

DELAWARE COUNTY

***COMPREHENSIVE
EMERGENCY
MANAGEMENT PLAN***



Delaware County Board of Supervisors

Adopted July 21, 2004

Acknowledgements

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Planning Committee with cooperation from the

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DELAWARE COUNTY COMPREHENSIVE EMERGENCY MANAGEMENT PLAN

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DELAWARE COUNTY COMPREHENSIVE EMERGENCY MANAGEMENT PLAN

EXECUTIVE SUMMARY

Introduction

This plan results from the recognition on the part of local government and state officials that a comprehensive plan is needed to enhance Delaware County's (the County) ability to manage emergency/disaster situations. It was prepared by County officials working as a team in a planning effort recommended by the New York State Emergency Management Office (SEMO). This plan constitutes an integral part of a statewide emergency management program and contributes to its effectiveness. Authority to undertake this effort is provided by both Article 2-B of State Executive Law and New York State Defense Emergency Act.

The development of this plan included an analysis of potential hazards that could affect the county and an assessment of the capabilities existing in the county to deal with potential problems.

Comprehensive Approach

Dealing with disasters is an ongoing and complex undertaking. Through implementation of risk reduction measures before a disaster or emergency occurs, timely and effective response during an actual occurrence, and provision of both short and long term recovery assistance after the occurrence of a disaster, lives can be saved and property damage minimized.

This process is called Comprehensive Emergency Management to emphasize the interrelationship of activities, functions, and expertise necessary to deal with emergencies. The plan contains three sections to deal separately with each part of this ongoing process.

Management Responsibilities

County departments' and agencies' emergency management responsibilities are outlined in this plan. Assignments are made within the framework of the present County capability and existing organizational responsibilities. The Department of Emergency Services is designated to coordinate all emergency management activities of the County.

Delaware County intends to use the Incident Command System (ICS) to respond to emergencies. ICS is a management tool for the command, control, and coordination of resources and personnel in an emergency.

County responsibilities are closely related to the responsibility of the local levels of government within the County (cities, towns and villages) to manage all phases of an emergency. The County has the responsibility to assist the local governments in the event that they have fully committed their resources and are still unable to cope with any disaster. Similarly, New York State is obligated to provide assistance to the county after resources have been exhausted and the County is unable to cope with the disaster.

The plan describes in detail the centralized direction of requests for assistance and the understanding that the governmental jurisdiction most affected by an emergency is required to involve itself prior to requesting assistance.

Specific emergency management guidance for situations requiring special knowledge, technical expertise, and resources may be addressed in separate annexes attached to the plan. Examples of this type of situation are emergencies resulting from hazardous chemical releases, dam failure, and power outage.

Conclusion

The plan provides a general all-hazards management guidance, using existing organizations, to allow the County to meet its responsibilities before, during and after an emergency.

DELAWARE COUNTY COMPREHENSIVE EMERGENCY MANAGEMENT PLAN

Section I

GENERAL CONSIDERATIONS AND PLANNING GUIDELINES

A. Policy Regarding Comprehensive Emergency Management

1. A wide variety of emergencies caused by nature, technology or human caused actions, result in loss of life, property and income, and disrupts the normal functions of government, communities and families, and cause human suffering.
2. County government must provide leadership and direction to prevent, mitigate, respond to, and recover from dangers and problems arising from emergencies in the County.
3. Under authority of Section 23 of the New York State Executive Law, a county is authorized to develop a Comprehensive Emergency Management Plan to prevent, mitigate, respond to and recover from emergencies and disasters. To meet this responsibility, Delaware County has developed this Comprehensive Emergency Management Plan.
4. This concept of Comprehensive Emergency Management includes three phases:
 - a) Risk Reduction (Prevention and Mitigation)
 - b) Response
 - c) Recovery
5. Risk Reduction (Prevention and Mitigation):
 - a) Prevention refers to those short or long-term activities, which eliminate or reduce the number of occurrences of disasters.
 - b) Mitigation refers to all activities, which reduce the effects of disasters when they do occur.
 - c) Section II of this Plan, Risk Reduction, describes activities to prevent or minimize the impact of hazards in Delaware County.
6. Response
 - a) Response operations may start before the emergency materializes, for example, on receipt of advisories that floods, blizzards, or ice storms could impact the jurisdiction. This increased readiness response phase may include such pre-impact operations as:
 - Detecting, monitoring, and assessment of the hazard
 - Alerting and warning of endangered populations
 - Protective actions for the public
 - Allocating/distributing of equipment/resources

- b) Most response activities follow the immediate impact of an emergency. Generally, they are designed to minimize casualties and protect property to the extent possible through emergency assistance. They seek to reduce the probability of secondary damage and speed recovery operations.
- c) Response operations in the affected area are the responsibility of and controlled by the local municipalities, supported by the county emergency operations as appropriate.
- d) If a municipality is unable to adequately respond, County response operations may be asked to assume a leadership role.

7. Recovery

Recovery activities are those following a disaster to restore the community to its pre-emergency state, to correct adverse conditions that may have led to the damage, and to protect and improve the quality of life in the community. It includes risk reduction actions to prevent or mitigate a recurrence of the emergency.

B. Purpose and Objectives of the Plan

1. This Plan sets forth the basic requirements for managing emergencies in Delaware County:
2. The objectives of the Plan are:
 - a) To identify, assess and prioritize local and regional vulnerabilities to emergencies or disasters and the resources available to prevent or mitigate, respond to, and recover from them.
 - b) To outline short, medium and long range measures to improve the County's capability to manage hazards.
 - c) To provide that County and local governments will take appropriate actions to prevent or mitigate effects of hazards and be prepared to respond to and recover from them when an emergency or disaster occurs.
 - d) To provide for the efficient utilization of all available resources during an emergency.
 - e) To provide for the utilization and coordination of local government, state and federal programs to assist disaster victims, and to prioritize the response to the needs of the elderly, disabled, low income, and other groups which may be inordinately affected.
 - f) Provide for the utilization and coordination of state and federal programs for recovery from a disaster with attention to the development of mitigation programs.

C. Legal Authority

This Plan, in whole or in part, may rely upon the following laws for the power necessary for its development and implementation.

1. New York State Executive Law, Article 2-B
2. New York State Defense Emergency Act, as amended
3. Federal Robert T. Stafford Disaster Relief and Emergency Assistance Act
4. Federal Civil Defense Act of 1950, as amended

D. Concept of Operations

1. The primary responsibility for responding to emergencies rests with the local governments of towns and villages and with their Chief Executive.
2. Local governments and the emergency service organizations play an essential role as the first line of defense.
3. Responding to a disaster, local jurisdictions are required to utilize their own facilities, equipment, supplies, personnel and resources first.
4. The local chief executive has the authority to direct and coordinate disaster operations and may delegate this authority to a local coordinator.
5. When local resources are inadequate, the Chief Executive of a town, village or may obtain assistance from other political subdivisions and the County government.
6. The Chairman of the Board of Supervisors may coordinate responses for requests for assistance for the local governments.
7. The Chairman of the Board of Supervisors has the authority to direct and coordinate County disaster operations.
8. The Chairman of the Board of Supervisors may obtain assistance from other counties or the State when the emergency disaster is beyond the resources of Delaware County.
9. The Chairman of the Board of Supervisors has assigned the Director of the Department of Emergency Services the responsibility to coordinate County emergency management activities.
10. Delaware County will utilize the Incident Command System (ICS) to manage all emergencies requiring multi-agency response. Delaware County recommends and encourages all local governments in Delaware County to utilize ICS.
11. A request for assistance to the State will be submitted, by the Director of Emergency Services, through the Region II Office of the New York State Emergency Management Office (SEMO) located in Poughkeepsie, New York and presupposes the utilization and expenditure of personnel and resources at the local level.

12. State assistance is supplemental to local emergency efforts.
13. Direction and control of State risk reduction, response and recovery actions is exercised by New York State Disaster Preparedness Commission (DPC), coordinated by the State Emergency Management Office.
14. Upon the occurrence of an emergency or disaster clearly beyond the management capability and emergency resources of State and local governments, the Governor may find that federal assistance is required and may request assistance from the President by requesting a declaration of a major disaster or emergency.

E. Advisory and Plan Maintenance

1. The Director of the Department of Emergency Services is responsible for maintaining and updating this Plan.
2. This plan represents general guidelines, which can be modified by emergency personnel as appropriate.
3. This plan does not create any right or duty that is enforceable in a court of law.

DELAWARE COUNTY COMPREHENSIVE EMERGENCY MANAGEMENT PLAN

Section II

RISK REDUCTION

A. Designation of County Hazard Mitigation Coordinator

1. The Delaware County Planning Director has been designated by the County Board of Supervisors as the County Hazard Mitigation Coordinator.
2. The County Hazard Mitigation Coordinator is responsible for coordinating County efforts in reducing hazards in Delaware County.
3. All County agencies will participate in risk reduction activities with the County Hazard Mitigation Coordinator.
4. The Hazard Mitigation Coordinator will participate as a member of the County Emergency Planning Committee.
5. The County Emergency Planning Committee consists of representatives of the following departments and any other as deemed necessary by the County Board of Supervisors:

Director of Emergency Services
Director of Public Health
Commissioner of Public Works
Delaware County Sheriff
Planning Director
Delaware County Board of Supervisors

B. Identification and Analysis of Potential Hazards

1. The County Emergency Planning Committee, in conjunction with the Director of the Department of Emergency Services will:
 - a) Identify potential hazards in the County
 - b) Determine the probable impact each of those hazards could have on people and property
 - c) Delineate the geographic areas affected by potential hazards, plot them on maps, and designate them as hazard areas

2. Significant potential hazards to be identified and analyzed include natural, technological, and human-caused hazards.
3. To comply with (1) and (2) above, hazards that pose a potential threat have been identified and analyzed by the Emergency Planning Committee using the program *HAZNY*, provided by the State Emergency Management Office.
4. This hazard analysis:
 - a) Provides a basic method for analyzing and ranking the identified hazards, including identification of geographic areas and populations at risk to specific hazards.
 - b) Establishes priorities for planning for those hazards receiving a high ranking of significance.
 - c) Was conducted in accordance with guidance from the New York State Emergency Management Office.
 - d) After completion is filed with the Region II office of SEMO and is on file in draft form.
 - e) Is to be reviewed and updated every three years.
5. The rating and ranking results of the hazard analysis are found in Attachment 1.
6. The complete Hazard Analysis results, including computerized maps identifying the location of hazard areas, are located in the Delaware County Department of Emergency Services.

C. Risk Reduction Policies, Programs and Reports

1. County agencies are authorized to:
 - a) Promote policies, programs and activities to reduce hazard risks in their area of responsibility
 - b) Examples of the above are:
 - Encourage municipalities to adopt comprehensive community development plans, zoning ordinances, subdivision regulations, and building codes that are cognizant of and take into account significant hazards in the county.
 - Promote compliance with and enforcement of existing laws, regulations, and codes that are related to hazard risks, e, g., building and fire codes, flood plain regulations.
 - Encourage and assist water and wastewater treatment plants to replace chlorine use with a safer disinfectant.

- Encourage and participate in municipal stream channel maintenance programs.
 - Encourage state and local DOT's to address dangerous conditions on roads used by hazardous materials carriers.
2. The Delaware County Planning Board is responsible for land use management of county owned land and the review of land use management actions throughout the county, including:
 - Authorizing County land use management programs
 - Advising and assisting local governments in the county in developing and adopting comprehensive master plans for community development, zoning ordinances, subdivision regulations and building codes
 - Assisting and advising the Local Planning Boards in the review process of local zoning and subdivision actions
 - Participation in SEQRA review of proposed projects in the County
 3. In all of the above activities, the County Planning Board will take into account the significant hazards in Delaware County.
 4. The Director of the Department of Emergency Service and the County Hazard Mitigation Coordinator will identify specific hazard reduction actions that could be taken for those hazards determined by the hazard analysis to be most significant.
 5. For each hazard reduction action identified, the following information is to be included:
 - a) A description of the action
 - b) A statement on the technical feasibility of the action
 - c) The estimated cost of the action
 - d) The expected benefits of the action and the estimated monetary value of each benefit
 - e) An estimate of the level of community support for the action
 6. This information will be consolidated into a Risk Reduction Report.
 7. The Risk Reduction Report will prioritize and make recommendations concerning the identified actions.

D. Emergency Response Capability Assessment

1. Periodic assessment of the county's capability to manage the emergencies that could be caused by the hazards identified in the County is a critical part of Risk Reduction.
2. The Director of the Department of Emergency Services, on a periodic basis will assess the county's current capability for dealing with those significant hazards that have been identified and analyzed, including but not limited to:
 - The likely time of onset of the hazard

- The impacted communities' preparedness levels
 - The existence of effective warning systems
 - The communities' means to respond to anticipated casualties and damage
3. To assist the Planning Committee in its assessment, the Director of the Department of Emergency Services will conduct annual tabletop and periodic full-scale exercises based upon specific hazards and hazard areas.

E. Training of Emergency Personnel

1. The Delaware County Director of the Department of Emergency Services has the responsibility to:
- a) Arrange and provide, with the assistance of the New York State Emergency Management Office, the conduct of training programs for County emergency response personnel
 - b) Encourage and support training for county, town and village emergency response personnel, including volunteers
 - c) Such training programs will:
 - Include information on the characteristics of hazards and their consequences and the implementation of emergency response actions including protective measures, notification procedures, and available resources
 - Include Incident Command System (ICS) training, focusing on individual roles
 - Provide personnel with the training on a variety of skills necessary to help reduce or eliminate hazards and increase their effectiveness to respond to and recover from emergencies of all types
 - Be provided for crisis situations, that requires additional specialized training and refresher training
 - Administer State and county sponsored fire and EMS training programs.
2. All county departments and agencies assigned emergency functions are responsible to participate in county drills and training courses.
3. Volunteers participating in emergency services such as fire and rescue operations, ambulance services, first aid and other emergency medical services, Red Cross, Radio Amateur Civil Emergency Services (RACES), should be trained by these services in accordance with established procedures and standards

F. Public Education and Awareness

1. The Director of the Department of Emergency Services is responsible for:
 - a) Providing education on hazards to the young adult and adult public in the county
 - b) Making the public aware of existing hazards in their communities
 - c) Familiarizing the public with the kind of protective measures the county has Developed to respond to any emergency arising from the hazard
2. This education will:
 - a) Cover identified significant hazards
 - b) Be available free of charge
 - c) Be provided by the existing school systems in the county through arrangements with the superintendent of schools
3. Federal Emergency Management Agency (FEMA) pamphlets, books and kits dealing with all aspects of emergency management and materials developed by New York State Emergency Management Office and other State departments, as appropriate, will be made available for use in the program.

G. Monitoring of Identified Hazard Areas

1. Local officials will develop, with the necessary assistance of other county departments, the capability to monitor identified hazard areas, in order to detect hazardous situations in their earliest stages.
2. As a hazard's emergence is detected, this information is to be immediately provided to the Department of Emergency Services or the Delaware County Warning Point (Delaware County Sheriff's Office), as appropriate.
3. When appropriate, monitoring stations may be established regarding specific hazard areas where individuals responsible to perform the monitoring tasks can be stationed.
4. Monitoring tasks include detecting the hazard potential and taking measurements or observations of the hazard. Examples of such are rising water levels, toxic exposure levels, slope and ground movement, mass gatherings, the formation and breakup of ice jams, shore erosion, dam conditions, and others indicated by New York State Public Information Network (NYSPIN).
5. All County hazard monitoring activity will be coordinated with, and make use of where available, local governments, private industry, school districts, utility companies, and volunteer agencies and individuals, as appropriate.

HAZARD ANALYSIS RESULTS FOR DELAWARE COUNTY using *HAZNY* as provided by the State Emergency Management Office

<u>HAZARD</u>	<u>RATING</u>
Flood	328.8
Tornado	307.8
Severe Storm	297.8
Fire	287.2
Explosion	276.8
Ice Jam	266.2
Winter Storm (severe)	261.2
Hazardous Materials in Transit	260.2
Terrorism	254.5
Extreme Temperature	245.5
Water Supply Contamination	241.5
Oil Spill	236.2
Transportation Accident	236.2
Ice Storm	231.8
Infestation	231.8
Wildfire	217.5
Dam Failure	215.8
Utility Failure	215.8
Hazardous Materials at Fixed Site	203.2
Radiological in Transit	183.8
Epidemic	173.8
Drought	164.8
Earthquake	149.2
Fuel Shortage	113.8

These results of the Hazard Analysis were determined by the Delaware County Emergency Planning Committee in August 2003.

DELAWARE COUNTY COMPREHENSIVE EMERGENCY MANAGEMENT PLAN

Section III

RESPONSE

1. Response Organization and Assignment of Responsibilities

A. County Chairman of the Board of Supervisors Responsibilities, Powers, and Succession

1. The Chairman of the Board of Supervisors is ultimately responsible for County emergency response activities and:
 - a) May assume personal oversight of the County emergency response organization if the scope and magnitude of the emergency indicates the necessity of personal management and direction of the response and recovery operations,
 - b) Controls the use of all County owned resources and facilities for disaster response,
 - c) May declare a local state of emergency in consultation with the Director of the Department of Emergency Services, Delaware County Sheriff, Director of Public Health and the County Attorney and may promulgate emergency orders and waive local laws, ordinances, and regulations,
 - d) May request assistance from other counties and the State when it appears that the incident will escalate beyond the capability of County resources,
 - e) May provide assistance at the request of other local governments both within and outside Delaware County.
2. In the event of the immediate unavailability of the Chairman of the Board of Supervisors, the following line of command and succession has been established to ensure continuity of government and the direction of emergency operations:
 - a) The Vice Chairman will assume the responsibilities of that office until the Chairman is available.
 - b) The Sheriff will be in command until the Vice Chairman or Chairman is available.
 - c) The Director of the Department of Emergency Services will be in command until the Sheriff, the Vice Chairman or Chairman is available.

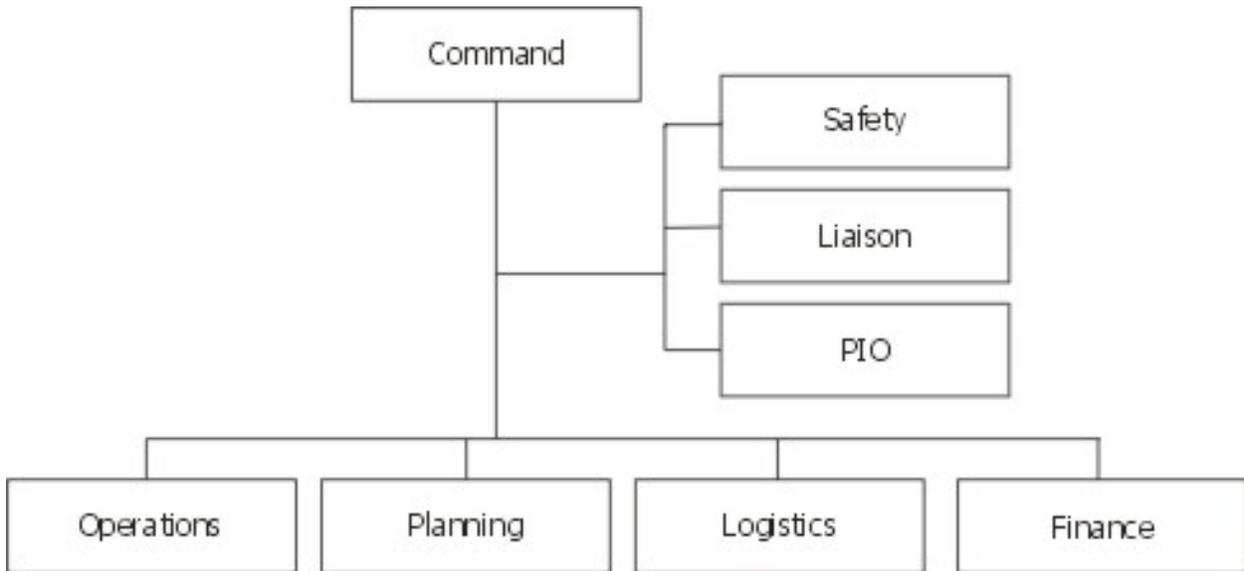
B. The Role of the Director of the Department of Emergency Services

1. The Director of the Department of Emergency Services (Emergency Manager) directs and coordinates county emergency response activities for the Chairman of the Board of Supervisors, and recommends to the Chairman to declare a local state of emergency based on the severity of the situation and the necessity to use additional executive power to respond effectively to the emergency.
2. The Director of the Department of Emergency Services (Emergency Manager)
 - a) Activates the County's response organization and initiates County response activities
 - b) Notifies and briefs County departments, agencies and other organizations involved in an emergency response
 - c) Maintains and manages an Emergency Operations Center
 - d) Facilitates coordination between the County and:
 - The Incident Commander
 - Towns and villages in the County
 - Local governments outside the County
 - State Emergency Management Office
 - Private emergency support organizations.

C. The County Emergency Response Organization

1. The Incident Command System (ICS)
 - a) Delaware County endorses the use of the Incident Command System (ICS), as developed by the National Interagency Incident Management System (NIIMS), and formally adopted by the State of New York, for emergencies requiring multi-agency response. ICS allows flexibility in its implementation so that its structure can be tailored to the specific situation at hand. ICS should be initiated by the emergency forces first responding to an incident
 - b) ICS is organized by functions. There are five:
 - Command
 - Operations
 - Planning
 - Finance
 - Logistics
 - c) Under ICS, an Incident Commander (IC) has the overall responsibility for the effective on-scene management of the incident, and must ensure that an adequate organization is in place to carry out all emergency functions.
 - d) The IC directs emergency operations from an Incident Command Post, the only command post at the emergency scene.

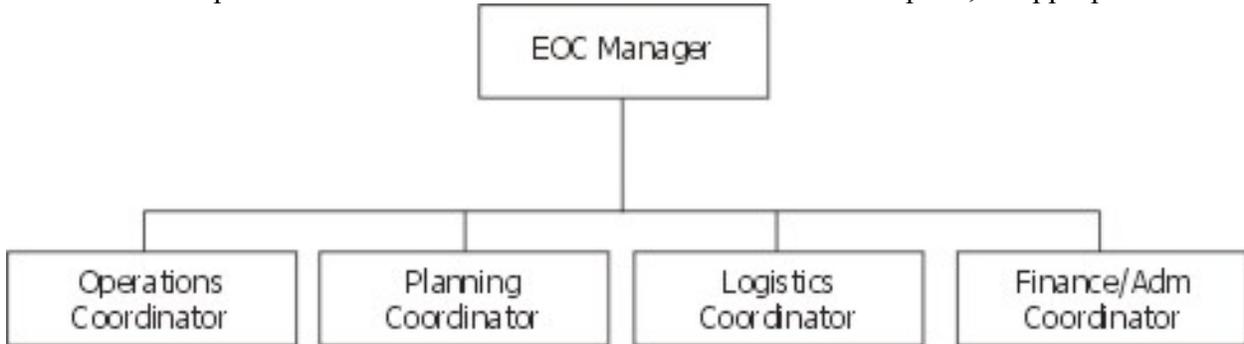
- e) In minor incidents, the five ICS functions may all be managed directly by the IC. Larger incidents usually require that one or more of the functions be set up as separate sections under the IC.
- f) Within the Command function, the IC has additional responsibilities for Safety, Public Information, and Liaison. These activities can be assigned to staff under the IC.
- g) An on scene ICS with all five functions organized as sections is depicted below:



- h) During an emergency County response personnel must be cognizant of the Incident Command System in place and their role in it. Some County personnel may be responders to the scene and part of the on-scene ICS structure in a functional or staff role. Other County personnel may be assigned to the County Emergency Operations Center (EOC) or other locations where they will provide support to the responders at the scene. All County response personnel not assigned to the on-scene ICS will be coordinated by or through the Director of the Department of Emergency Services.
- i) The Incident Commander is usually selected due to his or her position as the highest ranking responding officer at the scene. The IC must be fully qualified to manage the incident. As an incident grows in size or becomes more complex a more highly qualified Incident Commander may be assigned by the responsible jurisdiction. Thus, a County official could be designated as the IC.
- j) A major emergency encompassing a large geographic area may have more than one emergency scene. In this situation, separate Incident Commanders may set up command at multiple locations. In this case, an Area Command may be established.

The Area Command is structured similar to a normal ICS with one exception; the Incident Commander is called the Incident Manager to whom all Incident Commanders report. A County official could be designated as an Incident Manager and numerous County response personnel assigned to the Area ICS.

- k) County response personnel operating at the EOC will be organized by ICS function, as depicted below and interface with their on-scene counterparts, as appropriate.



- l) Whenever the ICS is established, County response forces should be assigned to specific ICS functions wherever they are needed including at the scene, at the EOC in a support role, or at an Area Command, if established. See Table 1 for probable ICS functional assignments by agency. Assignments may change as situation dictates or as directed by the EOC Manager.

2. Agency Responsibilities

The Chairman of the Board of Supervisors shall exercise ultimate responsibility and oversight for emergency response, and shall delegate ICS responsibilities as described in table one, or as special circumstance warrants.

2. Managing Emergency Response

A. Incident Command Post and Emergency Operations Center

- 1. On-scene emergency response operations will be directed and controlled by the Incident Manager from an Incident Command Post located at or near the emergency site. This will be the only command post at the emergency scene. All other facilities at the scene used by agencies for decision-making should not be identified as a command post.

TABLE 1 - ICS Function and Response Activities by Agency

AGENCY	ICS FUNCTION	RESPONSE ACTIVITIES
Chairman of the Board of Supervisors	Responsible Authority Public Information	Ultimate situation responsibility; Declaration of State Emergency; Promulgation of emergency orders; Emergency Public Information

Dept. Emergency Services	Command and Control All ICS Sections	Activation and Coordination of the EOC; Liaison and Coordination with Gov'ts and organizations;
	Operations	Fire Suppression and Control; Search and Rescue; HAZMAT Exposure Control
Local PD/Sheriff's Dept	Operations	Communications, Warning, Law Enforcement, Security, Criminal Investigation, Death Investigation
Public Health/EMS	Operations	Medical Care and Treatment; Disease and Pest Control
	Safety	Emergency Worker Protection
Public Works Dept.	Operations	Debris Removal and Disposal; Damage Assessment; Sewage Control
Social Services	Operations	Human Needs Assessment
Office for the Aging	Operations	Human Needs Assessment
Planning Department	Planning	Situation Assessment and Documentation; Advance Planning
Mental Health	Operations	Crisis Counseling
Coroner	Operations	Identification and Disposal of Dead
American Red Cross	Operations	Temporary Housing and Shelter; Emergency Food and Clothing
County Clerk	Logistics	Supply and Procurement; Information Systems
Personnel Director	Logistics	Human Resources
Purchasing Director (Clerk of the Board)	Finance/Administration	Purchasing; Accounting; Record-keeping

2. The County EOC will be used to support Incident Command Post activities and to coordinate County resources and assistance. The EOC can also be used as an Area Command Post when Area Command is instituted.
3. A Command Post will be selected by the Incident Commander based upon the logistical needs of the situation and located at a safe distance from the emergency site.
4. The County EOC is located at the Delaware County Public Safety Building in Delhi, New York.
5. If a disaster situation renders the EOC inoperable, an auxiliary EOC may be established at the New York State Police barracks Troop C, in Sidney, New York.
6. The EOC can provide for the centralized coordination of County and private agencies' activities from a secure and functional location.
7. County agencies and other organizations represented at the EOC will be organized according to ICS function under the direction of the Director of the Department of Emergency Services.

8. Though organized by ICS function, each agency's senior representative at the EOC will be responsible for directing or coordinating his or her agency's personnel and resources. Where the agency is also represented at the scene in an ICS structure, the EOC representative will coordinate the application of resources with the agency's representative at the scene.
9. The Director of the Department of Emergency Services is responsible for managing the EOC or auxiliary EOC during emergencies.
10. If required, the EOC will be staffed to operate continuously on a twenty-four hour a day basis. In the event of a 24-hour operation, two 12 ½ hour shifts will be utilized. (The additional ½ hour is for shift change briefings.) Designation of shifts will be established as conditions warrant by the Director of the Department of Emergency Services.
11. Each agency will routinely identify its personnel assigned to the EOC. This identification is to be provided to the Emergency Manager and updated quarterly.
12. Work areas will be assigned to each agency represented at the EOC.
13. Internal Security at the EOC during an emergency will be provided by the County Sheriff's Department:
 - a) All persons entering the EOC will be required to check in at the security desk located at the main entrance
 - b) All emergency personnel will be issued a pass (permanent or temporary) to be worn at all times while in the EOC
 - c) Temporary passes will be returned to the security desk when departing from the premises
14. EOC space should be maintained in an emergency operating mode by the Department of Emergency Services at all times. During non-emergency periods, the EOC can be used for meetings, training and conferences.
15. The ICS Planning function is responsible for emergency situation reporting at the EOC and has established procedures and forms to be used.
16. The Emergency Manager maintains Standard Operating Guides for activating, staffing and managing the EOC. These SOGs can be found as Appendix III-1 to this section of the plan.

B. Notification and Activation

1. As described in Appendix 1, upon initial notification of an emergency to the County Warning Point, the Warning Point will immediately alert the appropriate County

official(s). This initial notification sets into motion the activation of County emergency response personnel.

2. Each emergency is to be classified into one of four County Response Levels according to the scope and magnitude of the incident.

