DECONTAMINATION GUIDELINES FOR EMERGENCY RESPONSE PERSONNEL

GENERAL

Emergency response personnel and equipment are subjected to various degrees of chemical contamination as a result of exposures encountered at hazardous material incidents. Response personnel can become contaminated in a number of ways, including exposures to vapors and gases, walking or driving through released liquids, powders, or contaminated soils, and from contact with other contaminated personnel, victims, or equipment.

It is the responsibility of the Incident Commander to ensure emergency decontamination of contaminated victims will be performed on scene prior to any transport to a medical facility. Any additional decontamination procedures, if required, will be performed according to the attending hospital’s policy and procedure for HM exposures.

Before a ground or air ambulance will be dispatched, it must be ascertained by the Incident Commander that the victim(s) are not contaminated or that the hazardous material(s) are known and the victim(s) have undergone an appropriate decontamination procedure to render them non-contaminated.

TYPES OF DECONTAMINATION

Decontamination can be divided into three types which are described as follows:

First Responder or Emergency Decon - refers to decon that is urgent, field expedient and there is an immediate need to remove contaminants. Most often it is done to civilians or response personnel who have had direct exposure to hazardous solids, liquids, mist, smoke and certain gases, and who are displaying related symptoms. It is a two-stage process: the first stage consists of clothing removal (privacy will be provided only if it will not delay the decontamination process), and a gross contaminants removal with copious amount of water; the second stage is a soap-and-water scrub and rinse. Exposures to the eyes might involve flushing for longer durations. Provide emergency covering (i.e., emergency blankets and sheets for the victims). The environment and personal modesty are not of primary importance when there are potentially life-threatening injuries/exposures; however, emergency decon should, if possible, take place in the least environmentally sensitive area. Once adequate resources are available, and incident conditions will allow, steps should be taken as soon as possible to minimize the impact of such emergency operations on the environment. Rescuers should don the best available PPE when performing emergency decon.

Technical/Primary Decon - refers to that form of decon which is provided to personnel working in the Exclusion Zone or Contamination Reduction Zone. Although accelerated, it is a more thorough and detailed process than emergency decon. It is organized and conducted by hazmat teams or specially trained decon teams. A Contamination Reduction Corridor is established prior to entry of a hazmat team and is conducted within the Contamination Reduction Zone. This generally includes Hazmat Entry and Decon Teams working in Level A or Level B protective clothing. Primary decon provides for the collection of the contaminants for analysis, treatment or proper disposal.
Gross/Mass Casualty or Secondary Decontamination - refers to decon provided to civilians that may have been exposed to hazardous chemicals, but are not displaying any related symptoms of exposure. Secondary Decon may also be used following Emergency Decon for victims displaying related symptoms. In Secondary Decon there is time to contain runoff water and provide for modesty. This level of decon might involve the use of tents, trailers, tarps, containment basins and/or showers. Secondary Decon is time consuming for victims with immediate life-threatening injuries/ exposures.

EXTENT OF DECONTAMINATION REQUIRED

Decontamination procedures should be tailored to the specific hazards of the incident and may vary in complexity and number of steps, depending on the degree of hazard and the employee's exposure to the hazard. Decontamination procedures for personnel and personal protective equipment will vary depending upon the specific hazardous material or symptoms of exposure, since one procedure or method may not work for all substances. Evaluation of decontamination methods and procedures should be performed, as necessary, to assure that employees are not exposed to hazards by reusing personal protective equipment.

To achieve plan objectives and protect responders from harm or risk as a result of exposure to hazardous materials, the following general guidelines should be used when the decision to decontaminate personnel and/or equipment is made by the IC and/or the hazmat team members. In general, the Mariposa County Fire Department may complete decon for all responding agencies. If decontamination guidelines are not specified by the IC, each responding agency is responsible for decontaminating their own equipment based on the policies and procedures developed by their department. The exact procedure to use must be determined after evaluating a number of factors specific to the incident. The following factors must be considered when determining which decontamination process to use:

a. Prevention of further contamination. Minimizing contact with potential contaminants is essential to keep the incident from escalating.

b. The physical and chemical properties of the hazardous material. The very properties that make a chemical more hazardous also make it more difficult to decon. Gases are more likely to permeate clothing and skin tissue. Liquids are harder to see and remove than powders and other solid materials. Low-viscosity liquids may permeate more readily than high-viscosity liquids. Soluble materials will be easier to decon than non-soluble materials.

c. The amount and location of contamination. The more of the body that has been contaminated, the more involved the decon process will be. If contaminants are located near the face, there is a greater likelihood of harm due to inhalation or ingestion. If a product is located in other body cavities, folds, nails or hair, there is greater likelihood of permeation into the body. For this reason it is recommended to start decon with the head and then work down. Eyes, ears, nose, mouth, hair, armpits, etc., need to be thoroughly decontaminated, and open wounds need to be completely irrigated.

d. Contact time and temperature. The longer a contaminant is in contact with an object, the greater the probability and extent of contamination. For this reason, minimizing contact time is one of the most important objectives of decon. Temperature will also increase vapor production, which may in turn affect the rate of permeation.

e. Level of protection and work function. The Technical/Reference Specialist and the Decon Team Leader will determine the level of protective clothing needed for the Decon Team. Risk
f. Reasons for leaving the hazard site. People with life-threatening medical emergencies may need very rapid emergency decon.

