NAVY REGION SOUTHWEST

REGIONAL EMERGENCY MANAGEMENT PROGRAM

Annex E

Weapons of Mass Destruction (WMD)/Chemical, Biological, Radiological, Nuclear and High-Yield Explosive (CBRNE) Consequence Management

1. **Purpose**. To provide guidance to individual sub-regions for development and maintenance of sub-regional specific response plans to mitigate the effects of and recover from a WMD/CBRNE incident, and to establish procedures for and define responsibilities of the Navy Region Southwest staff during a WMD/CBRNE response.

2. **Discussion**

a. As defined in Title 18, USC, Section 921, a Weapon of Mass Destruction is any weapon that is designed or intended to cause death or serious bodily injury through the release, dissemination, or impact of toxic or poisonous chemicals, or their precursors; any weapon involving a disease organism; any weapon that is designed to release radiation or radioactivity at a level dangerous to human life or any other destructive device as defined in Title 18 USC.

b. Chemical, Biological, Radiological, Nuclear and High Explosive Consequence Management (CBRNE-CM) involves those essential services and activities required to manage and minimize problems resulting from the deliberate or inadvertent release of chemical, biological, radiological, or nuclear materials, or from accidents or attacks involving chemical, nuclear, biological, radiological, or high yield explosive weapons or device.

e. This Annex will discuss primarily the emergency response to a WMD/CBRNE incident. Regional and sub-regional plans address procedures to be followed to prevent such incidents from occurring. As a WMD/CBRNE incident will likely demand reestablishment of or increased Force Protection Condition (FPCON), it is vital that installation AT/FP plans and consequence management plans be consistent with each other.

f. In developing installation WMD/CBRNE response plans, certain assumptions should be made to ensure effective and realistic planning. Some of these assumptions include:

(1) A WMD/CBRNE event will occur without warning.

(2) Due to the vast size and proximity to major metropolitan areas, Navy Region Southwest installations are vulnerable to WMD/CBRNE attacks.

(3) A WMD/CBRNE event will result in numerous casualties, which will overwhelm the normal response capabilities of the affected sub-region(s).

(4) No single unit on each installation possesses the expertise to act unilaterally in response to WMD/CBRNE incidents.

(5) Although significant assistance is available from local civil first responders and other federal and DoD organizations, the response time may be significant, especially if a CBRNE incident also affects non-installation civilian areas, which would likely take priority over federal areas. Therefore, installations must be prepared to respond with limited professional first responder resources and other operational resources, which are unique and present onboard each installation.

(6) If an incident includes civilian and Navy property and/or personnel, it is expected that there will be requests for DoD Support to Civil Authorities (DSCA).

(7) DoD forces may be required to operate in a contaminated or hazardous material environment in order to maintain mission readiness or reestablish force protection conditions.

(8) Military and civilian hospitals lack sufficient decontamination capabilities, therefore installations should plan for organic decontamination capability.

(9) If adequate protective and decontamination equipment is not available, responders will not put their lives at risk.

g. Presidential Decision Directives 39 and 62 assign responsibilities for IN-CONUS terrorism response. The FBI has the overall lead and is responsible for crisis management (capturing terrorists, prosecuting them and rendering safe any material). FEMA is responsible for coordinating federal consequence management support for the state and local government. DoD supports both the FBI and FEMA. Military commanders must be prepared to work with civilian responders and local government to meet critical needs of the people affected by the attack. This concept of mutual aid is essential to meet potentially overwhelming requirements both on and off military bases.

h. In responding to mitigate the effects of a WMD/CBRNE event, sub-regions must ensure that there is a good balance between recovery (preserving life and property) and security (preventing additional attacks).

3. **Responsibilities**

a. **Region**

(1) The Regional Office of Emergency Management shall:

(a) Appoint a commissioned officer or civilian equivalent as the Regional CBR-D Officer, who will work under the Regional Office of Emergency Management and coordinate CBRNE preparedness and response measures with Regional Fire and Emergency Services (F&ES), Regional Security, EOD, and other organizations outside of the Regional Public Safety Office (medical, public works, public affairs, etc.). The CBR-D Officer will be a resource for all sub-region commanders and Emergency Management Officers (EMO's) to consult regarding CBRNE preparedness and response. Navy officers assigned to this position must possess NOBC's 2765/2715.