- a) Response Level 1: Non-emergency situation, facility readiness status maintained through planning sessions, training, drills and exercises.
- b) Response Level 2: Controlled emergency situation without serious threat to life, health, or property, which requires no assistance beyond initial first responders.
- c) Response Level 3: Limited emergency situation with some threat to life, health, or property, but confined to limited area, usually within one municipality or involving small population.
- d) Response Level 4: Full emergency situation with major threat to life, health, or property, involving large population and/or multiple municipalities, State/Federal involvement.

3. Emergency response personnel will be activated according to the Response Level classification:

- For Response Level 1, the staff has normal, day-to-day operations.
- For Response Level 2, the staff of the Department of Emergency Services is activated.
- For Response Level 3, the staff of the Department of Emergency Services is activated and augmented by select members of the county response organization as determined by the Director of the Department of Emergency Services.
- For Response Level 4, an all-hands classification, requiring full EOC staffing is achieved as soon as possible. Except for first responders to the scene, assignment of County response personnel to other locations including the emergency scene will be made through the EOC.

See Appendix III-1 for further details.

C. Assessment and Evaluation

1. As a result of information provided by the EOC Section Coordinators, the Command Section will, as appropriate, in coordination with the on scene Incident Commander:

- a) Develop policies by evaluating the safety, health, economic, environmental, social, humanitarian, legal and political implications of a disaster or threat;

- b) Analyze the best available data and information on the emergency;
- c) Explore alternative actions and consequences;
- d) Select and direct specific response actions.

D. Declaration of Local State of Emergency and Promulgation of Local Emergency Orders

1. In response to an emergency, or its likelihood, upon a finding that public safety is imperiled, the County Executive may proclaim a state of emergency pursuant to section 24 of the State Executive Law.
2. Such a proclamation authorizes the County Executive to deal with the emergency situation with the full executive and legislative powers of county government.
3. This power is realized only through the promulgation of local emergency orders. For example, emergency orders can be issued for actions such as:
 - Establishing curfews
 - Restrictions on travel
 - Evacuation of facilities and areas
 - Closing of places of amusement or assembly
4. Appendix III-2 describes the requirements for proclaiming a State of Emergency and promulgating Emergency Orders.
5. Chief Executives of towns and villages in Delaware County have the same authority to proclaim states of emergency and issue emergency orders within their jurisdiction. Whenever a State of Emergency is declared in Delaware County or Emergency Orders issued, such action will be coordinated, beforehand, with the affected municipality.
6. Emergency responders have implicit authority and powers to take reasonable immediate action to protect lives and property absent an emergency declaration or emergency orders.

E. Public Warning and Emergency Information (Appendix III-3)

1. In order to implement public protective actions there should be a timely, reliable and effective method to warn and inform the public.
2. Activation and implementation of public warning is an Operations section responsibility.
3. Information and warnings to the public that a threatening condition is imminent or exists can be accomplished through the use of the following resources. Though public warning

may, in many cases, be implemented solely by on-scene personnel, the use of the systems in (a), (b), and (c) below require strict coordination with the EOC:

- a) A verbal agreement exists between the Director of the Department of Emergency Services and the Delaware County Broadcast network. This agreement allows for the dissemination of emergency information directly to the public via local broadcasting media.
 - b) NOAA Weather Radio (NWR) - is the “Voice of the National Weather Service” providing continuous 24-hour radio broadcasts of the latest weather information including severe weather warnings directly from the Weather Service office in Binghamton? NWR will also broadcast non-weather-related emergency warnings. NWR broadcasts on select high-band FM frequencies, not available on normal AM-FM radios. Radios with NWR frequencies, automated alarm capabilities, and Specific Area Message Encoding (SAME) technology are generally available.
 - c) Community Alert Network (CAN): CAN is an auto-dial up system that uses a municipalities 911 system to alert the public directly via telephone. This system is capable of dialing up to 8,600 occupancies per hour, 24 hours a day, and can be programmable to give pre-recorded messages to the public.
 - d) Emergency service vehicles with siren and public address capabilities - Many police and fire vehicles in the County are equipped with siren and public address capabilities. These vehicles may be available, in part, during an emergency for “route alerting” of the public. This capability exists County-wide but should not be relied upon for public warning.
 - e) Door-to-door public warning can be accomplished in some situations by the individual alerting of each residence/business in a particular area. This can be undertaken by any designated group such as auxiliary police, regular police, fire police, and regular firefighters, visiting each dwelling in the affected area and relating the emergency information to the building occupants. To achieve maximum effectiveness, the individual delivering the warning message should be in official uniform.
4. The County Department of Emergency Services will advocate, as part of their normal dealing with special institutions such as schools, hospitals, nursing homes, major industries and places of public assembly, that they obtain and use tone-activated receivers/monitors with the capability to receive NOAA Weather Radio (NWR) with SAME reception.
 5. Special arrangements may be made for providing warning information to the hearing impaired and, where appropriate, non-English speaking population groups.

6. In consultation with the Director of Emergency Services, the Chairman of the Board of Supervisors will designate a County Public Information Officer (PIO). The Command Staff position of Public Information Officer may in coordination with on-scene Incident Command:
 - a) Establish and manage a Joint News Center (JNC) from where to respond to inquiries from the news media and coordinate all official announcements and media briefings
 - b) Authenticate all sources of information being received and verify accuracy
 - c) Provide essential information and instructions including the appropriate protective actions to be taken by the public, to the broadcast media and press
 - d) Coordinate the release of all information with the key departments and agencies involved both at the EOC and on-scene
 - e) Control the spreading of rumors
 - f) Arrange and approve interviews with the news media and press by emergency personnel involved in the response operation
 - g) Arrange any media tours of emergency sites
7. The JNC may be established at the EOC or at any location where information flow can be maintained, without interfering with emergency operations.

F. Emergency Medical and Public Health

1. A high impact disaster can cause injury and death to large numbers of people. In addition, damage to and destruction of homes, special facilities, and vital utilities may place the public at substantial risk of food and water contamination, communicable diseases, and exposure to extreme temperatures.
2. There may be established within the Operations section an appropriately designed Emergency Medical/Public Health function to ensure that health and medical problems are being addressed.

G. Meeting Human Needs

1. The Planning and Operations functions are responsible for ascertaining what human needs have been particularly affected by an emergency and responding to those unmet needs with the available resources of County and local government and with the assistance of volunteer agencies and the private sector.
2. There may be established within the Operations section a Human Needs Group to perform the tasks associated with (1) above, headed by the Office for the Aging.

3. There is a Delaware County Human Service Coordinating Council comprised of representatives from Delaware County Departments: Social Services, Youth Bureau, Probation, Mental Health, Public Health, Sheriff, and Office for the Aging, Alcoholism Council, Stop DWI, Personnel Director, Countryside Care Center and Planning. Local agencies such as Cornell Cooperative Extension, Hospice and Delaware Opportunities and other volunteer groups and the private sector, whose purpose is to assist in the coordination of the delivery of human services during severe weather in Delaware County and to advise the Director of the Department of Emergency Services on human needs issues.
4. The Delaware County Human Service Coordinating Council will serve as the Human Needs Branch whenever such a Branch is utilized.

H. Restoring Public Services

1. The Operations and Planning sections are responsible for ascertaining the emergency's effect on the infrastructure and the resultant impact on public services including transportation, electric power, fuel distribution, public water, telephone, and sewage treatment and ensuring that restoration of services is accomplished without undue delay.
2. There may be established within the Operations section a Public Works function, assigned appropriately, to perform the tasks associated with (1) above.
3. In the event of a major power outage, the Operations section will maintain communications with representatives from New York State Electric and Gas (NYSEG) the Delaware County Electrical Cooperative and local phone companies for the purpose of facilitating communications and information flow between the utility and the Operations section.
4. During response operations relating to debris clearance and disposal, Delaware County should act in cognizance of and in cooperation with the County debris clearance policy. See Appendix III-4b, Delaware County debris clearance policy.

I. Resource Management

1. The Planning function is responsible for the identification and allocation of additional resources needed to respond to the emergency situation.
2. Resources owned by the municipality in which the emergency exists should be used first in responding to the emergency.
3. All County-owned resources are under the control of the Chairman of the Board of Supervisors during an emergency and can be utilized as necessary.

4. Resources owned by other municipalities in and outside of Delaware County can be utilized upon agreement between the requesting and offering government.
5. Resources owned privately cannot be commandeered or confiscated by government during an emergency. However, purchases and leases of privately owned resources can be expedited during a declared emergency. In addition, it is not uncommon for the private sector to donate certain resources in an emergency.

J. Standard Operating Guides and other supporting plans.

1. Each County agency assigned responsibility under this Response portion of the plan is required to have its own Standard Operating Guides (SOGs). These SOGs address activation of personnel, shift assignments at the EOC, assignment to the field including the Incident Command Post (if applicable), coordination with other agencies, drills, exercises, and ICS training.
2. Each agency SOG is to be updated at least annually and reviewed at a joint agency planning meeting held each spring.
3. Copies of each SOG are retained by Director of the Department of Emergency Services. .
4. The following documents support this portion of the plan and are appended to it:
 - Appendix III-1- *Standard Operating Guides for the Delaware County Emergency Operations Center (EOC)*
 - Appendix III-2- *Instructions for Declaring a State of Emergency and Issuing Emergency Orders*
 - Appendix III-3 - *Delaware County Emergency Alert System*
 - Appendix III-4 - *New York State Debris Clearance Policy*

DELAWARE COUNTY COMPREHENSIVE EMERGENCY MANAGEMENT PLAN

Section IV

RECOVERY

A. Damage Assessment

1. All local governments in Delaware County must participate in damage assessment activities.
2. The Director of the Department of Emergency Services is responsible for:
 - a) Developing with local governments and fire department a damage assessment program;
 - b) Coordinating damage assessment activities in the County during and following an emergency.
 - c) Designating a Damage Assessment Officer for each emergency.
 - d) Organizing and forming Damage Assessment Teams, and supply them with standard documentation forms.
3. All County departments and agencies, as well as local municipalities in the County, will cooperate fully with the Director of the Department of Emergency Services in damage assessment activities including:
 - a) Pre-emergency:
 - Identifying County agencies, personnel, and resources to assist and support damage assessment activities
 - Identifying non-government groups such as non-profit organizations, trade organizations and professional people that could provide damage assessment assistance
 - Fostering agreements between local government and the private sector for technical support
 - Utilizing geographic information systems (GIS) in damage assessment
 - Participate in annual training
 - b) Emergency:
 - Obtaining and maintaining documents, maps, photos and video tapes of damage
 - Reviewing procedures and forms for reporting damage to higher levels of government
 - Determining if State assistance is required in the damage assessment process

C) Post-emergency:

- Advise County departments and local municipalities of assessment requirements
 - Selecting personnel to participate in damage assessment survey teams
 - Arranging for training of selected personnel in damage assessment survey techniques
 - Identifying and prioritizing areas to survey damage
 - Assigning survey teams to selected areas
 - Completing damage assessment survey reports and maintaining records of the reports
4. County and local government employees and officials will conduct damage assessment. When necessary, fire department personnel will be utilized, as well as non-government personnel.
 5. Each damage assessment team will provide damage assessment reports to the EOC.
 6. Personnel from County departments and agencies, assigned damage assessment responsibilities, will remain under the control of their own departments, but will function under the technical supervision of the Damage Assessment Officer during emergency conditions.
 7. All assessment activities in the disaster area will be coordinated with the Incident Commander.
 8. The Director of the Department of Emergency Services will prepare a Damage Assessment Report which will contain information on
 - destroyed property
 - property sustaining major damage
 - property sustaining minor damage, for the following categories:
 - a) damage to private property in dollar loss to the extent not covered by insurance:
 - homes
 - businesses
 - industries
 - utilities
 - hospitals, institutions and private schools
 - b) damage to public property in dollar loss to the extent not covered by insurance:
 - road systems
 - bridges
 - water control facilities such as dikes, levees, channels
 - public buildings, equipment, and vehicles

- publicly-owned utilities
 - parks and recreational facilities
- c) damage to agriculture in dollar loss to the extent not covered by insurance:
- farm buildings
 - machinery and equipment
 - crop losses
 - livestock
- d) cost in dollar value will be calculated for individual assistance in the areas of mass care, housing, and individual family grants
- e) community services provided beyond normal needs
- f) Debris clearance and protective measures taken such as pumping, sandbagging, construction of warning signs and barricades, emergency levees, etc.
- g) financing overtime and labor required for emergency operations

SEMO's **Damage Assessment Guidance**, with appropriate forms, is available from the County Emergency Management Office.

9. The Chairman of the Board of Supervisors, through the Director of the Department of Emergency Services, will submit the Damage Assessment Report to the State Emergency Management Office, Region 2 Office. It is required for establishing the eligibility for any State and/or Federal assistance.
10. It is essential that, from the outset of emergency response actions, County response personnel keep detailed records of expenditures for:
 - a) Labor used
 - b) Use of owned equipment
 - c) Use of borrowed or rented equipment
 - d) Use of materials from existing stock
 - e) Contracted services for emergency response
 - f) Submitting damage assessment reports to the State Emergency Management Office

Forms for collecting this information are contained in SEMO's *Public Assistance Handbook of Policies and Guidelines for Applicants*, obtainable from the County Emergency Management Office.

11. The Director of the Department of Emergency Services will advise the Chief executives of affected towns and villages to maintain similar detailed records of emergency expenditures, and supply them with standard documentation forms.

12. Unless otherwise designated, the Chairman of the Board of Supervisors will serve as the County's authorized agent in disaster assistance applications to State and Federal government.
13. The County's authorized agent will:
 - a) Attend public assistance applicant briefing conducted by Federal and State Emergency officials.
 - b) Review SEMO's *Public Assistance Handbook of Policies and Guidelines for Applicants*.
 - c) Obtain from the Damage Assessment Officer maps showing disaster damage locations documented with photographs and videotapes.
 - d) Prepare and submit Notice of Interest Public Assistance in applying for Federal Disaster Assistance
 - e) Assign local representative(s) who will accompany the Federal/State Survey Teams(s).
 - f) Follow up with governor's authorized representative and FEMA
 - g) Submit Proof of Insurance, if required.
 - h) Prepare and submit project listing if small project grant.
 - i) Follow eligibility regarding categorical or flexibly funded grant.
 - j) Maintain accurate and adequate documentation for costs on each project.
 - k) Observe FEMA time limits for project completion.
 - l) Request final inspection of completed work or provide appropriate certificates.
 - m) Prepare and submit final claim for reimbursement.
 - n) Assist in the required state audit.
 - o) Consult with governor's authorized representative (GAR) for assistance.
 - p) Maintain summary of damage suffered and recovery actions taken.

B. Planning for Recovery

1. Recovery includes community development and redevelopment.
2. Community development is based on a comprehensive community development plan prepared under direction of local planning boards with technical assistance provided by the Delaware County Planning Department.
3. Comprehensive community development plans are officially adopted by local government as the official policy for development of the community.
4. Localities with public and political support for land use planning and the corresponding plan implementation tools such as zoning ordinances, subdivision regulations, building codes, etc. have pre-disaster prevention and mitigation capability by applying these methods successfully after disasters.
5. A central focal point of analytical and coordinate planning skills which could obtain the necessary political leadership and backing when needed is required to coordinate the

programs and agencies necessary to bring about a high quality level of recovery and community redevelopment.

6. Local Government decides whether the recovery will be managed through existing organizations with planning and coordinate skills or by a recovery task force created exclusively for this purpose.
7. A recovery task force consisting of the County Emergency Planning Committee and other identified necessary personnel will be appointed by the Chairman of the Board of Supervisors to:
 - a) Direct the recovery with the assistance of County departments and agencies coordinated by the Director of Emergency Management.
 - b) Prepare a local recovery and redevelopment plan, unless deemed unnecessary, pursuant to section 28-a of the State Executive Law.
8. The recovery and redevelopment plan shall include;
 - a) Replacement, reconstruction, removal, relocation of damaged/destroyed infrastructures/buildings.
 - b) Establishment of priorities for emergency repairs to facilities, buildings and infrastructures.
 - c) Economic recovery and community development.
 - d) New or amended zoning ordinances, subdivision regulations, building and sanitary codes.
9. The recovery and redevelopment plan will account for and incorporate to the extent practical, relevant existing plans and policies.
10. Prevention and mitigation measures should be incorporated into all recovery planning where possible.
11. Responsibilities for recovery assigned to local governments depend on whether or not a State disaster emergency has been declared pursuant to Article 2-B of the State Executive Law.
12. If the governor declares a state disaster emergency, then under Section 28-a the local governments have the following responsibilities:
 - a) Any County, town or village included in a disaster area shall prepare a local recovery and redevelopment plan, unless the legislative body of the municipality shall determine such a plan to be unnecessary or impractical.
 - b) Within 15 days after declaration of a state disaster, any County, town or village included in such disaster area, shall report to the State Disaster Preparedness Commission (DPC) through SEMO, whether the preparation of a recovery and

redevelopment plan has been started and, if not, the reasons for not preparing the plan.

- c) Proposed plans shall be presented at a public hearing upon five (5) days notice published in a newspaper of general circulation in the area affected and transmitted to the radio and television media for publications and broadcast.
- d) The local recovery and redevelopment plan shall be prepared within 45 days after the declaration of a state disaster and shall be transmitted to the DPC. The DPC shall provide its comments on the plan within 10 days after receiving the plan.
- e) A plan shall be adopted by such County, town or village within 10 days after receiving the comments of the DPC.
- f) The adopted plan:
 - May be amended at anytime in the same manner as originally prepared, revised and adopted; and
 - Shall be the official policy for recovery and redevelopment within the municipality.

C. Reconstruction

1. Reconstruction consists of two phases:

- a) Phase 1-short term reconstruction to return vital life support systems to minimum operating standards;
- b) Phase 2-long term reconstruction and development which may continue for years after a disaster and will implement the officially adopted plans, policies and programs for redevelopment including risk reduction projects to avoid the conditions and after a disaster and will implement officially adopted plans and policies, including risk reduction projects, to avoid conditions and circumstances that led to the disaster.

2. Long term reconstruction and recovery includes activities such as:

- a) Scheduling planning for redevelopment
- b) Analyzing existing State and Federal programs to determine how they may be modified or applied to reconstruction
- c) Conducting of public meetings and hearings
- d) Providing temporary housing and facilities
- e) Public assistance
- f) Coordinating State/Federal recovery assistance
- g) Monitoring of reconstruction progress
- h) Preparation of periodic progress reports to be submitted to SEMO

3. Reconstruction operations must conform to existing State/Federal laws and regulations concerning environmental impact.
4. Reconstruction operations in and around designated historical sites must conform to existing State and FEMA guidelines.

D. Public Information on Recovery Assistance

1. Public Information Officers are responsible for making arrangements with the broadcast media and press to obtain their cooperation in adequately reporting to the public on:
 - a) What kind of emergency assistance is available to the public?
 - b) Who provides the assistance?
 - c) Who is eligible for assistance?
 - d) What kinds of records are needed to document items, which are damaged or destroyed by the disaster?
 - e) What actions to take to apply for assistance.
 - f) Where to apply for assistance.

2. The following types of assistance may be available:
 - a) Food stamps (regular and/or emergency)
 - b) Temporary housing (rental, mobile home, motel)
 - c) Unemployment assistance and job placement (regular and disaster unemployment)
 - d) Veteran's benefits
 - e) Social Security benefits
 - f) Disaster and emergency loans (Small Business Administration, Farmers Home Administration)
 - g) Tax refund
 - h) Individual and family grants
 - i) Legal assistance

3. All the above information will be prepared jointly by the federal, State, and County PIOs as appropriate and furnished to the media for reporting to public.

Appendix III-1

DELAWARE COUNTY
STANDARD OPERATION GUIDE
FOR THE
EMERGENCY OPERATIONS CENTER (EOC)

**STANDARD OPERATING GUIDE
FOR
DELAWARE COUNTY
EMERGENCY OPERATIONS CENTER
(EOC)**

A. INTRODUCTION

1. This Guide is a supplement to the Delaware County Comprehensive Emergency Management
2. Plan, Part III - Response, II - Managing Emergency Response (pgs. III-4 through III-6).
3. The Delaware County Emergency Operations Center (EOC), located at the Delaware County Sheriff's Office serves as a location where multiple agencies and departments coordinate emergency response and recovery activities for the County in support of on-scene operations.
4. The Director of the Department of Emergency Services (Emergency Manager) is responsible for maintaining the EOC in a state of readiness and providing for its continued operation during an emergency.

B. READINESS

1. The Emergency Manager has and maintains:
 - a) A current alert notification procedure for and roster of all government, private sector, and volunteer emergency support services personnel assigned to the EOC.
 - b) A current chart and/or checklist of response activities required during emergencies
 - c) Current maps and data, including a county map depicting municipal boundaries, main roads and waterways; individual maps of each town, village, and city in the county depicting all public roads; and special facility data for each municipality.
 - d) Current copies of the Delaware County Comprehensive Emergency Management Plan.
 - e) A situation display board for recording and reporting during the progress of an emergency.
 - f) A "daily activities" log.
 - g) A current resource inventory.
 - h) EOC space is to be maintained in emergency operations mode by the Emergency Manager at all times. During non-emergency periods, the EOC can be used for meetings, training, and conferences.
2. Delaware County should be aware of the various colors and levels of terrorism threat conditions. Threat Conditions characterize the risk of terrorist attack. Protective Measures

are the steps that will be taken by government and the private sector to reduce vulnerabilities.

Green – Low Condition: Low risk of terrorist attacks. The following Protective Measures may be applied: Refining and exercising preplanned protective measures; ensuring personnel receive training on departmental or agency-specific protective measures; regularly assess facilities for vulnerabilities and take measures to reduce them.

Blue – Guarded Condition: General risk of terrorist attack. In addition to the previously outlined protective measures, the following may be applied: Checking communications with designated emergency response or command locations; reviewing and updating emergency response procedures; providing the public with necessary information.

Yellow – Elevated Condition: Significant risk of terrorist attacks. In addition to the previously outlined protective measures the following may be applied: Increasing surveillance of critical locations; coordinating emergency plans with nearby jurisdictions; assessing further refinement of protective measures within the context of the current threat information; implementing, as appropriate, contingency and emergency response plans.

Orange – High Condition: High risk of terrorist attacks. In addition to the previously outlined protective measures, the following may be applied: Coordinating necessary security efforts armed forces or law enforcement agencies; taking additional precautions at public events; preparing to work at an alternate site or with a dispersed workforce; and restricting access to essential personnel only.

Red – Severe Condition: Severe risk of terrorist attacks. In addition to the previously outlined protective measures, the following may be applied: Assigning emergency response personnel and pre-positioning specially trained teams; monitoring, redirecting or constraining transportation systems; closing public and government facilities; and increasing or redirecting personnel to address critical emergency needs.

C. ACTIVATION

1. Each emergency in Delaware County should be classified into one of four Response Levels, according to the scope and magnitude of the situation:

Response Level 1: No emergency situation, facility readiness status maintained through planning sessions, trainings, drills and exercises.

Response Level 2: Controlled emergency situation without serious threat to life, health, or property, which requires no assistance beyond initial first responders.

Response Level 3: Limited emergency situation with some threat to life, health, or property, but confined to limited area, usually within one municipality or involving small population.

Response Level 4: Full emergency situation with major threat to life, health, or property, involving large population and/or multiple municipalities, State/Federal involvement.

2. Initial notification of an emergency is usually received at the Delaware County 9-1-1 Communications Center where the information is recorded.
3. Upon initial notification of an emergency (or a potential emergency), the Sheriff's Department Communications Center duty supervisor will immediately contact the Director of Emergency Services. The Director of Emergency Services will, based upon all available information, assign a Response Level for the purposes of activating the appropriate county personnel as described below:

For Response Level 1, are the normal day-to-day operations.

For Response Level 2, the staff of the Department of Emergency Services notified and activated as appropriate.

For Response Level 3, the staff of Emergency Services is activated and augmented by select members of the County response organization as determined by the Director of the Department of Emergency Services.

For Response Level 4, full EOC staffing is achieved as soon as possible. Except for first responders to the scene, assignment of County response personnel to other locations including the emergency scene will be made through the EOC.

4. Initial notification of an emergency to a County office or County 911 Center requires the recipient to notify the Delaware County Sheriff's Department.
5. In every situation, the Director of the Department of Emergency Services can modify the EOC staffing as the situation requires.

6. For every emergency, the Response Level can shift from one level to another as the event escalates or de-escalates. EOC staffing should also change accordingly.

D. STAFFING

1. The levels of staffing will vary according to the Response Level and the actual demands of the situation.
2. For a Level 3 emergency, with full EOC staffing, staff may be organized into the five ICS groups: Command, Operations, Planning, Logistics, and Finance/Administration.
3. For Level 4 activation, 24-hour continuous-day EOC operations will likely be necessary until the situation de-escalates.
4. Each agency/organization assigned to the EOC will be prepared to maintain continuous operations using shifts.
5. Upon the initiation of the shifts by the Director of the Department of Emergency Services, each agency will update its shift rosters to the Operations Officer.
6. For lesser emergencies (Levels 1 and 2), where there is no need for a major County response, the formal use at the EOC of distinct ICS groups may be limited. In these situations, the Director of the Department of Emergency Services, under the authority of the Chairman of the Board of Supervisors, will normally be responsible for all ICS functions and may utilize distinct ICS functional components as needed.

E. SITUATION REPORTING

1. The ICS Planning function is responsible for preparation of the Incident Action Plan and emergency situation reporting, and will:
 - a) Provide a uniform reporting format for all situation reporting to ensure that the information reported is precise, concise, and clear.
 - b) After the occurrence of an emergency, ensure that information on the emergency is collected and reported as soon as possible.
 - c) Receive copies of all messages and/or situation reports from the Incident Commander and local and State government officials sent to the EOC pertaining to an emergency situation.
 - d) Periodically request situation reports from each participating agency represented at the EOC.
 - e) Select for posting, in chronological order on the situation board, the crucial situation reports and damage assessment information.
 - f) In preparation of the Incident Action Plan, analyze the situation reports and prepare an overall situation report. The report should contain the following information:
 - Date and time of emergency

- Type, response level, and location
 - Specific area affected (including number of people)
 - Number of injured (estimated)
 - Number of dead (estimated)
 - Extent of damage (estimated)
 - Damage or loss of municipal response equipment
 - Roads closed
 - States of emergency declared
 - Emergency order issued
 - Mutual aid called upon
 - Major actions taken
- g) Provide the report to the EOC Manager, who reports to the Chairman of the Board of Supervisors and the SEMO Regional Office.
- h) Based upon the report, conduct regular briefings to the Command and Operations Section.
- i) The Public Information Officer (PIO) will attend all briefings. The PIO will prepare and give daily press releases for public education and the media.
- j) Prepare and provide follow-up situation reports on a regularly scheduled basis to the Chairman of the Board of Supervisors and the SEMO Regional Office
- k) Maintain an event log to include all pertinent disaster-related information.

F. SECURITY

1. Internal security at the EOC will be provided by the County Sheriff's Department during a Level 3 or 4 emergency; during a Level 1 or 2 emergency, any security requirements will be provided as deemed necessary.
2. All persons entering and exiting the EOC will be required to check in at the security desk, located at the main entrance.
3. All emergency personnel will have proper identification or passes will be issued (permanent or temporary) to be worn at all times while in the EOC.
4. Anyone seen in the EOC without a visible pass will be approached by Sheriff's Department personnel and dealt with appropriately.
5. Temporary passes will be returned to the security desk when departing from the premises.

RESOURCE GUIDE
Emergency Operations Center Representatives

<u>AGENCY</u>	<u>REPRESENTATIVE</u>	<u>PHONE #</u>
American Red Cross		607-538-9610 607-432-4210

DCMO BOCES	Rick Shaw	607-335-1249 (W)
Dept of Public Health	Bonnie Hamilton	607-746-3166 (W)
Dept of Public Works	Wayne Reynolds	607-746-2128 (W)
Dept of Social Services	Mark Hamilton	607-865-6312(W)
Dept of Emergency Services	Nelson Delameter	607-746-9600 (W) 607-746-8988 fax(W) 845-586-4042 (H) 607-434-6404 (Cell) Pager: 607-432-9036 Pin #1295
Cornell Cooperative Extension	Jeanne Darling	607-865-6531 (W) 607-865-6532 (W)Fax
New York State Dept of Transportation (NYSDOT)		607-637-3450 607-498-4289
New York State Electric & Gas (NYSEG)	Oneonta Office	1(800)553-7056
Office for the Aging	Tom Briggs	607-746-6333 (W)
New York State Department of State Office of Fire Prevention and Control (OFPC)		518-474-6746
Planning	Nicole Franzese	607-746-2944 (W)
Public Information Officer	James E. Eisel	607-652-3198(W)
Sheriff's Department	Tom Mills	607-746-3226 (W)
State Emergency Management Office (SEMO)	James Tuffy	518-457-2200(W)
State Police	Sergeant Lynch	607-561-7400 (W)

The following are EOC telephone numbers.

Those designated with “(I)” are Incoming only.

All others are outgoing.