DECONTAMINATION PROCEDURES

Decontamination shall be performed whenever contamination is suspected. Decontamination is the responsibility of each responding agency. Decisions to decontaminate personnel should be made by or in conjunction with the IC. In general, the Mariposa County Fire Department may complete decon for all responding agencies.

The Contamination-Reduction Corridor will be established at all hazardous materials incidents, involving entry operation or decontamination for victims, responders, or equipment. The Decontamination Leader, in conjunction with the Technical/Reference Specialist, and the Assistant Safety Officer-Hazardous Materials will determine the extent of preparation for decontamination based on the hazard evaluation.

Fire department personnel trained to the First Responder Operation Decon level may be used to staff the decontamination area. Such personnel will be at the same level of protection or one level lower than the Entry Team.

All personnel and equipment entering the Exclusion Zone will be decontaminated and evaluated following final exit, if the material is hazardous and exposure is possible. Personnel exposed to toxic material(s) will take a shower following the operation in addition to on-site decontamination. The wastewater generated during the decontamination process will be evaluated by the IC or hazmat team who will give recommendations for disposal of the wastes generated and coordinate disposal operations with Mariposa County Environmental Health and the appropriate hazardous waste disposal contractor.

a. General Decontamination Procedures – The organization setting up the decon area will have its own decontamination policies and procedures. Every incident will have unique situations and these procedures should be modified to meet the specific needs of the incident.

b. Decontamination During Medical Emergencies - In a properly functioning hazardous material response, victims will be decontaminated in the contamination reduction zone by properly suited and protected emergency responders (Primary or Secondary Decontamination). If needed, Primary or Secondary Decontamination will include removal of clothing, flushing affected skin and hair with water, and if needed, a mild soap and water wash. See Appendix 7 for decontamination information for victims (portion of OES report).

DECONTAMINATION GUIDELINES FOR EMERGENCY RESPONSE EQUIPMENT

GENERAL

Emergency response personnel and equipment are subjected to various degrees of chemical contamination as a result of exposures encountered at hazardous material incidents. It is the responsibility of the Incident Commander to ensure that decontamination of all contaminated people as well as response personnel and equipment is conducted.

a. Decontamination of Equipment – Measures should be taken to prevent contamination of sampling and monitoring equipment. Sampling devices typically become contaminated, but monitoring instruments, unless they are splashed, usually do not. Once contaminated, instruments are difficult to clean without damaging them. Any delicate
instrument which cannot be decontaminated easily should be protected while it is being used.

Decontamination equipment, materials and supplies are generally selected based on risk assessment. In the event that decon is necessary, the Mariposa County Fire Department is equipped with the materials necessary for use during most hazardous materials incidents. Equipment used for decontamination may include but is not limited to:

(1) Soft-bristle scrub brushes or long-handle brushes.
(2) Garden sprayers used for rinsing.
(3) Decon pools to hold wash and rinse solutions.
(4) Large plastic garbage cans or other similar containers lined with plastic bags to store contaminated clothing and equipment.
(5) Water storage containers.
(6) Mild dish washing detergent or soap in squeeze bottles.
(7) Sponges and absorbent pads for washing.
(8) Tent or curtain for privacy.
(9) Diking or absorbent material to absorb spills.
(10) Decontamination solvents.
(11) Privacy gowns / blankets.

Sanitizing of Personal Protective Equipment - Respirators, reusable protective clothing, and other personal articles not only must be decontaminated before being reused, but also sanitized. The inside of masks and clothing becomes soiled due to exhalation, body oils, and perspiration. The manufacturer’s instructions should be used to sanitize the respirator mask. If practical, protective clothing should be machine washed after a thorough decontamination; otherwise it must be cleaned by hand. Each responding agency is responsible for decontaminating their own equipment based on the policies and procedures developed by their department.

Persistent Contamination - In some instances, clothing and other equipment will become contaminated with substances that cannot be removed by normal decontamination procedures. A solvent may be used to remove such contamination from equipment if it does not destroy or degrade the protective material. If persistent contamination is expected, disposable garments should be used. Testing for persistent contamination of protective clothing and appropriate decontamination must be done by qualified laboratory personnel.

