

# Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE)

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## ANNEX 1 - KNOX COUNTY EMERGENCY OPERATIONS PLAN

8/26/2022



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## **I. INTRODUCTION**

### **A. Purpose**

The purpose of the Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) annex is to provide an incident management plan. There are potential terrorist targets and a sufficient inventory of Hazardous Materials in Knox County to cause a health concern. This annex supplements the Emergency Operations Plan and is intended to be used with the other existing annexes in the response and recovery of a CBRNE incident.

### **B. Scope**

This annex has been developed to provide guidance to all agencies, jurisdictions and organizations serving Knox County who have a role in response to a CBRNE incident.

### **C. Policy**

It is the policy of Knox County to develop plans and procedures that incorporate the concepts of the National Incident Management System (NIMS), the Incident Command System (ICS) and the National Preparedness Goal.

### **D. Core Capabilities**

This annex addresses the following Core Capabilities as defined in the National Preparedness Goal:

- Operational Coordination

## **II. SITUATION AND ASSUMPTIONS**

### **A. Situation**

#### **1. General**

- An act of terrorism directed at Knox County may overwhelm local resources.
- A terrorist attack involving Weapons of Mass Destruction (WMD) may overwhelm state resources requiring the federal capabilities, particularly if multiple locations in the state are involved.
- Personal Protective Equipment (PPE) may be required to enter a contaminated area. The response and recovery efforts may be delayed if the proper PPE is not available or until the radioactive material has dissipated to levels that are safe for personnel. Responders should be prepared for the possibility of secondary devices.
- The situation may not be immediately recognized as an act of terrorism. Some chemical and biological munitions are not detected by the same methods used to detect explosives and munitions, and can be packaged in containers that look like ordinary items.

- Contamination of the critical facilities may occur as a result of a CBRNE incident. Victims may transport the chemical, biological or radioactive particles unknowingly into their residences, onto transportation vehicles, and into medical facilities and shelters.
- Monitoring and managing the public's reaction to the incident will be important due to the potential need to control civil disobedience and crowds.
- The location of the incident should be treated as a crime scene. The preservation and collection of evidence is critical to an investigation.

## 2. Hazards

Chemical agents could be deployed because of their direct toxic effects on humans, animals, and the environment. Choking, Blister and Nerve agents are some of the type's chemical warfare agents. Other everyday industrial chemicals like Chlorine, Acids, Strong Bases and Cyanide may be integrated into an improvised explosive device (IED).

Biological agents are bacteria or viruses that could be used to cause and spread disease among the population. The biological agents or diseases most likely to be used in a terrorist attack include anthrax, cholera, plague, smallpox, tularemia, and hemorrhagic fever. Biological toxins are poisons produced by biological organisms. Biological toxins that might be used in a terrorist attack include botulinum, Ricin, and staphylococcal.

Nuclear/radiological materials could be used in the form of a Radiological Dispersion Device (RDD), where nuclear/radiological material is dispersed by conventional explosives.

The use of explosives could result in the collapse of buildings, bridges, overpasses, and other infrastructure. Explosives vary in size, complexity, and damage capability from small, homemade pipe bombs, commercial explosives to military weapons.

## 3. Potential Targets

While any person or place could be affected by a terrorist incident, attacks are most likely to target areas where there are large concentrations of people, structures or facilities of significance. An attack on the community would significantly impair the ability of the community to function normally. Additional security measures may be required to protect these potential targets.

- Critical infrastructure/transportation: major highways, bridges, overpasses, railroads and railroad crossings
- Transport facilities
- City, Village and Township facilities
- Facilities with large numbers of people (hospitals, schools, businesses)
- Domestic water supplies and treatment facilities
- Dam failures that could cause sudden flooding
- Facilities with significant amounts of chemical storage
- Propane storage facilities

- Natural gas and oil wells
- Pipelines
- Transportation of hazardous materials
- Telecommunication and computer systems

## **B. Assumptions**

- The incident could rapidly cross boundaries and a unified command would be required to manage the incident.
- Local, state, and federal responders will need to have a coordinated response to protect the Citizens and property of Knox County.
- State and federal resources will likely be needed to respond to a CBRNE incident.
- The incident responders may suspect that the incident is terrorist related.
- When a terrorism incident has occurred or there is a credible threat, the terrorist incident will be reported to the State as soon as it is known or suspected.