746-7324 (I)
746-7463
746-6094 (I)
746-7220
746-8811
746-2666 (I)
746-8004
746-2505 (I)
746-8810
746-6626 (I)

DELAWARE COUNTY
EMERGENCY DECLARATIONS AND
STATE OF EMERGENCY ORDERS

**INSTRUCTIONS for DECLARING
A STATE OF EMERGENCY AND ISSUING EMERGENCY ORDERS**

A. Declaring a local State of Emergency

1. Only the Chairman of the Board of Supervisors, or a person acting for the Chairman of the Board of Supervisors pursuant to section III.I.A.1. c) of this plan, can declare a local State of Emergency for all of, or anywhere in, Delaware County. Each Town Supervisor and Village Mayor can declare States of Emergency within their jurisdiction.
2. A local State of Emergency is declared pursuant to section 24 of the State Executive Law.
3. It can be declared in response to, or in anticipation of, a threat to public safety. A local State of Emergency should be considered when a dangerous situation is present or imminent and emergency officials are considering protective actions such as:
 - a. Evacuation of people for a large or heavily populated area, street, road, housing development, multi-resident buildings.
 - b. Sheltering people in designated areas or buildings.
 - c. Large-scale closing of roads due to conditions considered dangerous to lives and property.
 - d. Riots or civil unrest
 - e. Hostage situations
 - f. Impending emergency or disaster caused by natural forces (floods, blizzards, ice storms, tornadoes).
4. A local State of Emergency can be issued when a situation exists that has or will place the public at risk and that will require extraordinary measures for proper protection.
5. A declaration of a local State of Emergency may be oral or written.
6. If it is oral, it is best to follow it with a written format.
7. Declaring a local State of Emergency increases the powers of the Chief Executive Officer. These new powers can include
 - a. Issuing emergency orders
 - b. Implementing public protective measures
 - c. Suspending local laws; and
 - d. Requesting supplemental assistance.
8. The declaration should include the time and date, the reason for the declaration, the area involved, and the expected duration.
9. The written declaration should be kept on file in the County Clerk's Office.

10. A local State of Emergency must be declared BEFORE Emergency Orders are issued.
11. If a local State of Emergency is declared and it is determined that the disaster is beyond the capacity of County Resources, the Chairman of the Board of Supervisors may request the Governor to provide assistance from state resources
12. A local State of Emergency should be formally rescinded when the declaration is no longer needed.
13. Only the Chairman of the Board of Supervisors, or person acting for, may rescind a local State of Emergency.
14. Though a rescission may be oral or written, if the declaration was written, the rescission should also be written.
15. The rescission should include the time and date of the original declaration, the reason for the local State of Emergency, and the time and date the State of Emergency is rescinded.
16. If a time limit was indicated in the declaration of a local State of Emergency, it will end automatically at the time and date indicated. If no time limit was specified, the State of Emergency does NOT end automatically.
17. The written rescission should be kept on file in the County Clerk's Office.
18. A declaration of a local State of Emergency provides legal protection and immunities for the Chief Executive and local emergency officials when they make decisions and take actions to respond to disasters or emergencies.
19. A declaration helps make the public aware of the hazards associated with a disaster. It also can emphasize the protective measures needed by citizens.

B. Sample Declaration of a local State of Emergency

A State of Emergency is hereby declared in _____

(area within County or entire County)

Effective at _____ on
(time) (date)

This State of Emergency has been declared due to

(description of situation)

_This situation threatens the public safety.

This State of Emergency will remain in effect until rescinded by a subsequent order.

As the Chairman of the Board of Supervisors of Delaware County,

I, _____,
(name of Chairman of the Board of Supervisors)

exercise the authority given me under section 24 of the New York State Executive Law, to preserve the public safety and hereby render all required and available assistance vital to the security, well being, and health of the citizens of this County.

I hereby direct all departments and agencies of Delaware County to take whatever steps necessary to protect life and property, public infrastructure, and provide such emergency assistance deemed necessary.

(Name)

(Signature)

(Title)

(Date)

C. Issuing local Emergency Orders

1. Local Emergency Orders can be issued only if there is a State of Emergency in effect pursuant to section 24 of the State Executive Law (see section A. above).
2. A Local Emergency Order can require whatever is necessary to protect life and property or to bring the emergency situation under control as long as it is within the constitutional powers of county government.
3. Local Emergency Orders can be issued at the County level only by the Chairman of the Board of Supervisors or a person acting for the Chairman of the Board of Supervisors pursuant to section III.I.A.1. c) of this plan. Each Town Supervisor and Village Mayor can also issue emergency orders for their jurisdiction following the declaration of a local state of emergency by that same executive.
4. Local Emergency Orders must be written.
5. Local Emergency Orders may be amended, modified or rescinded at any time by the Chief Executive during the State of Emergency.
6. Local Emergency Orders should include the time and date they take affect, the reason for the declaration, the area involved, and the duration.
7. A Local Emergency Order expires automatically after five (5) days. It can be rescinded before that by its own terms, or by a recision by the Chairman of the Board of Supervisors. It is also automatically rescinded when the State of Emergency is rescinded.
8. The Chairman of the Board of Supervisors may extend Local Emergency Orders for periods not to exceed five (5) days each during the State of Emergency.
9. Local Emergency Orders must be published as soon as practicable in a newspaper of general circulation in the area affected by the order. It should be published under the paid legal advertisement section. It must also be provided to radio and television media for broadcast.
10. Local Emergency Orders must be executed in triplicate and filed within 72 hours or as soon as practicable in the Office of the County Clerk, and the Office of the Secretary of State.

Appendix III-3

**DELAWARE COUNTY
PUBLIC WARNING SYSTEM**

***EMERGENCY ALERT SYSTEM (EAS) PLAN
FOR
DELAWARE COUNTY, NEW YORK***

PURPOSE

1. To meet Federal guidelines set down for a plan by each county to be established by January 1, 1997.
2. To have a plan to alert the citizens of the affected areas of Delaware County of a natural or technical (including man made) disaster.
3. To give advanced warning to potentially affected citizens on what steps should be taken to prevent injuries or deaths from occurring.

AUTHORITY

Title 47 U.S.C. 161, 154 (1) & (o), 303 (r), 524 (g) & 606; and 47 C.F.R. Part II, FCC Rules & Regulations, Emergency Alert System

OBJECTIVE

The objective of this plan is to document the steps to take for the proper notifications to the sending agency (National Weather Services or media resources) to notify the citizens of Delaware County of an impending emergency whether it be natural or technical (man made) to prevent injury or death.

This document will utilize certain aspects of the Delaware County Comprehensive Emergency Management Plan and the Hazardous Materials Response Annex in order to properly activate the EAS. This plan contains procedures for local officials and/or the National Weather Service to transmit emergency information to the public during a local emergency using the EAS.

This document is intended to supplement existing procedures in the EAS New York State Plan as promulgated by the State Emergency Communications Commission. Acceptance of or participation in this plan shall not be deemed as a relinquishment of program control and shall not be deemed to prohibit a broadcast or cable licensee from exercising her/his independent discretion and responsibility in any given situation. Stations originating emergency communications shall be deemed to have conferred rebroadcast authority. The concept of management of each broadcast station and cable system exercising discretion during the broadcast of emergency instructions to the general public is provided by FCC rules.

WHO CAN ACTIVATE THE PLAN

1. President
2. Governor
3. SEMO

4. County Executive and/or Director of Emergency Services
5. National Weather Service
6. Media (radio, TV, cable) with authorization by one of the above.

AUTHENTICATION

1. An authentication procedure will be established by the County Board of Supervisor Chairman and will be used in order to activate the EAS System:

Code words will be established for tests and emergencies shall be used.

2. A return phone call to the appropriate number shall be made to verify the activation for emergencies.

HAZARDS WHICH REQUIRE PLAN ACTIVATION

1. Hazardous materials incidents which require notification of residential areas, private industries, or municipalities (including schools) for evacuation or shelter-in-place.
2. Natural disaster (notification from National Weather Service probable).
3. Any other major emergency where public would need to be notified.

COMMUNICATIONS WITH THE NATIONAL WEATHER SERVICE

1. Communications with the National Weather Service will be for the following reasons:
 - a. A test of the Emergency Alert System
 - b. An actual emergency where the system needs to be activated.
2. Communications will be by the following means:
 - a. High band radio - SEMO frequency
 - b. Regular telephone
 - c. NYSPIN (Delaware County Sheriff and Emergency Services)
 - d. Cellular phone
 - e. Packet radio
 - f. High band radio - local government

DEFINITIONS

1. Emergency - A situation posing an extraordinary threat to the safety of life and property. Examples are tornadoes, floods, earthquakes, icing conditions, heavy snows, widespread fires, discharge of toxic gases, widespread power failures, industrial explosions, civil disorders and radiological emergencies, etc.
2. Designated Local Government Officials - The person or persons designated by the state and local government as specified in CEMP.

SAMPLE MESSAGES

1. Hazardous Materials

Delaware County Executive has announced that an emergency condition exists at (insert area) and orders the evacuation of all persons living or working in Response Zone 1. Response Zone 1 includes...

2. Weather

The National Weather Service has issued a:

<input type="checkbox"/> Tornado Warning	<input type="checkbox"/> Tornado Watch
<input type="checkbox"/> Severe Thunderstorm Warning	<input type="checkbox"/> Severe Thunderstorm Watch
<input type="checkbox"/> Flash Flood Warning	<input type="checkbox"/> Flash Flood Watch
<input type="checkbox"/> Special Marine Warning	<input type="checkbox"/> Flood Watch
<input type="checkbox"/> Lakeshore Warning	<input type="checkbox"/> High Wind Warning
<input type="checkbox"/> Winter Storm Warning	
<input type="checkbox"/> Blizzard Warning	
<input type="checkbox"/> Flood Warning	

For the following counties in New York State

_Greene _Otsego
_Chenango _Broome _Delaware

The (WARNING/WATCH) is in effect until (TIME AM/PM)

(BRIEF, short-fused information as to the location and movement of storms, communities to be affected and description of hazard.)

Stay tuned to local media or NOAA Weather Radio for more information and further updates on this WATCH/WARNING

Notes: This message should take no longer than 45 seconds to broadcast.

When completed, please initial this sheet and place on clipboard.
Initials:

Activation of EAS In Emergencies

WARNING OF ENDANGERED POPULATIONS

1. Emergency warnings may be received at the Public Safety Building Communication Center through NYSPIN on a 24 hour basis and the statewide EAS system from SEMO.
2. Warnings and information are disseminated to the public over the Emergency Alert System (EAS). EAS is the “voice” of emergency public information.
3. The primary EAS program control station serving Delaware County is established in the CEMP.
4. Notification of the public residing within an area exposed to a disaster will be accomplished by public address systems of local police and fire vehicles or door-to-door notification in rural and urban areas.
5. Special institutions such as schools, hospitals, nursing homes, major industries and places of public assembly will be notified individually. Arrangement will be made for warning the hearing impaired as conditions warrant.
6. Emergency warnings may be received at the EOC of the Department of Emergency Services CD/ODP Division-Delaware County Sheriff’s Department-Communication Center and the NYS Police Information Network (NYSPIN), 24 hours.

SITUATION REPORTING

1. The Director of the Department of Emergency Services will prepare the initial disaster situation report to be submitted to the County Executive and the Region II District Office of the State Emergency Management Office (SEMO).

The report will contain the following information:

- a. Date and time of disaster
 - b. Type of disaster
 - c. General location of disaster
 - d. Specific area affected including the number of people
 - e. Number of injured (estimate)
 - f. Number of dead (estimate)
 - g. Damage or loss of municipal response equipment-assessment
 - h. Roads closed
 - i. Actions taken
2. The Director of the Department of Emergency Services or his designee will prepare follow-up reports.
 3. Statewide emergency situation reports will be received through the National Weather Service (NWS) and the NY State Police Information Networks (NYSPIN).

EMERGENCY PUBLIC INFORMATION - COUNTY OPERATION PROCEDURE

1. In order to implement public protective actions there should be a timely, reliable and effective method to warn and inform the public.
2. Activation and implementation of public warning is an Operations section responsibility.
3. Information and warnings to the public that a threatening condition is imminent or exists can be accomplished through the use of the following resources. Though public warning may, in many cases, be implemented solely by on-scene personnel, the use of the systems in (a), (b), and (c) below require strict coordination with the EOC:
 - a) A verbal agreement exists between the Director of the Department of Emergency Services and the Delaware County Broadcast network. This agreement allows for the dissemination of emergency information directly to the public via local broadcasting media.
 - b) NOAA Weather Radio (NWR) - is the "Voice of the National Weather Service" providing continuous 24-hour radio broadcasts of the latest weather information including severe weather warnings directly from the Weather Service office in Binghamton. NWR will also broadcast non-weather-related emergency warnings. NWR broadcasts on select high-band FM frequencies, not available on normal AM-FM radios. Radios with NWR frequencies, automated alarm capabilities, and Specific Area Message Encoding (SAME) technology are generally available.
 - c) Emergency service vehicles with siren and public address capabilities - Many police and fire vehicles in the County are equipped with siren and public address

capabilities. These vehicles may be available, in part, during an emergency for “route alerting” of the public. This capability exists County-wide but should not be relied upon for public warning.

- d) Door-to-door public warning can be accomplished in some situations by the individual alerting of each residence/business in a particular area. This can be undertaken by any designated group such as auxiliary police, regular police, fire police, and regular firefighters, visiting each dwelling in the affected area and relating the emergency information to the building occupants. To achieve maximum effectiveness, the individual delivering the warning message should be in official uniform.
4. The County Department of Emergency Services will advocate, as part of their normal dealing with special institutions such as schools, hospitals, nursing homes, major industries and places of public assembly, that they obtain and use tone-activated receivers/monitors with the capability to receive NOAA Weather Radio (NWR) with SAME reception.
 5. Special arrangements may be made for providing warning information to the hearing impaired and, where appropriate, non-English speaking population groups.
 6. The Command Staff position of Public Information Officer, or its function, may, in coordination with on-scene Incident Command:
 - a) Establish and manage a Joint News Center (JNC) from where to respond to inquiries from the news media and coordinate all official announcements and media briefings
 - b) Authenticate all sources of information being received and verify accuracy
 - c) Provide essential information and instructions including the appropriate protective actions to be taken by the public, to the broadcast media and press
 - d) Coordinate the release of all information with the key departments and agencies involved both at the EOC and on-scene
 - e) Control the spreading of rumors
 - f) Arrange and approve interviews with the news media and press by emergency personnel involved in the response operation
 - g) Arrange any media tours of emergency sites
 7. The JNC may be established at the EOC or at any location where information flow can be maintained, without interfering with emergency operations.
1. In consultation with the Director of the Department of Emergency Services the County

Executive will designate a County Public Information Officer (PIO) as the authoritative spokesperson for the county.

2. The County Public Information Officer (PIO) will:
 - a. Establish and manage a Joint News Center (JNC) from where to respond to inquiries from the news media and coordinate all official announcements and media briefings
 - b. Authenticate all sources of information being received and verify accuracy
 - c. Provide essential information and instructions including the appropriate protective actions to be taken by the public, to the broadcast media and press
 - d. Coordinate the release of all information with the key departments and agencies involved both at the EOC and on-scene
 - e. Control the spreading of rumors
 - f. Arrange and approve interviews with the news media and press by emergency personnel involved in the response operation
 - g. Arrange any media tours of emergency sites
3. The Public Information Center (PIC) may be established at the EOC or at any location where information flow can be maintained without interfering with emergency operations.
4. The PIC may be located at an "one-stop" center where citizens and news media can obtain information and assistance.

IMMEDIATE PROTECTIVE ACTION

1. Protective action for emergency workers involved in containment, mitigation, assessment and recovery operations will be specific to the situation and the organization involved. The purpose of all protective actions will be to minimize the hazard to emergency response workers and the general public.
2. Depending on the type of disaster, the County Public Health Department, State Health Department, and/or other designated local or state agencies will combine their efforts for monitoring and exposure control.
3. The initial protective action recommendations will be made to the County EOC and to the incident commander. Reports and records will be communicated to and coordinated by the EOC.
4. The assessment of data will be done at the EOC as follows:

- a. All monitoring data received at the EOC will be plotted on overlays.
 - b. Meteorological data received from the agencies and local NOAA stations will be recorded and correlated with monitoring data to construct downwind hazard predictions.
 - c. These analyses will be compared to the more complex and definitive assessments received from state and federal sources.
5. The County Executive, on recommendation of County/State Health and/or other state technical assistance agencies, will order proper exposure control.

EMERGENCY PUBLIC INFORMATION - STATE OPERATION PROCEDURE

EAS dissemination arrangements at these levels originate from State and local governments in accordance with State and local area plans.

1. The EAS may be activated at the state or local area levels by broadcast stations and cable systems at their discretion for day-to-day emergency situations posing a threat to life and property.
2. EAS operations must be conducted as specified in State and local area plans.
3. State Relay (SR) sources monitor the State Relay Network or follow the State EAS Plan for instructions from the State Primary (SP) source.
4. Local Primary (LP) sources monitor the Local Area SR sources to follow the State EAS Plan for instructions.
5. Participating National (PN) and Non-participating National (NN) sources monitor the Local Area LP sources for instructions.
6. Broadcast stations and cable systems participating in the State or Local Area EAS must discontinue normal programming and follow the procedures in the State and Local Area Plans.
7. Upon completion of the State and Local Area EAS transmission procedures, resume normal programming until receipt of the cue from the SR or LP sources in your Local Area. Then broadcast the common emergency message. Resume normal programming at the conclusion of the emergency message.

**NEW YORK STATE EMERGENCY DEBRIS
CLEARANCE
POLICY AND PROCEDURES**

New York State Disaster Preparedness Commission

**NY STATE EMERGENCY DEBRIS CLEARANCE
POLICY AND PROCEDURES**

I. STATE DISASTER EMERGENCY DECLARATION

Under a State Disaster Emergency Declaration (Section 28, New York State Executive Law, Article 2-B), the Governor normally issues an Executive Order which directs State agencies to take such actions as may be necessary to assist affected areas in repairing, restoring and protecting private and public facilities and to provide such other emergency assistance as would protect the public health and safety.

II. STATE EMERGENCY DEBRIS CLEARANCE ASSISTANCE

Frequently, in the aftermath of a disaster, municipalities and public utilities must remove large quantities of downed trees and other debris, as part of their efforts to restore services and clear public streets. When a State Disaster Emergency is declared, State agencies may be directed to assist in those efforts. If that occurs, their activities will be conducted in accordance with the policy described in (III.) below, subject to the direction of and priorities established by the State Coordinating Officer.

III. STATE EMERGENCY DEBRIS CLEARANCE POLICY

With respect to debris clearance and removal, the State's policy following a State Disaster Emergency Declaration is as follows:

A. MISSION RESPONSIBILITIES

State resources may be utilized to clear debris from impacted roads and other public property. The removal of the cleared debris and ultimate storage and/or disposal is the responsibility of the affected governmental entity.

B. MISSION PRIORITIES

State missions to clear debris shall be assigned on a prioritized basis, according to the following order of priorities:

1. **First Priority:** the clearance of transportation corridors in order to enable the passage of emergency vehicles.
2. **Second Priority:** the clearance of transportation corridors and other property to allow utility crews access to damaged power lines and other utility infrastructure which must be repaired in order to restore power to affected areas.

3. **Third Priority:** other emergency-related needs as identified by the affected local jurisdictions or by State agencies, and as authorized by the State Coordinating Officer.

C. MISSION REQUESTS

Local jurisdictions will submit requests for debris clearance assistance to the State Emergency Management Office (SEMO), which will evaluate and prioritize requests. When requested by SEMO, State agencies will conduct damage assessments at impacted sites in order to determine the appropriate equipment and other resources needed to perform the required work.

D. MISSION ASSIGNMENTS

Under SEMO coordination, State agencies with debris clearance capabilities will jointly review requests for debris clearance assistance to determine which agencies have the appropriate and necessary resources available to perform the required work.

E. COMPLETION DATE

At the direction of the State Coordinating Officer (SCO), or within one to two weeks after the issuance of the State Disaster Emergency Declaration, the SCO, SEMO, impacted local jurisdictions and appropriate State agencies will assess the need to determine a completion date for the collection of debris placed in public rights-of-way by private property owners and others. This assessment will be conducted at least weekly thereafter. Once the SCO decides to implement a completion date, the date will be publicized in the affected jurisdictions. The purpose of the deadline is to maintain emphasis on the emergency nature of the work and to insure that storm-related debris clearance activities are completed in a timely manner. This will also serve to avoid problems that can occur when non-disaster work is performed simultaneously with emergency projects. In addition, this will allow residents and local jurisdictions to complete storm clean-up and will free governmental workers to proceed with other essential services.

IV. STATE DEBRIS CLEARANCE RESPONSIBILITIES

A. STATE COORDINATING OFFICER (SCO)

The SCO provides overall direction and control of available State agency resources under a State Disaster Emergency Declaration.

B. STATE EMERGENCY MANAGEMENT OFFICE (SEMO)

SEMO coordinates debris clearance missions under a State Disaster Emergency Declaration.

C. DEPARTMENT OF TRANSPORTATION (DOT)

DOT, as part of its agency mandate to keep transportation routes clear, is involved in debris clearance activities. DOT's normal policy is to clear debris from major transportation routes by moving it to the side of the road. At that point, the County or local jurisdiction which owns the road is expected to transport the debris from the side of the road to approved disposal sites or to landfills for final disposition (burying or burning). DOT Regional offices maintain a list of disposal sites within their regions to which they may take "State-owned" debris (i.e., debris which is not under local jurisdiction) for disposal.

D. DEPARTMENT OF ENVIRONMENTAL CONSERVATION (DEC)

Under 6 NYCRR Part 215, DEC requires a permit for the disposal of trees, branches, leaves and other brush by open burning. In addition, storage sites and transfer stations require a solid waste management permit under 6 NYCRR Part 360. These permits must be filed by each entity wishing to burn brush or landfill debris. However, NYS Environmental Conservation Law (ECL) Sec. 270-0111 (d) provides for the issuance of general permits, valid for a specific period of time following natural disasters, when numbers of individuals undertake similar types of minor projects that are of a remedial nature. Further, ECL Sec. 270-0116 allows the DEC to give emergency authorization, not to exceed 30 days, for an action normally requiring a permit. Both emergency provisions require a finding of emergency or written statement of necessity by the DEC Commissioner in order to be implemented.

Under the Commissioner's finding, DEC Regional Directors and their staffs may be authorized to issue general permits or emergency authorizations in affected areas when, in their judgment, open burning or temporary storage of downed trees and brush is immediately required. Actions taken in furtherance of the storage and disposal of downed trees are exempted from the requirements of Article 8 of the ECL and 6 NYCRR Part 617.

DEC maintains a computerized list of Construction and Demolition landfills which will accept storm debris. Periodically, as well as during emergency operations, this list is provided to SEMO to serve as a source of disposal sites for storm debris. In addition, DEC may also be required to provide personnel and equipment to assist in debris clearance activities.

E. OTHER STATE AGENCIES

Other State agencies, such as the Department of Correctional Services, the Thruway Authority and the Office of Parks, Recreation and Historic Preservation, will be called upon to provide personnel, equipment and other needed resources for debris clearance activities.

V. FEDERAL DEBRIS CLEARANCE ASSISTANCE

A. Federal Disaster Assistance Law Provisions

Following a Presidential Disaster Declaration, Federal disaster assistance will be used to the maximum extent possible to remove debris and wreckage from publicly and privately owned lands and waters. Such assistance can only be provided when it is judged to be in the public interest by meeting the following three conditions:

1. The necessary elimination of immediate threats to life, public health and safety;
2. The elimination of immediate threats of significant damage to improved public or private property; and
3. To ensure the economic recovery of the affected community to the benefit of the community-at-large.

DELAWARE COUNTY
EMERGENCY DEBRIS CLEARANCE
POLICY AND PROCEDURES

Appendix III-4b

DELAWARE COUNTY EMERGENCY DEBRIS CLEARANCE

POLICY AND PROCEDURES

I. RELATIONSHIP BETWEEN STATE AND COUNTY DEBRIS CLEARANCE POLICY AND PROCEDURES

General Reference: NY STATE EMERGENCY DEBRIS CLEARANCE POLICY AND PROCEDURES, as prepared by the New York State Disaster Preparedness Commission. This County Policy and Procedure statement is intended to augment the State Policy and Procedure statement, as appropriate, and clarify County policy and procedures in absence of State and/or Federal involvement.

Under a State Disaster Emergency Declaration, the County will be responsible to remove and dispose of debris on County property, regardless of whether the State or others participate in its original clearance to allow passage of emergency vehicles.

In the event of a County Disaster Emergency Declaration (but without State Declaration), the County will be responsible for emergency debris clearance on county roads and property. In addition, the County may be requested to assist with debris clearance on public roads owned by Towns and/or Villages within the County. Such efforts will be subject to the following policy.

II. COUNTY EMERGENCY DEBRIS CLEARANCE POLICY

A. MISSION RESPONSIBILITIES

County resources may be utilized to clear debris from roads and public property. The removal of cleared debris and ultimate storage and/or disposal is the responsibility of the governmental entity/owner.

B. MISSION PRIORITIES

1. First Priority: clearance of transportation corridors to enable passage of emergency vehicles.

A priority review will be undertaken quickly, within 12 hours of the event, to document the needs. The review will be conducted in the following sequence:

- Corridors that have no close alternate route,
- County roads in order of decreasing ADT,
- County bridges on dead end Town roads which serve as sole points of access,
- County bridges on Town roads where alternative access routes are long,
- Remaining County roads and bridges,

- Assist Towns with high population areas to get a single lane of access to all areas,
 - Assist Towns with problems with focus on dead end roads which serve as sole access points.
2. Second Priority: clearance to allow utility crew access.
 3. Third Priority: other clearance as directed by the County Emergency Services (CES) Coordinator.

C. MISSION REQUESTS

Requests for assistance by Towns and Villages shall be made to the CES Coordinator for evaluation and prioritization with respect to County needs and resources.

D. MISSION ASSIGNMENTS

Direction to County forces for debris clearance and removal shall be as provided by the CES Coordinator.

E. COMPLETION DATE

The CES Coordinator, in consultation with the County Chair of the Board of Supervisors and other appropriate County senior management, will determine and announce the deadline for collection of debris from County-owned public property.

III. COUNTY DEBRIS CLEARANCE RESPONSIBILITIES

- A. The CES Coordinator shall provide overall direction and control of available County resources under a County Disaster Emergency Declaration. The CES Coordinator shall coordinate with State and Federal officials, as appropriate.
- B. The County Department of Public Works (DPW) is responsible for clearance of County Routes and removal of debris. The DPW will coordinate with State Department of Transportation resources as appropriate, and provide assistance to Towns and Villages, according to this Policy and Procedure statement.
- C. The County Solid Waste Management Coordinator will provide advice and assistance in the selection of appropriate disposal areas for County, as well as Town and Village debris.

Annex A

SPECIFIC READINESS PLANS

**An Annex to the
Delaware County Comprehensive Emergency Management Plan**

SPECIFIC READINESS PLANS

PURPOSE:

The purpose of Delaware County specific readiness plans are prevention, mitigation, and response to a terrorist incident affecting Delaware County.

ASSUMPTIONS:

Terrorist attacks are usually directed at population centers and buildings or facilities that conduct operations for government, transportation, industry, or health care.

Terrorist attacks may or may not be preceded by a warning or threat. Terrorist acts may at first appear to be a non-intentional hazardous materials incident. Terrorist attacks may require a vast response effort from all levels of government. Terrorist attacks may result in large numbers of casualties, including fatalities, physical injuries, and psychological trauma. The attack may include multiple simultaneous sites. It may be accompanied by a second act of sabotage intended to injure or kill emergency response personnel. The use of a chemical or biological agent may not be immediately identified. Recovery may be complicated by the presence of persistent agents, additional threats, extensive physical damages and psychological stress.

SCOPE:

The response to a terrorist incident includes two components, which may operate concurrently or consecutively. These include crisis management and consequence management.

Crisis management involves measures to resolve the hostile situation, investigate, and prepare a criminal case for the prosecution under federal and state law. It includes measures to identify the terrorist, define the threat, secure the area, and prevent the threat from being carried out.

Consequence management involves measures to alleviate the damage, loss, hardship or suffering caused by terrorist emergencies. It includes measures to protect public health and safety and provide emergency relief to affected governments, businesses, and individuals. It also includes restoring essential governmental services.

Delaware County's response to a terrorist incident will be determined by the material involved (firearm, explosive, nuclear, radiological, incendiary, biological, or chemical) and by the authorities, plans and operations that are triggered.

**SITUATION:
IDENTIFYING A CRIME SCENE, A HAZMAT SITE, AND A DISASTER AREA**

In a terrorist incident, the area of operations is potentially a crime scene, a hazardous materials site and a disaster area. This area could potentially span several local jurisdictions. In order to organize a complex on-scene operation, operational boundaries need to be defined with common terminology and procedures for officials responding to the incident. Operational boundaries may be used to control access to the area, target public information messages, assign operational sectors among responding organizations, and assess potential impact on the population and the environment. The physical location of these boundaries will depend on the type and quantity of hazardous materials involved.

Crime Scene Boundary- defines the crime scene. The crime scene may include the areas that are referred to in technical operations as the working point or the red zone. Access to the crime scene may be restricted by the Federal, State and Local Law Enforcement agencies. Response activities within the crime scene may require special procedures in order to protect evidence collection.

Hazardous Materials Boundary- defines the hazardous materials site, which may be referred to in technical operations as the hot or isolation zones. Depending on the spread of contaminants, the HAZMAT site may include some portion of the crime scene and the surrounding community. Access to the HAZMAT site may be restricted to appropriately trained response personnel wearing protective clothing and using decontamination procedures.

Disaster Boundary- identifies the community at risk. These at risk persons may need to take protective actions such a shelter, evacuation or quarantine. Access to this area may or may not be restricted on the authority of the local health department.

RESPONSE:

Emergency personnel first responding to a terrorist incident must be protected from the hazards that a terrorist incident can produce. Including:

- Mechanical hazard- an item, such as, a gunshot, bomb fragment or shrapnel, that causes trauma.
- Biological hazard- a bacteria, rickettsia, virus, toxin, or fungus that causes disease in individuals or groups of people.
- Thermal hazard- extreme heat or cold causing injury. Such as, burning liquids or metals, or cryogenic materials such as liquid oxygen.
- Chemical hazard-toxic or corrosive substances.
- Radiologic hazard- Alpha, beta, and gamma radiation topically or ingested.
- Asphyxiation hazard- lack of oxygen in the atmosphere.
- Incendiary hazard- exposure to fire or burning material.