(b) Provide guidance to sub-regions in developing effective WMD/CBRNE response plans.

(c) Activate the Regional Operations Center (ROC) in response to a WMD/CBRNE incident onboard any Navy command or activity within the Navy Region Southwest area of responsibility and coordinate regional resources and help from higher authority to assist sub-region commanders in their response.

(d) Ensure personnel manning the ROC are fully aware of and properly trained in their duties and are able to effectively provide regional assistance to the sub-region commander in a CBRNE response.

(e) Conduct, at a minimum, annual CBR-D exercises to train and assess the training of subordinate sub-region first responder, EOC and medical personnel. Provide regional staff personnel to assist in developing and executing WMD/CBRNE response exercises.

(f) Through the Navy Region Southwest Emergency Preparedness Liaison Officers (EPLO), establish good working relationships with the States of California, Nevada and Arizona Offices of Emergency Services, the Federal Emergency Management Agency (FEMA) Region IX, the Fifth Continental U.S. Army (CONUSA-5) and Northern Command (NORTHCOM) with the purpose of maintaining necessary interoperability during a CBRNE incident.

(g) Develop, implement, and maintain the capability to provide annual and periodic refresher training for individual protective equipment (IPE) and familiarization with MOPP levels and installation-wide warning systems.

(h) Maintain this annex and provide updates as necessary.

(i) Assist sub-regions in developing and updating WMD/CBRNE plans and developing and executing regular WMD/CBRNE response exercises.

(j) Ensure that this annex and all sub-region WMD/CBRNE plans are shared with local, state and federal agencies or organizations that may be involved in response efforts.

(k) Develop and maintain a plan for the receipt, distribution and maintenance of all specialized CBRNE response equipment that is not acquired directly by the fire or security departments.

(l) Ensure that the Regional Operations Center (ROC) and Mobile Command Unit is set up and equipped to provide comprehensive support to the various sub-region's in a CBRNE response, including, but not limited to, coordination of outside assistance, plume tracking capability, and current lists and point of contact information for outside local, state and federal assistance.

(m) Conduct regional public awareness training to inform the population of the need to be prepared and what to do in response to notification of a CBRNE attack.

(2) Regional Fire and Emergency Services (F&ES) shall:

(a) Ensure fire personnel receive appropriate CBRNE response training and possess adequate CBRNE response equipment.

(b) Ensure senior fire personnel are prepared to assume Incident Commander (IC) duties during a WMD/CBRNE response event and that IC's are aware of unique command relationships during such an event.

(c) Ensure that fire personnel understand the various local, state and federal specialty assets that are available to assist.

(d) Ensure that the Regional Office of Emergency Management (OEM) is informed of any gaps or shortfalls in CBRNE response capability.

(3) Regional Security shall:

(a) Ensure security force personnel receive appropriate CBRNE response training and possess adequate and appropriate personal protective equipment to operate in a contaminated environment.

(b) Ensure security force personnel understand sub-region response plans and the Incident Command System (ICS).

(c) Ensure that Regional OEM is informed of any gaps or shortfalls in CBRNE response capability.

b. **Sub-Regions**. Each Sub-Region shall:

(1) Be responsible for the safety and well being of all personnel assigned to Navy commands and activities that are part of the sub-region to include families of assigned personnel residing in on-base or associated off-base military housing.

(2) Be responsible for initially responding to mitigate the effects of a WMD/CBRNE incident.

(3) Activate the sub-region EOC as necessary.

(4) Develop, maintain and sustain a CBRNE emergency response plan that integrates facilities, equipment, training, personnel, and procedures into a comprehensive effort designed to provide appropriate protection to personnel and critical mission on the installation.

(5) Identify responsibilities, resources, and requirements for successful execution of CBRNE emergency response plan.

(6) Develop a reliable method to notify the sub-region population and adjacent civilian population centers of a CBRNE attack. This may be accomplished via sirens, messages, phone broadcasts, e-mails or any other method that most efficiently achieves notification.

