Tabun (GA); Sarin (GB); Soman (GD); GF (no name) and VX (no name). It is important to note that all of these agents are heavier than air and can be absorbed through eyes, lungs or skin. The major signs/symptoms of exposure to Nerve agents are :

- a. Pinpoint pupils (miosis) (initial)
- b. Runny nose, salivation (initial)
- c. Localized sweating (initial)
- d. Tightness of chest, coughing (advanced)
- e. Jerking, twitching (advanced)
- f. Difficulty breathing (advanced)
- g. Nausea, vomiting, diarrhea (advanced)
- h. Sudden loss of consciousness (advanced)
- i. Convulsions, apnea (advanced)

2. **Blood agents:** The two most common blood agents are; Hydrogen

Cyanide (AC) and Cyanogen Chloride (CK). It is important to note that AC is lighter than air and CK is heavier than air. The signs/symptoms of inhalation exposure to Blood agents include:

- a. Headaches (initial)
- b. Strong stimulated breathing (initial)
- c. Loss of consciousness (initial)
- d. acute tachypnea (initial)
- e. immediate intense irritation of the nose (initial)
- f. Violent convulsions, apnea (advanced)
- g. Beside these effects, CK may cause burning and stinging on contact with the eyes, exposed skin or respiratory tract.

NOTE: Normal pupil size and no secretions

3. Blister agents: The most common blister agents are; Sulfur Mustard (HD); Nitrogen Mustard (HN) and Lewisite (L). Sulfur and Nitrogen Mustard has a delayed effect on a person, however Lewisite has an immediate effect on a person. All three agents are heavier than air and can be absorbed through eyes, skin and lungs. The signs/symptoms of exposure to Blister agents include:

- a. Reddening of eyes and gritty irritation
- b. Reddening of skin
- c. Severe itching and burning of skin
- d. Blisters without pain
- e. Sore throat and hoarseness
- f. Dry cough, nausea and vomiting
- h. Sign and symptoms may not present until 2 to 24 hours after exposure to mustard agents.

4. Choking agents: The most common choking agents are; Phosgene (CG); Chloropicrin (PS); and Chlorine (Cl). All three agents are heavier than air. Signs/symptoms of exposure to Choking agents include:

- a. Mild irritation of eyes (tearing), runny nose and dry throat (immediate effect)
- b. Shortness of breath, coughing and frothy secretions (2 to 24 hours later) (advanced symptoms)
- c. Nausea and vomiting (immediate effect)
- d. Pulmonary edema (advanced effect)
- e. Convulsions (advanced effect)
- f. Cyanosis (advanced effect)
- g. Shock-like state (advanced effect)

CAUTION: Riot control agents have more irritant effects on the eyes, nose and throat, with some shortness of breath and coughing immediately after exposure.

5. Indicators that chemical agents have been used:

- a. The threat of chemical terrorism includes the intentional release of industrial agents, as well as the deliberate use of weapons of warfare. Chemical warfare agents can be introduced via aerosol devices (munitions, sprayers or aerosol generators); breaking containers or covert dissemination. General indicators of possible chemical agent usage include:
1. Unusual dead or dying animals (e.g., lack of insects)
 2. Unexplained casualties; multiple victims, serious illnesses, nausea, disorientation, difficulty breathing or convulsions.
 3. Unusual liquid, spray or vapor; droplets, oily film, unexplained odor, low-lying clouds or fog unrelated to weather.
 4. Suspicious devices or packages; unusual metal debris, abandoned spray devices, unexplained munitions.
- b. Description: Chemical agents include both persistent and non-persistent agents. Persistent agents (vapor, liquid, or dust) remain in the affected areas for hours, days or weeks. Non-persistent agents (primarily vapors) remain a hazard in the affected area for a shorter time period, unusually minutes to hours.
1. **Nerve** agents affect the transmission of nerve impulses by reacting with the enzyme cholinesterase, which permits an accumulation of acetylcholine and continuous muscle stimulation. Generally, these agents are liquids, clear to light brown in color and tasteless. These agents can be absorbed through the skin, eyes, respiratory or gastrointestinal tracts. Nerve agents are organophosphates and include "G" series agents, Tabun, Soman, Sarin and GF as well as VX series agents. G series agents are non-persistent, primarily a hazard to the respiratory tract and are characterized by very rapid rate of action. VX series agents are very rapid in terms of rate of action, persistence (days to months) and have consistency similar to motor oil. Their primary hazard involves direct contact to the skin or respiratory system from vapors.