DISPOSAL OF CONTAMINATED MATERIALS
All materials and equipment used for decontamination must be disposed of properly. Clothing, tools, buckets, brushes, and all other contaminated equipment must be secured in drums or other containers and labeled. Clothing not completely decontaminated on-site should be secured in plastic bags and disposed of with the clean up contractor.

Contaminated wash and rinse solutions should be contained by using step-in-containers (for example, decon pool) to hold spent solutions. Another containment method is to dig a trench about 4 inches deep and line it with plastic. In both cases, the spent solutions are transferred to drums, which are labeled and disposed of with other substances on-site by the clean up contractor.
CCLHO/CAPCOA
Air-Borne Emergency Response Procedure

October 15, 2008

_____________ County Health Department

_____________ Air Quality

Mariposa County Health Department
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<th>Section</th>
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<tbody>
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Pre-Event: Preparedness and Planning

I. Ensure familiarity with the primary emergency response agency plans and procedures as they pertain to:

a. Fires  
b. Explosions  
c. Traffic collisions with fire and/or release of gas  
d. Train incidents  
e. Industrial releases

II. Ensure familiarity with Incident Command and where your roles and responsibilities lie within the emergency response agency’s plans as indicated in (I.)

a. If __________ County Health Department (___CHD) is expected to respond promptly to determine potential impact, to determine need and extent of evacuation, and/or to request evacuation or shelter in place, ___CHD will participate in a Unified Command Structure. As a Unified Command participant, you will work with the Initial Emergency Response Agency previously referenced to determine the main objectives necessary to:
   i. Preserve Life  
   ii. Preserve Health  
   iii. Preserve Environment  
   iv. Preserve Property

b. If ___CHD is expected to respond promptly to provide technical assistance regarding material and plume direction, ___CHD will function in the Planning Section as a technical specialist.

c. ___CHD may, ultimately, be called upon to certify an incident as being complete, safe, and clear to enter

d. If ___CHD is expected to respond as in (IIa) above and there are casualties and/or persons surging the local hospitals, ___CHD may be required to appoint a capable person to the Medical/Health Branch Director position. This will be necessary to obtain and funnel resources to the local medical community responding to multiple victims.
III. Ensure **contact information** for __CHD and procedures for immediate contact are accurate and distributed to all agencies that may need to contact you.

IV. Ensure all **resource contact information** and procedure for contacting is accurate and available to you 24/7 (Appendices I, II, and III). This information may be most beneficial if available to all emergency response agencies in the event __CHD is a part of the affected.

V. Identify those areas with the **highest risk** and the potential involved i.e., paint factory, water treatment facility, and CUPA identified facilities. Pre-knowledge of these facilities and the potential chemicals that may be released with pre-planned response scenarios will expedite the decision making process for evacuations.

VI. Pre-knowledge regarding "typical" **wind direction and diurnal patterns**, seasonal vs. weather event, will help expedite the initial recommendations regarding an event plume's behavior and should be integrated in to various scenarios to prepare for actual events.

VII. Ensure good **communication** and teamwork is promoted on a regular basis between all potential response agencies.
Event: Notification, Response, and Mitigation

I. Notification:

   A. Upon event notification, request the following:

      i. caller’s information
      ii. re-contact information
      iii. agency affiliation
      iv. specific directions

(Generally, the initial notification will be made by someone other than the primary response agency at scene. This person will be given direction to either request your presence at a specified location, or to request you contact a designated person directly related to the incident via phone. If you become disconnected before retrieving all the information, by obtaining the caller’s information first, you can return the call without wasting important time.)
II. **Response in a Supportive Role** (As a Technical Specialist):

A. It is possible you will be requested to go to the **Incident Command Post** for technical advice purposes. This will maintain your services as a solely designated resource within the command structure and will then designate you a part of the Command Staff (not to be confused with Commander).

```
  Incident Commander

  Public Information Officer  Safety Officer

   Technical Specialist

    Operations Section Chief  Logistics Section Chief  Planning Section Chief  Finance Section Chief
```

i. If you are instructed to go to a specific location, request information regarding where the actual incident is so as not to delay your arrival by driving directly into an area blocked off by evacuation or into traffic blocks secondary to detours around the area. You may also request routing directions for the most efficient access to the area.

ii. Do not forget your resource call down lists (Appendices I, II, & III)

iii. Upon arrival at the specifically requested location, look for signs indicating “Incident Command Post” or “IC”. There may be a “check in” sign.
iv. At the Incident Command Post, identify yourself and who requested your response.

v. Determine who the Incident Commander is.

