

## *Managing the Consequences of a Chemical Attack*

### **Command Action Guidelines**

- Park command vehicle upwind/upgrade and not too close.
- Set up the command post in a mobile command unit or a fixed facility away from direct involvement with casualties and personnel.
- Alert hospitals to imminent mass casualties. (Many may arrive in their own vehicles.)
- Request more resources immediately:
  - Additional alarms      •EMS/Fire task forces      •Hazmat Unit      •Bomb Squad
  - Air supply unit(s)      •Command bus      •NMRT (National Medical Response Team)
  - MCI (Mass Casualty Incident) Pod      •DMAT (Disaster Medical Assistance Team)
- Give detailed situation report and establish level II command:
  - Estimate the number of casualties and designate an exclusion zone.
  - Alert all personnel to use their SCBA and personal protective clothing.
  - **Don your own SCBA and be prepared to use it.**
- Establish groups and branches immediately and ensure use of vests:  
EMS control officer (oversees the following officer positions: triage, treatment, disposition, EMS communications, transportation, and resources.)
  - Safety    •Hazmat    •PIO    •Decon    •Accountability    •Rehab    •Staging
  - Liaison    •Operations    •Incident Documentation Recorder
- Transition to unified command:  
Request the senior ranking law enforcement officer to report and remain at the command post to:
  - Coordinate evacuation or shelter in place activities    •Cordon area    •Provide scene security
  - Designate and maintain scene access for arriving and departing ambulances, medic units, and other emergency vehicles    •Serve as a liaison with the FBI.
- Assign a company (ies) to the command post for staff and command support.
- Consider the need for a forward command post.
- Emphasize the possibility of secondary devices.
- Have radio channels assigned to groups and branches to improve both operational control and efficiency.
- Establish and maintain direct telephone line or discreet radio channel to ECC.
- Consider using task force alarms as individual groups to manage specific functions.
- Request buses to transport ambulatory patients.
- Request canteen(s) for food and rehydration fluids

- Establish pre-decon areas for temporarily controlling citizens who may need decontamination. Separate people who are symptomatic from those who are not.
- Use tank water from one or more pumpers for gross decontamination of patients.
- Ensure that a sustained water supply is established.
- Consider impact of using PPV or fixed ventilation system to control spread of chemical agent vapors. Determine where vapors will be exhausted and cordon area before initiating.
- Remember that the incident is also a crime scene. Preserve suspected evidence where practicable.
- Set up and staff separate decontamination sites for civilians and emergency services personnel.
- Request the Collapse Rescue Team to set up portable tents to serve as field hospitals and to set up field communications system.
- Assign the DMAT to staff and manage the field hospital(s) for patient triage and treatment.
- Consider using other regional hazmat teams to assist with decontamination at the scene, field hospitals, and/or area hospitals.
- Be prepared to direct and/or coordinate the inflow of resources from local, state and federal agencies. Assign a liaison officer to assist with coordination.
- Provide periodic replacement of command staff to maintain alertness.
- Make arrangements for replacement of contaminated personal protective equipment (PPE) and other items
- Consider the need for interpreters.

***Review this reference periodically to improve recall.***

Prepared by Deputy Chief Ted Jarboe and District Chief Bob Stephan




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Douglas Duncan, *County Executive*  
 Gordon Aoyagi, *Fire Administrator*

***“Preparedness is the key to effective incident management.”***