(7) Include in CBRNE response planning, critical infrastructure nodes in the sub-region and possible support, as appropriate, to critical infrastructure nodes off the installation that may affect an installation's ability conduct its mission. If this information is classified, it should be provided as a separate classified annex so that the basic response plan remains unclassified.

(8) Supervise, assess, exercise and review the CBRNE emergency response program capabilities on the installation. The CBRNE response program and plan shall be reviewed at least annually.

(9) Establish and maintain effective liaison with local civil authorities and develop MOA's or MOU's if appropriate. Establish communication SOP's for coordination with mutual aid partners.

(10) Stay abreast of local community emergency preparedness actions and seek to participate in local exercises where appropriate and invite local communities to participate in installation exercises and training. This may be best

achieved by attending city and county terrorist working group or emergency management regular meetings.

(11) Assign the Emergency Management Officer the responsibilities for installation CBRNE Emergency Response plan coordination and any supporting staff needed. The CBRNE Emergency Response plan should be an annex to the existing Emergency Management plan and can be an annex to the existing AT/FP plan.

(12) Create a CBRNE emergency response-working group within the Installation Force Protection Committee to be responsible for planning, assessing, training, and exercising the installation CBRNE program. The working group should:

(a) Provide a forum for the commander to execute directions and decisions on issues related to CBRNE emergency response.

(b) Invite and include liaison personnel from appropriate local/State/Federal emergency response management responder communities and tenant organizations, as necessary. Existing mutual aid agreements (MAAs) should be evaluated and modified when and where appropriate.

(c) Integrate installation CBRNE emergency response initiatives into installation resource planning.

(d) Collect and prioritize installation CBRNE Emergency Response resource requirements for the Program Objective Memorandum submission. As appropriate, chemical, biological and radiological procurements requirements should be submitted through the DoD chemical and/or biological defense program budget process. All other requirements should be submitted through the respective military service budget process.

(e) Ensure that the installation's CBRNE emergency response plan is integrated with local emergency response plans, as necessary.

(f) Ensure the installation develops plans and conducts appropriate training for CBRNE emergency response teams and personnel.

(g) Conduct assessments regarding the current status of the installation's capabilities to include strengths and weaknesses of the CBRNE emergency response program.

(h) Conduct and maintain an annual vulnerability analysis and risk assessment to determine installation shortfalls and vulnerabilities to CBRNE attacks.

(i) Coordinate meetings, as necessary, with emergency responders on and off the installation.

c. **Tenant Commands and Activities**. All Navy tenant commands and activities shall:

(1) Understand and comply with all regional and sub-region guidance related to WMD/CBRNE response.

(2) Appoint a commissioned officer or senior staff non-commissioned officer as a collateral duty CBR-D Officer. This officer will be responsible for coordinating individual and unit training and readiness with sub-region readiness.

(3) Include WMD/CBRNE response in command self help plans.

(4) If the command possesses CBRNE response capability, ensure that the sub-region understands that capability and be prepared to offer assistance during a WMD/CBRNE incident if not operationally committed (Military mission will always take priority over consequence management operations unless otherwise directed from higher authority). For afloat units, recommend adding in-port guidelines to the ship's CBR-D bill. If in-port, ships will integrate CBR-D efforts with the shore installation commanders, including use of onboard point detection systems and damage control personnel.

g. **Navy Medical Facilities**. Navy Medical Facilities shall:

(1) Ensure Emergency Medical Service (EMS) personnel are equipped and trained to treat CBR contaminated victims.

(2) Ensure medical personnel are trained to recognize and treat symptoms of exposure to chemical, biological and radiological contamination.

(3) Maintain and budget for Nerve Agent Antidote Kits (NAAK) and MK1 kits (Atropine and 2 PAM Chloride) for 10% of the base population.

(4) Provide an on-scene medical officer to coordinate/supervise triage and evacuation actions from the ICP.

(5) Conduct liaison with local hospitals to coordinate overflow response for CBR casualties.

(6) Ensure that Regional OEM is informed of any gaps or shortfalls in CBRNE response capability.