AGENT	ODOR	COLOR @(20 DEGREES C)
GA	None (pure) to fruity	Colorless to Brown liquid
GB	Almost none when pure	Colorless liquid
GD	Fruity, Camphor (un-pure)	Colorless liquid
GF	Sweet, musty, peaches, shellac	Colorless liquid
VX	None	Colorless to Amber liquid

2. **Choking** agents irritate the alveoli in the lungs, which stimulates the secretion of fluids that results in pulmonary edema. Principal agents of this type are phosgene and diphosgene. They are generally non-persistent and are primarily a respiratory hazard. Phosgene is a colorless gas, while diphosgene is a colorless liquid. Both have the odor of new mown hay, freshly cut grass or green corn.
3. **Blood** agents are CW agents that act upon the enzyme cytochrome oxidase and target the respiratory system of the blood, inhibiting the transfer of oxygen among cells. They include hydrogen cyanide, cyanogen chloride and arsine. They are considered non-persistent and colorless. Their primary hazard is respiratory in nature. AC has a faint odor resembling bitter almonds or peach kernels and is very rapid in terms of rate of action. CK has a pungent biting odor that can go unnoticed and has a rapid rate of action. SA has a delayed rate of action (2 to 11 hours) and a mild garlic odor.
4. **Blister** agents include mustards (H, HD (sulfur mustard); HN-1, HN-2 and HN-3 (nitrogen mustard); HT; arsenicals (Lewisite), etc and urticants (CX). Persistency of mustards ranges from a day to several months while arsenical and urticant persistency is short. Mustards tend to have a delayed rate of action; while arsenicals and urticants have immediate impact. Blister agents initially cause irritation of the eyes and respiratory tract, reddening of the skin followed by blistering and then systemic poisoning. An urticant is a chemical agent that produces irritation at the point of contact, resembling a stinging sensation, such as a bee sting. For example, the initial physiological effects of phosgene oxime (CX) upon contact with a person's skin. Urticants cause a skin condition called **Urticaria** – skin condition characterized by intensely itching red, raised patches.
5. **Incapacitating** agents cause physiological and mental effects leading to temporary disability lasting from hours to days post exposure. These agents include central nervous system (CNS) depressants such as BZ or stimulants, including LSD.
6. **Vomiting** agents irritate the upper respiratory tract triggering involuntary vomiting. They are usually dispersed by heat as fine particulate smoke and short persistency. They are fast acting respiratory hazards.
7. **Irritant or tear** agents are chemical agents (often used in riot control situations) that stimulate tearing, temporary eye discomfort and irritation to the skin. They have an immediate rate of action and are primarily a respiratory hazard with short persistency.

c. Points to remember:

- Be aware of potential terrorist targets.
- Treat all incidents involving chemical agents as intentional HAZMAT situations. Whenever it is believed that a chemical agent has been released, assume that all personnel and property have been potentially contaminated within the release area.
- Without advance warning, first responders may not recognize the existence of a chemical agent attack. Responders should also be alert for secondary devices that may be initiated either by booby traps or remotely triggered after their arrival on scene.
- The possible mixing of chemical agents, or mixing of industrial agents, is an additional concern since mixtures complicate the symptom based identification of agents used.
- After exposure to chemical agents, victims may present one or more of the symptoms described by the acronym **SLUDGE** (Salivation, Lacrimation, Urination, Diarrhea, Gastrointestinal and Emesis).
- Determining from signs and symptoms alone that a victim has been exposed to a chemical agent can be difficult for a first responder. In general, at least two signs or symptoms should be present to limit the risk of mistaking exposure to less toxic substances with exposure to chemical agents.
- Nerve, blood, blister and choking agents are heavier than air except hydrogen cyanide.
- The respiratory tract and eyes are particularly susceptible to chemical agent exposure. Pinpoint pupils, dimness of vision, pain above the eyes and tightness in the chest are signs/symptoms of nerve agent exposure.
- Protection from chemical agents requires full respiratory and skin protection. Your turnout gear, properly worn, will provide you with some protection.
- Clothing contaminated with nerve agents can "off gas" creating a problem for individuals around un-decontaminated clothing who are unprotected.
- Nerve agent antidotes are available and decontamination will work if you get the liquid chemical agent off your skin quickly. Flushing with water is likely the most expedient and widely available decontamination process.
- Nerve agents are heavier than air. The G agents are fairly non-persistent, but VX is very persistent.
- The immediate and ongoing use of the SCBA (with minimal skin protection) will insure survivability in a vapor hazardous environment.
- An incident involving a chemical agent is still a hazardous materials (HAZMAT) incident.
- Plan for decontamination of mass casualties; however, vapor exposure requires only the removal of clothing in a clean environment.
- Consider the benefit of using positive pressure ventilation (PPV) and/or foam to dilute or suppress a chemical agent.

- Remember a terrorist related incident is a crime scene. Coordinate activities with law enforcement officers in the interest of safety, security and preservation of evidence.
- Place apparatus upwind.
- Use SCBA and wear protective clothing.
- Be alert for signs of secondary devices.
- Avoid any contact with any pool of liquid.
- Isolate/deny entry to area.
- Observe/report signs or symptoms of agent exposure. Ask victims about symptoms experienced and what happened.
- Triage/decontaminate all victims.
- Alert hospitals immediately of possible mass casualties.
- Decontaminate victims exposed to a liquid agent by removing all of their clothes and/or applying copious quantities of water or soap and water. Eighty percent (80%) of all agents will come off with the clothes. The remaining twenty percent (20%) can be removed with soap and water. (See Appendix 5 for Decontamination information.)
- For vapor exposure only, or as a precautionary measure, remove victims clothes to at least their underwear (i.e., women – bra and underpants; men – underpants).
- Request additional resources immediately if the incident has already exceeded the capability of on-scene resources or is likely to escalate.