vi. Obtain a briefing and what is requested from you.
B. If you are instructed to contact an **Incident Command by phone**, do so immediately. (This is possible in those instances where the event is small and/or you do not have an emergency response command role. For these situations, you will be considered a technical specialist)

![Incident Command Diagram]

i. After reaching the Agency's designee by phone, obtain the following information:

1. Person and their Incident Designation
2. Who – The agency in charge of command (Incident Commander)
3. What – Event briefing
4. When – When did it start and when did it stop
5. Where – Specific location and affected area
6. Why – Why are they calling you?
7. How – How can you help them?
ii. Maintain phone connection in the event you need to obtain further details regarding the scene conditions

iii. Using Appendix II: Resource People and Response Agencies, obtain the information requested by contacting the most appropriate agency.

1. Provide the event information to the mapping and modeling agency.
2. Relay requested information to the incident contact
3. Provide an update to the mapping and modeling agency as needed
III. Response in a Command Role:

If you are instructed to go to a specific location, request information regarding where the actual incident is so as not to delay your arrival by driving directly into an area blocked off by evacuation or into traffic blocks secondary to detours around the area. You may also request routing directions for the most efficient access to the area.

i. Upon arrival at the specifically requested location, look for signs indicating “Incident Command Post” or “IC”. There may also be a “Check In” sign.

ii. At the Incident Command Post, identify yourself and who requested your response. Determine who the Incident Commander is.

iii. Request an Event Briefing

iv. Establish Unified Command
IV. Mitigation

A. The Unified Command will **determine** the primary incident **Objectives** based on event and ongoing response. These objectives **may** include:

1. (Objective 1) Air-Borne **Plume Behavior**
   a. Contact the most appropriate agency for event specific projections (Appendix II: Resource People and Response Agencies)

2. (Objective 2) Fire/Smoke Suppression (if fire involved)
   a. This objective will be met by Fire Service
   b. May request information regarding substance, exposure, and reaction to determine appropriate suppression method.

3. (Objective 3) Identify the **Population at Risk**
   a. Immediate risk (no time to evacuate and/or special needs populations unable to evacuate in a given timeframe)
   b. Delayed risk (time to evacuate if necessary)
   c. Minor risk (may need to evacuate or shelter-in-place in the future)

4. (Objective 4) Air-Borne **Substance Identification**
   a. Contact the most appropriate agency for facility-specific chemical information (Appendix II: Resource People and Response Agencies) or the facility owner/operator.

5. (Objective 5) Order **Shelter-in-Place or evacuations** as appropriate
   a. Law Enforcement, if not already a component of the Unified Command, will become a part of the Unified Command to focus on this objective.
6. (Objective 6) Establish **Surveillance**

   a. Call local Emergency Departments and Medical Clinics (Appendix III: Surveillance and Regional Assistance)

   b. Consider providing Emergency Departments with written periodic updates as you request surveillance information

B. A **Public Information Officer (PIO)** may have been appointed. If not, immediately appoint a PIO and request any personnel resources the PIO requests to complete his task.

   1. Direct the PIO to accomplish the following: (English, Spanish, TDD, and/or other)

      a. "Immediate Risk" Population: Reverse 911 and/or warning signals and Emergency Radio Broadcast for them to Shelter in Place. Advise special needs populations of need to Shelter-in-Place if located in the immediate impact area.

      b. "Delayed Risk" Population: Reverse 911 and/or warning signals and Emergency Radio Broadcast regarding Shelter-in-Place or impending evacuation.

      c. "Minor Risk" Population: Reverse 911 and/or warning signals and Emergency Radio Broadcast requesting they do not use phones or cell phones, to standby for direction regarding need to Shelter-in-Place or evacuate, to stay inside and off of roadways so evacuees have open access to evacuate.

      d. Establish the Joint Information Committee and request a representative from all involved agencies.

      e. Contact the media and schedule a press conference.

      f. Develop, obtain approval of, and disseminate Health Alert notices (see Appendix V for examples).

      g. Contact all Emergency Medical Response Agencies (Appendix III: Surveillance and Regional Assistance) and advise them of actual casualty potential.
h. Develop a message describing the event and how the event situation is being improved. In case of evacuations, it is imperative the PIO stresses the importance of the unaffected to stay off the roadways and off the phone lines so evacuations may be accomplished safely and expeditiously.

i. Set a schedule for updating the media

j. Implement risk communication procedures for the area including internet information and hot line information.

k. Contact the County Medical Health Operational Area Coordinator (MHOAC) [or the Regional Disaster Medical Health Coordinator (RDMHC) if you are the MHOAC] to request immediate notification of all jurisdictions/areas surrounding the affected area.