(7) Coordinate with mortuary/decedent affairs, medical examiners, and others for deposition of contaminated remains.

h. **PSA/PSD**. Personnel Support Activities/Detachment commanders shall establish a procedure for CBR casualty tracking, accountability and next of kin notification.

4. **Execution**

a. **Concept of Operations**

(1) The goal of sub-regions in a WMD/CBRNE response will be to:

(a) Preserve life.

(b) Prevent human suffering.

(c) Mitigate the incident.

(d) Protect critical assets and infrastructure.

(e) Prevent further damage to the environment.

(f) Maintain public confidence in the installation's ability to respond to a CBRNE incident through timely and accurate release of information to the public.

(g) Return the installation to full mission capability as quickly as possible.

(2) Sub-regions should focus on their response responsibilities during the first few days after notification of a WMD/CBRNE incident and the procedures for obtaining technical assistance/augmentation. If national level responders (FEMA, Red Cross, FBI, specialty CBRNE response assets) are not immediately accessible or available to respond to an installation's needs, each installation must plan for the worst case scenario, by planning its response based on its organic resources and available support through local MOA's/MOU's.

(3) Sub-regions must understand the Incident Command System (ICS), which is mandated by Federal law for WMD/CBRNE response. Commanders should familiarize themselves with the concept and the terminology of the ICS to fulfill their partnership obligations, while preserving military command responsibilities. Regional OEM offers regular instruction on the ICS.

(4) Sub-region's should identify tenant commands and activities that have CBRNE expertise and response capability that may be used to help the installation recover should sufficient first responder resources (on-base and off-base) be limited. These commands and activities may be operational deploying units, but they should still be considered as possible resources to use, subject to approval of their operational chain of command.

(5) It is absolutely necessary for installation commanders to develop a civil/military partnership with their surrounding communities for a WMD/CBRNE response. Establishment of written MOA's or MOU's is highly encouraged in order to survive the test of time due to personnel turnover. Any agreements should also be reviewed by proper legal authority and submitted to Navy Region Southwest for review.

(6) Sub-region commanders and EMO's must also understand the relationships between local, state and federal agencies during a disaster. Specifically they should have a working knowledge of the Federal Response Plan. There are eight Emergency Preparedness Liaison Officers (EPLO's) assigned to Navy Region Southwest that can assist in this regard. See Annex H of this instruction.

(7) It is critical that civil/military partnerships also be exercised in order to be successful. While fire, rescue, law enforcement and medical personnel regularly train in their respective areas of expertise that could be relevant to a WMD event, joint military/civil exercises would greatly assist in ensuring that other important activities are coordinated effectively. In addition, exercises will help senior leaders learn how to manage more efficiently limited resources.

b. **WMD/CBRNE Plan**

(1) The generic WMD/CBRNE response plan, which is an annex to the generic sub-region Emergency Response Plan, is available through Regional OEM. This plan follows guidance provided by the Department of Defense and and incorporates procedures provided in the J-34 AT/FP Installation Planning Template, WMD Annex. The sample plan places heavy emphasis on developing WMD functional response in accordance with standard Incident Command System principles.

(2) CBRNE primary emergency response functions include:

(a) Command and Control. Includes the establishment of an Installation Incident Command System and Emergency Operations Center and, when warranted, an alternate EOC. The EOC should have a well defined communications plan that may include the capability to communicate with civil authorities and standard operating procedures for monitoring incident development.

(b) Security. Includes securing an appropriate perimeter around the CBRNE incident, establishment of entry and/or exit control procedures,

establishment of traffic control points, chain of custody rules, assessment and/or detection, evidence preservation, and maintenance of installation security. Searches for secondary devices should be done in conjunction with EOD team members.

(c) Fire and Emergency Services (F&ES) and Hazardous Material. Includes establishing command, control, communications, accountability; fire suppression, rescue, extrication; atmospheric monitoring and detection; environmental sampling to determine contaminant and level of contamination; triage; mass decontamination of ambulatory and non-ambulatory patients; and preserving evidence. Specific fire and/or hazardous material response core functions include:

1 Atmospheric monitoring and detection needed to determine the level and extent of chemical, biological, and radiological contamination. This guideline requires portable detection devices, a communications capability to the central EOC, as well as individual protective equipment. If further confirmation is required, an approved and designated laboratory should be used for authoritative and verifiable analysis.