Detailed information on emergency responder protection is contained in the Delaware County Comprehensive Emergency Management Plan. An Incident Command Post will be established. Incident Command will be assigned according to the nature of the terrorist act.

1. BIOTERRORISM SPECIFIC READINESS AND RESPONSE

A. Anthrax

1. Description of Agent / Syndrome

a. Etiology

Anthrax is an acute infectious disease caused by *Bacillus anthracis*, a spore forming, and gram-positive bacillus. Associated disease occurs most frequently in sheep, goats, and cattle, which acquire spores through ingestion of contaminated soil. Humans can become infected through skin contact, ingestion, or inhalation of *B. anthracis* spores from infected animals or animal products (as in “wool sorter’s disease” from exposure to goat hair). Person-to-person transmission of inhalational disease does not occur. Direct exposure to vesicle secretions of cutaneous anthrax lesions may result in secondary cutaneous infection.¹

b. Clinical features

Human anthrax infection can occur in three forms: pulmonary, cutaneous, or gastrointestinal, depending on the route of exposure. Of these forms, pulmonary anthrax is associated with bioterrorism exposure to aerosolized spores. Clinical features for each form of anthrax include:

Pulmonary

- Non-specific prodrome of flu-like symptoms follows inhalation of infectious spores.
- Possible brief interim improvement.
- Two to four days after initial symptoms, abrupt onset of respiratory failure and hemodynamic collapse, possibly accompanied by thoracic edema and a widened mediastinum on chest radiograph suggestive of mediastinal lymphadenopathy and hemorrhagic mediastinitis.
- Gram-positive bacilli on blood culture, usually after the first two or three days of illness.
- Treatable in early prodromal stage. Mortality remains extremely high despite antibiotic treatment if it is initiated after onset of respiratory symptoms.

Cutaneous

- Local skin involvement after direct contact with spores or bacilli.
- Commonly seen on the head, forearms or hands.
- Localized itching, followed by a papular lesion that turns vesicular, and within 2-6 days develops into a depressed black eschar.
- Usually non-fatal if treated with antibiotics.

Gastro-intestinal

- Abdominal pain, nausea, vomiting, and fever following ingestion of contaminated food, usually meat.
- Bloody diarrhea, hematemesis.
- Gram-positive bacilli on blood culture, usually after the first two or three days of illness.
- Usually fatal after progression to toxemia and sepsis.

c. Modes of transmission

The spore form of *B. anthracis* is durable. As a bioterrorism agent, it could be delivered as an aerosol. The modes of transmission for anthrax include:

- Inhalation of spores.
- Cutaneous contact with spores or spore-contaminated materials.
- Ingestion of contaminated food.

d. Incubation period

The incubation period following exposure to *B. anthracis* ranges from 1 day to 8 weeks (average 5 days), depending on the exposure route and dose:

- 2-60 days following pulmonary exposure.
- 1-7 days following cutaneous exposure.
- 1-7 days following ingestion.

e. Period of communicability

Transmission of anthrax infections from person to person is unlikely. Airborne transmission does not occur, but direct contact with skin lesions may result in cutaneous infection.

2. Preventive Measures

a. Vaccine availability

Inactivated, cell-free anthrax vaccine (Bioport Corporation 517/327-1500, formerly Michigan Biologic Products Institute*) – limited availability.

*Use of trade names and commercial sources is for identification only and does not constitute endorsement by CDC or the U.S. Department of Health and Human Services

b. Immunization recommendations

Routinely administered to military personnel. Routine vaccination of civilian populations not recommended.

3. Infection Control Practices for Patient Management

Symptomatic patients with suspected or confirmed infections with *B. anthracis* should be managed according to current guidelines specific to their disease state.

a. Isolation precautions

Standard Precautions are used for the care of patients with infections associated with *B. anthracis*. Standard Precautions include the routine use of gloves for contact with nonintact skin, including rashes and skin lesions.

b. Patient placement

Private room placement for patients with anthrax is not necessary. Airborne transmission of anthrax does not occur. Skin lesions may be infectious, but requires direct skin contact only.

c. Patient transport

Standard Precautions should be used for transport and movement of patients with *B. anthracis* infections.

d. Cleaning, disinfection, and sterilization of equipment and environment

Principles of Standard Precautions should be generally applied for the management of patient-care equipment and for environmental control.

e. Discharge management

No special discharge instructions are indicated. Home care providers should be taught to use Standard Precautions for all patient care (e.g., dressing changes).

f. Post-mortem care

Standard Precautions should be used for post-mortem care. Standard Precautions include wearing appropriate personal protective equipment, including masks and eye protection, when generation of aerosols or splatter of body fluids is anticipated.⁵

4. Post Exposure Management

a. Decontamination of patients / environment

The risk for re-aerosolization of *B. anthracis* spores appears to be extremely low in settings where spores were released intentionally or were present at low or high levels. In situations where the threat of gross exposure to *B. anthracis* spores exists, cleansing of skin and potentially contaminated fomites (e.g. clothing or environmental surfaces) may be considered to reduce the risk for cutaneous and gastrointestinal forms of disease. The plan for decontaminating patients exposed to anthrax may include the following:

- Instructing patients to remove contaminated clothing and store in labeled, plastic bags.
- Handling clothing minimally to avoid agitation.
- Instructing patients to shower thoroughly with soap and water (and providing assistance if necessary).
- Instructing personnel regarding Standard Precautions and wearing appropriate barriers (e.g. gloves, gown, and respiratory protection) when handling contaminated clothing or other contaminated fomites.
- Decontaminating environmental surfaces using an EPA-registered, facility-approved sporicidal/germicidal agent or 0.5% hypochlorite solution (one part household bleach added to nine parts water).

b. Prophylaxis and post-exposure immunization

Recommendations for prophylaxis are subject to change. Up-to-date recommendations should be obtained in consultation with local and state health departments and CDC. Prophylaxis should be initiated upon confirmation of an anthrax exposure (Table 1).

Table 1. Recommended post-exposure prophylaxis for exposure to *Bacillus anthracis*

Antimicrobial Agent	Adults	Children
Oral Fluoroquinolones: one of the following		
Ciprofloxacin	500mg twice daily	20-30mg per kg of body mass daily, divided into two doses
Levofloxacin	500mg once daily	Not Recommended
Ofloxacin	400mg twice daily	Not Recommended
If fluoroquinolones are not available or are contraindicated		
Doxycycline	100mg twice daily	5mg per kg of body mass per day divided into two doses

§ Pediatric use of fluoroquinolones and tetracyclines is associated with adverse effects that must be weighed against the risk of developing a lethal disease. If *B. anthracis* exposure is confirmed, the organism must be tested for penicillin susceptibility. If susceptible, exposed children may be treated with oral amoxicillin 40mg per kg of body mass per day divided every 8 hours (not to exceed 500mg, three times daily).

Prophylaxis should continue until *B. anthracis* exposure has been excluded. If exposure is confirmed, prophylaxis should continue for 8 weeks. In addition to prophylaxis, post-exposure immunization with an inactivated, cell-free anthrax vaccine is also indicated following anthrax exposure. If available, post-exposure vaccination consists of three doses of vaccine at 0, 2 and 4 weeks after exposure. With vaccination, post-exposure antimicrobial prophylaxis can be reduced to 4 weeks.

c. Triage and management of large scale exposures / potential exposures

Advance planning should include identification of:

- Sources of prophylactic antibiotics and planning for acquisition on short notice.
- Locations, personnel needs and protocols for administering prophylactic post-exposure care to large numbers of potentially exposed individuals.
- Means for providing telephone follow-up information and other public communications services. Intensive care unit managers will need to consider in advance:
 - How limited numbers of ventilators will be distributed in the event of a large number of patients arriving with abrupt pulmonary decompensation.
 - How additional ventilators can be obtained.
 - In the event of severely limited ventilator availability, whether and when ventilator support will be discontinued for a terminally ill individual.^{3,10,11}

5. Laboratory Support and Confirmation

Diagnosis of anthrax is confirmed by aerobic culture performed in a BSL -2 laboratory.

a. Diagnostic samples

Diagnostic samples to obtain include:

- Blood cultures.
- Acute serum for frozen storage.
- Stool culture if gastrointestinal disease is suspected.

b. Laboratory selection

Handling of clinical specimens should be coordinated with local and state health departments, and undertaken in BSL -2 or -3 laboratories. The FBI will coordinate collection of evidence and delivery of forensic specimens to FBI or Department of Defense laboratories.

c. Transport requirements

Specimen packaging and transport must be coordinated with local and state health departments, and the FBI. A chain of custody document should accompany the specimen from the moment of collection. See Delaware County Public Health Nursing Service Policy and Procedure: Collection and Packaging of Clinical Specimens for Select Agent Testing. Advance planning may include identification of appropriate packaging materials and transport media in collaboration with the clinical laboratory at individual facilities.

6. Patient, Visitor, and Public Information

Fact sheets for distribution should be prepared, including explanation that people recently exposed to *B. anthracis* are not contagious, and antibiotics are available for prophylactic therapy along with the anthrax vaccine. Dosing information and potential side effects should be explained clearly. Decontamination procedures, i.e., showering thoroughly with soap and water; and environmental cleaning, i.e., with 0.5% hypochlorite solution (one part household bleach added to nine parts water), can be described.

B. Botulism

1. Description of Agent / Syndrome

a. Etiology

Clostridium botulinum is an anaerobic gram-positive bacillus that produces a potent neurotoxin, botulinum toxin. In humans, botulinum toxin inhibits the release of acetylcholine, resulting in characteristic flaccid paralysis. *C. botulinum* produces spores that are present in soil and marine sediment throughout the world. Foodborne botulism is the most common form of disease in adults. An inhalational form of botulism is also possible. Botulinum toxin exposure may occur in both forms as agents of bioterrorism.

b. Clinical features

Foodborne botulism is accompanied by gastrointestinal symptoms. Inhalational botulism and foodborne botulism are likely to share other symptoms including:

- Responsive patient with absence of fever.
- Symmetric cranial neuropathies (drooping eyelids, weakened jaw clench, difficulty swallowing or speaking).
- Blurred vision and diplopia due to extra-ocular muscle palsies.
- Symmetric descending weakness in a proximal to distal pattern (paralysis of arms first, followed by respiratory muscles, then legs).
- Respiratory dysfunction from respiratory muscle paralysis or upper airway obstruction due to weakened glottis.
- No sensory deficits.

c. Mode of transmission

Botulinum toxin is generally transmitted by ingestion of toxin-contaminated food. Aerosolization of botulinum toxin has been described and may be a mechanism for bioterrorism exposure.

d. Incubation period

- Neurologic symptoms of foodborne botulism begin 12 – 36 hours after ingestion.
- Neurologic symptoms of inhalational botulism begin 24- 72 hours after aerosol exposure.

e. Period of communicability

Botulism is not transmitted from person to person.

2. Preventive Measures

a. Vaccine availability

A pentavalent toxoid vaccine has been developed by the Department of Defense. This vaccine is available as an investigational new drug (contact USAMRIID, 301/619-2833). Completion of a recommended schedule (0, 2, 12 weeks) has been shown to induce protective antitoxin levels detectable at 1-year post vaccination.

b. Immunization recommendations

Routine immunization of the public, including healthcare workers, is not recommended.

3. Infection Control Practices for Patient Management

Symptomatic patients with suspected or confirmed botulism should be managed according to current guidelines.

a. Isolation precautions

Standard Precautions are used for the care of patients with botulism.

b. Patient placement

Patient-to-patient transmission of botulism does not occur. Patient room selection and care should be consistent with facility policy.

c. Patient transport

Standard Precautions should be used for transport and movement of patients with botulism.

d. Cleaning, disinfection, and sterilization of equipment and environment

Principles of Standard Precautions should be generally applied to the management of patient-care equipment and environmental control.

e. Discharge management

No special discharge instructions are indicated.

f. Post-mortem care

Standard Precautions should be used for post-mortem care.

4. Post Exposure Management

Suspicion of even single cases of botulism should immediately raise concerns of an outbreak potentially associated with shared contaminated food. In collaboration with CDC and local /state

health departments, attempts should be made to locate the contaminated food source and identify other persons who may have been exposed. Any individuals suspected to have been exposed to botulinum toxin should be carefully monitored for evidence of respirator compromise.

a. Decontamination of patients / environment

Contamination with botulinum toxin does not place persons at risk for dermal exposure or risk associated with re-aerosolization. Therefore, decontamination of patients is not required.

b. Prophylaxis and post-exposure immunization

Trivalent botulinum antitoxin is available by contacting state health departments or by contacting CDC (404/639-2206 during office hours, 404/639-2888 after hours). This horse serum product has a <9% percent rate of hypersensitivity reactions. Skin testing should be performed according to the package insert prior to administration.

c. Triage and management of large scale exposures / potential exposures

Patients affected by botulinum toxin are at risk for respiratory dysfunction that may necessitate mechanical ventilation. Ventilatory support is required, on average, for 2 to 3 months before neuromuscular recovery allows unassisted breathing. Large-scale exposures to botulinum toxin may overwhelm an institution's available resources for mechanical ventilation. Sources of auxiliary support and means to transport patients to auxiliary sites, if necessary should be planned in advance with coordination among neighboring facilities.

5. Laboratory Support and Confirmation

a. Obtaining diagnostic samples

Routine laboratory tests are of limited value in the diagnosis of botulism. Detection of toxin is possible from serum, stool samples, or gastric secretions. For advice regarding the appropriate diagnostic specimens to obtain, contact state health authorities or CDC (Foodborne and Diarrheal Diseases Branch, 404/639-2888).

b. Laboratory selection

Handling of clinical specimens should be coordinated with local and state health departments. The FBI will coordinate collection of evidence and delivery of forensic specimens to FBI or Department of Defense laboratories.

c. Transport requirements

Specimen packaging and transport must be coordinated with local and state health departments, and the FBI. A chain of custody document should accompany the specimen from the moment of collection. See Delaware County Public Health Nursing Service Policy and Procedure: Collection and Packaging of Clinical Specimens for Select Agent Testing.

6. Patient, Visitor, and Public Information

Fact sheets for distribution should be prepared, including explanation that people exposed to botulinum toxin are not contagious. A clear description of symptoms including blurred vision, drooping eyelids, and shortness of breath should be provided with instructions to report for evaluation and care if such symptoms develop.

C. Plague

1. Description of Agent / Syndrome

a. Etiology

Plague is an acute bacterial disease caused by the gram-negative bacillus *Yersinia pestis*, which is usually transmitted by infected fleas, resulting in lymphatic and blood infections (bubonic and septicemia plague). A bioterrorism-related outbreak may be expected to be airborne, causing a pulmonary variant, pneumonic plague.

b. Clinical features

Clinical features of pneumonic plague include:

- Fever, cough, chest pain.
- Hemoptysis.
- Muco-purulent or watery sputum with gram-negative rods on gram stain.
- Radiographic evidence of bronchopneumonia.

c. Modes of transmission

- Plague is normally transmitted from an infected rodent to man by infected fleas.
- Bioterrorism-related outbreaks are likely to be transmitted through dispersion of an aerosol.
- Person-to-person transmission of pneumonic plague is possible via large aerosol droplets.

d. Incubation period

The incubation period for plague is normally 2 – 8 days if due to fleaborne transmission. The incubation period may be shorter for pulmonary exposure (1-3 days).

e. Period of communicability

Patients with pneumonic plague may have coughs productive of infectious particle droplets. Droplet precautions, including the use of a mask for patient care, should be implemented until the patient has completed 72 hours of antimicrobial therapy.

2. Preventive Measures

a. Vaccine availability

Formalin-killed vaccine exists for bubonic plague, but has not been proven to be effective for pneumonic plague. It is not currently available in the United States.

b. Immunization recommendations

Routine vaccination requires multiple doses given over several weeks and is not recommended for the general population. Post-exposure immunization has no utility.

3. Infection Control Practices for Patient Management

Symptomatic patients with suspected or confirmed plague should be managed according to current guidelines.

a. Isolation precautions

For pneumonic plague, Droplet Precautions should be used in addition to Standard Precautions.

- Droplet Precautions are used for patients known or suspected to be infected with microorganisms transmitted by large particle droplets, generally larger than in size, that can be generated by the infected patient during coughing, sneezing, talking, or during respiratory-care procedures.
- Droplet Precautions require healthcare providers and others to wear a surgical-type mask when within 3 feet of the infected patient. Based on local policy, some healthcare facilities require a mask be worn to enter the room of a patient on Droplet Precautions.
- Droplet Precautions should be maintained until patient has completed 72 hours of antimicrobial therapy.

b. Patient placement

Patients suspected or confirmed to have pneumonic plague require Droplet Precautions.

Patient placement recommendations for Droplet Precautions include:

- Placing infected patient in a private room.
- Cohort in symptomatic patients with similar symptoms and the same presumptive diagnosis (i.e. pneumonic plague) when private rooms are not available.
- Maintaining spatial separation of at least 3 feet between infected patients and others when cohorting is not achievable.
- Avoiding placement of patient requiring Droplet Precautions in the same room with an immunocompromised patient.
- Special air handling is not necessary and doors may remain open.

c. Patient transport

- Limit the movement and transport of patients on Droplet Precautions to essential medical purposes only.
- Minimize dispersal of droplets by placing a surgical-type mask on the patient when transport is necessary.

d. Cleaning, disinfection, and sterilization of equipment and environment

Principles of Standard Precautions should be generally applied to the management of patient-care equipment and for environmental control.

e. Discharge management

Generally, patients with pneumonic plague would not be discharged from a healthcare facility until no longer infectious (completion of 72 hours of antimicrobial therapy) and would require no special discharge instructions. In the event of a large bioterrorism exposure with patients receiving care in their homes, home care providers should be taught to use Standard and Droplet Precautions for all patient care.

f. Post-mortem care

Standard Precautions and Droplet Precautions should be used for post-mortem care. 5

4. Post Exposure Management

a. Decontamination of patients / environment

The risk for re-aerosolization of *Y. pestis* from the contaminated clothing of exposed persons is low. In situations where there may have been gross exposure to *Y. pestis*, decontamination of skin and potentially contaminated fomites (e.g. clothing or environmental surfaces) may be considered to reduce the risk for cutaneous or bubonic forms of the disease.

The plan for decontaminating patients may include:

- Instructing patients to remove contaminated clothing and storing in labeled, plastic bags.
- Handling clothing minimally to avoid agitation.
- Instructing to patients to shower thoroughly with soap and water (and providing assistance if necessary).
- Instructing personnel regarding Standard Precautions and wearing appropriate barriers (e.g. gloves, gown, face shield) when handling contaminated clothing or other contaminated fomites.
- Performing environmental surface decontamination using an EPA-registered, facility-approved sporicidal/germicidal agent or 0.5% hypochlorite solution (one part household bleach added to nine parts water).

b. Prophylaxis

Recommendations for prophylaxis are subject to change. Up-to-date recommendations should be obtained in consultation with local and state health departments and CDC. Post-exposure prophylaxis should be initiated following confirmed or suspected bioterrorism *Y. pestis* exposure, and for post-exposure management of healthcare workers and others who had unprotected face-to-face contact with symptomatic patients (Table 2).

Table 2. Recommended post-exposure prophylaxis for exposure to *Yersinia Pestis*.

Antimicrobial Agent	Adults	Children
First Choice		
Doxycycline	100mg twice daily	5mg perkg of body mass per day divided into two doses
Second choice		
Ciprofloxacin	500mg twice daily	20-30mg per kg of body mass daily, divided into two doses.

§ Pediatric use of tetracyclines and flouoroquinolones is associated with adverse effects that must be weighed against the risk of developing a lethal disease.

Prophylaxis should continue for 7 days after last known or suspected *Y. pestis* exposure, or until exposure has been excluded. Facilities should ensure that policies are in place to identify and manage health care workers exposed to infectious patients. In general, maintenance of accurate occupational health records will facilitate identification, contact, assessment, and delivery of post-exposure care to potentially exposed healthcare workers.

c. Triage and management of large scale exposures / potential exposures

Advance planning should include identification of sources for appropriate masks to facilitate adherence to Droplet Precautions for potentially large numbers of patients and staff. Instruction and reiteration of requirements for Droplet Precautions (as opposed to Airborne Precautions) will be necessary to promote compliance and minimize fear and panic related to an aerosol exposure.

Advance planning should also include identification of:

- Sources of bulk prophylactic antibiotics and planning for acquisition on short notice.
- Locations, personnel needs and protocols for administering prophylactic post-exposure care to large numbers of potentially exposed individuals.
- Means for providing telephone follow-up information and other public communications services.

5. Laboratory Support and Confirmation

Laboratory confirmation of plague is by standard microbiologic culture, but slow growth and misidentification in automated systems are likely to delay diagnosis. For decisions regarding obtaining and processing diagnostic specimens, contact state laboratory authorities or CDC.

a. Diagnostic samples

Diagnostic samples to obtain include:

- Serum for capsular antigen testing.
- Blood cultures.
- Sputum or tracheal aspirates for Gram's, Wayson's, and fluorescent antibody staining.
- Sputum or tracheal aspirates for culture.

b. Laboratory selection

Handling of clinical specimens should be coordinated with local and state health departments, and undertaken in Bio-Safety Level (BSL) -2 or -3 laboratories.³ The FBI will coordinate collection of evidence and delivery of forensic specimens to FBI or Department of Defense laboratories.

c. Transport requirements

Specimen packaging and transport must be coordinated with local and state health departments, and the FBI. A chain of custody document should accompany the specimen from the moment of collection. See Delaware County Public Health Nursing Service Policy and Procedure: Collection and Packaging of Clinical Specimens for Select Agent Testing.

6. Patient, Visitor, and Public Information

Fact sheets for distribution should be prepared, including a clear description of Droplet Precautions, symptoms of plague, and instructions to report for evaluation and care if such symptoms are recognized. The difference between prophylactic antimicrobial therapy and treatment of an actual infection should be clarified. Decontamination by showering thoroughly with soap and water can be recommended.

D. Smallpox

1. Description of Agent / Syndrome

a. Etiology

Smallpox is an acute viral illness caused by the variola virus. Smallpox is a bioterrorism threat due to its potential to cause severe morbidity in a non-immune population and because it can be transmitted via the airborne route. A single case is considered a public health emergency. Contact investigations shall be initiated immediately following the determination that an individual has a suspected, probable, or confirmed case of smallpox.

b. Clinical features

Acute clinical symptoms of smallpox resemble other acute viral illnesses, such as influenza. Skin lesions appear, quickly progressing from macules to papules to vesicles.

Other clinical symptoms to aid in identification of smallpox include:

- 2-4 day, non-specific prodrome of fever, myalgias.
- rash most prominent on face and extremities (including palms and soles) in contrast to the truncal distribution of varicella.
- rash scabs over in 1-2 weeks.
- In contrast to the rash of varicella, which arises in “crops,” variola rash has a synchronous onset.

c. Mode of transmission

Smallpox is transmitted via both large and small respiratory droplets. Patient-to-patient transmission is likely from airborne and droplet exposure, and by contact with skin lesions or secretions. Patients are considered more infectious if coughing or if they have a hemorrhagic form of smallpox.

d. Incubation period

The incubation period for smallpox is 7-17 days; the average is 12 days.

e. Period of communicability

Unlike varicella, which is contagious before the rash is apparent, patients with smallpox become infectious at the onset of the rash and remain infectious until their scabs separate (approximately 3 weeks).

2. Preventive Measures

a. Vaccine availability

A live-virus intradermal vaccination is available for the prevention of smallpox.

b. Immunization recommendations

Since the last naturally acquired case of smallpox in the world occurred more than 20 years ago, routine public vaccination has not been recommended. **Vaccination against** smallpox does not reliably confer lifelong immunity. Even previously vaccinated persons should be considered susceptible to smallpox.

In the event of a confirmed or highly suspect smallpox case vaccination DCPHNS will follow the CDC ring vaccination plan. (source: CDC guidelines)

1. Persons who were exposed in the initial release of the virus.
 - Circle one: Household contacts of case, including family, friends, and persons who work full time in the household.
 - Circle two: All named contacts who spent time in the home but who do not live there, all named non-household contacts who spent more than 3 hours with the case patient, all named exposures in the hospital or medical care facility.
 - Circle three: All named contacts who spent 1-3 hours with case patient.
 - Circle four: All named contacts who spent less than one hour with case patient.
 - Circle five: All contacts who spent less than one hour at a designated location.
2. Personnel selected for the direct medical or public health evaluation, care, or transportation of confirmed, probable, or suspect smallpox cases.
3. Laboratory personnel selected for the collection or processing of clinical specimens from confirmed, probable, or suspected smallpox patients.
4. Other persons with increased likelihood of contact with infectious materials from a smallpox patient, Such as, laundry or medical waste handlers for a facility where smallpox patients are admitted.
5. Other groups whose unhindered function is deemed essential to the support of response activities and who are not otherwise involved in patient care activities but who have a reasonable probability of contact with smallpox patients or infectious materials. Such as, law enforcement, emergency response, or military personnel.
6. Because of the potential for greater spread of smallpox in a hospital setting due to aerosolization of the virus from a severely ill patient, consideration should be given to vaccination of all individuals present in the hospital during the time a case was present but was not isolated in an appropriate manner.
7. Because smallpox is transmitted only by those who are obviously ill with a rash, categories of otherwise essential personnel who are not involved in activities that have a reasonable probability of contact with smallpox patients or infectious materials, such as, firemen, police, and municipal officials, do not require priority vaccination.

3. Infection Control Practices for Patient Management

Symptomatic patients with suspected or confirmed smallpox should be managed according to current guidelines.

a. Isolation precaution

For patients with suspected or confirmed smallpox, both Airborne and Contact Precautions should be used in addition to Standard Precautions.

- Airborne Precautions are used for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei (small particle residue or smaller in size) of evaporated droplets containing microorganisms that can remain suspended in air and can be widely dispersed by air currents.
- Airborne Precautions require healthcare providers and others to wear respiratory protection when entering the patient room. (Appropriate respiratory protection is based

on facility selection policy; must meet the minimal NIOSH standard for particulate respirators, N95).

- Contact Precautions are used for patients known or suspected to be infected or colonized with epidemiologically important organisms that can be transmitted by direct contact with the patient or indirect contact with potentially contaminated surfaces in the patient's care area.
- Contact precautions require healthcare providers and others to:
 - Wear clean gloves upon entry into patient room.
 - Wear gown for all patient contact and for all contact with the patient's environment. Based on local policy, some healthcare facilities require a gown be worn to enter the room of a patient on Contact Precautions. Gown must be removed before leaving the patient's room.
- Wash hands using an antimicrobial agent.

b. Patient placement

Patients suspected or confirmed with smallpox require placement in rooms that meet the ventilation and engineering requirements for Airborne Precautions, which include:

- Monitored negative air pressure in relation to the corridor and surrounding areas. (Delaware County currently has no negative pressure patient care rooms in the county hospitals).
- 6 – 12 air exchanges per hour.
- Appropriate discharge of air to the outdoors with a HEPA filter, or monitored high efficiency filtration of air prior to circulation to other areas in the healthcare facility, or at least 100 yards from any other occupied building or area.
- A door that must remain closed.

Healthcare facilities without patient rooms appropriate for the isolation and care required for Airborne Precautions should have a plan for transfer of suspected or confirmed smallpox patients to neighboring facilities with appropriate isolation rooms.

Patient placement in a private room is preferred. However, in the event of a large outbreak, patients who have active infections with the same disease (i.e., smallpox) may be cohorted in rooms that meet appropriate ventilation and airflow requirements for Airborne Precautions. Facilities must have water, electricity, heating, cooling, telephone, closed-window ventilation, and controllable access.

Quarantine/Isolation

Quarantine: Forced confinement or restriction of movement for asymptomatic persons at risk for developing smallpox.

Isolation: Forced confinement and physical separation of persons with suspected, probable, or confirmed smallpox.

Site Considerations:

Type C- Contagious Facility

Type C or X- Febrile without a rash

Type R- Asymptomatic in Residential facility

DCPHNS has dedicated a type C facility for placement of smallpox patients all individuals associated with this facility will require vaccination prior to entry. A second facility, the type X facility, will be dedicated for isolation of persons with uncertain diagnoses such as febrile contacts without a rash.

c. Patient transport

- Limit the movement and transport of patients with suspected or confirmed smallpox to essential medical purposes only.
- When transport is necessary, minimize the dispersal of respiratory droplets by placing a mask on the patient, if possible. 5

d. Cleaning, disinfection, and sterilization of equipment and environment

A component of Contact Precautions is careful management of potentially contaminated equipment and environmental surfaces.

- When possible, noncritical patient care equipment should be dedicated to a single patient (or cohort of patients with the same illness).
- If use of common items is unavoidable, all potentially contaminated, reusable equipment should not be used for the care of another patient until it has been appropriately cleaned and reprocessed. Policies should be in place and monitored for compliance.

e. Discharge management

In general, patients with smallpox will not be discharged from a healthcare facility until determined they are no longer infectious. Therefore, no special discharge instructions are required.

f. Post-mortem care

Airborne and Contact Precautions should be used for post-mortem care.

Following prophylactic care, exposed individuals should be instructed to monitor themselves for development of flu-like symptoms or rash during the incubation period (i.e., for 7 to 17 days after exposure) and immediately report to designated care sites selected to minimize the risk of exposure to others.