C. Frequently analyze the risk potential for the remaining persons. Rapid response decisions to Shelter-in-Place or evacuate will improve overall outcome.

D. Frequent updates regarding persons affected and control measures taken must be implemented to prevent hype and panic

E. As the event progresses, the objectives may change, whereby operations will change. If the release begins to produce casualties, be they actual or "worried well", the objectives may have to include triage, treatment and transport of the medically ill. Should this occur, refer to the EMS Mutual Aid and/or Mass Casualty Plan for __CHD

F. If the release is hazardous and persistent, evacuees may not be able to return to their homes. Therefore, additional objectives may need to be considered regarding displaced persons: providing shelters, housing, food, and chronic medical care assistance. Follow local plans and procedures regarding long term evacuation and evacuee care.
Recovery: Certification and Debriefing

I. Certification

A. Follow applicable guidelines regarding assessing, testing and analysis of Hazardous Substances.
B. Based upon test findings, determine whether the scene is or is not safe and clear to enter.
C. When the air-borne release has cleared the area and is no longer a threat to the community, allow evacuees entry in to their homes. Consider requesting a door to door assessment of those individuals required to shelter in place.
D. Direct the PIO to alert all populations in the area via Reverse 911 and Emergency Radio Broadcast of ability to enter the evacuated area and/or open their homes. (The faster this is done, the “happier” the population will be)
E. When a scene is no longer hazardous, certify completion and follow local guidelines to formalize the decision.

II. Debriefing

A. Participate in event debriefings, discuss, and more importantly, implement “best practices” as well as corrective actions deriving from the event.
B. Event analysis is necessary to determine corrective actions needed to improve future response. Provide written descriptions of the event with supporting documentation to the Planning Section Chief (or agency with the primary responsibility)
C. The PIO and JIC functions will be maintained long after the actual event has concluded and will most likely play an important role in the final report released to the media and populations. On going rumor control and citizen education are crucial in providing wellness and security to those affected by the air-borne release.
Appendix I

Local Contact Information

A. Local Office of Emergency Services (O.E.S.)

(Choose appropriate local agency: Fire, Police, Haz-Mat, OES, Environmental Health, County Administration)

Name: ____________________________________________

Phone: ____________________________________________

Pager: ____________________________________________

Cell: ____________________________________________

B. Dispatch/Incident Command

Phone: ____________________________________________

C. Local Air Pollution Control District

Name (A.P.C.O. or Designate): ______________________

24 Hour Phone: __________________________________

Pager: __________________________________________

Cell: ____________________________________________
Appendix II

Resource People and Response Agencies

I. Information on Hazardous Chemicals in Plume:

Certified Unified Program Agency (CUPA)

Name: ____________________________________________

Phone: ____________________________

Pager: ____________________________

Cell: ____________________________

Air Pollution Control District (APCD)

Name: ____________________________________________

Phone: ____________________________

Pager: ____________________________

Cell: ____________________________

II. For Predicted Plume Behavior (info needed to assess population exposure pattern)

A. Local Air Pollution Control District
   (larger districts may be able to do this)

B. Cal OES Warning Center (they will get the information from Air Resources Board)

   24 Hour Phone: (916) 845-8911 or 1-800-852-7550

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C. Air Resources Board Contact Person:

CARB Emergency Response Coordinator

Office Phone: 916-322-3726

24 Hour Phone: 916-919-4017

D. Lawrence Livermore Lab

24 Hour Emergency Phone: 925-424-6465

Or Ron Basket 925-423-6731

Or Gayle Sugiyama 925-422-7266
Appendix III

Contacts for Surveillance
And Regional Assistance

A. Hospitals

1. Name of Facility: __________________________
   Contact Person(s): _________________________
   Phone: _________________________________

2. Name of Facility: _________________________
   Contact Person(s): _________________________
   Phone: _________________________________

B. Ambulance Services

1. Name of Facility: __________________________
   Contact Person(s): _________________________
   Phone: _________________________________

2. Name of Facility: _________________________
   Contact Person(s): _________________________
   Phone: _________________________________

C. Regional Assistance

1. OES Region Regional Disaster Medical Health Specialist (RDMHS):
   Name: _________________________________
   Contact: _______________________________
Appendix IV

Wildfire Smoke Guide

Wildfire Smoke
A Guide for Public Health Officials

http://www.arb.ca.gov/smp/progdev/pubeduc/wfgv8.pdf
Table 3. Recommended Actions for Public Health Officials