2 Extract casualties from a CBRNE environment. This requires individual protective equipment and individual communications capability to a central emergency operations center with the capability to transport a casualty out of a contaminated area.

3 Decontaminate and treat chemically, biologically, or radiologically contaminated casualties. This requires a capability to provide needed medical care during the decontamination process, with individual protective equipment and communications capability to a central EOC for the purposes decontaminating a contaminated casualty and stabilizing casualties for evacuation to higher-level medical care.

(d) Medical. Includes emergency casualty decontamination at medical treatment facilities and includes mass casualty triage, treatment, quarantine, transport, psychological casualties, supplies, pharmaceuticals and vaccines, alternate treatment facilities, mass casualty care, and restriction of movement procedures. Specific health and medical response core functions include:

1 Medical surveillance for illness resulting from exposure to a biological agent. This guideline addresses the ability to maintain surveillance for the outbreak of illness resulting from the exposure to a biological agent. Surveillance may include monitoring and analysis of clinical trends or pharmaceutical use, and sampling for biological agents.

2 At a minimum, this surveillance should be able to identify that an outbreak of illness is occurring early enough in time to potentially mitigate significant adverse impact of the disease on the mission of the installation. A

capability and expertise to identify an unknown biological agent or the capability to quickly contact an organization qualified to do so must be maintained.

3 Medical management of illness resulting from exposure to a biological agent. This addresses maintaining the medical capability to identify an unknown biological agent causing an outbreak of illness and to medically respond with prophylaxis and/or treatment to mitigate significant impact of the disease on the mission of the installation or to have the capacity to meet this requirement through a supporting organization.

(e) EOD. Includes the detection, identification, analysis, render-safe, recovery, and disposal of primary and secondary devices. The closest EOD team and/or unit shall provide site-stabilizing initial support (defined by DoD Component directives) and assist responding 'National Assets' and specialized EOD teams upon their arrival. While preservation of evidence is highly desirable, actions to recover and/or preserve evidence shall not compromise the safety of any personnel.

(3) CBRNE Supporting Functions include:

(a) Naval Criminal Investigative Service (NCIS)

(b) Meteorological and Oceanographic Command (METOC)

(c) Supply

(d) Facilities

(e) Public Affairs

(f) Chaplain/Family Services

(g) Personnel/PSA/PSD

(4) Responsibilities for the supporting functions are detailed in the generic CBRNE plan.

(5) Outside WMD/CBRNE Response Assets.

(a) CJCSI 3110.16 identifies specific military capabilities, assets and units potentially available to support military consequence management operations in response to CBRNE events. Maintenance of this database resides with DTRA and is posted on its website. All sub-regions should incorporate this information into their response plans and ensure command personnel have access to this information in the EOC.

(b) Local Civil Assets. Each sub-region should determine what special local civil teams are located in proximity to their installations (MMST's, HAZMAT Response Teams, etc.) and include them in their response plans.

(c) State Assets. State National Guard WMD Civil Support Teams (CST) provides specialized CBRNE response capability. These teams consist of 22 personnel who are trained in agent detection and identification, can provide technical and medical advice in response actions, can operate in a contaminated environment and have communication reach back capability to experts throughout the nation. Their response times are within 24 hours. The 9th WMD-CST is located in Los Alamitos, CA, the 95th WMD-CST is located in Northern CA and the 91st WMD-CST is located in Arizona. Contact information for the closest WMD-CST should be included in all sub-region response plans and be readily available in the EOC.