NOTE: See Figure 1 (Chemical Agents, Types, Symptoms and Hazards) and Figure 2 (Chemical Agent Summary) this appendix for quick references on chemical agents.

B. Biological agents:

1. Indicators: It is unlikely that HAZMAT/EMS responders would be called upon to respond to the consequences of a biological agent release. However, responders should be familiar with biological agent characteristics. Biological agents have the potential to be more lethal than chemical agents and are primarily deployed through aerosol spray or by introduction into a water system. General indicators of possible biological agent usage include:
 - a. Unusual dead or dying animals/fish.
 - b. Unusual casualties; unusual for the region or area, definite pattern inconsistent with natural disease.
 - c. Unusual liquid, spray or vapor; spraying and suspicious devices or packages, unusual swarms of insects.
2. Description: Biological agents include ***pathogens*** that are living, reproducing, disease-producing organisms; ***toxins*** that are non-living poisons derived from living organisms and ***EBRs*** that are chemical

substances produced in the body to regulate bodily functions.

a. Pathogens:

1. Bacteria such as anthrax, tularemia, bubonic plague, etc. Bacteria capable of reproducing outside living cells.
2. Viruses such as Yellow fever, Smallpox, HIV, Ebola or Marburg. Viruses are infective agents composed of DNA or RNA that can only reproduce inside living cells.
3. Rickettsia such as Q fever and Rocky Mountain spotted fever. These are parasitic microorganisms that naturally transmit diseases through bites of fleas, ticks, etc. These parasites require a living host.
4. Additional pathogens include yeasts and fungi as well as genetically engineered pathogens.

b. Toxins: Toxins are non-living poisonous chemical compounds derived from living organisms. They include Ricin, BTX and Saxotoxin. Toxins are thousands of times more lethal than standard chemical agents.

c. Endogenous Biological Regulators (EBRs) include hormones, adrenalin and peptides.

d. The unusual or atypical presence of swarms of insects may be indicative of a biological agent attack with the insects serving as the delivery vector. Unlike victims of exposure to chemical or radiological agents, victims of biological agent attack are not in and of themselves contaminated or contagious; however, they may serve as carriers of the disease.

3. First Responder concerns: The most practical method of initiating a biological agent attack is through the dispersal of aerosol particles. Biological agents may be able to enter the body through the respiratory tract, ingestion or direct contact with skin or membranes. Unlike chemical agents, exposure to biological agents may not be immediately apparent, with casualties occurring hours, days or weeks after exposure. In many cases, the first indication of a biological agent attack may occur after a number of unusual illness begin to appear in local hospital emergency departments. Without advance warning, first responders may not recognize the existence of a biological agent attack.

Treat all incidents involving biological agents as intentional HAZMAT situations. Whenever it is believed that biological agent has been released, assume that all personnel and property have been contaminated in the release area.

Immediately request specialized resources such as public health officials at the County, State or Federal levels, along with experts such as the Center for disease Control and Prevention (CDC) and the US Army Medical Research Institute for Infectious Diseases (USAMRIID) to identify the exact nature of the biological agent.

Pending identification of the agent, measures must be taken to prevent epidemic. These measures include isolation, avoiding all exposed food and water and the restriction of personnel movement (quarantine). These procedures apply to both victims and first responding personnel.

Identify the source of contamination and designate zones of operation (Hot, Warm and Cold). If large numbers of exposures are involved, quarantine may be necessary, with all victims being treated on site. If a small number of persons are exposed they should be decontaminated and transported to a hospital capable of conducting a bioassay of exposed persons.

C. Nuclear or radiological agents:

1. Indicators: While conventional nuclear emergencies (including fixed-site incidents or research reactors and transportation accidents) are many times more likely than a terrorist scenario, nuclear or radiological terrorism is a realistic concern. Response to a nuclear or radiological incident is compounded by the nature of radiation itself. Radiation is an invisible hazard. Unless confirmed by radiological detection equipment, the presence of a radiation hazard is difficult to ascertain. Factors to consider include:
 - a. A stated threat to deploy a nuclear or radiological device.
 - b. The presence of nuclear or radiological equipment (e.g., spent fuel canisters or nuclear transport vehicles).
 - c. Nuclear placards or warning materials along with otherwise unexplained casualties.
2. Description: The scenarios constituting an intentional nuclear or radiological emergency include:
 - a. Use of an **Improvised Nuclear Device (IND)** that is any explosive device designed to cause a nuclear yield. Nuclear proliferation experts note that the only bar to constructing an IND is the availability of fissile materials. Depending upon the type of trigger device used, either uranium or plutonium isotopes can fuel these devices. While the "weapons-grade" materials increase the efficiency of a given device, less than weapons grade materials can still be used.