## **III. CONCEPT OF OPERATIONS**

### **A. General**

The principles of the National Incident Management System (NIMS) and Incident Command System (ICS) will be utilized. Agencies will participate in Unified Command when multiple jurisdictions are involved in a response effort.

The Knox County Emergency Management Agency will activate an Emergency Operations Center (EOC) and notify the other participating agencies and organizations. Local, state and federal government will be integrated into the response.

### **B. Notifications**

The Knox County 911 dispatch center is likely the first to receive the call of a suspected CBRNE terrorist attack. 9-1-1 will notify first responder personnel and the Knox County Emergency Management Agency (EMA) Director or designee. Knox County EMA will notify other appropriate officials, agencies and organizations.

## **IV. ORGANIZATION AND ASSIGNMENTS OF RESPONSIBILITY**

### **A. First Responders**

Fire, emergency medical services and law enforcement, will be the first agencies responding to this type of incident. The first responders, if not already alerted to the possibility of a CBRNE incident, will need to consult with the Knox Public Health, who will support the response to a CBRNE Incident.

## **B. Knox Public Health**

1. Knox Public Health will provide technical assistance to Incident Command on:
  - Exposure assessment
  - Personnel Protection Equipment
  - Monitoring for contamination
  - Methods of collecting samples
  - Liaison between Incident Commander, CDC and the Ohio Department of Health
2. Knox Public Health will provide guidance to hospitals, physicians and EMS on:
  - Triage
  - Control
  - Treatment
3. Knox Public Health will participate in efforts to:
  - Conduct investigations
  - Disperse medications
  - Conduct surveillance
  - Conduct shelter inspections

## **C. Knox County Emergency Management Agency**

The Knox County Emergency Management Agency will:

- Activate and staff an Emergency Operations Center
- Coordinate with the American Red Cross for shelters
- Provide equipment and training in a radiological event

## **D. Fire Departments / Local Hospitals / Military Personnel**

- Conduct decontamination on scene, at shelters and at established Community Reception Centers (CRC)

# **V. DIRECTION CONTROL AND COORDINATION**

## **A. Medications**

Knox Public Health will coordinate, with law enforcement and the EMA for mass dispensing of medications to first responders and the public.

## **B. Decontamination**

1. Knox Public Health will define the method of decontamination for the incident.
2. Knox County EMA will assist with the acquisition of additional decontamination supplies.

### **C. Evacuation and Sheltering**

1. The American Red Cross when requested by the EMA will set up shelters as needed during a disaster.
2. Knox Public Health will dispatch environmental health sanitarians to inspect the designated shelters to ensure for environmental safety and hygiene, in coordination with the American Red Cross.
3. The Knox Public Health may dispatch nurses to the shelters to provide assistance in the investigation, surveillance and administering medications in coordination with the American Red Cross.

## **VI. PUBLIC INFORMATION**

For most CBRNE events a Joint Information Center (JIC) will be established because many agencies will be responding to the incident. Each responding agency will have materials, instructions, and updates that will need to be released publicly. The JIC will coordinate this information before it is released as a way to keep the message to the public consistent.

## **VII. PLAN DEVELOPMENT AND MAINTENANCE**

- A. The organizations that may be involved in a CBRNE incident are responsible for reviewing this annex and submitting proposed changes to the County EMA Director or designee. These recommendations should be based upon opportunities for improvement identified through exercises, actual events, and changes in organizational structure.
- B. Knox County EMA will coordinate any necessary meetings to review the recommendations identified and incorporate any needed changes to this annex to include any state and federal requirements.
- C. The Knox County EMA will publish and distribute all changes to this annex and forward revisions to all applicable organizations.
- D. Each individual agency and organization is responsible for maintaining and updating their department SOPs, mutual-aid agreements, and equipment inventories.

## **VIII. AUTHORITIES AND REFERENCES**

- A. Authorities - Ohio Revised Code Section 5502.21
- B. References – None used

**IX. AUTHENTICATION**

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President  
Knox County Board of Commissioners

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Date

\_\_\_\_\_  
Director  
Knox County Emergency Management Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Commissioner  
Knox Public Health

\_\_\_\_\_  
Date