5. **Training and Readiness**

a. Fire and Emergency Services (F&ES) and Hazmat training should comply with applicable requirements of 29 CFR 1910.120; National Fire Protection Association Consensus Standard (NFPA) 472, "Standard for Professional Competence of Responders to HAZMAT Incidents"; NFPA 473, "Standard for Competencies for EMS Personnel Responding to HAZMAT Incidents"; and the appropriate governing Federal and State regulations governing pre-hospital care providers (EMS operations). As applicable, hospital care providers and medical practitioners should comply with the Joint Commission on Accreditation of Health Care Organizations standards and the Commission on Accreditation of Air Medical Transport.

b. A CBRNE emergency response training program should be developed and conducted at each sub-region by the Emergency Management Officer. This training should include:

(1) Appropriate standards and tactics, techniques and procedures

(2) The sub-region CBRNE response plan should be executable and designed to maintain and improve emergency responder proficiency.

c. Sub-regions should conduct a WMD/CBRNE response exercise at least annually using realistic scenarios appropriate to the sub-region's mission and vulnerabilities to validate the concept of operations articulated in their CBRNE emergency response plan. Scenarios should consider terrorism, technological accidents, and natural disasters that may result in CBRNE incidents.

d. Exercises should include participants from all emergency response functions and whenever possible, appropriate local, State, and Federal participants. Regional OEM staff members will be available to help coordinate and execute these exercises.

6. **Equipment**

a. Equipment worn by emergency responders should comply as appropriate with Executive Order 12196, Occupational Safety and Health Administration (OSHA) regulations, and National Institute for Occupational Safety and Health (NIOSH) guidelines pertaining to hazardous material response. Selection, use and training for CBR-D equipment will be in accordance with Figure E-1.

b. Sub-regions should ensure, when possible, that installation emergency response equipment is interoperable with equipment used by mutual aid partners in the outside communities.

c. Equipment life cycles should be understood and managed. CBR-D equipment will be inspected annually and testing of individual protective equipment will be in accordance with OPNAVINST 11320.23, Shore Activities Fire Protection and Emergency Services and other applicable instructions/regulations.

7. **DoD Bioassay Kits**

a. Emergency first responders in Navy Region Southwest have been issued biological agent sampling kits by Regional Emergency Management for use in suspected bioterrorism incidents. These kits will detect the presence of eight different biological agents. Positive results on these kits will reveal an agent code to the first responders but not the actual agent name. The names of the agents for the corresponding codes are classified Secret.

b. The following special procedures are in place for obtaining DoD Bioassay kit result codes.

(1) Emergency Responders Actions

(a) When positive results on a DoD Bioassay kit are produced, contact the Dispatch Supervisor at the Regional Dispatch Center by phone at (619) 524-2006 or via radio to report a positive result and the associated code from the bioassay kit.

(b) Request the name of the associated biological agent.

(c) Once the name of the agent is received, first responders may share results with other uncleared personnel (civil first responders, hospital personnel, etc.) on a need-to-know basis to ensure that all affected personnel are able to take immediate and appropriate measures to protect themselves and others.

(2) Dispatch Supervisor Actions

(a) Upon notification of a positive result from a first responder in the field, request the code information from the Staff Duty Office, which maintains the codes in its classified safe.

(b) Only the name of the specific agent detected will be released.

(c) This information can then be transmitted to first responders via unsecured means in order to ensure that all first responders are able to take immediate and appropriate measures to protect themselves and others.

(3) Staff Duty Officer (SDO) Action

(a) The SDO will maintain the bioassay codes in a secret level safe.

(b) If codes are requested from the Dispatch Supervisor, the SDO will record the identity of person requesting the information.

(c) The SDO will release the name of the biological agent that corresponds to the code given.

(d) Only the name of the single agent for which there has been a positive result will be released.

c. Codes will not be released for exercise purposes.

d. Release this information to the Dispatch Supervisor via any means (in person, unsecured phone line, etc.).

e. Do not delay release of this information.

f. After release of this information, the SDO will notify the Program Manager for Regional Security, the Program Manager for Regional Fire and Emergency Services (F&ES), and the Program Manager for Regional Emergency Management.