Facilities should ensure that policies are in place to identify and manage health care workers exposed to infectious patients. In general, maintenance of accurate occupational health records will facilitate identification, contact, assessment, and delivery of post-exposure care to potentially exposed healthcare workers.

g. Triage and management of large scale exposures / potential exposures

Advance planning must involve IC professionals in cooperation with building engineering staff, to identify sites within the facility that can provide necessary parameters for Airborne Precautions.

4. Post Exposure Management

a. Decontamination of patients / environment

- Patient decontamination after exposure to smallpox is not indicated.
- Items potentially contaminated by infectious lesions should be handled using Contact Precautions.

b. Prophylaxis and post-exposure immunization

Recommendations for prophylaxis are subject to change. Up-to-date recommendations should be obtained in consultation with local and state health departments and CDC. Post-exposure immunization with smallpox vaccine (vaccinia virus) is available and effective. Vaccination alone is recommended if given within 3 days of exposure. Passive immunization is also available in the form of vaccinia immune-globulin (VIG) (0.6ml/kg IM). If greater than 3 days has elapsed since exposure, both vaccination and VIG are recommended. VIG is maintained at USAMRIID, 301/619-2833.

Vaccination is generally contraindicated in pregnant women, and persons with immunosuppression, HIV-infection, and eczema, who are at risk for disseminated vaccinia disease. However, the risk of smallpox vaccination should be weighed against the likelihood for developing smallpox following a known exposure. VIG should be given concomitantly with vaccination in these patients.

Following prophylactic care, exposed individuals should be instructed to monitor themselves for development of flu-like symptoms or rash during the incubation period (i.e., for 7 to 17 days after exposure) and immediately report to designated care sites selected to minimize the risk of exposure to others.

Facilities should ensure that policies are in place to identify and manage health care workers exposed to infectious patients. In general, maintenance of accurate occupational health records will facilitate identification, contact, assessment, and delivery of post-exposure care to potentially exposed healthcare workers.

c. Triage and management of large scale exposures / potential exposures

Advance planning must involve IC professionals in cooperation with building engineering staff, to identify sites within the facility that can provide necessary parameters for Airborne Precautions.

5. Laboratory Support and Confirmation

a. Diagnostic samples to obtain

For decisions regarding obtaining and processing diagnostic specimens, contact state laboratory authorities or CDC.

b. Laboratory selection

Handling of clinical specimens must be coordinated with state health departments, CDC, and USAMRIID. Testing can be performed only in BSL - 4 laboratories. The FBI will coordinate collection of evidence and delivery of forensic specimens to FBI or Department of Defense laboratories.

c. Transport requirements

Specimen packaging and transport must be coordinated with local and state health departments, and the FBI. A chain of custody document should accompany the specimen from the moment of collection. For specific instructions, contact the **Bioterrorism Emergency Number at the CDC Emergency Response Office, 770/488-7100**. Advance planning may include identification of appropriate packaging materials and transport media in collaboration with the clinical laboratory at individual facilities. See Delaware County Public Health Nursing Service Policy and Procedure: Collection and Packaging of Clinical Specimens for Select Agent Testing.

d. Discharge management

In general, patients with smallpox will not be discharged from a healthcare facility until determined they are no longer infectious. Therefore, no special discharge instructions are required.

e. Post-mortem care

Airborne and Contact Precautions should be used for post-mortem care.

6. Patient, Visitor, and Public Information

Fact sheets for distribution should be prepared, including a clear description of symptoms and where to report for evaluation and care if such symptoms are recognized. Details about the type and duration of isolation should be provided. Vaccination information that details who should receive the vaccine and possible side effects should be provided. Extreme measures such as burning or boiling potentially exposed items should be discouraged.

2. CHEMICAL SPECIFIC READINESS AND RESPONSE

Nerve Agents: Tabun. Sarin. Soman. GF. V X

Signs and symptoms of exposure: Diarrhea, urination, miosis, bronchospasm, vomiting, tearing, salivation/runny nose. Later stages: tightness in chest, jerking and twitching, difficulty in breathing, nausea.

Agents are heavier than air (unless dispersed under pressure). G agents may have a fruity odor. V agents may have a sulfur odor.

Blood Agents: Hydrogen cyanide. cyanogen chloride

Signs and symptoms of exposure: Headaches, strong gasping breaths, loss of consciousness, convulsions, apnea (normal pupil size/no secretions).

Hydrogen cyanide is lighter than air; cyanogen chloride is heavier.

Blister Agents: Mustard. Lewisite.

Signs and symptoms of exposure: Reddening of eyes/ gritty irritation, reddening of skin, severe itching/burning of skin, sore throat/hoarseness and dry cough/nausea/vomiting.

Agents are heavier than air; odor of mustard, onion, or garlic. Lewisite may have odor of geraniums.

Choking Agents: Phosgene. Chlorine

Signs and symptoms of exposure: irritation of eyes, nose, throat, shortness of breath, coughing, frothy secretions, nausea, vomiting, pulmonary edema.

Agents are heavier than air; phosgene has odor of fresh mown hay.

EMERGENCY MEDICAL SERVICES

PRE-HOSPITAL THERAPY FOR CHEMICAL WEAPONS

Chemical	Antidote(adult)	Decontamination (REMOVE CLOTHES)	Other treatments
NERVE AGENT	2-4 mg atropine(IV, IM, or ET), repeat 2 mg until bronchial secretions dry (may require 20 mg)	Copious soap and water in all exposures	Seizing patients 5-10 mg IV or IM Valium
Sulfur Mustard	Supportive care for irritation. Cover eyes for photo-phobia	Copious soap and water in dermal exposures	Oxygen/intubation, bronchodilators
Lewisite	Supportive care	Copious soap and water in dermal	

		exposures	
Cyanide	Supportive care	Copious soap and water in dermal exposures	Oxygen/intubation, Bicarbonate for acidosis
Phosgene	Supportive care	Copious soap and water in dermal exposures	Oxygen/intubation, bronchodilators
Ammonia	Supportive care	Copious soap and water in dermal or ocular exposures	Oxygen/intubation, bronchodilators
Chlorine	Supportive care	Copious soap and water in dermal or ocular exposures	Oxygen/intubation, bronchodilators nebulize bicarbonate (first dilute 1:4)
CN (Mace)	Supportive care	Copious soap and water in dermal or ocular exposures	Oxygen, bronchodilators
CS (tear gas)	Supportive care	Copious soap and water in dermal or ocular exposures	Oxygen, bronchodilators
Capsicum (oleoresin, pepper mace/spray)	Supportive care	Copious soap and water in dermal or ocular exposures	bronchodilators

RESPONSE:

Procedure will follow the ICS system and HAZMAT. The wind direction and weather conditions will determine staging areas. HAZMAT and EMS have protocols and equipment for worker protection.

The FBI has jurisdiction over the area. EMS/fire department or HAZMAT may assume the role of lead agency until such time that Incident Command transfer can be made. A perimeter will be established and the scene will be secured with restricted entry. The initial response protocol provides for the notification of law enforcement.

DECONTAMINATION: Victims

Decontamination is required for a chemical or radiological agent.

An area will be designated for decontamination of victims. To avoid secondary contamination, victims will not be transported or admitted into patient care areas until decontamination is completed. Entry and exit points will be clearly marked with separate flow patterns established for patients and personnel to limit the spread of contamination.

Patient decontamination is accomplished initially by removing the victim's clothing. Clothing should be bagged and labeled for evidence protection. Rinsing the patient with large quantities of water and collecting the decontamination runoff may be necessary depending on the nature of the exposure. Gently scrubbing the skin with soap and a soft brush removes any remaining fat-soluble chemicals and solid materials. In the absence of soap and water, bread and a cloth or

flour and a cloth may be used. If suspected liquid mustard agent is on a patient the agent should be blotted off (not rubbed) to remove. Bathing patients in solutions other than soap (such as bleach) are unnecessary and can be harmful to patients. While DC's goal is to ensure the health of individuals, every effort will be made to preserve the modesty and dignity of patients.

Disinfection is required for a person exposed to a biological agent. The same principles remain for disinfection as with decontamination. Remove clothing. Remove agent from the skin using soap and water.

MASS CARE:

Each hospital will institute its normal disaster plan with special consideration for decontamination and ventilation sites. Although many patients will be decontaminated at the scene, there is the potential for many patients to arrive without proper decontamination. To prevent secondary contamination, it is essential to quickly identify those persons arriving at a facility prior to decontamination. These persons should be decontaminated prior to entering the care facility. The four in County Hospitals are:

Delaware Valley Hospital
Margaretville Memorial Hospital
O'Connor Hospital
The Hospital- Sidney

TREATMENT:

General medical treatment guidelines are as follows: (more specific information can be found at web site www.cdc.gov/ncehdemilarticles/initialtreat.htm)

It is estimated that an initial dose of 20 mg of atropine and 2 gm of pralidoxime will be required per patient.

For pulmonary agents, treatment involves supportive care. Nebulized sodium bicarbonate (2%) may be beneficial after chlorine exposures and corticosteroids may be of some benefit after phosgene or nitrogen oxide exposures.

For cyanide, treatment involves supportive care and the cyanide antidote package. (Obtained from the NYSDOH) This package contains nitrites (amyl and sodium) if intravenous access has been obtained skip the inhaled amyl nitrite. Sodium thiosulfate can also serve as an antidote. Antidotes should be administered as rapidly as possible as ACLS practices are generally not successful for severely poisoned people.

For vesicants, treatment involves supportive care. Anti-arsenicals can be used for systemic lewisite (arsenical) toxicity. Patients should be monitored for signs of vesicles or pulmonary toxicity from minutes after exposure up to 24 hours depending on the exposure parameters.

For nerve agents or pesticides, treatment involves a mixture of the antimuscarinic (atropine) along with an enzyme regenerator (pralidoxine-Protopam also called 2PAM). Use atropine at a dose required to dry bronchial secretions (doses can be quite high) and pralidoxime at 500 mg/hr

intravenously (in adults). Patients should be monitored for signs of cholinergic excess and treated using increased doses of atropine or pralidoxime in conjunction with supportive care.

ENVIRONMENTAL:

Emergency Management and HAZMAT will coordinate all decontamination and clean-up of chemical materials. Emergency Management will notify Delaware County Public Health Nursing Service of any chemical incident. Delaware County Public Health Nursing Service will then notify the District Office in Oneonta.

3. RADIOLOGICAL SPECIFIC READINESS AND RESPONSE

The release of radioactive materials is considered a method that may be used by terrorist to cause harm, panic and disruption of daily lives to a community. The first possible scenario in which a terrorist attacks a nuclear power plant is not a threat in Delaware County.

A Terrorist attack that involves radiological materials could affect Delaware County in several ways:

- An attack on a medical or industrial setting or carrier, i.e. a truck or train carrying radioactive materials through the county.
- Detonation of an explosive mixed with radioactive materials.
- Detonation of a nuclear weapon.

RESPONSE:

As with other emergency situations DC will operate utilizing the Incident Command System during a radiological event.

Radiation guidelines include the principles of time, distance, shielding and quantity. Shorten the length of time in the radiation field, use a rotating team of EMS personnel to respond to scene, utilize barriers to shield against radiation.

Immediate response includes evacuating those in the radiation field and those at risk, shielding indoors and issuing stable iodine tablets. Subsequent response includes: partnering with Oneonta District Office to control food and water contamination, evaluate the extent of radioactive release and relocation of nearby residents as needed.

Long-term decontamination may be necessary.

DECONTAMINATION: Victims

Decontamination is required for a chemical or radiological agent. An area will be designated for decontamination of victims. To avoid secondary contamination, victims will not be transported or admitted into patient care areas until decontamination is completed. Entry and exit points will be clearly marked with separate flow patterns established for patients and personnel to limit the spread of contamination.

Patient decontamination is accomplished initially by removing the victim's clothing. Clothing should be bagged and labeled for evidence protection. Rinsing the patient with large quantities of water and collecting the decontamination runoff may be necessary depending on the nature of the exposure. Gently scrubbing the skin with soap and a soft brush removes any remaining fat-soluble chemicals and solid materials. In the absence of soap and water, bread and a cloth or flour and a cloth may be used. If suspected liquid mustard agent is on a patient the agent should be blotted off (not rubbed) to remove. Bathing patients in solutions other than soap (such as bleach) are unnecessary and can be harmful to patients. While DC's goal is to ensure the health of individuals, every effort will be made to preserve the modesty and dignity of patients.

Disinfection is required for a person exposed to a biological agent. The same principles remain for disinfection as with decontamination. Remove clothing. Remove agent from the skin using soap and water.

MASS CARE: (see Annex B MASS CARE)

Each County Hospital will institute its disaster plan.

Irradiation of the whole body or some specific body part does not constitute a medical emergency even if the amount of radiation received is high. Contamination accidents must be considered medical emergencies since they might lead to internal contamination and subsequent incorporation. Persons with internal contamination (eating or drinking) should be given treatment to avoid subsequent incorporation of radioactive materials. The NYSDOH is reviewing the role of potassium iodide (KI) to prevent uptake of radioactive iodide into victims' thyroid glands. DCPHNS will seek direction in current treatment modalities from the NYSDOH.

APPENDIX 1

FACILITY AGREEMENT

FACILITY AGREEMENTS

<u>TOWNS</u>	<u>FACILITY</u>	<u>RED CROSS</u>	<u>DELAWARE CO.</u>	<u>HEADSTART</u>
Andes	Andes Central School	X	X	
Andes	Andes Fire Hall	X		
Andes	United Methodist Church	X		
Bovina	Bovina Fire Department	X		
Bovina	U.P. Church	X		
Colchester	Christian Missionary	X		
Colchester	Cook Falls Fire Dept.	X		
Colchester	Downsville Fire Dept.	X		
Colchester	Downsville Fire Dept.	X	X	
Colchester	James Moore AL	X		
Davenport	Charlotte Valley CS	X	X	
Davenport	Methodist Church	X		X
Delhi	Alliance Fellow Church	X		X
Delhi	Assembly of God	X		
Delhi	Clark Co.	X		
Delhi	Delaware Academy	X		
Delhi	Donald Gleason	X		
Delhi	First Presbyterian Church	X		
Delhi	SUNY-total school		X	
Delhi	United Ministry Church	X		
Deposit	Deposit Central School		X	
Deposit	Head Start-Columbia Lake			X
Franklin	Franklin Central School	X	X	
Franklin	Head Start-Main Street			X
Hamden	Del. Co. Resource Center		X	
Hamden	Hamden Inn		X	
Hancock	Baptist Church	X		
Hancock	E. Branch Fire Dept.	X		
Hancock	Fish's Eddy Head Start			X
Hancock	Emory Methodist Church	X		
Hancock	Hancock Central School	X	X	
Hancock	Office building	X		
Hancock	Presbyterian Church	X		
Hancock	White Birtch Airport	X		
Harpersfield	Col. Harper Grange	X		
Kortright	N. Kortright Presbyterian	X		
Kortright	S. Kortright Central School	X	X	
Kortright	United Methodist Church	X		
Kortright	W. Kortright Centre	X		
Masonville	Masonville Federated Church		X	
Meredith	E. Meredith Church		X	
Middletown	Arena Fire Department	X		

Middletown	Arkville Fire Department	X		
Middletown	Fairview House		X	
Middletown	Fleischmanns Fire Dept.	X		
Middletown	Head Start-Frank Street			X
Middletown	M. Post 216 A. Leg	X		
Middletown	Margaretville Central School	X	X	
Middletown	U. Methodist Church	X		
Roxbury	Grand G. Fire Dept.	X		
Roxbury	Grand G. Fire Dept.	X		
Roxbury	J. Gould Reform Church	X		
Roxbury	NOCO-Grand Gorge	X		
Roxbury	Roxbury Central School	X	X	
Roxbury	Roxbury Central School	X		
Sidney	Sidney Central School		X	
Sidney	Sidney Civic Center		X	
Stamford	BOCES=Cyr. Center	X	X	
Stamford	Hobart Activity Center		X	X
Stamford	Hobart Methodist Church	X		
Stamford	Robinson Terrace	X		
Stamford	Stamford Baptist Church	X		
Stamford	Stamford Central School	X		
Stamford	Stamford Veterans Club	X		
Tompkins	Harrold BOCES	X	X	
Tompkins	Trout Center Fire Dept.	X		
Walton	Christ Episcopal Church	X		
Walton	United Presbyterian Church	X		
Walton	Walton Central School	X	X	
Walton	Walton Grange		X	

Shelters

TOWN	FACILITY	1 ST CONTACT	PHONE1	PHONE2	AGREE DATE	FC#PHONE	2 ND CONTACT
Andes	Andes Cent School	John Buckhart	607-746-2412	914-676-3739	01/22/1998		Jennifer Leaver
	United Methodist	George Wright	607-363-7418	914-676-4713	04/04/1995		Walter Sprague
	Andes Fire Hall	Richard Winner			04/23/1997		
Bovina	U.P. Church	Marge Russell	607-832-4242	607-832-4253	03/17/1999		Karen Patricia
	Bovina Fire Dept.	Robert Burgen	607-832-4857	607-832-4287	04/28/1997		Tom Hilson
Colchester	Downsville CS	Roger Hutchinson	607-363-2806	607-363-7795	08/26/1996	607-363-2100	Robert Mackey
	James Moore AL	Micheal Hume	607-363-7931	607-363-2808	03/19/1997	607-363-7876	Eugene Mills
	Downsville FD	Tim Barnes	607-363-7887	607-363-7527	05/19/1997	607-363-2235	Dennis Bennett
	Cooks Falls FD	Pete Fuller	607-498-5137	607-498-4662	03/18/1998	607-498-4309	James Lacey
	Christian Missionary						
Davenport	Charlotte Valley CS	David Whipple	607-278-5525	607-278-5489	02/17/1999	607-278-5511	Ed Waid
Delhi	Alliance Fellow Ch.	Norman Worden			02/09/1999		
	First Presbyterian Ch.	Rev. A. Whitman	607-746-2155	607-746-3171	07/09/1998		Joyce & Gary Mann
	United Ministry Ch.	Mark Chatterton	607-746-2077		02/15/1997	607-746-2191	
	Clark Co.	B. Scott Clark	607-746-2077	607-746-2830	02/02/1999	607-746-2727	Paul Roach
	Assembly of God	Paul Keehr	607-746-7219	607-746-7164	02/18/1999		Matt Dreyfus
	Delaware Academy	Gary Worden	607-746-2553	607-746-3972	04/24/1995	607-746-2105	Al Donato
	Donald Gleason P.	William Moyse	607-746-6295	607-746-2961	02/03/1999	607-746-3035	Robert Johnson
Franklin	Franklin CS	Douglas Ido	607-746-6515	607-829-8820	01/14/1998	607-829-3551	Michael Hyzer
Hancock	E. Branch Fire Dt.	Rodney Keesler	607-865-7994	607-363-7397	01/06/1998	607-637-2206	Allen Hadden
	Hancock CS	Bob Possemato	607-637-2259	607-637-2640	04/20/1998	607-637-3584	Glen Day
	Baptist Church	Robert Florence	607-637-3343	1-717-635-5826	08/07/1996	607-637-3584	Herm Wood
	Presbyterian Church	Edythe Benson	607-637-2266	607-637-2507	02/02/1997		Etsyl Davis
	White Birtch Airport	Max Fransico	607-637-3677	607-637-5407	02/02/1999	607-637-3677	Everett Rhinebeck
	Office Building	E. Gerald Mackin	607-637-4707		02/03/1999	607-637-3651	
	Emory Methodist C.	Rev Francis Wait	607-637-2206	607-637-3689	09/05/1996	607-637-2206	Philip Terwilliger
Harpersfield	Co. Harper Grange	Barbara Hill	607-652-6792	607-652-7829	04/07/1997	607-652-2600	Dwayne Hill
Kortright	United Methodist C.	Richard Kenyon	607-538-9256	607-538-9440	02/26/1997	607-538-9440	Rev. W Carpenter
	W. Kortright Centre	Martha Vanburek	607-278-5113	607-278-5360	08/23/1996	607-278-5454	Kathleen Howarth
	N. Kortright P. Ch.	Donald Kerr	607-652-4445	607-652-5152	04/10/1999	607-278-5677	Evang. Maclaury
	South Kortright	Ricahrd Cook	607-538-9060	607-538-9637	01/26/1998	607-652-2600	Robert Doroski

Middletown	Margaretville C.S.	John Reidel	845-586-2647	914-586-4757	01/21/1998	914-586-2647	Mike Boice
	M. Post 216 A. Leg	Donald Kearney	914-586-2219	914-586-4590	03/28/1997	914-586-3466	George Vinning
	U. Methodist Ch.	Rev. Skidmore	914-254-5261	914-254-5589	09/25/1996	914-254-5261	Herbert Blish
	Fleischmanns F.D.	Richard Osterhou	914-254-5912	914-254-5600	01/01/1998	914-254-5221	Todd Wickham
	Arkville Fire Dept.	Robert Sweeney	914-586-4649	914-586-4958	03/07/1997	914-586-3003	John Sanford
	Arena Fire Dept.	Eugene Wickam	914-586-4785	914-586-4982	04/03/1997	914-586-2333	Larry Wickham
Roxbury	NCOC-Grand Gorge				02/26/1999		
	Grand G. Fire Dept.	Thomas Murray	607-588-6128	607-588-6005	03/23/1997	607-588-6666	Henry Gockel
	GrandGorge Civic	Thomas Hynes	607-326-7921	607-588-7351	03/04/1999	607-588-6166	Charles Oakley
	Roxbury Fire Dept.	Jim Bouton	607-326-4033	607-326-7351	12/27/1997	607-326-7575	Steve Green
	Roxbury Cent School	Thomas Kirkwood	607-326-5751	607-326-4151	04/07/1997	607-326-4151	Ben Gruosso
	J. Gould Reform Ch.	Rev. R. Dykstra	607-326-7101	607-588-4242	02/04/1999		Don Brainard
Stamford	Robison Terrace	Pamela Harmen	607-652-2566	607-652-7901	03/24/1997	607-652-7521	James Vanhoesen
	Stamford Cent, Sch	William Lister	607-652-7855	607-652-7715	05/13/1999	607-652-7301	Joseph Beck
	BOCES-Cyr Ctr.	Dr. William Miles	607-652-1327	607-538-9824	02/04/1999	607-652-7531	Paul Marold
	Hobart Methodist Ch.	Richard Elder	607-538-9365	607-538-9332	02/05/1999	607-538-9691	Herb Hait
	Stamford Vets Club	Frank Kerzner	607-652-4292	607-652-7200	08/25/1999	607-652-7467	Fred Dugan
	Stamford Baptist Ch.	Waylen Bray	607-652-7978	607-652-3609	02-06/1999	607-652-3713	Frank Hornbeck
Tompkins	Harrold BOCES	Timothy Thomas			09/26/1996	607-865-2500	
	Trout Cr. Fire Dept.	Chris Kinney	607-865-7039	607-865-9341	04/05/1997	607-865-4810	Pat Backus
Walton	Walton Cent. School	George Mack	607-865-5326	607-865-6643	09/05/1996	607-865-4116	Andrew Jackson
	Christ Episcopal Ch.	Theodore Mead	607-865-6669	607-865-4698	01/12/1997	607-865-4698	Rev. Nick Servalas
	United Presby. Ch.	Rev. M. Hathaway	607-865-5024	607-865-5070	01/12/1997	607-865-4390	Mary Hafele

ATTACHMENT 1

SHELTER MANAGEMENT RESPONSIBILITIES

SHELTER MANAGER Responsibilities

INITIATING THE SHELTER

Establish contact with the Red Cross Shelter Coordinator

- ❖ Provide information about the type and scope of the disaster in your community
- ❖ Provide an estimate of shelter population and duration of the disaster

Determine the Shelter layout

- ❖ Provide room for registration, Sleeping, feeding, food preparation, private area for health issues, management team area, recreation, information sharing, storage for supplies and personal items.

Put up Shelter Identification

Recruit, assign. And Brief Staff

Distribute shelter rules

Assess feeding options

- ❖ Discuss with Red Cross Shelter Coordinator, if possible, before implementing.

Established and maintain a shelter log. Maintain the following information:

- ❖ contacts
- ❖ phone numbers
- ❖ activities
- ❖ problems
- ❖ reports

ON-GOING ACTIVITY

Maintain regular communication with Red Cross Shelter Coordinator.

- ❖ Use the Daily Shelter Report form
- ❖ Report current and anticipated status, needs, problems, and plans

Ensure that shelter residents are receiving up to date information about the

- ❖ Disaster
- ❖ Recovery
- ❖ Resources available

Conduct shelter meetings

Ensure that a system is in place to monitor purchases and requisitions

Routinely inspects the safety and sanitation of the shelter

CLOSING THE SHELTER

Coordinate plans to close the shelter with the Red Cross Shelter Coordinator

Ensure that the building is returned to pre-disaster condition

- ❖ Return borrowed items
- ❖ Arrange for the disposition of left-overs
- ❖ Arrange for cleaning of the facility

Send the following to the Red Cross Shelter Coordinator

- ❖ List of financial commitments
- ❖ List of volunteer workers
- ❖ List of organizations or helper that should be recognized. Including name, address and description of contribution.

FEEDING

Establish a snack and beverage services as soon as possible. Determine if fast-food is available for the first 24 hours.

Identify and organize areas for

- ❖ Food preparation
- ❖ Serving preparation
- ❖ Food storage
- ❖ Garbage disposal

Take inventory of food supplies on hand.

Check local food pantries, school cafeterias and other local food resources to determine if they have food that can be used.

Determine the availability and supply of utilities. (Propane gas, electricity, etc.)

Plan simple menus that will meet the dietary and cultural needs of residents.

Be aware that efforts will be made to send food to you.

Secure, maintain, and submit receipts for all purchases.

Keep an inventory.

Ensure that food preparation, serving, dining and storage area are kept clean.

Provide daily statistics on the number of meals served.

OTHER SERVICES

Post signs on the outside of the building to identify your shelter.

Establish a “message board” for resident messages and for information.

Post a copy of the “Shelter rule”.

Conduct a shelter meeting to ensure that all residents understand procedures and that all residents can express their shelter related concerns.

Work to provide information about the disaster relief operation to the shelter residents.

Set up a television or radio.

Provide a newspaper if possible. Otherwise post verified information or hold periodic meetings to share information

Work to dispel rumors

Set up a recreation area and arrange recreational activities.

Determine the availability and if possible arrange for laundry facilities, shower facilities, pay phones and kennels for pets.

Determine the need for additional security.

Arrange for garbage disposal

Establish protocols for traffic and parking.

DISASTER HEALTH

Check to see what kind of EMS support will be available to the shelter. Is it possible to transport?

Assess the medical needs of the shelter residents. Refer seriously ill and injured to EMS.

Treat minor injuries according to the chapters signed Health Protocols

Assist with arrangements for lost prescriptions.

Be aware of any persons who have communicable diseases, isolate them and report any noticeable trends to the shelter coordinator.

Arrange for the special diets (including infant formula).

Prevent pre-existing health problems from getting worse.

Determine the need for alternate housing for residents with special needs.

In cooperation with the shelter manager, develop a system to ensure that the sanitation of health care area, feeding area, food preparation and storage areas also maintenance of bathrooms.

Ensure that bathroom facilities are adequate. Check into the availability of port toilets if necessary.

Secure all medical supplies.

Ensure that there is 24 hour medical coverage.

Maintain records of all medically related activity.

Be aware of special mental health needs.

SAMPLE MENU FOR COOPERATIVE SHELTERS

DAY ONE:

BREAKFAST

Cereal (Cheerios, Corn Flakes or Oatmeal)
Milk
Coffee, Tea or Hot Chocolate
Dounuts

LUNCH

Hot dogs
Baked beans
Peanut butter and jelly sandwiches
Punch or milk
Coffee, Tea or Hot Chocolate

DINNER

Hamburgers
Macaroni and Cheese
Tossed salad

DAY TWO:

BREAKFAST

Cereal
Milk
Tang
Coffee, Tea or Hot Chocolate

LUNCH

Chili
Toss salad without dressing
Punch and Milk

DINNER

Stew
Tossed salad without dressing
Coffee, tea and milk

**It is important to remember to keep the meals you serve basic and healthy. The above menu is only an example. Provide in between meal snacks, i.e. fresh fruit and cookies.

HELPFUL HINTS

Quantities:

Food	Amount per person	Amount for 25 people	Amount for 50 People	Amount for 100 people
Hamburger	1/4lb*	6 lbs.	12 lbs.	18 lbs.
Ham for baking		10 lbs.	18-20 lbs.	36-40 lbs.
Meat for meatloaf		5 lbs.	9-10 lbs.	18 lbs.
Poultry for roasting		15 lbs.	30 lbs.	60 lbs.
Canned vegetables		6 3oz cans	2 #10cans	4 #10cans
Frozen vegetables		5 12oz pkgs	3 40oz pkgs	6 4oz pkgs
Scrambled Eggs		Eggs 48-54 Milk 2 cups	Eggs 96-108 Milk 4 cups	Eggs 16doz Milk 8 cups
Juice Lemonade	6 oz. cup	1 ¼ gal.	2 ½ gal.	4 gal.
Coffee	6 oz. cup	Water 1.5 gal Coffee 25TB	Water 3 gal. Coffee 5oTB	Water 6 gal. Coffee 100TB
Sandwich filling	3oz/ sandwich	5 lbs.	9.5 lbs	19 lbs.
Peanut butter		1/2 lbs.	1 lbs.	2 lbs.
Jelly		1.5 lbs.	2.5 lbs.	5 lbs.
Jell-O		Water 12 cups Gelatin 18 oz.	Water 24 cups Gelatin 36 oz.	Water 48 cups Gelatin 72 oz.
Soup		1.5 gal.	3 gals.	6 gals.