<table>
<thead>
<tr>
<th>Category</th>
<th>PM2.5 or PM10 Levels (mcg/M³, 1- to 3-hr avg.)</th>
<th>Visibility - Arid Conditions (miles)</th>
<th>Recommended Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>0 - 40</td>
<td>&gt; 10</td>
<td>If smoke event forecast, implement communication plan</td>
</tr>
</tbody>
</table>
| Moderate                  | 41 - 80                                       | 6 – 9                               | - Issue public service announcements (PSAs) advising public about health effects/symptoms and ways to reduce exposure  
- Distribute information about exposure avoidance                                        |
| Unhealthy for Sensitive Groups | 81 - 175                                   | 3 – 5                               | - If smoke event projected to be prolonged, evaluate and notify possible sites for clean air shelters  
- If smoke event projected to be prolonged, prepare evacuation plans                     |
| Unhealthy                 | 176 - 300                                     | 1.5 – 2.5                           | - Consider “Smoke Day” for schools (i.e., no school that day), possibly based on school environment and travel considerations  
- Consider canceling public events, based on public health and travel considerations     |
| Very Unhealthy            | 301 - 500                                     | 1 – 1.25                            | - Consider closing some or all schools (However, newer schools with a central air cleaning filter may be more protective than older, leakier homes. See “Closures”, below)  
- Cancel outdoor events (e.g., concerts and competitive sports)                            |
| Hazardous                 | > 500                                         | < 0.75                              | - Close Schools  
- Cancel outdoor events (e.g., concerts and competitive sports)  
- Consider closing workplaces not essential to public health  
- If PM level projected to continue to remain high for a prolonged time, consider evacuation of sensitive populations |

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Appendix V:

Model Health Alerts

Examples of Health Alerts for Air Pollution Emergencies
March 16, 2007

For Immediate Release as of 10:00 a.m.

Contacts: Sacramento County Public Health, (916) 875-5881
Sacramento Metropolitan Air Quality Management District Communications Office (916) 874-4888.

Smoke Related Cautionary Health Statement

Sacramento County Health Officer, Glennah Trochet M.D., in consultation with the Sacramento Metropolitan Air Quality Management District is issuing this special health advisory due to the Union Pacific train trestle fire in the CAL EXPO area.

If you see or smell smoke, restrict your outside activities. Until the smoke conditions improve, individuals should consider taking the following actions:

- Everyone should avoid outdoor activities if you can see or smell smoke, even if you are healthy.
- If you are in an area where you can smell smoke, stay indoors with doors and windows closed as much as possible.
- The elderly, the very young, and people with respiratory illnesses should be particularly careful to avoid exposure to the smoke.
- Asthmatics should follow their asthma management plans.
- Contact your doctor if you have symptoms of cough, shortness of breath, or other symptoms you believe to be caused by the smoke.
- Stay away from the scene of the fire.

Due to changing wind patterns, areas that are not experiencing smoke now may be impacted later. If the public would like more information, please call the Sacramento Metropolitan Air Quality Management District’s Communications Office at (916) 874-4888 or Sacramento County Public Health at (916) 875-5881.
FOR IMMEDIATE RELEASE
June 25, 2007
11:20 a.m.

Health Advisory Issued Due To Wildfire Smoke
Outdoor Activities in the City of South Lake Tahoe Should be Cancelled until Further Notice

El Dorado County
PUBLIC HEALTH DEPARTMENT
Gayle Eicker-Hoehn, Director
Dr. Jason Eberhart-Phillips, Health Officer
931 Spring Street, Placerville, CA 95667
(530) 621-6100/FAX (530) 626-4713

Healthy People Living in Healthy Communities Throughout El Dorado County

CONTACT:
Kristine Oase
(530) 621-6172

All outdoor gatherings and sporting events in and around the City of South Lake Tahoe are recommended to be cancelled until further notice, according to the El Dorado County Health Officer. Businesses that provide non-essential services in the Y-area of South Lake Tahoe have also been asked to close voluntarily while smoke remains at hazardous levels in that part of the city due to the nearby Angora fire.

These closures are part of a health advisory issued today by the El Dorado County Air Quality Management District and the El Dorado County Public Health Department.

The El Dorado County Public Health Officer, Dr. Jason Eberhart-Phillips, M.D., said that smoke generated by the Angora fire can pose significant risks to health. As of Monday morning, air quality in South Lake Tahoe ranges from very unhealthy to hazardous.

"Residents with lung or heart disease, and the elderly are advised to leave areas where levels of particulate matter are high. For everyone else, when you smell smoke, or see smoke around you, you should consider staying indoors and avoiding heavy exertion," Dr. Eberhart-Phillips said.

According to the Air Quality Management District, the following index will assist in assessing the air quality based on the visibility in your area. To assess visibility:

- Face away from the sun. Determine visibility range by looking for targets that are at known distances (miles).
- The visible range is the point where even high-contrast objects disappear.

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After determining visibility in miles use the following Wildfire Smoke Visibility Index to assess air quality.