- b. Use of a **Radiological Dispersal Device** that is any explosive device utilized spread radioactive material upon detonation. Any improvised explosive device can be exploited by surrounding it with radioactive materials.
 - c. Use of **Simple Radiological Dispersal Device** where a radiological material is spread without the use of an explosive. Any nuclear material (including medical isotopes or waste) can be exploited in this manner.
3. **First Responder Concerns:** Treat all nuclear or radiological emergencies as HAZMAT situations. Whenever it is believed that a radiological agent or radioactive material has been released, assume that all personnel and property have been contaminated within the release area.

These incidents will require specialized resources/experts such as Health Physicists, Radiological Safety Officers and the Department of Energy Nuclear Emergency Search Team (NEST) to identify the exact nature of the nuclear material.

Identify the source of contamination and designate zones (Hot, Warm and Cold).

Immediately initiate personal protective measures with special emphasis on respiratory protection. The goal is to limit exposure to a level "As Low As Reasonably Achievable" (ALARA). This is achieved through the three factors of time, distance and shielding. Monitor and evaluate personnel for exposure and contamination. Equipment and clothing must be assessed for contamination and decontaminated or contained as needed.

Rescue is dependent upon the type of radioactive material involved, the dose received and duration of exposure.

Remove victims from source area. PPE requirements for rescue are dependent upon the type of radiation emitted, as follows:

- Alpha particles – First responders wearing SCBA respiratory protection and turnout gear are sufficiently protected.
- Beta particles – first responders wearing SCBA respiratory protection and turnout gear have sufficient protection for "quick in and out" rescue situation.
- Gamma and Neutron – Limiting the duration of exposure (time in the hazardous environment) is the only viable first responder precaution while wearing SCBA respiratory protection and turnout gear.

Serious health consequences accompany exposure to large amounts of

radiation. Radiation sickness may occur after an exposure to large amounts of radiation following a nuclear attack or major radiation accident. Individuals suffering from radiation injuries are radioactive once decontaminated.

Treat victims of radiation exposure as follows:

- Limit further exposure to radiation source. Wrap victim in blanket or plastic sheeting to limit spread of surface contamination.
- Insure assessment of radiological contamination with radiological detection equipment prior to decontamination. Positive readings indicate the need for decontamination. Preliminary decontamination should be done before transport to the hospital, if medical status permits. Contaminated clothing and runoff should be contained and labeled "Radioactive".
- Transport victims to a medical facility for definitive treatment. The medical facility must be notified in advance that patients exposed to radiation are enroute. If possible, protective plastic sheeting should be applied to the interior of the ambulance to minimize potential contamination. The ambulance must be decontaminated prior to return to regular service.

D. Agents used in Agricultural applications (Crop Dusting Agents): In the days following 9-11, a concern arose over the availability of crop dusting aircraft (both fixed wing and rotary wing). These aircraft have systems readily installed that can easily be used for aerial dissemination of various chemicals including WMD/NBC type agents. In South Carolina there are approximately 108 registered crop dusting businesses. Questions arose over the security of these aircraft, since these aircraft are usually privately owned and frequently do not operate from facilities (airports) controlled by the FAA. Through efforts by the State of South Carolina, many of the security concerns have been addressed with the business owners and alleviated. In order to aid first responders, the following information on the most commonly used chemicals/agents used by crop dusting and aerial application services are included. This information is taken from the MSDS sheets on these chemicals. ***It is important to note that this list is not a complete chemical list.*** Personnel responding to an incident involving a crop dusting aircraft or any aircraft that appears to have installed equipment capable of being used for spraying should determine the chemical or agents involved and immediately refer to that products MSDS sheet. Additionally, insure that the appropriate PPE is used and be prepared to initiate gross decontamination operations. This type of incident is a HAZMAT incident and should be handled as a HAZMAT scene.

1. **Syngenta – GRAMOXONE MAX:**

- a. Chemical class – Herbicide
- b. EPA Signal Word: Danger – Poison
- c. Hazard(s) identification: NOTE TO PHYSICIAN - Prompt treatment is essential and must be initiated immediately before signs and symptoms appear. Call 1-800-888-8372 at any hour to obtain toxicology and medical management consultation and Paraquat analyses.
 - 1. Ingestion: Immediately induce vomiting by touching back of throat with finger. Give one or more glasses of water to drink and further induce vomiting. Repeat until vomit is clear. If person is unconscious, do not induce vomiting or give anything by mouth.
 - 2. Eye Contact: Remove contact lenses. Hold eyes open and rinse slowly and gently with water for 15 to 20 minutes.
 - 3. Skin contact: Remove contaminated clothing and rinse skin for 15 to 20 minutes with water.
 - 4. Inhalation: Move person to fresh air and if not breathing provide artificial respirations by either mouth-to-mouth or mouth-to-mask.
- d. Fire and explosion: Flash point - >194 degrees F.
- e. Specific gravity/density: 1.13 g/ml
- f. Appearance/odor: Dark, green, liquid with a strong, pungent, obnoxious odor.
- g. NFPA Hazard ratings: Health – 3; Flammability – 1; Reactivity – 1.