***before cooking TB=Tablespoon**

Catsup- 1 QT. Bottle=40 to 50 servings Mustard-1 12 oz. Jar=60 servings

Bread-1 20 Slice loaf of white bread=10 sandwiches

Hot Dogs are usually sold 10 per pound

SHELTER RESIDENT INFORMATION

Welcome	We hope that your stay here will be as pleasant as possible under the circumstances. Please take a few minutes to read this sheet, as it contains important information that you will need about living in this shelter.
Registration	Please sign in at the registration area if you have not already done so. Registration is required so we have records necessary to help you. All registration information is kept confidential. Please leave a forwarding address when relocating out of the shelter. This will allow our Family Service and Disaster Welfare inquiry personnel to continue to assist you.
Smoking	You are not allowed to smoke, use matches, or use lighter in the shelter.
Personal Belongings	We cannot assume responsibility for your belongings. We recommend that valuables be locked in your car, out of sight, if possible. If that is impossible, keep valuable items with you.
Pets	We understand that your pets are very important to you. For health and safety reasons, the Red Cross does not allow pets in Red Cross shelters; it is your responsibility to make provisions for your pet(s) before entering the shelter. If you need help in locating a kennel for your pet, please see the shelter staff. The only exceptions to this rule are service animals.
Children	Parents are responsible for keeping track of and controlling the actions of their children. Please do not leave them unattended.
Medical Problems	Notify our staff of any medications that you are taking. If you have a medical condition or are not feeling well, please contact our shelter staff immediately.
Alcohol Drugs And Weapons	You are not allowed to possess or use alcohol or illegal drugs in any part of this shelter. No weapons are allowed in the shelter except those of designated police and security staff.
Volunteering to Help	Shelter residents are encouraged to help in the shelter. There are many jobs that do not require special training. Please see the staff if you would like to help.
Telephones	Shelter residents are asked to use the public payphones. The other shelter phones are reserved for communications with emergency authorities and the American Red Cross disaster headquarters.
Housekeeping	Please help us keep our temporary home clean. Please pick up after yourself and help us with cleanup when possible. Food and drinks, other than water, are not allowed in the sleeping area.

Quiet Hours

Quiet hours are enforced in the sleeping area between the posted hours (normally 11:00 PM and 7:00 AM). However, sleeping areas should be kept as quiet as at all times of the day. Some shelter residents may work night shifts or may not feel well and want to sleep during the day.

News Media

News media representatives often visit shelters during disaster operations. They are allowed to enter the shelter and request interviews or photographs. They will first ask your permission first, and it is your right to refuse. Please report any problem with the media to the shelter manager.

Special Requirements

If you have any special requirements, such as a special diet, please contact the staff.

Problems and Complaints

Please direct all comments about the shelter operation to the shelter manager.

AMERICAN RED CROSS DISASTER ASSISTANCE IS FREE

To: County Emergency Managers

December 15, 1998

From: Werner Gibelius, Mass Care ARC NENY

Subject: Suggested Guide for Shelter Selection

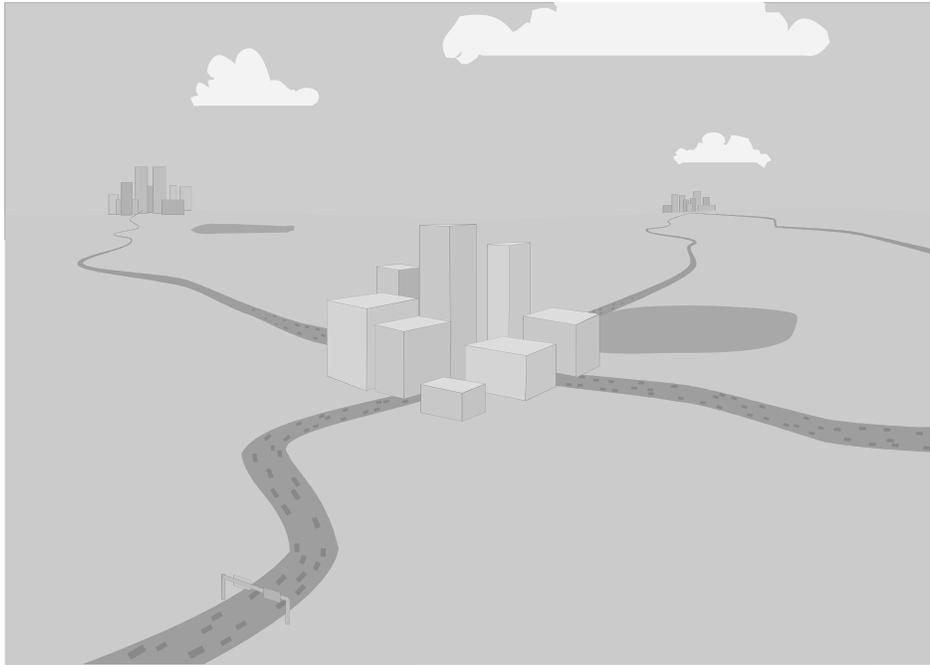
At the December 8 meeting of emergency managers within the American Red Cross Of North Eastern New York (ARC NENY). Mr. Posson from Schenectady County proposed that a suggested guideline for selecting shelters be distributed.

The following is a shelter selection guide.

- The facility should be available for sheltering after a disaster. Do not select a facility which another agency is also relying upon.
- It should have separate rooms that can be used for the elderly, for families with small children, and for nursing and office space.
- It should have space that can be used as a reception area.
- It should have a parking lot and permit emergency parking on a non-paved area.
- The facility should be large enough to facilitate over 100 people, which include staff and rescue personnel.
- The combined areas for sleeping should accommodate at least 50 people. 40 to 60 square feet per bed.
- A food preparation area is not required. However a food serving area will be required. The use of 5 gallons of water per person per day (all uses) should be anticipated.
- One toilet per 40 people.
- Access to phones inside the building.
- No smoking by anyone will be permitted inside the building.

Annex B

MASS CARE ANNEX



**An Annex to the
Delaware County Comprehensive Emergency Management Plan**

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Appendix 1: Facility Agreement Listing

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Attachment 1: Shelter Management Responsibility

Attachment 2: Emergency Preparedness Checklist

Attachment 3: Disaster Supplies Checklist

I. INTRODUCTION

Recent events statewide have caused all levels of government to take a closer look at congregate care. This annex to the Delaware County Comprehensive Emergency Management Plan is for use by the County and local officials in addressing the threat of a disaster which may require the use of public shelters.

II. PURPOSE

As history has shown, residents of a municipality typically have no desire to relocate to a public shelter. More often than not, residents are reluctant to leave their homes during a disaster, and sometimes with disastrous results. In some instances, in-place sheltering can be effective. However, when utilities are affected for long periods of time, the public may be hard pressed to survive in their homes, even more so during periods of extreme temperatures. The purpose of this annex is to ensure that all residents of the County have access to a public shelter in the event of a natural or manmade disaster.

III. GENERAL PROCEDURES

Potential hazards, such as flash flooding and hazardous materials incidents, may require the evacuation of selected areas. The actual emergency situation will determine the scope of the evacuation and the number of evacuees from a specific area.

In the event of a small-scale evacuation, reception and care can be provided at the nearest shelter or may be obtained at local motels. In the event of a large-scale evacuation/displacement of residents, or when the Director of the Department of Emergency Services decides that a public shelter is required, he will advise the American Red Cross. The American Red Cross will then activate more shelters in the County. The American Red Cross will designate and provide a trained shelter manager to assist with operations at each facility.

Upon arrival, registration forms should be completed for each family. Records should be maintained on the whereabouts of all evacuees throughout emergency operations. The American Red Cross may provide food, clothing and shelter operations.

Daily situation reports should be provided to the Emergency Operations Center about the status of evacuees and of operations at the Shelter Center(s). Adequate records must be maintained for all costs incurred in order to be eligible for post-disaster assistance.

IV. CONCEPT OF OPERATIONS

1. Normal Operations

The American Red Cross, in coordination with the Director of the Department of Emergency Services, will:

1. Develop plans and procedures to receive and care for an indeterminate number of evacuees.

2. Designate Shelter Center(s). Determine maximum capacities for each.
3. Designate manager(s) and other key staff personnel.
4. Negotiate agreements for lodging small numbers of displaced persons with local motels/hotels or other facilities.

2. Increased Readiness

A natural or man-made disaster is threatening the local area. The American Red Cross and the Director of the Department of Emergency Services:

1. Review and update plans and procedures.
2. Confirm task assignments and alert key personnel to stand-by status.
3. Prepare the necessary forms.
4. Anticipate and resolve special problems, such as receiving nursing home patients, invalids, closing of schools, etc.
5. Begin record-keeping of disaster-related expenses and continue doing so for the duration of the emergency.

3. Emergency Operations

The disaster impacts the County, requiring full-scale operation activities.

1. The American Red Cross, in coordination with the Director of the Department of Emergency Services:
 - a. Activate shelter agreements, as required.
 - b. Receive and care for evacuees/displaced persons.
 - c. Register and maintain accurate records on their status.
 - d. Provide mass feeding, as required.
 - e. Provide daily situation reports to the Emergency Operations Center.
2. Recovery
 - a. The American Red Cross continues to receive and care for displaced persons.
 - b. Provide mass feeding, as required.
 - c. Continue to provide for the lodging and care of displaced persons, as required.
 - d. Consolidate and report disaster-related expenses.

V. ASSIGNMENT OF RESPONSIBILITIES

As demonstrated by recent events, a disaster may require the response by County government, as well as State and federal authorities. With the response of multiple levels of government, the coordination between and among such agencies is a necessity. In addition, large-scale events will be easier to manage using a Unified Command organization. The Incident Command System (ICS) is a means for ensuring that the required close coordination is realized. Delaware County and New York State will organize the response to a disaster according to the Incident Command System.

VI. ORGANIZATIONAL ASSIGNMENTS

1. The Director of the Department of Emergency Services is responsible for:
 - a. Alerting the American Red Cross to activate the shelters.
 - b. Ensuring that all fire sirens that are capable of sounding a steady tone for three to five minutes, are used to alert the public to tune into the Broadcast Media for emergency instructions.
 - c. Contacting the Public Information Officer to prepare materials to be broadcast over the Emergency Alert System (EAS).
 - d. Designate facilities within commuting distance of the hazardous areas for emergency workers.
 - e. Providing fire protection.
 - f. Coordinate requests for assistance from the public.
 - g. Assisting the County Sheriff's Department in moving people who need assistance to shelters.
 - h. Organizing and prioritizing search and rescue efforts.
 - i. Providing emergency medical treatment and transport efforts.

2. The American Red Cross is responsible for:
 - a. Maintaining an inventory of public shelters.
 - b. Recruiting and training of shelter managers, who will set up and administer shelter operations, and assign, train, and supervise shelter personnel.
 - c. Activating, opening, operating, and demobilizing public shelters.
 - d. Provide emergency services for the public in designated shelters.
 - e. Provide the Director of the Department of Emergency Services updates and situation reports on shelter status, and of any equipment or supplies that are needed or are in abundance.

3. The Sheriff's Department is responsible for:
 - a. Implementing traffic control procedures.
 - b. Assisting in evacuating hazardous areas.
 - c. Providing security and law enforcement for shelters and evacuated areas.
 - d. Providing communications to assist emergency services personnel to insure coordination of agencies.

4. The County Public Information Officer is responsible for:
 - a. Disseminating the information received from the Director of the Department of Emergency Services, such as:
 - 1) List of activated shelters.
 - 2) What to bring to a shelter.
 - 3) Public telephone numbers for obtaining emergency information.
 - 4) Contact phone number for the disable to use to request assistance.
 - b. Developing emergency public information materials with instructions to the public for sheltering.
 - c. Providing emergency information for the Oneonta Daily Star for printing and distribution.
 - d. Arranging for activation of EAS to provide continuous public information.
 - e. Coordinating the public inquiries with the Director of the Department of Emergency Services.

5. The Commissioner of Social Services shall:

Provide support to the American Red Cross at designated shelters.

6. The Public Works Department is responsible for:

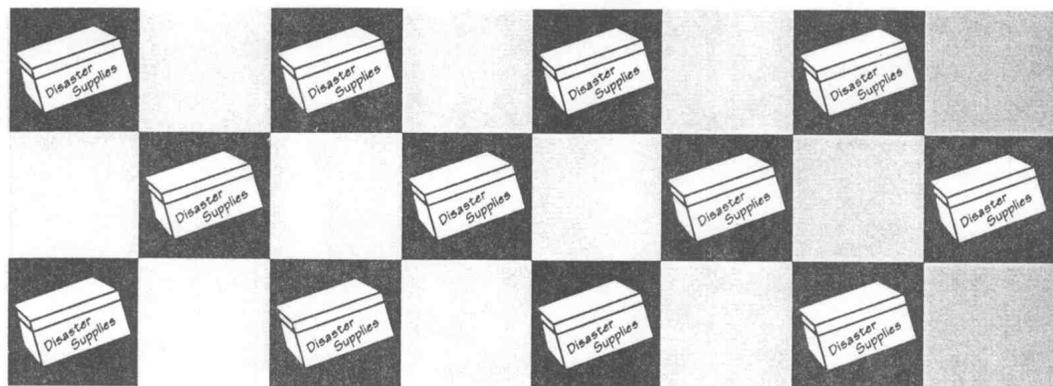
- a. Inspection of buildings and shelters pre and post disaster.
 - b. Upgrading shelter as requested by the Director of the Department of Emergency Services.
7. The Health Commissioner will coordinate with the ARC to provide health and medical care at sheltering facilities, including distribution of drugs, vaccines, and other medications that may be needed in the shelter.
8. The Department of Social Services, Office for the Aging, and the Department of Mental Health, will all provide additional assistance to the ARC.

VII. RETURN

1. The Director of the Department of Emergency Services will advise the Public Information Officer to announce the return movement to evacuees in public shelters.
2. The Sheriff's Department will implement traffic control procedures to ensure an orderly and safe return of evacuees to their homes.
3. The Office for the Aging will assist the ARC in returning unused supplies and equipment.
4. The ARC will close shelters by:
 - a. Removing all Red Cross ID.
 - b. Making a post-use survey of the building by the last shelter manager and building representative.
 - c. Returning all borrowed and rented equipment as well as Red Cross supplies.
 - d. Obtaining any charge statements or bills for purchases made.
 - e. Arranging for clean up of the shelters prior to returning the to the owner.
5. Other services will assist in the return to day to day operations.

ATTACHMENT 3

DISASTER SUPPLIES KIT



Disaster Supplies Kit

Produced by the
National Disaster
Education Coalition:
American Red Cross,
FEMA, IAEM, IBHS,
NFA, NWS, USDA/
CSREES, and USGS

Why talk about a Disaster Supplies Kit?

After a disaster, local officials and relief workers will be on the scene, but they cannot reach everyone immediately. You could get help in hours, or it may take days. Basic services, such as electricity, gas, water, and tele-
phones, may be cut off, or you may have to evacuate at a moment's notice. You probably won't have time to shop or search for the supplies you'll

Local officials and relief workers will be on the scene, but they cannot reach everyone immediately. You could get help in hours, or it may take days...you probably won't have time to shop or search for the supplies you'll need.

need. Your family will cope best by preparing for disaster before it strikes.

What is a Disaster Supplies Kit?

Assembling the supplies you might need following a disaster is an important part of your Family Disaster Plan. Following a disaster, having extra supplies at home or supplies to take with

you in the event of an evacuation can help your family endure evacuation or home confinement. Learn more about Disaster Supplies Kits by contacting your local emergency management agency or American Red Cross chapter.

Awareness Information

Involve children in disaster preparedness.

Ask children to help you remember to keep your kits in working order by changing the food and water every six months and replacing batteries as necessary. Children might make calendars or posters with the appropriate dates marked on them. Ask children to think of items that they would like to include in their own Disaster Supplies Kit, such as books or games or appropriate nonperishable food items.

Prepare Your Kit

Tips For Your Disaster Supplies Kit

- Keep a smaller Disaster Supplies Kit in the trunk of each car. If you become stranded or are not able to return home, having some items will help you to be more comfortable until help arrives.
- Keep items in airtight plastic bags. This will help protect them from damage or spoiling.
- Replace stored food and water every six months. Replacing your food and water supplies will help ensure their freshness.
- Rethink your kit and family needs at least once a year. Replace batteries, update clothes, etc.
- Ask your physician or pharmacist about storing prescription medications. It may be difficult to obtain prescription medications during a disaster because stores may be closed or supplies may be limited.
- Use an easy –to-carry container for the supplies you would most likely need for an evacuation. Label it clearly. Possible containers include:
 - ❖ A large, covered trash container.
 - ❖ A camping backpack.
 - ❖ A duffel bag.
 - ❖ A cargo container that will fit on the roof of your vehicle.

Disaster Supplies Kit Basics

The following items might be needed at home or for an evacuation. Keeping them in an easy-to-carry backpack or duffel bag near your door would be best in case you need to evacuate quickly. In cases like a tsunami, flash flood or major chemical emergency. Store your kit in a convenient place known to all family members. Kit basics are:

- A portable, battery-powered radio or television and extra batteries.
- Flashlight and extra batteries.
- First aid kit and first aid manual.
- Supply of prescription medications.
- Credit card and cash.
- Personal identification.
- An extra set of car keys.
- Matches in a waterproof container.
- Signal flare.

- Map of the area and phone numbers of places you could go.
- Special needs. For example diapers or formula, prescription medicines and copies of prescriptions, hearing aid batteries, spare wheelchair battery, spare eyeglasses, or other physical needs.
- If you have additional space, consider adding some of the items from your Evacuation Supplies Kit.

Evacuation Supplies Kit

Place in an easy-to-carry container the supplies you would most likely need if you were to be away from home for several days. Label the container clearly. Remember to include:

- Disaster Supplies Kit basics(listed above)
- Three gallons of water per person.
- Three-day supply of non-perishable food.
- Kitchen accessories: manual can opener: mess kits or paper cups, plates, and plastic/disposable utensils, utility knife, a can of cooking fuel if food must be cooked, household liquid bleach to treat drinking water, sugar, salt, pepper, aluminum foil, plastic reseal able bags.
- One complete change of clothing and footwear for each family member. Sturdy shoes or work boots, raingear, hat and gloves, thermal underwear and sunglasses.
- Blankets or sleeping bag for each family member.
- Tools and other accessories, paper, pencil needles and thread. Pliers, shut-off wrench, shovels and other useful tools. Tape, medicine dropper, whistle, plastic sheeting, and a small canister. A-B-C-type fire extinguisher, emergency preparedness manual, tube tent and compass.

To Build a Makeshift Toilet

Line a bucket with a garbage bag and make a toilet seat out of two boards placed parallel to each other across the bucket. After each use, pour a disinfectant such as bleach (1 part liquid chlorine bleach to 10 parts water) into the garbage bag. Avoid the spread of disease. Cover the bucket tightly when it is not in use. Bury garbage bag and human waste to avoid the spread of disease by rats and insect. Dig a pit two to three feet deep and at least 50 feet downhill or way from any well, spring or water supply.

- Sanitation and hygiene items: toilet paper, towelettes, soap, hand sanitizer, liquid detergent, and feminine supplies. Personal items such as shampoo, deodorant, toothpaste, toothbrushes, comb and brush. Lip balm, plastic garbage bags (heavy-duty) and ties (for personal sanitation uses): medium sized plastic buckets with tight lid, disinfectant household chlorine bleach, and small shovel for digging an expedient latrine.
- Entertainment, such as games and books.
- Remember to consider the needs of every young and older family member, such as infant and elderly or disabled persons.
- For babies: formula, diapers, bottles, powdered milk, medications.
- For adults, heart and high blood pressure medication, insulin, prescription drugs, denture needs, contact lenses and supplies, extra eyeglasses and hearing aid batteries.

Home Disaster Supplies Kit

In addition to your Disaster Supplies Kit basics and Evacuation Supplies Kit gathering the following items will help your family endure home confinement, which often happens following disaster and may include the loss of utilities.

- Wrench to turn off household gas and water. Keep it near the shut-off valves.
- A week's supply of food and water.
- Additional blankets and sleeping bags.

Also, consider using a NOAA Weather Radio with the tone-alert feature in your home. NOAA Weather Radio is the best means for receiving warnings from the National Weather Service. The National Weather Service continuously broadcast updated weather warnings and forecasts that can be received by NOAA Weather Radios sold in many stores. NOAA Weather Radio now broadcast warning and post event information for all types of hazards—both natural (such as earthquakes and volcanic activity) and technological (such as chemical releases or oil spills). Working with other federal agencies and the Federal Communications Commission's new Emergency Alert System, NOAA Weather Radio is an “all hazards” radio network, making it the single source for the most comprehensive weather and emergency information available to the public. Your National Weather Service recommends purchasing a radio that has both a battery backup and a Specific Area Message Encoder (SAME) feature, which automatically alerts you when a watch or warning is issued for your county. You will receive immediate information about a life-threatening situation. The average range is 40 miles, depending on topography. The National Weather Radio signal is a line-of-sight signal, which does not bore through hills or mountains.

Water

Having an ample supply of clean water is a top priority in an emergency.

- Store water in plastic containers, such as soft drink plastic bottles. Seal containers tightly, label them and store in a cool, dark place. Replace water every six months. Avoid using containers that will decompose or break, such as milk cartons or glass bottles.
- Keep at least a three-day supply of water, or a minimum of three gallons per person. It is strongly recommended to have more if possible. Use one-half gallon per day for drinking and one-half gallon for cooking and sanitation. A normally active person needs to drink at least two quarts of water each day. Hot environments and intense physical activity can double that amount. Children, nursing mothers, and ill people will need more. Store your three-day supply in a handy place. You need to have water packed and ready in case there is no time to fill water bottles when disaster strikes.

Water needs to be treated only if it is of questionable purity.

- Boiling is the safest method of treating water. Strain water through a clean cloth to remove bulk impurities. Bring water to a rolling boil for about one full minute. Keep in mind that some water will evaporate. Let the water cool before drinking. Boiled water will taste better if you put oxygen back into it by pouring the water back and forth between clean containers. This will also improve the taste of stored water.

- You can use household liquid bleach to kill microorganisms. Use only regular household liquid bleach that contains 5.25 percent sodium hypochlorite. Do not use scented bleaches, color safe bleaches, or bleaches with added cleaners. Add 16 drops of bleach per gallon of water, stir and let stand for 30 minutes. If the water does not have a slight bleach odor, repeat the dosage and let stand for another 15 minutes. If it still does not smell of chlorine, discard it and find another source of water. Other chemicals such as iodine or water treatment products sold in camping or surplus stores that do not contain 5.25 percent hypochlorite as the only active ingredient, are not recommended and should not be used. Distillation involves boiling water and then collecting the vapor that condenses back to water. The condensed vapor will not include salt or other solid impurities. To distill, fill a pot halfway with water. Tie a cup to the handle on the pot's lid so that the cup will hang right side up when the lid is upside down (make sure the cup is not touching the water) and boil the water for 20 minutes. The water that drips from the lid into the cup is distilled.

Melt ice cubes or use water from undamaged hot water tanks, toilet tanks (not the bowl) and water pipes if you need additional water.

If you need to find water outside of your home, you can use rainwater, streams, rivers and other moving bodies of water like ponds, lakes and natural springs. If you question its purity be sure to treat the water first. Avoid water with floating materials, an odor or a dark color. Use saltwater only if you distill it first. Do not drink flood water.

Food

Even though it is unlikely that an emergency would cut off food supply for two weeks, you should consider preparing a supply that will last that long. The easiest way to develop a two-week stockpile is to increase the amount of basic foods you normally keep on your shelves. If your water supply is limited try to avoid foods that are high in fat and protein. Don't stock salty foods since they will make you thirsty. Familiar foods can lift morale and give a feeling of security in time of stress. Also, canned foods won't require cooking water, or special preparation. Take into account your families unique needs and tastes. Try to include foods that they will enjoy and that are also high in calories, protein, carbohydrates, vitamins, and minerals.

- Pack at least a three-day supply of non-perishable food and water, and store it in a handy place. You need to have these items packed and ready in case there is no time to gather food from the kitchen when disaster strikes.
- Select foods that require no refrigeration, preparation, or cooking, and little or no water. Foods that are compact and lightweight are easy to store and carry.
- If you must heat food, pack a can of cooking fuel.
- Try to eat salt-free crackers, whole grain cereals, and canned food with high liquid content. Recommended foods include:
 - Ready-to-eat canned meats, fruits, and vegetables.
 - Canned juice, milk and soup (if powdered, store extra water).
 - High-energy foods, such as peanut butter, jelly, crackers, granola bars, and trail mix.
 - Comfort foods, such as hard candy, sweetened cereals, candy bars, and cookies.

- Instant coffee, tea, tea bags. Foods for infants, elderly persons, or persons on special diets if necessary.

Also consider:

- Compressed food bars. They store well, are lightweight, taste good and are nutritious.
- Trail mixes, available prepackaged, or assemble your own.
- Dried foods. They can be nutritious and satisfying, but contain a lot of salt, which promotes thirst.
- Freeze-dried foods. They are tasty and lightweight, but will need water for reconstitution.
- Instant meals. Cups of noodles or cups of soup are a good addition although they need water for reconstitution.
- Snack-sized canned goods. Good because they generally have pull-top lids or twist-open keys.
- Prepackaged beverages. Those in foil packets and foil-lined boxes are suitable because they are tightly sealed and will keep for a long time.

Food options to avoid:

- Commercially dehydrated foods. They can require a great deal of water for reconstitution and extra effort in preparation.
- Bottled foods. They are generally too heavy and bulky. They break easily.
- Meal-sized canned foods. They are usually bulky and heavy.
- Whole grains, beans, pasta. Preparation could be complicated under the circumstances of a disaster.

If your electricity goes off:

- First, use perishable food and foods from the refrigerator.
- Then, use the foods from the freezer. To minimize the number of times you open the freezer door post a list of freezer contents on it. In a well filled well insulated freezer, foods will usually still have ice crystals in their centers (meaning foods are safe to eat) for at least three days.
- Finally begin to use nonperishable foods and staples.

Remember to store nonperishable foods for your pets.

First Aid Kit

Assemble a first aid Kit for your Disaster supplies Kit and one for each car.

The basic for your first aid kit include:

- First aid manual.
- Sterile adhesive bandages in assorted sizes
- Assorted sizes of safety pins.
- Cleansing agent/soap.
- Latex gloves (2 pairs).
- Sunscreen.
- 2-inch sterile gauze pads (4-6)
- 4-inch sterile gauze pads (4-6)

- Triangular bandages (3)
- Nonprescription drugs.
- 2-inch sterile roller bandages (3 rolls).
- 3-inch sterile roller bandages (3 rolls).
- Scissors
- Tweezers.
- Needle.
- Moistened towelettes.
- Antiseptic.
- Thermometer.
- Tongue depressor blades (2)
- Tube of petroleum jelly or other lubricant.

Have the following nonprescription drugs in your disaster Supplies Kit:

- Aspirin or non-aspirin pain reliever
- Anti-diarrhea medication.
- Antacid (for upset stomachs)
- Syrup of ipecac (use to induce vomiting if advised by the poison control center)
- Laxative.
- Activated charcoal (use if advised by the poison control center).
- Vitamins

Add any necessary prescription and nonprescription drugs.

Add special needs for infants, elderly persons, or anyone with serious allergies.

Important Documents

Keep the following original documents in a safe deposit box if possible and copies in a waterproof fire-resistant portable container.

- Wills, insurance policies, contracts, deeds, stocks and bonds.
- Passports, social security cards and immunization records.
- Bank account numbers.
- Credit card account numbers and companies.
- Inventory of valuable household goods, important telephone numbers.
- Family records (birth, marriage and death certificates)

Attachment 2

Emergency Preparedness Checklist

Emergency Preparedness Checklist



Federal Emergency Management Agency



American Red Cross

The next time disaster strikes, you may not have much time to act. Prepare now for a sudden emergency.

Learn how to protect yourself and cope with disaster by planning ahead. This

checklist will help you get started. Discuss these ideas with your family, then prepare an emergency plan. Post the plan where everyone will see it—on the refrigerator or bulletin board.

For additional information about how to prepare for hazards in your community, contact your local emergency management or civil defense office and American Red Cross chapter.

Emergency Checklist

Call Your Emergency Management Office or American Red Cross Chapter

- Find out which disasters could occur in your area.
- Ask how to prepare for each disaster.
- Ask how you would be warned of an emergency.
- Learn your community's evacuation routes.
- Ask about special assistance for elderly or disabled persons.

Also...

- Ask your workplace about emergency plans.
- Learn about emergency plans for your children's school or day care center.

Create an Emergency Plan

- Meet with household members to discuss the dangers of fire, severe weather, earthquakes and other emergencies. Explain how to respond to each.
- Find the safe spots in your home for each type of disaster.

- Discuss what to do about power outages and personal injuries.
- Draw a floor plan of your home. Mark two escape routes from each room.
- Show family members how to turn off the water, gas and electricity at main switches when necessary.
- Post emergency telephone numbers near telephones.
- Teach children how and when to call 911, police and fire.
- Instruct household members to turn on the radio for emergency information.
- Pick one out-of-state and one local friend or relative for family members to call if separated during a disaster (it is often easier to call out-of-state than within the affected area).
- Teach children your out-of-state contact's phone numbers.
- Pick two emergency meeting places.
 - 1) A place near your home in case of a fire.
 - 2) A place outside your neighborhood in case you cannot return home after a disaster.
- Take a basic first aid and CPR class.
- Keep family records in a water and fire-proof container.