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<thead>
<tr>
<th>Visibility Range</th>
<th>Health Category</th>
<th>Health Effects*</th>
</tr>
</thead>
<tbody>
<tr>
<td>10+ miles</td>
<td>Good</td>
<td>None</td>
</tr>
<tr>
<td>5 - 10 miles</td>
<td>Moderate</td>
<td>Usually sensitive people should consider reducing prolonged or heavy exertion.</td>
</tr>
<tr>
<td>3 - 5 miles</td>
<td>Unhealthy for Sensitive Groups</td>
<td>Sensitive people should reduce prolonged or heavy exertion.</td>
</tr>
<tr>
<td>1.5 - 2.5 miles</td>
<td>Unhealthy</td>
<td>Sensitive people should avoid prolonged or heavy exertion. Everyone else should reduce prolonged or heavy exertion.</td>
</tr>
<tr>
<td>1 - 1.25 miles</td>
<td>Very Unhealthy</td>
<td>Very Unhealthy Sensitive people should avoid all physical activity outdoors. Everyone else should avoid prolonged or heavy exertion.</td>
</tr>
<tr>
<td>&lt; 0.75 miles</td>
<td>Hazardous</td>
<td>Sensitive people should remain indoors and keep activity levels low. Everyone else should avoid all physical activity outdoors.</td>
</tr>
</tbody>
</table>

In addition, residents who see or smell smoke should consider these precautionary measures:

- Healthy people should delay strenuous exercise, particularly when they can smell smoke.
- Children and elderly people should consider avoiding outdoor activities, particularly prolonged outdoor exertion. Parents of children involved in youth sports programs should consider whether their children be allowed to participate when smoke is in the air.
- People with health-related illnesses, particularly respiratory problems, should remain indoors.
- Keep windows and doors closed as much as possible. Use the recycle or recirculate mode on the air conditioner in your home or car.
- Avoid the use of non-HFPA paper face mask filters which are not capable of filtering extra fine particles.
- Keep airways moist by drinking lots of water. Breathing through a warm, wet washcloth can also help relieve dryness.
- Avoid the fire areas.

While all persons may experience varying degrees of symptoms, more sensitive individuals, such as the young, aged and those with respiratory conditions are at greatest risk of experiencing more aggravated symptoms. Symptoms may include, but are not limited to, coughing, watery and itchy eyes, and difficulty breathing. Persons experiencing questionable or severe symptoms should seek professional medical advice and treatment. “Contact your doctor if you have symptoms such as chest pain, chest tightness, shortness of breath, or severe fatigue,” said Dr. Eberhart-Phillips.

County officials will continue to monitor air quality in South Lake Tahoe and provide updates on this advisory as needed.
FOR IMMEDIATE RELEASE
August 10, 2007

Public Health Contacts:
Michele Mickiewicz, Public Information Officer, 805-681-5446 or 805-451-3497 (cell)
Elliot Schulman, MD, MPH, Public Health Department Director, County Health Officer,
805-681-5105

APCD Contacts:
Terry Dressler, APCD Director, 805-661-6853
Bobbie Bratz, APCD Public Information Officer, 805-455-6403 (cell)

Health Advisory Continues:
Expectation of Increased Smoke and Ash

Santa Barbara, CA — There is an expectation of increased smoke and ash over the weekend from the Zaca Fire and the related burning operations being undertaken to control the blaze. As a result, the Santa Barbara County Public Health Department and the Santa Barbara County Air Pollution Control District (APCD) remind residents that a health advisory is in place for people living in areas affected by smoke from the Zaca Fire.

Everyone, especially people with heart or lung disease (including asthma), older adults and children should limit time spent outdoors and limit prolonged or heavy exertion when the smell of smoke is present. If you have symptoms of lung or heart disease that may be related to excess smoke exposure, including repeated coughing, shortness of breath or difficulty breathing, wheezing, chest tightness or pain, palpitations, nausea or unusual fatigue or lightheadedness, contact your health care provider.

This health advisory is in effect indefinitely and may be revised as conditions warrant. See attached for additional information, and check http://www.OurAir.org for updates on smoke advisories, and links to additional information on the fire incident.

###
Public’s help needed for Vulnerable Population notifications & assistance

The Santa Barbara County Public Health Department is asking for the public’s help to gather information about the County’s vulnerable population in the event of a possible evacuation due to the Zaca Fire.

As a precautionary measure, each individual or family should have an evacuation plan. The Public Health Department is in the process of identifying individuals with special needs who may be unable to evacuate without assistance and those who use medical equipment that require electricity.

If you have special physical and/or health needs and require assistance for a possible evacuation or you use life-sustaining medical equipment that requires electricity, please call (805) 968-0462 between the hours of 8 a.m. and 5 p.m. starting Wednesday, August 8.