NOTE: NFPA Hazard rating scale: 4 – Extreme; 3 – Serious; 2 – Moderate; 1 – Slight; 0 – Minimal.

2. Syngenta – Karate with Zeon Technology:

- a. Chemical class - A pyrethroid insecticide.
- b. EPA Signal word – Warning
- c. Hazard(s) identification:
 - 1. Ingestion – Do not induce vomiting unless told to do so after calling 1-800-888-8372 or Poison Control or by a doctor. Do not give anything by mouth to unconscious person.
 - 2. Eye contact – Remove contact lenses and rinse eyes with water for 15 to 20 minutes.
 - 3. Skin contact – Remove contaminated clothing and rinse with water for 15 to 20 minutes.
 - 4. Inhalation – Move person to fresh air. If not breathing provide artificial

respiration by either mouth-to-mouth or mouth-to-mask.

NOTE: Dust, mist or vapor irritating to eyes and respiratory tract. May cause temporary itching, tingling, burning or numbness of exposed skin called paresthesia. During a fire, irritating and possibly toxic gases may be generated by thermal decomposition or combustion.

- d. Fire and explosion: Flash point – Does not flash!.
- e. Specific gravity/density: 1.10g/ml
- f. Appearance/odor: Beige liquid with no information on odor.
- g. NFPA Hazard ratings: Health – 2; Flammability – 1; Reactivity – 0.

3. **Griffin Corporation – Cotton-Pro:**

- a. Chemical class – Pesticide
- b. EPA Signal Word: None provided.
- c. Hazards identification:
 - 1. Inhalation: Remove victim to fresh air. If not breathing, give artificial respirations by either mouth-to-mouth or mouth-to-mask.
 - 2. Eye contact: Remove contact lenses and flush eyes with water for 15 to 20 minutes.
 - 3. Skin contact: Remove contaminated clothing and wash with plenty of soap and water for 15 to 20 minutes until no evidence of chemical remains.
 - 4. Ingestion: Drink 1 to 2 glasses of water or milk and induce vomiting by touching the back of the throat. Do not give anything by mouth to an unconscious person.
- d. Fire and explosion data: Not determined
- e. Specific gravity: 1.05 Density: 1.075 g/cm to the 3rd power
- f. Appearance/odor: Antique white liquid with a rubber based latex odor.
- g. NFPA Hazard rating: Health – 2; Fire – 1; Reactivity 0.

4. **Novartis Crop Protection – TILT:**

- a. Chemical class: Triazole Derivative Fungicide
- b. EPA Signal word: Warning

- c. Hazard(s) identification: NOTE TO PHYSICIAN: There is no specific antidote if this product is ingested.
 - 1. Inhalation: Induction of emesis is not recommended due to the large amount of petroleum solvent in this product which could cause chemical pneumonitis is aspirated. If inhaled, observe for delayed onset of pulmonary edema. Treat central nervous system effects symptomatically. Prolonged inhalation of vapors can cause respiratory tract irritation and central nervous system depression, resulting in headache, dizziness, blurred vision, confusion or nausea.
 - 2. Ingestion: If ingested, lavage stomach, taking care to avoid aspiration of stomach contents into the lungs. Check for possible mucosal damage before beginning gastric lavage. An aqueous solution of activated charcoal can be administered to absorb remaining toxicant.
 - 3. Eyes: Contact with eyes may require specialized ophthalmologic attention.
 - 4. Skin: A skin sensitization (allergic) reaction may occur in some individuals.

- d. Fire and explosion data: Flash point (test method) 117 degrees f.

- e. Specific gravity/density: .94 @ 20 degrees C.

- f. Appearance/odor: Amber liquid with an aromatic solvent odor.

- g. NFPA Hazard rating: Not provided

- 5. **Aventis Crop Science – Finish 6 Harvest Aid for Cotton:**
 - a. Chemical class – Not provided.
Chemical name or synonym – CYCLANILIDE & ETHEPHON

 - b. EPA Signal word – Not provided.

 - c. Hazard identification:
 - 1. Ingestion: Harmful if ingested. May cause irritation, abdominal pain, chest pain, burns to the mouth and esophagus.
 - 2. Inhalation: Harmful if inhaled. Mists may cause respiratory tract irritation, coughing, a burning sensation.
 - 3. Skin: May be harmful if absorbed through the skin. May cause redness, swelling on prolonged contact.
 - 4. Eyes: Corrosive. Causes corneal opacity, irreversible eye damage. Vapors and mists can cause irritation, redness, tearing.

 - d. Fire and explosion data: 93 degrees C;

Flammability class – WILL BURN

- e. Specific gravity: 1.368 at 25 degrees C
Density: 1.3636 at 25 degrees C
- f. Appearance/Odor: Brown opaque suspension liquid, odorless.
- g. NFPA Hazard rating: Health – 3; Flammability – 1; Instability – 1.