Prepare a Disaster Supplies Kit

Assemble supplies you might need in an evacuation. Store them in an easy-to-carry container such as a backpack or duffle bag.

Include:

- A supply of water (one gallon per person per day). Store water in sealed, unbreakable containers. Identify the storage date and replace every six months.
- A supply of non-perishable packaged or canned food and a non-electric can opener.
- A change of clothing, rain gear and sturdy shoes.
- Blankets or sleeping bags.
- A first aid kit and prescription medications.
- An extra pair of glasses.
- A battery-powered radio, flashlight and plenty of extra batteries.
- Credit cards and cash.
- An extra set of car keys.
- A list of family physicians.
- A list of important family information; the style and serial number of medical devices such as pacemakers.
- Special items for infants, elderly or disabled family members.

Emergency Plan

Out-of-State Contact

Name _____

City _____

Telephone (Day) _____ (Evening) _____

Local Contact

Name _____

Telephone (Day) _____ (Evening) _____

Nearest Relative

Name _____

City _____

Telephone (Day) _____ (Evening) _____

Family Work Numbers

Father _____ Mother _____

Other _____

Emergency Telephone Numbers

In a life threatening emergency, dial 911 or the local emergency medical services system number

Police Department _____

Fire Department _____

Hospital _____

Family Physicians

Name _____ Telephone _____

Name _____ Telephone _____

Name _____ Telephone _____

Reunion Locations

1. Right outside your home _____

2. Away from the neighborhood, in case you cannot return home _____

Address _____

Telephone _____

Route to try first _____

Escape Plan

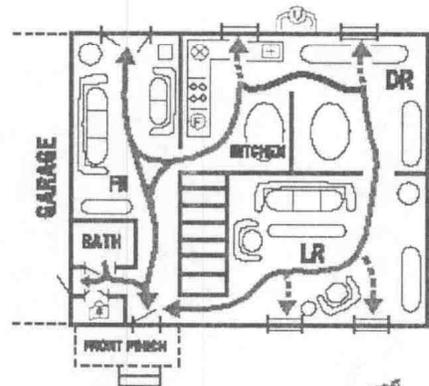
In a fire or other emergency, you may need to evacuate your house, apartment or mobile home on a moment's notice. You should be ready to get out fast.

Develop an escape plan by drawing a floor plan of your residence. Using a black or blue pen, show the location of doors, windows, stairways, and large furniture. Indicate the location of emergency supplies (Disaster Supplies Kit), fire extinguishers, smoke detectors, collapsible ladders, first aid kits and utility shut off points. Next, use a colored pen to draw a broken line charting at least two escape routes from each room. Finally, mark a place outside of the home where household members should meet in case of fire.

Be sure to include important points outside such as garages, patios, stairways, elevators, driveways and porches. If your home has more than two floors, use an additional sheet of paper. Practice emergency evacuation drills with all household members at least two times each year.

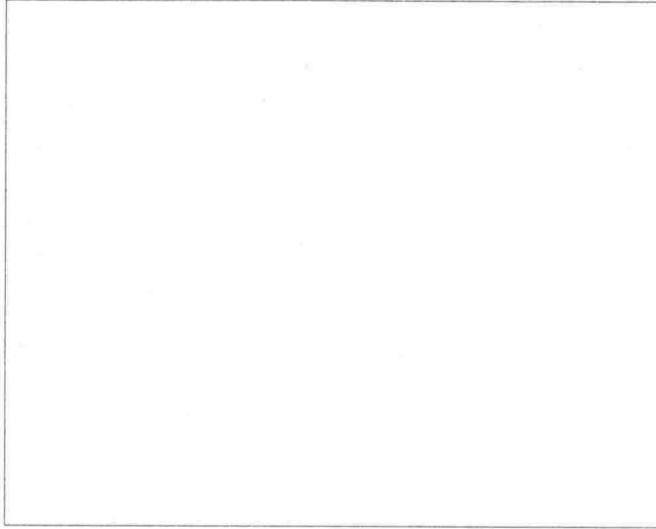
Example:

Floor one

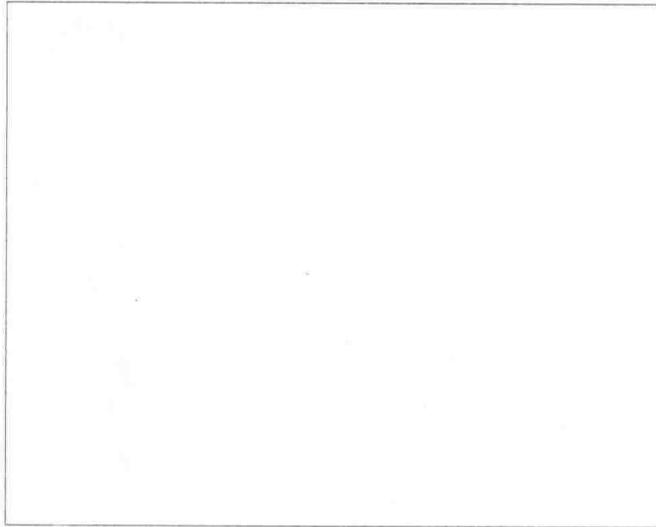


Floor Plan

Floor One



Floor Two



Normal Exit Route



Emergency Exit Routes



Fire Extinguisher



Smoke Detectors



Disaster Supplies Kit



Doors



Collapsible Ladder



Reunion Location (Outside)



Stairways



Utility Shut Off



Windows



First Aid Kit

Home Hazard Hunt

In a disaster, ordinary items in the home can cause injury and damage. Anything that can move, fall, break or cause a fire is a potential hazard.

- Repair defective electrical wiring and leaky gas connections.
- Fasten shelves securely and brace overhead light fixtures.
- Place large, heavy objects on lower shelves.
- Hang pictures and mirrors away from beds.
- Strap water heater to wall studs.
- Repair cracks in ceilings or foundations.
- Store weed killers, pesticides and flammable products away from heat sources.
- Place oily polishing rags or waste in covered metal cans.
- Clean and repair chimneys, flue pipes, vent connectors and gas vents.

If You Need to Evacuate

- Listen to a battery powered radio for the location of emergency shelters. Follow instructions of local officials.

- Wear protective clothing and sturdy shoes.
- Take your Disaster Supplies Kit.
- Lock your house.
- Use travel routes specified by local officials.

If you are sure you have time ...

- Shut off water, gas and electricity, if instructed to do so.
- Let others know when you left and where you are going.
- Make arrangements for pets. Animals may not be allowed in public shelters.

Prepare an Emergency Car Kit

Include:

- Battery powered radio, flashlight and extra batteries
- Blanket
- Booster cables
- Fire extinguisher (5 lb., A-B-C type)
- First aid kit and manual
- Bottled water and non-perishable high energy foods such as granola bars, raisins and peanut butter

- Maps, Shovel, Flares
- Tire repair kit and pump

Fire Safety

- Plan two escape routes out of each room.
- Practice fire drills at least twice a year.
- Teach family members to stay low to the ground when escaping from a fire.
- Teach family members never to open doors that are hot. In a fire, feel the bottom of the door with the palm of your hand. If it is hot, do not open the door. Find another way out.
- Install smoke detectors on every level of your home. Clean and test them at least once a month. Change batteries at least once a year.
- Keep a whistle in each bedroom to awaken household in case of fire.
- Check electrical outlets. Do not overload outlets.
- Purchase and learn how to use a fire extinguisher (5 lb., A-B-C type).
- Have a collapsible ladder on each upper floor of your house.
- Consider installing home sprinklers.

The Federal Emergency Management Agency's Community and Family Preparedness Program and the American Red Cross Community Disaster Education Program are nationwide efforts to help people prepare for disasters of all types. For more information, please contact your local emergency management office and American Red Cross chapter. This brochure and other preparedness materials are available by calling FEMA at 1-800-480-2520, or writing: FEMA, P.O. Box 2012, Jessup, MD 20794-2012.

Publications are also available on the World Wide Web at:

FEMA's Web site: <http://www.fema.gov>

American Red Cross Web site: <http://www.redcross.org>

Your Local Contact is:

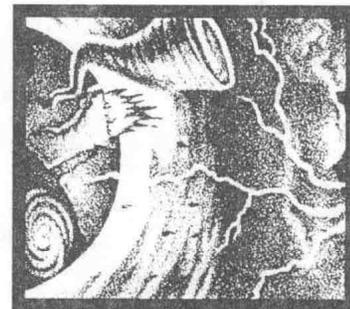
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Aug. 1993

Federal Emergency
Management Agency



HURRICANE • FIRE • HAZARDOUS MATERIALS SPILL

EMERGENCY PREPAREDNESS CHECKLIST



TORNADO • FLASH FLOOD • EARTHQUAKE • WINTER STORM

Annex C

Delaware County

IN-PLACE SHELTER ANNEX

For

TORNADO EMERGENCIES

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Appendix 1: Public Basement Protection

I. Introduction

Recent events statewide have caused all levels of government to take a closer look at tornado protection. This annex to the Delaware County Comprehensive Emergency Management Plan is for use by the County and local officials in addressing the threat of tornadoes.

Tornadoes, although short-lived, are the most violent and, over a small area, the most destructive of all storms. These violent storms frequently consist of whirling winds of up to 300 miles per hour. Tornadoes appear as a rotating funnel shaped cloud, ranging from gray to black, extending downward toward the ground from the base of a thundercloud. Tornadoes impacting the ground exhibit a characteristic sound, similar to that of an airplane or a freight train.

The following terminology should be used in describing the threat of a tornado:

Tornado Watch: Conditions are favorable for a tornado, and the skies should be watched.

Tornado Warning: Indicates that a tornado has been sighted or spotted on radar, take immediate cover.

II. Purpose

The purpose of this plan is to ensure that all residents have access to basement protection in the event of tornadoes or other severe weather.

III. Background

Since 1950, at least three (3) tornadoes have been confirmed by the National Weather Service as touching down in Delaware County. The maximum intensity was an F-2 on the Fujita Scale, which ranks tornado intensity from F0 to F5, F5 being the strongest. In addition, tornadoes can be accompanied with heavy rains. The northern half of Delaware County has a moderate risk of flash flooding, while the southern half has a high risk of flash flooding.

Generally, basements are considered adequate protection from a tornado. Most homes in Delaware County have basements that can be used for tornado protection. It is estimated that 10% of the residents within the County are without basements, including mobile homes and modular homes. For those residents that live in structures without basements, this plan identifies public basement protection in every town of the County that can be accessible in a short time frame, and not located in flood prone areas.

IV. General Procedures

A. Residents With Home Basements

Residents with home basements should be educated to safely seek protection in their basement. This should include staying away from windows and exterior doors.

B. Residents Without Home Basements

Residents without home basements have three (3) options:

1. Identify a home basement in their neighborhood where they will be welcomed during a tornado threat. Plans should be made in advance to do so.
2. Proceed to the nearest public basement shelter as identified in Appendix 1.
3. Go to the center of the lowest floor in the structure they are in, seeking shelter in a small room, such as a closet or a bathroom, or under furniture, always staying away from windows and doors. This last option should only be used if options 1 and 2 cannot be used.

There are numerous mobile homes and trailer parks throughout Delaware County without basements, and residents should be informed that such structures are NOT to be used as a shelter.

C. Residents Away from Home or Outdoors

Residents at their place of employment working inside, or in school, should seek shelter in a basement. If no basement is available, they should seek shelter in an interior hallway or room on the lowest floor, or in a designated public basement shelter. In a school, always avoid seeking shelter in a gymnasium or auditorium because of the wide, free-span roofs.

If residents are outside during a tornado threat, and there is not enough time to reach a safe shelter, they should go to the nearest ditch, ravine, culvert, or excavation, and lie face down covering their heads with their arms.

V. Assignment of Responsibility

As demonstrated by recent events, a tornado event may require the response by the County government, as well as State and federal authorities. With the response of multiple levels of government, the coordination between and among such agencies is a necessity. In addition, large-scale events such as this will be easier to manage using a Unified Command organization. The Incident Command System (ICS) is a means for ensuring that the required close coordination is realized. Delaware County and New York State will organize the response to a tornado event according to the Incident Command System.

Organizational Assignments

1. Delaware County Emergency Services Director is responsible for:
 - Receiving special weather statements, including watches and warnings.
 - Disseminating the hazardous weather information to County and local officials.
 - Alerting the American Red Cross for potential activation during a hazardous weather threat.

2. The American Red Cross is responsible for:
 - Maintaining an inventory of public basement shelters.
 - Recruiting and training shelter managers who will set up and administer the shelter operations, and assign, train, and supervise shelter personnel.
 - Activating and opening public basement shelters upon the advice or direction of County officials.
 - Provide services for the public in designated shelters.

3. The Commissioner of Social Services shall:

Provide support to the American Red Cross at designated shelters.

4. The National Weather Service Shall:

Through NOAA Weather Radio, provide timely information to the public regarding tornado threats and protective actions to take.

5. The Broadcast Media shall:

Through the Emergency Alert System (EAS), provide timely information to the public regarding tornado threats, and the protective actions to take.

6. Delaware County Cooperative Extension shall:

Provide public education pertaining to hazardous weather, and the protective actions to take.

7. The Delaware County Fire Coordinator is responsible for:

Ensuring that all fire sirens that are capable of sounding a steady tone for three to five minutes are used to alert the public to tune into the Broadcast Media for emergency instructions.

APPENDIX 1: PUBLIC BASEMENT PROTECTION

A. Overview

It is estimated that 10% of the residents of Delaware County are without basement protection in the event of a tornado. This appendix identifies the available public basement protection, in each Town of the County, to shelter at least the required 10% of the population.

B. Public Basement Shelters

Town of Andes:

1. Andes Central School, 223 Delaware Avenue	93 basement spaces
2. United Methodist Church, 130 Route 1	32 basement spaces
Total required (10%): 129	Total: 125

Town of Bovina:

1. Bovina United Presbyterian Church, 201 Bovina Rd.	27 basement spaces
Total required (10%): 55	Total: 27

Town of Colchester:

1. Downsville Central School, Maple Avenue	287 basement spaces
Total required (10%): 193	Total: 287

Town of Davenport:

1. Charlotte Valley Central School, Route 23	200 basement spaces
Total required (10%): 244	Total: 200

Town of Delhi:

1. SUNY, Farrell Hall, Building # 29	320 basement spaces
Total required (10%): 502	Total: 320

Town of Deposit:

1. Deposit Central School, 840 Second Street	562 basement spaces
Total required (10%): 182	Total: 562

Town of Franklin:

Total required (10%): 247	Total: 0
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Town of Hamden:

1. Hamden Inn, Route 10	21 basement spaces
Total required (10%): 114	Total: 21

Town of Hancock:

1. Hancock Central School, Read Street	481 basement spaces
Total required (10%): 338	Total: 338

Town of Harpersfield:

Total required (10%): 145 Total: 0

Town of Kortright:

1. South Kortright Central School, Route 10 304 basement spaces
Total required (10%): 141 Total: 304

Town of Masonville:

1. Masonville Federated Church, Route 206 49 basement spaces
Total required (10%): 135 Total: 135

Town of Meredith:

1. East Meredith Church, Elk Creek Road 42 basement spaces
Total required (10%): 151 Total: 42

Town of Middletown:

1. Margaretville Elementary School, 126 Wagner Ave. 72 basement spaces
2. Margaretville High School, Main Street 696 basement spaces
Total required (10%): 341 Total: 768

Town of Roxbury:

1. Roxbury Central School, Main Street 203 basement spaces
Total required (10%): 239 Total: 203

Town of Sidney:

1. Sidney Elementary and Middle School, 13 E. Pearl St. 620 basement spaces
2. Sidney Senior High School, 75 West Main Street 104 basement spaces
Total required (10%): 667 Total: 724

Town of Stamford:

1. Boces Center, West Main Street 83 basement spaces
2. Hobart Activity Center, Maple Street 29 basement spaces
Total required (10%): 205 Total: 112

Town of Tompkins:

Total required (10%): 99 Total: 0

Town of Walton:

1. Walton Central School, 6 Miller Avenue 111 basement spaces
2. Walton Grange Meeting Hall, Stockton Avenue 87 basement spaces

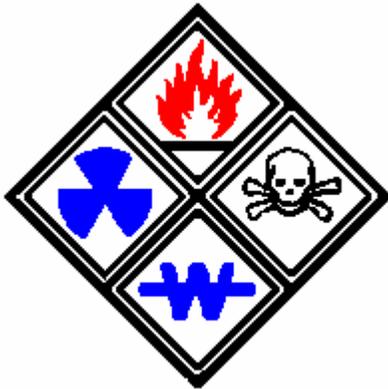
Total required (10%): 595

Total: 198

ANNEX D

DELAWARE COUNTY HAZARDOUS MATERIALS RESPONSE TEAM

STANDARD OPERATING GUIDELINES



REVISED 6/01

The Delaware County Hazardous Materials Response Team consists of members from Fire Departments throughout Delaware County and covers all areas of expertise.

Delaware County Haz-Mat Coordinators

Nelson Delameter – Director of Emergency Services - Car 1

Carl Fancher – Deputy Coordinator – Car 6

The Hazardous Materials Incident Commander (IC) will have total control of the Haz Mat incident and is responsible for the safety of all personnel at the scene.

Total cooperation from the Fire Chiefs of the departments involved in each incident is vital for this plan to work. This will be understood before any action is taken by the County Haz Mat Team.

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TRAINING LEVELS

Level I - First Responder – Awareness

Level II - First Responder – Operations

Level III - Hazardous Material – Technician

Level IV - Hazardous Material – Specialist

Level V - Hazardous Material – Incident Commander

NOTE: Haz Mat Team members will not work above his/her level of training or expertise.

HAZ MAT TEAM DUTIES

1. Size up scene and identify product(s).
2. Establish Perimeter and Security Zone.
3. Begin initial set-up of scene including staging and decon.

OTHER HAZ MAT TEAM DUTIES

1. Maintain individual training and incident records within your own department.
2. Maintain participation at all county Haz Mat drills and training sessions.
3. Properly maintain all county owned equipment.
4. Maintain a yearly inventory of equipment and its condition. Forward a copy to the County Director of Emergency Services for budget considerations.
5. Maintain a yearly updated roster of team members for accountability at incidents.

RESPONSE PLAN

The Delaware County Hazardous Materials Response Team will respond to Hazardous Materials Incidents throughout Delaware County.

MUTUAL AID HAZ MAT SETUP

Whenever a mutual aid request is made for the County Haz Mat Team to respond to another Fire Department's Haz Mat incident, the following procedures will be used:

1. Alert all team members from fire control or by phone.
 - A. Arrange for Haz Mat Team member to pick up portable Decon Shelter from O'Connor Hospital in Delhi.
2. All team leaders will report to the Command Post upon arrival and present their accountability list.
3. Team leaders and Coordinators will go directly to the scene to:
 - A. Size up the Haz Mat incident

- B. Determine if the team can handle the situation
- C. Determine Level of protection
- D. Determine weather or not the team will be needed or if entry will be made based on the above information.

ENROUTE TO HAZ MAT INCIDENT

1. Request precise directions up wind or down wind from incident to location of staging areas (if needed) and Command Post Location.
2. Obtain chemical(s) identification and quantity
3. Determine procedures or action already taken by Fire Department at scene.

ON LOCATION

1. Set up Command Post and secure perimeter of Incident.
2. Set up Haz Mat Staging area.
3. Set up Haz Mat Control Area: HOT ZONE – WARM ZONE – COLD ZONE.
4. Set up Decon area.
5. Set up EMS/Triage area.
6. Notify the Fire Chief at the Haz Mat incident if manpower is needed to set up any of the above areas.

HAZMAT AREAS RESPONSIBILITIES

A. MOBILE COMMAND POST

1. Request map of area (if possible).
2. Evacuation – if needed.
3. Advise how far to evacuate.

4. Civilians or firefighters who are or who may have been contaminated – locate in one area to decontaminate and EMS/Triage evaluation.
5. Ask local Chief for:
 - a. Extra diking material if needed.
 - b. Extra materials for decon solution if needed.
 - c. Absorbent materials – sand, speedi-dry, etc. if needed.
 - d. Contractors for earth moving equipment.
 - e. Refreshments (water, sandwiches, etc.)
6. Were proper agencies notified – Delaware County Director of Emergency Services, EPA, DOT, DEC, Police, OFPC, etc.
7. Check Haz Mat radio communications with all Haz Mat areas on scene.
8. Contact **Chemtrec – 1-800-424-9300, Chem-Tel – 1-800-255-3924** or the **National Response Center – 1-800-424-8802** if needed.

B. HAZ MAT TEAM RESPONSIBILITIES

1. Awareness
2. Response
3. Mitigation
4. Secure Personnel and Equipment
5. Clean-up will be the responsibility of the Carrier/Shipper, Receiver or owner of the product.

C. HAZ MAT COMMAND POST

1. Check Haz Mat radio communications at scene.
2. Chemical(s) and quantities involved, if verified.

3. Advise all leaders of chemical(s) involved and proper level Entry suit to wear.
4. Decon Solution to be used – notify decon area & EMS/Triage area of any changes.
5. SECURE AREA!!!
6. Issue colored armbands or tape for identification.

D. COMMAND POST PERSONNEL

(IC) Incident Commander	Fire Chief	Police Officer
Recording Secretary	EMS Officer	Chief Coordinator
Communications Officer		

Other pertinent personnel as needed.

E. HAZ MAT DEPUTY COORDINATORS & OFFICERS RESPONSIBILITIES

1. **Public Information Officer (PIO)** – Will keep the media informed of the status of the incident based on the Incident Commander’s wishes.
2. **Accountability Officer** – Will compile a list of all members at the scene by collecting each department’s accountability sheets.
3. **Operations Officer** – Implements the action plan as determined by the Incident Commander. Keeps the command post informed as to the progress of the overall operation.
4. **Safety Officer** – Responsible for the overall safety of the incident including fire personnel and civilians.
5. **Logistics Officer** – Responsible for obtaining and coordinating additional supplies and equipment such as food, facilities, construction equipment and any other needs not normally inventoried by the Fire Department.
6. **Staging Officer** – Responsible for setting up staging area and laying out necessary equipment including tarps and chairs. Ensure that the proper level of protective clothing for entry teams is being met.

7. **Air Officer** – Records times, monitors entry teams “on air” status and advises Entry Officer of such. Ensures for adequate air supply and refilling.
8. **Entry Officer** – Notifies command as entry is being made and advises as to the teams findings including chemical names, identification numbers, victims, etc. Ensures that the goals and objectives of the Incident Commander are being met.
9. **Decon Officer** – Responsible for setting up the decon area and the strip down area. Advises the Command post as to their status. Ensures for the proper “Decon Solution”, equipment, etc. Monitors Decon team “on air” times. Advises EMS/Triage when beginning first decon and when ready to “package” and move the decon team to the EMS/Triage area.
10. **Triage Officer** – Responsible for setting up the EMS/Triage area, keeps track of all civilian and firefighter victims and documents vitals of all entry and decon personnel prior to and following each entry. (see EMS Entry “Sheet)

PROTECTIVE CLOTHING FOR HAZ MAT

There are (3) Entry levels for protective clothing. They are:

1. Entry Level A – All purpose suit
2. Entry Level B – All purpose suit
3. Entry Level C – Full Fire fighting turnout equipment with SCBA.

PROCEDURES FOR SUITING UP FOR ALL LEVELS

ENTRY LEVEL “A” – All Purpose Suit;

Procedures for donning suits should also include two (2) helpers to insure proper procedures are followed;

1. Remove ALL jewelry, chains, watches and All metal objects.
2. Remove turn out gear if in use.
3. Put SCBA on.
4. Put on portable radio with proper fitting ear piece. Check radio for operation.

5. Put on all purpose suits.
6. Have helpers check to see if suit, SCBA and radio are working properly.

ENTRY LEVEL “B” – All Purpose Suit;

Procedures for donning suits should also include two (2) helpers to insure proper procedures are followed;

1. Remove ALL jewelry, chains, watches and All metal objects.
2. Remove turn out gear if in use.
3. Put SCBA on.
4. Put on portable radio with proper fitting ear piece. Check radio for proper operation.
5. Put on All Purpose suit.
6. Have helpers check to see if suit, SCBA and radio are functioning properly.

ENTRY LEVEL “C” – Firefighting Turnouts w/SCBA

1. Remove All jewelry, chains, watches & ALL metal objects.
2. Put Nomex coat, bunker pants, boots, hood, helmet, gloves and SCBA on.
3. Put duct tape over sleeves & gloves, bunker pants & boots and coat zipper/clips. Tape around waist if possible to secure seal.
4. Portable radios with proper fitting ear piece may be used in certain circumstances.

SET UP FOR DECON AREA

1. Command Post to designate Decon Officer.
2. Command Post & Decon Officer to determine decon site, level of protection, number of stages and decon solution.
3. DECON SETUP (illustration only)
 - a. Secure Area.
 - b. Place contamination barrels by decon entrance.

- c. Provide area for all used equipment – cocoons, chemical suits, SCBA, etc.
- d. Mark strip down area with pylons or barrels.
- e. Designate entry team egress route with pylons.
- f. Provide warning to others by using barricade tape to secure perimeter. **No unauthorized personnel admitted to decon area once decontamination has begun!!**
- g. Set up portable decon shelter as a final rinse and personal protection strip down area.

ENTRANCE/FIRST DECON RINSE

1. All hand tools go in contamination barrels at decon entrance.
2. Set portable pond up for first rinse.
3. Set up shower, place shower in pool. Make proper hose connection to shower and eductor unit.
4. ONLY MEMBERS OF HAZ MAT TEAM WEARING APPROPRIATE LEVEL OF PROTECTION AND SCBA ARE TO BE IN THIS AREA WHEN DECON BEGINS.
5. After first rinse decontamination of **ALL** personnel is complete, personnel manning the first rinse will decon themselves and go through the 2nd stage, 3rd stage and 4th stage decon as needed.

SECOND DECON RINSE

1. Set up portable pond.
2. Set up shower, place shower in pool. Make proper hose connection to shower, use pre-determined decon solution.
3. ONLY MEMBERS OF HAZ MAT TEAM IN PROPER LEVEL OF PROTECTION WITH SCBA ARE TO BE IN THIS AREA.
4. After second stage decontamination of **ALL** personnel is complete, personnel manning 2nd stage decon will decon themselves then go to the 3rd stage and 4th stage

decon as needed. After final stage decon, personnel may then go to the air filling station to wait for air bottle change or to strip down area.

TEAM STRIP DOWN AREA

1. Lay out tarp(s) for arranging ALL gear on.
2. Place decon containers in front of tarp.
3. Set up chairs for All Haz Mat entry personnel to use for strip down
4. Secure water or Gatorade to prevent dehydration.
5. Portable Decon Shelter to be used as personal strip down and protective area.

EMS/TRIAGE

1. Set up area for taking and recording vital signs of members.
2. Ambulances will have communications with the Command Post for EMS/Triage information.

HAZ MAT COMMAND POST

1. Will be located in the COLD ZONE!
2. Communications Officer to monitor all radio communications and maintain radio log.
3. Recording Secretary to record all actions conducted during the Haz Mat incident.

ENGINE COMPANY

1. All personnel to wear full turn outs.
2. Set up water supply to feed 1st stage and 2nd stage rinses with a minimum 1-1/2" line. Minimize the use of water being collected for

disposal.

3. Engine company personnel to gather diking material and absorbent material as needed.
4. Position the Engine according to the layout with back of engine facing towards Decontamination area for ease of laying out hose. Always place Engine in the COLD ZONE!

GUIDELINES FOR DECONTAMINATION

CAUTION – The decontamination solutions listed below are recommended for ten general groups of hazardous materials. Always contact expert assistance from manufacturers, poison control centers, medical experts, etc., to determine the best solution to use!!

The following chart should be used as a guideline for selecting degradation chemicals for the type of hazard identified.

1. Inorganic acids, metal processing wastes – **SOLUTION “A”**.
2. Heavy metals; mercury, lead cadmium, etc. – **SOLUTION “B”**.
3. Pesticides, Chlorinated Phenols, Dioxins and PCB’s – **SOLUTION “B”**.
4. Cyanides, Ammonia and other non-acidic inorganic wastes – **SOLUTION “B”**.
5. Solvents and Organic compounds such as Trichloroethylene, Chloroform and Toluene – **SOLUTIONS “C” or “A”**.
6. PBB’s and PCB’s - **SOLUTIONS “C” or “A”**.
7. Oily, greasy unspecified wastes not suspected to be contaminated with pesticides – **SOLUTION “C”**.
8. Inorganic bases, alkali and caustic wastes – **SOLUTION “D”**
9. Radioactive material – **SOLUTION “E”**.

10. Etiological materials – SOLUTIONS “A” & “B”.

**KNOW WHERE TO FIND THE FOLLOWING INGREDIENTS
BEFORE AN EMERGENCY**

DECON SOLUTION “A”

SODIUM CARBONATE & TRISODIUM PHOSPHATE – 2 pound mix (1 container) of each to 5 gallons of water; 6 1/2 ounces of each to 1 gallon of water.

DECON SOLUTION “B”

CALCIUM HYPOCHLORITE (HTH) – 4 pound mix (2 containers) to 5 gallons of water; 2 pound mix (1 container) to 2 1/2 gallons of water.

DECON SOLUTION “C”

TRISODIUM PHOSPHATE (SODA ASH) – 2 pound mix (1 container) to 5 gallons of water; 6 1/2 ounce mix to 1 gallon of water.

DECON SOLUTION “D”

MURIATIC ACID (DO NOT INHALE FUMES WHEN MIXING OR POURING!) – 8 ounce mix to 5 gallons of water. 1 1/2 ounce mix to 1 gallon of water.