8. **Definitions**. The following definitions are specific to WMD/CBRNE consequence management.

a. **Entry Team Personnel**. Personnel trained and equipped to enter a site that whose hazard characteristics have not been defined per 29 CFR 1910.120(c). Normally this will be F&ES, HAZMAT and EOD personnel.

b. **First Responders**. Personnel who respond to the scene of an incident on an emergency basis to save lives and mitigate the hazards associated with the incident. These personnel will include F&ES, HAZMAT, EOD, medical and security personnel.

c. **Level 1 First Responder**. Witnesses or discovers a release of hazardous materials

d. **Level 2 First Responder**. Responds to release of hazardous substances in a defensive manner without trying to stop the release. Examples include security personnel involved in vehicle traffic and crowd control in the decontamination corridor and medical personnel conducting triage at or near the personnel decontamination line.

e. **Level 3 First Responder**. HAZMAT Technician. Responds aggressively to stop the release of hazardous substances.

f. **Level 4 First Responder**. HAZMAT Specialist. Responds with and in support to HAZMAT Technicians, but has specific knowledge of hazardous substances.

g. **Level 5 First Responder**. Incident Commander. Assumes control of the incident scene beyond the first responder awareness level.

h. **Large Installation**. A population of 3,000 or more personnel, or axis between 2 and 4 kilometers.

i. **Medium Installation**. A population of 300 to 3,000 personnel, or axis between 1 and 2 kilometers.

j. **Small Installation**. A population of less than 300 personnel, or longer axis less than 1 kilometer.

9. **References**. The following references are specific to WMD/CBRNE consequence management.

a. OPNAVINST 5090.1 (Series) titled Environmental and Natural Resources Program Manual (applies only to responder level definitions, not equipment specifications).

b. OPNAVINST 5100.23 (Series) titled Navy Occupational Safety and Health Program Manual.

c. OPNAVINST 11320.23 (Series) titled Shore Activities Fire Protection and Emergency Services.

d. NAVFACINST 3440.17 (Series) titled Chemical Biological and Radiological Warfare Defense Material and Equipment Allowance for Naval Shore Activities.

e. U.S. Army Field Manual 3-4 titled NBC Protection.

f. U.S. Army Field Manual 3-5 titled NBC Decontamination.

g. National Fire Protection Association (NFPA) 471, Recommended Practice for Responding to Hazardous Material Incidents.

h. National Fire Protection Association (NFPA) 472, Standard of Professional Competence of Responders to Hazardous Materials Incidents.

i. Occupational Safety and Health Administration Standards for Hazardous Waste Operations and Emergency Response, 29 CFR 1910.120.