6. **Aventis Crop Science – DECIS 1.5EC Insecticide:**

- a. Chemical class: Insecticide
- b. EPA Signal word: Not provided.
- c. Hazard identification:
 - 1. Inhalation: Harmful if inhaled.
 - 2. Ingestion: Fatal if swallowed.
 - 3. Eyes: Corrosive, causes irreversible eye damage.
 - 4. Skin: Causes moderate skin irritation. Prolonged or frequently repeated skin contact may cause allergic reaction in some individuals. Harmful if absorbed through the skin.
- d. Fire and explosion data: Flash point – 172.4 degrees F.
- e. Specific gravity/density: 1.08gm/ml
- f. Appearance/odor: Off-white liquid with characteristic of mineral spirits.
- g. NFPA hazard rating: Health – 3; Flammability – 2; Reactivity – 0.

7. **Monsanto – Roundup Ultramax Herbicide:**

- a. Chemical class: Herbicide
Chemical family - Glyphosate
- b. EPA Signal word: Caution
- c. Hazard identification:
 - 1. Inhalation: This product is no more than slightly toxic if inhaled based on toxicity studies.
 - 2. Ingestion: No adverse health effects are expected to develop if only small amounts (less than a mouthful) are swallowed. Ingestion of similar formulations has been reported to produce gastrointestinal discomfort with irritation of the mouth, nausea, vomiting and diarrhea. Oral ingestion of large quantities of one similar product has been reported to result in hypotension and lung edema.

3. Eyes: Eye contact may cause pain, redness and tearing based on toxicity studies.
 4. Skin: This product is slightly irritating based on toxicity studies.
- d. Fire and explosion data: Flashpoint – NONE
 - e. Specific gravity/density: 1.17 (Water = 1)
 - f. Appearance/odor: Clear, viscous amber-colored liquid
 - g. NFPA hazard rating: Not provided.
8. **Bayer Corporation Agriculture Division – Baythroid 2:**
- a. Chemical class: Pesticide
 - b. EPA Signal word: Not provided
 - c. Hazard(s) identification: NOTE TO PHYSICIAN: ANTIDOTE – No specific antidote is available. Treat victims symptomatically. Published data indicate Vitamin E acetate can prevent and/or mitigate symptoms of paraesthesia caused by synthetic pyrethroids. When treating the poisoning victims, be aware that this formulation contains aromatic petroleum distillates. Minute amounts aspirated into the lungs during ingestion or vomiting can cause mild pulmonary injury and possibly death. In case of poisoning, it is requested that Bayer Corp., Agriculture Division, Kansas City, Missouri be notified, telephone 816-242-2582.
 1. Inhalation: If a person is overcome by excessive exposures to aerosols or vapors of this material, remove to fresh air or uncontaminated area. If not breathing, give artificial respirations, preferably mouth-to-mouth or mouth-to-mask.
 2. Ingestion: If ingestion is suspected, call physician or poison control center. If medical assistance can not be given immediately, drink promptly large quantities of water. DO NOT induce vomiting. Do not give anything by mouth to an unconscious or convulsing person.
 3. Eyes: Hold eyelids open and flush with copious amounts of water for 15 minutes. Seek immediate medical attention.
 4. Skin: Remove contaminated clothing. Wash skin with soap and water. Get medical attention if irritation develops or persists. If signs of intoxication (poisoning) occur, get medical attention immediately.
 - d. Fire and explosion data: Flashpoint – 144 degrees F.
 - e. Specific gravity: 0.983 (20/20 C)
 - f. Appearance/odor: Dark amber, clear liquid with an aromatic odor.

g. NFPA hazard rating: Health – 2; Flammability –2; Reactivity – 1.

9. **Valent – Orthene 97 Pellets:**

- a. Chemical class: Fungicide/Rodenticide
Chemical name/Synonyms: Orthene 97; Orthene 97 ST;
Orthene Turf, Tree and Ornamental Spray.
- b. EPA Signal word: Caution
- c. Hazard(s) identification:

EMERGENCY OVERVIEW
CAUTION: - Causes eye irritation
- Harmful if swallowed
- Avoid breathing dust or spray mist
- Avoid contact with eyes, skin or clothing
- Keep out of reach of children

Signs and symptoms of systemic effects: This product contains a cholinesterase inhibitor. Signs and symptoms that may be seen, usually within several hours of exposure, include but are not limited to, headaches, dizziness, weakness, constriction of the pupil, blurred or dark vision, excessive salivation or nasal discharge, profuse sweating, abdominal cramps, nausea, diarrhea and vomiting. Severe poisonings may result in incontinence, unconsciousness, convulsions and death.

- 1. Eye: This product is expected to cause minimal or no eye irritation. The degree of injury will depend on the amount and duration of contact and the speed and thoroughness of the first aid treatment. The expected adverse health effects resulting from an exposure may include redness and possibly some minor swelling.
- 2. Skin: This product is expected to cause brief and/or minor irritation. The degree of injury will depend on the amount and duration of contact and the speed and thoroughness of the first aid treatment. The expected adverse health effects resulting from an exposure may include redness and possibly some minor swelling. This product is not expected to cause allergic skin reactions. This product has been shown to be slightly toxic when absorbed through the skin. The degree of injury will depend on the amount of material inhaled and the speed and thoroughness of the first aid treatment. The expected adverse systemic health effects are described above.
- 3. Ingestion: This product has been shown to be slightly toxic when ingested. The degree of injury will depend on the amount of material ingested and the speed and thoroughness of the first aid treatment.