DECON SOLUTION “E”

CONCENTRATED DETERGENT – 2 gallons of mix to 3 gallons of water to make a 5 gallon mix; 1/2 gallon of mix with 1 gallon of water; use container to make concentrated paste.

STIR ALL MIXES WITH WOODEN OR PLASTIC STIRRER!!

When Dealing with Unknowns under Emergency Conditions

Decontamination solutions are normally solutions of water and chemical compounds designed to react with and neutralize specific contaminants. The temperature of the liquid and contact time should be given consideration to be certain complete neutralization has taken place. In some cases firefighters may be faced with an unknown hazardous material and will require decontamination after leaving the “Hot Zone.” The following solutions should be used for unknowns since they are effective for a variety of contaminants.

DECON SOLUTION “A” - A solution containing 5% Sodium Carbonate (NA CO) and 5% Trisodium Phosphate (NA PO). Mix four pounds commercial grade NA PO with every ten gallons of water. These chemicals are available in most hardware stores.

DECON SOLUTION “B” – A solution containing 10% Calcium Hypochlorite (Ca[C10]). Mix eight pounds of Ca(C10) with every ten gallons of water. Calcium hypochlorite is commonly known as HTH and is available from swimming pool supply stores. Make sure you purchase HTH in plastic containers or transfer it from cardboard drums into clean plastic buckets marked “oxidizer.”

A general purpose rinse solution for both decon solutions is a 5% solution of Trisodium Phosphate. To prepare the rinse solution mix (?) pounds of NA PO with each ten gallons of water.

Decon Using Degradation Chemicals for Known Materials

Five general purpose decon solutions are available for ten basic Hazard classes. These are;

DECON SOLUTION “A” – A solution containing 5% sodium carbonate (NA CO) and 5% trisodium phosphate (NA PO).

DECON SOLUTION “B” – A solution containing 10% calcium hypochlorite (Ca[C10]).

DECON SOLUTION “C” – A solution containing 5% trisodium phosphate (NA PO). This solution can be used as a general purpose rinse.

DECON SOLUTION “D” – A dilute solution of hydrochloric acid (HCL). Mix one pint of concentrated HCL into 10 gallons of water. Stir with a wooden or plastic stirrer.

DECON SOLUTION “E” – A concentrated solution of detergent and water. Mix into a paste and scrub with a brush. Rinse with water.

EMS STANDARD OPERATING GUIDELINES FOR HAZ MAT INCIDENTS

1. The Haz Mat Incident Commander will determine the extent of any and all rescue attempts for victims in the Hot Zone.
2. Each ambulance and medical crew summoned to the Haz Mat incident for transport of victims shall respond to the designated staging area.
3. When EMS units arrive at the staging area, they will be responsible to the Staging Officer. He/she will then report their arrival to the Command Post and to EMS command, and await further instructions. All communications shall be on F2 (46.22), high band medical frequencies or other non-priority frequency.
4. All victims will be decontaminated prior to entering the EMS/Triage area. All clothing, jewelry, etc., shall be sent with the victim. All first aid equipment, oxygen, splints, etc. that were used on contaminated victims will be left in the strip down area and new equipment re-supplied (if possible) after the decontamination process.
5. All medical treatment performed in the Triage area shall be under the direction of the EMS/Triage Officer.
6. **PRIMARY HOSPITAL NOTIFICATION**
 - a) How many victims?
 - b) Types of injuries?
 - c) Types of chemical(s) involved?
 - d) Does Hospital want victims transported to their facility?
 - e) Transport units shall attach a tag to each victim naming chemicals involved.
7. **FIELD HOSPITAL**
 - a) Designate area
 - b) Stand-by EMS crews will assist in field hospital setup.
 - c) Secure needed supplies from incoming units.
 - e) EMS personnel treating contaminated victims shall wear appropriate personal protective equipment.
8. **HANDLING VICTIMS IN DECON**
 - a) Only lifesaving treatment will be done in the Hot/Warm Zone.
 - b) Each victim shall be decontaminated when entering the first stage

rinse. All clothing will be removed and a further decon rinse may be needed.

- c) All victims' valuables shall be placed in a plastic bag and sealed. These personal items shall be sent with the victim.
- d) All non-life threatening treatment shall be done in the EMS/Triage area.
- e) All EMS equipment applied in the Hot/Warm Zone shall be removed (unless life threatening), when decon is beginning.
- f) No exceptions shall be made with victims going through decon.

9. **ADDITIONAL EMS HAZ MAT GUIDELINES**

- a) All Ems units and personnel that have not been given instruction by the Incident Commander shall stand by in the staging area.
- b) All EMS personnel shall wear proper protective equipment when working on and/or transporting victims.
- c) All communications related to medical information shall be broadcast on F2 (46.22), high band or other non-priority frequency.
- d) Standby crews shall assist in the Field Hospital, Triage area and evacuation center if needed.
- e) No EMS personnel shall be permitted to enter the Hot/Warm Zone.
- f) Accurate treatment records shall be kept at all times.
- g) Ems personnel coming in contact with contaminated materials or contaminated victims shall have a medical check up.

Always review, upgrade and exercise this plan yearly.

A Post incident analysis should be conducted after each Haz Mat Team response.

WEAPONS OF MASS DESTRUCTION (WMD) **CHEMICAL, BIOLOGICAL OR RADIOACTIVE** (Including Anthrax)

Whenever the Delaware County Hazardous Materials Response Team is requested to respond to a "Weapons of Mass Destruction" (WMD) threat, the following guidelines will be followed:

1. Establish command and follow other standard operating procedures as outlined in the Delaware County Hazardous Materials Response Team SOG's.
2. Secure scene and begin evacuation (minimum 300' in each direction) if necessary.

3. Establish Hot, warm and cold zones.
4. Prepare for gross decontamination using mild soap & water solution.
5. Determine the extent of contamination. Further evacuation if needed.
6. Control and/or isolate the hazard.
7. Contact the FBI and treat incident as a Federal Hazardous Materials Crime Scene. Notify Erie County M.E.R.S. Control at (716) 898-3696 for dispatch of a Biological Threat Mitigation Strike Team.
8. Protect responders from anthrax spores by using splash protection, gloves and a full-face HEPA air filter (level C) or SCBA (level B) protection.
9. Decontaminate victims or responders with a mild soap and water solution or a 1:10 dilution of household bleach (5.25% sodium hypochlorite solution). This solution should only be used if there is confirmation of the anthrax agent and an inability to remove the material through a soap and water decontamination.

Technical Assistance

Technical assistance can be provided by contacting;

1. Local Health Department
2. National Response Center(800) 424-8802
3. Chemical/Biological help line (800) 368-6498
4. Radiologic Hotline (24 hour) (202) 586-8100
5. NYS SEMO (888) 697-7360

The use or threatened use of a weapon of mass destruction (including anthrax) is a violation of federal law and should be reported to the FBI immediately.

Anthrax Information

Anthrax (*Bacillus anthracis*) is an acute infectious disease caused by spore forming bacteria usually affecting warm blooded animals. The spread of anthrax from direct person to person contact most likely does not occur. Anthrax can be spread in three different ways: by contact with the anthrax spore through a cut or abrasion on the skin, by inhaling the anthrax spores or from consuming contaminated meat. There have never been any reports of individuals contracting anthrax from clothing soiled with anthrax spores. Symptoms of anthrax inhalation can begin as early as 24 hours after breathing the spores. Initial symptoms may include fever and chills, cough, chest soreness, chest pain, noisy breathing, weakness and lethargy. If

treated before symptoms become severe, anthrax is treatable with common antibiotics. Therefore, it is very important to observe anyone with possible exposure for any of the above symptoms. The anthrax spore has a very short life span once airborne.

ANNEX E

**TERRORISM INCIDENT ANNEX
STRATEGIC NATIONAL STOCKPILE
APPENDIX**

ATTACHMENT CHEMPACK: 1

A. Introduction

A public health emergency in Delaware County or neighboring area involving exposure to a chemical nerve agent or an organophosphate-based pesticide would likely produce numerous casualties in urgent need of treatment. In such an event, today's limited local supply of nerve agent antidotes, in hospitals and/or with EMS units, could quickly be committed and exhausted. The federal government has established the Strategic National Stockpile (SNS) to provide urgently needed medications and supplies to the affected area. However, following a federal decision to deploy, the SNS may take up to 12 hours to arrive in the affected area. Treatment for nerve agent exposure must begin sooner. With this in mind, the federal government has established the SNS CHEMPACK Project to provide a sustainable, supplemental source of urgently needed nerve agent antidotes for large-casualty events by pre-positioning these items at select hospitals throughout New York State (NYS) including Delaware County. In time of emergency the CHEMPACK nerve agent antidotes and related medical supplies would be available for distribution by Delaware County to additional hospitals and EMS units in the area for treatment of nerve agent exposure.

B. Purpose

The purpose of this Attachment is to identify policies and responsibilities for the management, storage, distribution and use of nerve agent antidotes in Delaware County to ensure the effective use of the CHEMPACK assets.

C. Scope

This Attachment applies to any exposure to chemical nerve agents where local medical treatment capabilities are exceeded, necessitating the use of CHEMPACK assets.

D. Situation

A public health emergency necessitating the need for CHEMPACK assets would most likely fall under one of the following two scenarios:

1. A terrorism event involving a chemical nerve agent has produced symptomatic casualties in immediate need of supplies in the CHEMPACK Program.
2. An accidental release of an organophosphate-based pesticide involving numerous symptomatic casualties in immediate need of supplies in the CHEMPACK Program.

E. Assumptions

1. A deliberate or accidental nerve agent release can occur anywhere. Any major release would probably require additional supplies of nerve agent antidotes.

2. The ‘forward’ placement of CHEMPACK assets in hospitals in Delaware County will expedite delivery of antidotes to locations that require them in the event of a nerve agent emergency.
3. The CHEMPACK distribution effort during an emergency will be the responsibility of the Delaware County emergency operations center (EOC).
4. Hospital care providers may be the first to recognize the sign/symptoms of exposure to nerve agents, and may be the first in the County to utilize CHEMPACK assets.
5. The decision to use CHEMPACK assets should be medically driven and can be made by local medical personnel.
6. Hospital and County emergency response officials will closely coordinate their actions to effectively distribute CHEMPACK assets.
7. False alarms of activations of CHEMPACK assets may occur and will require communication and coordination among Federal, State, hospital and County officials.
8. Based upon incident demands, locally staged CHEMPACK assets may be exhausted, requiring additional CHEMPACK assets from other locations outside the County.
9. In the event that the Strategic National Stockpile (SNS) is needed to support the incident, response operations will be conducted as stated in the SNS Appendix to the Delaware County Terrorism Incident Annex.

F. Concept of Operations

Delaware County will open the CHEMPACK containers and use CHEMPACK assets only when it is determined that a nerve agent release has threatened the medical security of the community, has put multiple lives at a risk, is beyond local emergency response capabilities and it is medically necessary to save lives.

Distribution of CHEMPACK assets will involve numerous agencies within the County. The CHEMPACK program relies on a “Hub-and-Spoke” system that will allow asset coverage across the County and the State. CHEMPACK assets are stored in containers at one hospital (“Hub”) in Delaware County. These containers are in one of two formats: hospital containers and EMS containers. Each container is preconfigured with color-coded boxes that, when an emergency occurs, will allow the container contents to be organized into portions that will be distributed to specified hospitals and EMS units in the County (“Spokes”) and in neighboring counties. Hub and Spoke locations have been pre-designated including how much CHEMPACK material they will initially receive. These designations are found on pages 6-7 and in Tab 1.

The designation of Spoke hospitals and the CHEMPACK assets assigned to each are for planning purposes only. During an actual event, the assets are distributed to according to need. Thus, the Spoke locations and asset assignment could change.

The CHEMPACK program in Delaware County occurs in two distinct phases.

Storage (Pre-Emergency)

CHEMPACK containers are stored at one hub hospital in Delaware County. Each container is on wheels and weighs between 500 to 700 lbs. The container dimensions are 64.5” High, 43”Wide, and 60.7”Long. They have Lexan® Plexiglas walls lined with a hardened wire mesh to conform to FDA and the Drug Enforcement Agency (DEA) storage requirements for schedule IV controlled substances.

To extend to the maximum the shelf life of these CHEMPACK pharmaceuticals while stored, the federal Shelf Life Extension Program (SLEP) will apply. SLEP requires that the antidotes remain the property of the federal government while in storage and regulates the conditions of storage. This requires that the containers be electronically monitored for security and environmental conditions. While in storage CHEMPACK containers are equipped with a Sensaphone® 2000 monitoring device. The Sensaphone® continuously monitors the containers for intrusion, environmental conditions (temperature), and electrical power. The Sensaphone® will notify (by phone call) federal CHEMPACK personnel if problems are detected. The Sensaphone® validates the environmental storage of CHEMPACK supplies and is not to take the place of appropriate security to be provided at the storage location.

The federal CHEMPACK personnel are responsible for any re-labeling and repackaging of the CHEMPACK material and will ensure the pharmaceuticals are maintained in a ready-to-use state.

Distribution (Emergency)

The Distribution Phase of utilizing CHEMPACK assets will only occur during an event involving nerve agent exposure that exceeds **Delaware** County’s response capabilities. The decision to use CHEMPACK assets resides with identified medical and emergency officials in Delaware County as specified in Section I. of this Attachment.

An example of an event leading to the distribution of CHEMPACK assets is as follows: The beginnings of an event involving a nerve agent can be discovered in various ways including a device dispersing a nerve agent with victims at a location (e.g., sporting event, transportation terminal) becoming incapacitated, and/or victims seeking treatment at hospital emergency rooms and medical clinics. Local emergency response identifies a likely nerve agent. EMS begins treatment at the scene with existing nerve agent antidotes which will quickly be depleted. A request is made by EMS through dispatch to its assigned Hub hospital for CHEMPACK assets. The hub hospital emergency department physician(s) authorizes that the CHEMPACK EMS container be opened after the appropriate code is given and hospital personnel oversee the breakout of the CHEMPACK container(s) contents. Local law enforcement personnel provide security and transport for the container assets to the EMS spoke location where they are used in the field to treat victims.

Ambulatory victims may appear at hospital emergency rooms. Hospital nerve agent antidotes will be quickly exhausted. This triggers a request for CHEMPACK assets from spoke hospitals to the hub hospital. Hub hospital emergency department physicians would authorize the release of the CHEMPACK Hospital container assets. Local law enforcement personnel provide security and transport for the container assets to the spoke hospital location.

G. Agency Roles/Responsibilities/Authorities

1. DELAWARE COUNTY EMERGENCY MANAGEMENT

- Authorize the opening of CHEMPACK assets as the situation warrants.
- Receive immediate notification of the opening of CHEMPACK assets whenever authorized by another official or medical professional.
- Notify the Delaware County Sheriff's Dept. of the opening of CHEMPACK assets and the need for security and transport.
- Notify Delaware County Public Health of the opening of the CHEMPACK assets, unless the Health Dept. had already notified Emergency Management of the opening.
- Notify and coordinate other County agencies supporting the use of CHEMPACK assets.
- Notify SEMO that CHEMPACK material is accessed, distributed, or used.
- Ensure County agency personnel with key roles in the implementation of this Attachment receive initial training and annual retraining. Training containers are available from the State CHEMPACK program.
- Test this Attachment at least annually through a table-top exercise. Functional drills may be conducted to test specific components of the Attachment.
- Participate in Joint News Center (JNC) regarding the issuance of public information on the availability of treatment.

2. DELAWARE COUNTY PUBLIC HEALTH DEPARTMENT

- Authorize the opening of CHEMPACK assets as the situation warrants.
- Receive notifications from Hub hospitals that CHEMPACK assets have been accessed.
- Notify Delaware County Emergency Management and New York State DOH that CHEMPACK material is accessed, distributed, or used.
- Provide information on CHEMPACK distribution and medication protocols to county emergency personnel and medical personnel as requested.
- Coordinate multi-hospital CHEMPACK training and exercising.

3. DELAWARE COUNTY SHERIFF'S DEPARTMENT

- Provide security and transport for CHEMPACK assets from Hub to spoke locations.

4. DELAWARE COUNTY EMS COORDIANATOR

- Ensure that EMS community is familiar with CHEMPACK assets.
- At time of emergency, prioritize and assign CHEMPACK EMS assets among EMS Units as necessary.

5. DELAWARE COUNTY REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE (REMAC)

- Develop policies, procedures, and triage, treatment, and transportation protocols for CHEMPACK EMS assets which are consistent with the standards of the State Emergency Medical Advisory Committee and which address specific local conditions.

6. DELAWARE COUNTY CHEMPACK HOSPITAL STORAGE LOCATION (Hub)

- Maintain CHEMPACK storage pursuant to federal and state guidelines including routine reporting requirements.
- Develop and maintain a Hospital CHEMPACK Emergency Plan.
- Authorize the opening of CHEMPACK assets as the situation warrants.
- Immediately notify Delaware County Public Health that CHEMPACK material is accessed, distributed, or used. If such access is accidental or if there are SENSAPHONE false alarms, this notification should be made during normal business hours.
- Upon notification of authorization of the opening of CHEMPACK assets provide staff to assist in container opening and loading.

H. Readiness

1. Planning and Plan Maintenance

This Attachment will be routinely updated and supplemented as Federal, State and County CHEMPACK plans and procedures evolve. Plan changes will be made based upon experiences and lessons-learned from drills and exercises. Contact numbers contained in this Attachment will be updated on a quarterly basis. The County Emergency Management Office coordinates plan maintenance activities.

2. Training and Exercises

County personnel with key roles in the implementation of this Attachment will receive initial training and annual retraining.

This Attachment will be tested at least annually through a table-top exercise involving key County agencies. Functional drills may be conducted to test specific components of this Attachment.

Practice EMS and/or Hospital CHEMPACK containers will be provided by NYS for use in training and exercises. Practice containers (PC) will be filled with boxes that replicate both the

size and weight of the actual CHEMPACK containers. In addition, each Hospital PC will contain 240 training auto injectors, and each EMS PC will contain 480 training auto-injectors, for use by County personnel during training events. These training auto-injectors can be used repeatedly without any risk to individuals. The other material will consist of weighted marked CHEMPACK training boxes.

The Emergency Management Office coordinates training and exercising relative to this Attachment, with the exception of hospitals. Delaware County Public Health will coordinate multi-hospital training and exercising.

I. Response

Distribution of CHEMPACK assets by Delaware County will be integrated into the existing incident response organization.

1. Distribution Process

Upon a decision by an Delaware County officials or hospital medical personnel, CHEMPACK assets may be used to respond to a situation. Within Delaware County, only the following can make the determination that CHEMPACK containers may be opened and used:

- a. Hub Hospital Emergency Room Physicians or Medical Control Physicians
- b. Director of Public Health/or designee
- c. Emergency Management Director/or designee
- d. EMS Coordinator

CHEMPACK containers are stored at the following Hub hospital in Delaware County as follows:

1. Margaretville Memorial Hospital, 42084 St Highway 28, Margaretville, NY:

2 CHEMPACK Containers: 1 Hospital Container, 1 EMS Container

:

The contents of each container are in several boxes and are listed in Tab 1. Although the overall contents of the two hospital containers are identical, the boxes are configured in different combinations to provide several options in delivery to spoke locations. The boxes are in designated color-coded and labeled boxes for distribution to spoke locations as follows:

Margaretville Memorial Hospital, Hospital Container

BOXES H-3 (Yellow) –
BOXES H-3 (Lt. Blue) –

BOXES H-4 (Orange) –

Margaretville Memorial Hospital, EMS Container

BOXES E-1 (Green) – for transport to EMS Unit

BOXES E-2 (Red) – for transport to EMS Unit

Upon notification of CHEMPACK activation, the County Sheriff’s Department will coordinate CHEMPACK transportation requirements. Sheriff’s Department vehicles will be the primary means for CHEMPACK transport. Sheriff’s vans are preferred for ease of loading and unloading; however, patrol cars can also be used as the component boxes fit in a sedan.

If there is any confusion or disagreement regarding the assignment and distribution of CHEMPACK assets to EMS Units, the County EMS Coordinator will prioritize and make final assignments.

2. **Security**

CHEMPACK containers include a schedule IV controlled substance, diazepam, which must be secured according to Drug Enforcement Agency (DEA), Food and Drug Administration (FDA), and state pharmaceutical regulations. The County Sheriff’s Department will coordinate security measures for CHEMPACK asset distribution.

a. **Receipt and Sign-off**

This Attachment contains the methodology to transfer CHEMPACK assets from a storage location located within DELAWARE COUNTY to an emergency scene or spoke hospital. Personnel authorized to transport CHEMPACK material may be any person having official duties for emergency response operations, and authorized by persons in charge of any given scene. A chain of custody for CHEMPACK material must be documented. A *Controlled Substance Custody Form* was developed by NYSDOH to record the transfer of material from a storage location to either an emergency scene or a hospital. This form is simple, so as not to delay the delivery of the assets to an emergency scene. Hospital supplies must be delivered directly to a doctor and/or a licensed pharmacist, and their signature recorded. An example *Controlled Substance Transfer Form* is included as TAB 2. Copies of this form will be attached to the outside of the CHEMPACK container for easy access in the event of an emergency.

A simple checklist to document the amount of CHEMPACK material returned to a cache location following an emergency (and the amount of supplies used) is found in TAB 3. This information must be reported to the NYS Department of Health after an emergency.

b. **Long-term Dispensing Operations**

Delaware County officials will work with NYS officials to determine the need for extended or long term-dispensing efforts or for follow-on resupply of required medications. Resupply operations will be done through the SNS Program plans. Requests for additional SNS

assets will be coordinated through the County Emergency Management Office to the State Emergency Management Office.

TAB 1

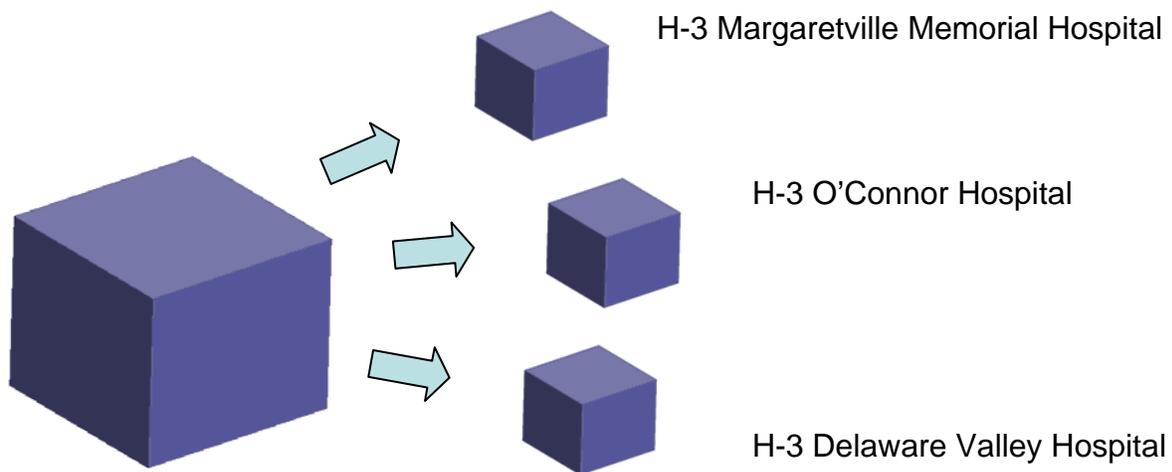
MARGARETVILLE MEMORIAL HOSPITAL CHEMPACK CACHE

Hospital	Hospital Type
Margaretville Memorial Hospital	H-3 Host Hospital
O'Connor Hospital	H-3 Spoke Hospital
Delaware Valley Hospital	H-4 Spoke Hospital

Hospital Chempack

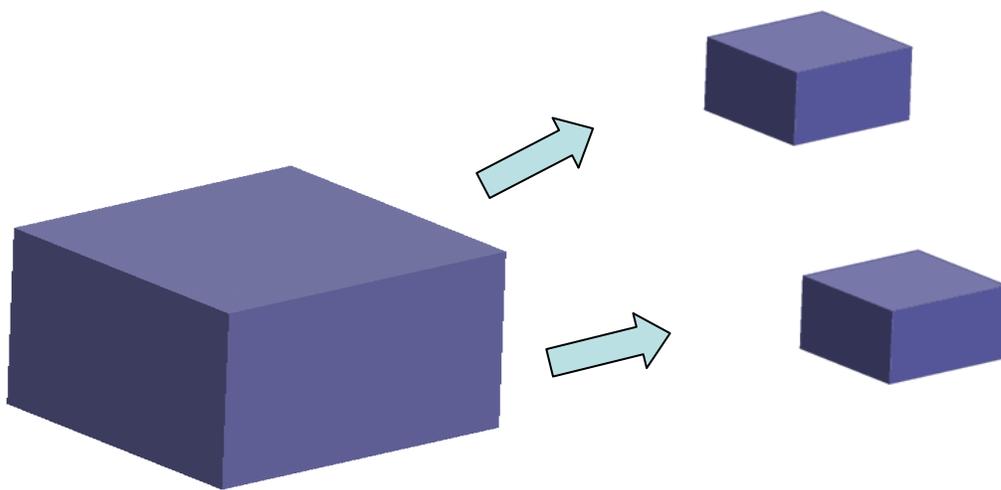
Hospital Hub

Margaretville Memorial Hospital



COMMUNITY MEMORIAL HOSPITAL EMS CACHE

EMS	EMS Type
EMS Unit	E-1
EMS Unit	E-2



Breakdown of Material by location type.

Hospital Partitions

(Number of Boxes)		H3	H3	H4	
Mark 1 autoinjector Kits					
Atropine Sulfate 0.4mg/ml 20 ml		2	2	2	
Pralidoxime 1gm inj 20 ml		3	3	2	
Atropen 0.5mg				2	
Atropen 1.0mg				2	
Diazepam 5mg/ml autoinjector					
Diazepam 5mg/ml vial 10 ml		6	6	5	
Sterile Water for Injection (SWFI)		6	6	6	

EMS Partitions

(Number of Boxes)	E1	E2			
Mark 1 autoinjector Kits	2				
Atropine Sulfate 0.4mg/ml 20 ml	1	2			
Pralidoxime 1gm inj 20 ml	1	1			
Atropen 0.5mg	3	2			
Atropen 1.0mg	3	2			
Diazepam 5mg/ml autoinjector	1				
Diazepam 5mg/ml vial 10 ml	4	5			
Sterile Water for Injection (SWFI)	4	6			

CHEMPACK Packaging

	Amount in a box
Mark 1 autoinjector Kits	240 injectors per box
Atropine Sulfate 0.4mg/ml 20 ml	100 vials per box
Pralidoxime 1gm inj 20 ml	276 vials per box
Atropen 0.5mg	144 injectors per box
Atropen 1.0mg	144 injectors per box
Diazepam 5mg/ml autoinjector	150 injectors per box
Diazepam 5mg/ml vial 10 ml	25 vials per box
Sterile Water for Injection (SWFI)	400 per box



CHEMPACK

CONTROLLED SUBSTANCE TRANSFER FORM

Instructions:

The delivery agent should verify the type of diazepam -EMT- (single use) or Hospital (multi-use) and the amount, to be transferred, sign for custody, part A below, and transfer the diazepam to the designated location(s). **Hospital (multi-use) packages must be physically received by a staff physician and/or a pharmacist**, part B,C, or D below. EMS materials should be delivered, and physically received by the Person in Charge (PIC) on the emergency scene, part B, C or D.

PART D- Delivery of Diazepam to Location #3

The following controlled Substances have been removed from _____ for delivery to _____	
Hospital- Diazepam 5mg/ml 10 ml vials (25 per box)	Number of Boxes _____
EMS- Diazepam 5mg/ml auto-injector (150 per box)	Number of Boxes _____
Name of Recipient _____	Signature _____
Date _____	Time _____

PART C- Delivery of Diazepam to Location #2

The following controlled Substances have been removed from _____ for delivery to _____	
Hospital- Diazepam 5mg/ml 10 ml vials (25 per box)	Number of Boxes _____
EMS- Diazepam 5mg/ml auto-injector (150 per box)	Number of Boxes _____
Name of Recipient _____	Signature _____
Date _____	Time _____

PART B- Delivery of Diazepam to Location #1

The following controlled Substances have been removed from _____ for delivery to _____	
Hospital- Diazepam 5mg/ml 10 ml vials (25 per box)	Number of Boxes _____
EMS- Diazepam 5mg/ml auto-injector (150 per box)	Number of Boxes _____
Name of Recipient _____	Signature _____
Date _____	Time _____

PART A- RECEIPT of DIAZEPAM

The following controlled Substances have been removed from _____ for delivery to _____	
Hospital- Diazepam 5mg/ml 10 ml vials (25 per box)	Number of Boxes _____
EMS- Diazepam 5mg/ml auto-injector (150 per box)	Number of Boxes _____
Name & Shield Number of courier _____	Signature _____
Date _____	Time _____

TAB 3

EXPENDITURE ACCOUNTING FORM

Dispensing Organization _____

Dispensing Organization Type (i.e. H1, H2, E1 etc) _____

Date of Incident: _____

Individual Items See back of form	Amount Received	Amount Distributed	Amount Returned
Mark 1 autoinjector Kits			
Atropine Sulfate 0.4mg/ml 20 ml			
Pralidoxime 1gm inj 20 ml			
Atropen 0.5ml			
Atropen 1.0ml			
Diazepam 5mg/ml autoinjector			
Diazepam 5mg/ml vial 10 ml			
Sterile Water for Injection (SWFI)			

SEE REVERSE SIDE FOR INDIVIDUAL ITEM AMOUNTS PER BOX