CBR-D EQUIPMENT STANDARDS FOR FIRST RESPONDERS

EQUIPMENT CATEGORY	REQUIREMENT	APPROVED EQUIPMENT	BASIS OF ISSUE	EMPLOYMENT CONCEPT	GOVERNING REFERENCES
Personal Protective Equipment	Chemical Protective Suit Level A	Any NIOSH and NFPA Approved Equipment Certified for the Protection Level Indicated	Two (2) per Entry Team Member (to allow multiple entries)	All Level 3-5 Responders Hot/Warm Zone Operations	OPNAVINST 5090.1 Series OPNAVINST 5100.23 Series OPNAVINST 11320.23 Series 29 CFR 1910.120 (Appendix B) NFPA 471/472
	Chemical Protective Suit Level B		Two (2) per Entry Team Member	All Level 3-5 Responders Hot/Warm Zone Operations	
	Self Contained Breathing Apparatus (SCBA) Level A/B		Two (2) per Entry Team Member (to allow multiple entries)	All Level 3-5 Responders Hot/Warm Zone Operations	
	Chemical Protective Suit Level C		Two (2) per individual Plus 10% training allowance	Civilian Level 1-2 Responders Warm Zone Operations	
	MOPP Ensemble	See Table A, (Items 1-10) NAVFACINST 3440.17C	See Table A (Items 1-10) NAVFACINST 3440.17C	Military Level 1-2 Responders Warm Zone Operations Perimeter Defense	NAVFACINST 3440.17 Series U.S. Army Field Manual 3-4
	Negative Pressure Respirator – Level C	Any NIOSH approved respirator	One (1) per individual	Civilian Level 1-2 Responders Warm Zone Operations Perimeter Defense	29 CFR 1910.120 (Appendix B)
	Negative Pressure Respirator – Military Issue	MCU-2/P (or any Joint Program Approved Mask)	One (1) per individual	Military Level 1-2 Responders Warm Zone Operations Perimeter Defense	NAVFACINST 3440.17 Series Army Field Manual 3-4
Collective Protection	Mobile Collective Protection Systems to Allow Sustained Operations in Contaminated Environment	See Table B (Item 8) NAVFACINST 3440.17C	As needed to support WMD Installation Response Plan	For use by responder personnel at incident site when sustained operations in contaminated environment is necessary	NAVFACINST 3440.17 Series Army Field Manual 3-4
Detection Equipment	Chemical Agent Detection	Improved Chemical Agent Monitor (ICAM)	Three (3) per HAZMAT Crew	For use by HAZMAT team to aid in chemical agent characterization	NAVFACINST 3440.17 Series U.S. Army FM 3-4
		M8 and M9 paper	Ten (10) boxes each per HAZMAT crew		
		M256 Kits	Two (2) per HAZMAT crew		
		M22 Chemical Agent Alarm	One (1) per HAZMAT crew		
		Draeger HAZMAT Kit	One (1) per HAZMAT crew		
		Multi-Rae Photo-Ionization Detector (Gas Monitor)	One (1) per HAZMAT crew		
	Biological Agent Detection	DoD 8-agent Hand Held Assay Kits	75 Minimum per Installation Additional kits may be needed based on local threat and incident history.	For use in presumptive identification of biological agents in suspicious packages.	
	Radiological Agent Detection	AN/PDR-27R Beta/Gamma Low Range AN/PDR-43 Beta/Gamma High Range	Two (2) per HAZMAT Crew	For use in detecting airborne beta and gamma radiation.	NAVFACINST 3440.17 Series U.S. Army FM 3-4
		IM-9(H) P/D[2] Low Dose Dosimeter IM-107 P/D[2] High Dose Dosimeter		For use in quantifying radiation exposure to victims and responder personnel entering a contaminated area.	
		Detector, RADIAC, Dosimeter	One (1) per responder.	For use in quantifying individual radiation exposure to responder personnel entering or operating near a contaminated area.	
Decontamination Equipment	Personnel Decontamination	Skin Decontamination Kit, M291	One (1) box per HAZMAT crew	Self-decontamination when other means of decontamination is not immediately available.	NAVFACINST 3440.17 Series
		Personal Decontamination Kit M295	One (1) box per HAZMAT crew		
		Portable Decon Shower (Approved Manufacturer: HAZMAT DQE)	One (1) per HAZMAT crew	Technical Decontamination of first responder personnel	Navy First Responder Program (NFRP) Consolidated Equipment Capabilities List (CECL)

		Medium Scale Decon System with Shelter (Approved Manufacturer TVI Corp)	For Incident Response Plans requiring decontamination of 20-60 personnel/hour	Technical decontamination of victims and first responder personnel	NFRP CECL
		Large Scale Decon System with Shelter (Approved Manufacturer: Reeves)	For Incident Response Plans requiring decontamination of 100-300 personnel/hour	Technical decontamination of victims and first responder personnel	NFRP CECL
	Equipment/Facilities Decontamination Application Equipment	Decontaminating Apparatus, M17A3	One (1) per HAZMAT Crew	Decontamination of Critical Equipment and Facilities Uses any of the following decontaminating chemicals: STB, HTH, DF-100 Foam	NAVFACINST 3440.17 Series
		Decontamination Foam Distribution Equipment MODEC	One (1) per HAZMAT Crew	Decontamination of critical facilities where corrosion damage is an operational issue. Uses only DF-100 Foam	
	Equipment/Facilities Decontamination Chemicals	Supertropical Bleach (STB)	See Table C NAVFACINST 3440.17C	For general decontamination of critical facilities/ equipment when corrosion damage is not an operational issue	NAVFACINST 3440.17 Series U.S. Army FM 3-5 (Tables 5-2, 5-3 and F-2)
		Calcium Hypochlorite (HTH)	See Table F-2 U.S. Army FM 3-5 for HTH equivalent to STB	Use in lieu of STB when STB not available	U.S. Army FM 3-5 (Table F-2)
		Sandia DF-100 Foam (PENDING APPROVAL FOR USE)	Two (2) 5-gallon drums per HazMat crew	Use when corrosion damage to equipment or facilities is a concern.	Technical Report MOD2001-1008-M Sandia National Laboratory describes procedures for using the DF-100 foam

Figure E-1