- The expected adverse systemic health effects are described above.
4. Inhalation: Based on an evaluation of the ingredients and/or similar products, this product is expected to be minimally toxic when inhaled. The degree of injury will depend on the amount of material inhaled and the speed and thoroughness of first aid treatment. The expected adverse systemic health effects are described above. Exposure to high concentrations of dust may result in respiratory irritation. Signs and symptoms may include, but are not limited to, nasal discharge, sore throat, coughing and difficulty in breathing.
- d. Fire and explosion data: Not applicable
 - e. Specific gravity: Solid
 - f. Appearance/odor: White pellets with a strong cabbage odor.
 - g. NFPA Hazard rating: Health – 1; Flammability – 1; Reactivity – 1.

REMINDER: THIS IS NOT A COMPLETE LIST OF CHEMICALS OR AGENTS THAT MAY BE USED WITH AERIAL APPLICATORS (CROP DUSTING). Insure that MSDS sheets are obtained when responding to a scene involving one of these types of aircraft. This information is intended to aid first responders that may respond to and aircraft accident.

Figure 1 (Chemical Agents, Types, Symptoms and Hazards with Chemical Agent Persistency and Permissible Exposure Limits) to Appendix 6 (Hazard Agents and Hazard Assessment)

Chemical Agents, Type, Symptoms and Hazard					
Symbol Common Name Volatility persistency PEL/PPM	CAS Number	Possible Agent Type	Symptoms	Physical Characteristics	Hazard
GA (Tabun) (NP)(0.0001) GB (Sarin) (NP)(0.0001) GD (Soman) (NP)(0.00003) VX (P)(0.00001)	77-81-6 107-44-8 96-64-0 50782-69-9	Nerve	Pinpointing of the pupils Dimness of vision Runny nose/salivation Tightness of chest Difficulty breathing Twitching or paralysis Tachycardia Vomiting Loss of consciousness Convulsions Incontinence Death	Colorless to lightly colored liquid at normal temperature G agents slightly less volatile than water V agents about as volatile as motor oil	Respiratory effective within seconds to minutes Skin dose effective in minutes to hours Extremely toxic lethal agents
H (P) (0.003) HD (P) (0.003) HN-1 (P) (.003) HN-2 (P) (.003) HN-3 (P) (.003) HT (P) (unknown) (commonly called "mustard")	505-60-2 505-60-2 538-07-08 51-75-2 555-77-1 505-60-02 693-07-2	Vesicant (Blister agent)	Reddening of skin Blisters Eye pain and reddening Eye damage Coughing Airway irritation and damage	Oily light yellow to brown liquids, with a strong odor of garlic Fishy odor H and HD freeze at 57 degrees F All are volatile at room temperature	Eye affects may appear in a few hours, respiratory effects and blisters in 2 to 24 hours Can be lethal in large doses
L (Lewisite) (P) (.003)	541-25-3	Vesicant	Immediate pain or irritation of skin Other symptoms similar to the H agents	Oily colorless liquid with the odor of Geraniums More volatile than H	Immediate pain. Other symptoms in about 12 hours. Can be lethal in large doses.
CX (Phosgene oxime) (P) (unknown)	35274-08-9	Vesicant	Immediate burning Wheal-like skin lesions Eye and airway irritation and damage	A solid below 95 degrees F, but vapor can result	Immediate pain. Other symptoms shortly thereafter. Can be lethal in large doses.
AC (Hydrogen cyanide) (NP) (5.0) CK (Cyanogen chloride) (NP) (6)	74-90-8 506-77-44	Blood	Cherry red skin or lips Rapid breathing Dizziness Nausea, vomiting Headache Convulsions Death	Rapid evaporating liquids	Can cause death in 6 to 8 minutes
CG (Phosgene) (NP) (1.5) Chlorine (NP) (.4)	75-44-5	Choking	Eye and airway irritation Dizziness Tightness of chest Delayed pulmonary edema	Rapid evaporating liquid with odor of newly mown hay. A gas at normal temperature	In very high doses, can result in death after several days.

Symbols: (P = Persistent) (NP = Non-persistent) (PEL = Permissible exposure limit) (PPM = Parts per million)

Figure 2 (Biological Agent Summary) to Appendix 6 (Hazard Agents and Hazard Assessment)

Biological Agent Summary								
<u>Disease</u>	<u>Method of Dissemination</u>	<u>Passed Man to Man</u>	<u>Infective Dose</u>	<u>Incubation Period</u>	<u>Duration of Illness</u>	<u>Lethality</u>	<u>Persistence</u>	<u>Hazard Class</u>
Anthrax	Spores in aerosol	No (except cutaneous)	8000 to 10,000 spores	1 to 5 days	3 to 5 days (usually fatal)	High	Very stable, spores remain viable for years in soil	6.2
Cholera	1. Sabotage (food and water) 2. Aerosol	Rare	>10 organisms	12 hours to 6 days	≥1 week	Low with treatment high without	Unstable in aerosols and fresh water, stable in saltwater	6.2
Pneumonic plague	Aerosol	High	<100 organisms	1 to 3 days	1 to 6 days usually fatal	High unless treated within 12 to 24 hours	For up to 1 year in soil, 270 days in bodies	6.2
Tularemia	Aerosol	No	1 to 50 organisms	1 to 10 days	≥2 weeks	Moderate if untreated	For months in moist soil and other media	6.2
Q fever	1. Aerosol 2. Sabotage (food supply)	Rare	10 organisms (aerosol)	14 to 26 days	Weeks	Very low	For months on wood and sand	6.2
Ebola	1. Direct contact (endemic) 2. Aerosol (BW)	Moderate	1 to 10 plague forming units for primates	4 to 15 days	Death between 7 to 16 days	High for Zaire strain, moderate with Sudan	Relatively unstable	6.2
Smallpox	Aerosol	High	Assumed low	10 to 12 days	4 weeks	High to moderate	Very stable	6.2
Venezuelan Equine Encephalitis	1. Aerosol 2. Infected vectors	Low	Assumed very low	1 to 6 days	Days to weeks	Low	Relatively unstable	6.2
Botulinum Toxin	1. Aerosol 2. Sabotage (food and water)	No	0.001ug/kg is LD50	Variable (hours to days)	Death in 24 to 72 hours, lasts months if not lethal	High without respiratory support	For weeks in non-moving water and food	6.1
T-2 Mycotoxins	1. Aerosol 2. Sabotage	No	moderate	2 to 4 hours	Days to months	Moderate	For years at room temperature	6.1
Ricin	1. Aerosol 2. Sabotage (food and water)	No	3 to 5 ug/kg is LD50	Hours to days	Days; death within 10 to 12 days for ingestion	High	Stable	6.1
Staphylococcal Enterotoxin B	1. Aerosol 2. Sabotage (food supply)	No	Clinical illness from picogram range	1 to 6 hours	Hours	<1%	Resistant to freezing	6.1

Figure 3 (Radiation Exposure Effects on Personnel) to Appendix 6 (Hazard Agents and Hazard Assessment)

Radiation Exposure Effects on Personnel				
RAD Dose Range	Initial Symptoms	Time of Initial Symptoms (Approx)	Performance Capability (Mid-Dose Range)	Final Disposition
0 to 75	None to slight incidence of transient headache and nausea. Vomiting in up to 5 percent of personnel in upper part of range.	6 to 12 hours	Effective	No restriction
75 to 100	Transient mild nausea and vomiting in 5 to 30 percent of personnel.	6 to 20 hours	Effective	No deaths, no restriction
150 to 300	Transient mild to moderate nausea and vomiting in 20 to 70 percent of personnel. Mild to moderate fatigability and weakness in 25 to 60 percent of personnel.	3 hours to 2 days	DT: PD from 4 hours until recovery. UT: PD from 6 to 19 hours. PD: 6 weeks until recovery	No restriction; less than 5 percent deaths at low end of exposure range; death may occur in 10 percent of personnel.
300 to 530	Transient moderate nausea and vomiting in 50 to 90 percent of personnel. Moderate fatigability in 50 to 90 percent of personnel.	2 hours to 3 days	DT: PD from 3 hours until death or recovery. UT: PD from 4 hours until 40 hours, and 2 weeks until death or recovery.	No restriction at low end of exposure range; less than 10 percent deaths. At high end of exposure range, death may occur in more than 50 percent of personnel beginning after 4 weeks.
530 to 830	Moderate to severe nausea and vomiting in 80 to 100 percent of personnel.	1 hour to 2 days	DT: PD from 2 hours until 3 weeks. CI: from 3 weeks until death.	At low end of exposure range death may occur in more than 50 percent of personnel beginning after 4 weeks. At high end of exposure range, 99 percent beginning after 3 weeks.
830 to 1500	Moderate to severe fatigability and weakness in 90 to 100 percent of personnel. Moderate to severe nausea, vomiting, disorientation and dizziness in 100 percent of personnel; moderate fluid loss in 80 percent of personnel.	2 hours to at least 6 weeks 45 minutes to 2 & 1/2 days	DT: PD from 2 hours to 2 days and 7 days until 4 weeks. DT: PD 1 hour until 6 hours and 1&1/2 days until 1 week. CI: 6 hours until 1&1/2 days and 1 week until death. UT: PD 1&1/2 hours until 8 days. CI: 8 days until death.	1000 RAD: death in 1 to 3 weeks.

Abbreviations: DT = Demanding Task
 UT = Undemanding Task
 PD = Performance Decrement (25% to 75% of performance level)
 CI = Casualty Ineffective (<25% of performance level)