Please be prepared to provide the following information, including your name, address, telephone number and specific information on your specific special needs.

As a reminder for all residents, planning for an evacuation includes:

- Staying up to date with road closures in your area and evacuation procedures from local authorities;
- Staying up to date with local shelter locations broadcast on radio and television;
- Packing essential items to take with you (including medications).

For more information on disaster planning and supply lists, please visit the FEMA website at: http://www.fema.gov/areyouready/index.shtml.

For regular updates about the Zaca Fire, the public can tune to the County’s government cable TV station, Channel 20, or the government TV stations for the City of Santa Barbara, Channel 18, or the City of Goleta at Channel 19. In addition, the public can tune to the following radio stations.

AM Stations: KTM-990; KZSB-1290; KUHL-1410 and KINF-1440. FM Stations: KCSB-91.9; KSPE-94.5 (Spanish); KSYV-96.7; KTYD-99.9; KSBL-101.7; KRAZ-105.9 and KIST-107.7.

In addition, motorists and residents in the San Marcos Pass area off Highway 154 can listen to AM 1040 (WQF1350) for updated emergency information. For specific updates on the Zaca Fire, the public can call the Zaca Fire Public Information Line at (805) 961-5770 or go online to www.inciweb.org or www.countyofsb.org or www.sbcfire.com.

Smoke from forest fires can create problems for asthmatics, others with chronic diseases

OLYMPIA — An early forest fire season and predictions for a drier-than-normal summer can mean trouble for asthmatics and others with chronic lung or heart diseases. Forest fires present health risks for everyone, especially people with lung or heart diseases, whose health can be seriously affected by smoke.

The Okanogan County Health District, where the Thirtymile Fire still continues to burn, has been monitoring smoke in the county, and issued a health warning last week. "We found that air pollution levels from the fire changed radically within hours, depending on weather conditions," said Lori Albert, a health administrator for Okanogan County. "We have been urging residents who have respiratory or heart conditions to take precautions when smoke is present." She added that "so far, remarkably, we have experienced few problems related to smoke in populated areas because of the direction of the wind."

The Department of Health reminds people with asthma to develop an asthma management plan with their physicians. An asthma management plan involves tracking symptoms to determine when to use additional medications or seek further medical treatment. National Institutes of Health has comprehensive information on managing asthma on their Web site:
http://www.nhlbi.nih.gov/health/public/lung/index.htm Those with other lung diseases or infections should contact their physicians to learn how to avoid serious complications that may result from forest fires.
Often people who have not been previously diagnosed with lung or heart disease may begin having problems in smoky conditions. Symptoms of potential lung and/or heart problems include chest tightness, chest pain, shortness of breath, or sudden, overwhelming fatigue.

**Be prepared:** People with asthma, bronchitis, emphysema, and other lung diseases should make sure they are on medication and have at least a five-day supply on hand at all times through fire season. Talk to your doctor about an asthma management plan and stick to it during unusually smoky conditions. Listen for radio and television messages about fires in your area. Keep a supply of non-perishable groceries on hand, especially foods that do not require cooking. In the event of a wildfire, stay indoors and limit your activity. Check for a “recirculation” function on your furnace or air conditioner. If smoke is present, it will be easier to breathe indoors if air is recirculating instead of drawing smoky air from outdoors.

**What to do if there is smoke present:**

- Stay inside with windows and doors shut.
- Use the recycle or re-circulate mode on the air conditioner in your home or car.
- Avoid cooking and vacuuming, which can increase pollutants indoors.
- Avoid physical exertion.
- Asthmatics should follow their asthma management plan.
- Keep at least a five-day supply of medication on hand.
- Contact your doctor if you have symptoms such as chest pain, chest tightness, shortness of breath, or severe fatigue. This is important for not only for people with chronic lung or heart disease, but also for individuals who have not been previously diagnosed with such illnesses. Smoke can “unmask” or produce symptoms of such diseases.
- Keep airways moist by drinking lots of water. Breathing through a warm, wet washcloth can also help relieve dryness.
- A fitted mask (OSHA N95) can be used to reduce smoke exposure unless it interferes with breathing. A dust mask is generally ineffective with smoke.
Coping with Ash from the Zaca Fire

Ash from the Zaca Fire has affected various areas in Santa Barbara County and there will likely be episodes of ash fall for some time. While exposure to ash can cause irritation to the nose, throat and eyes, short-term exposure to ash generally does not constitute a significant health hazard for most people.

When ash fall is present, minimize time spent outdoors. While indoors, it helps to use an air conditioner, preferably with an air filter, especially if you have health problems, such as asthma, emphysema, other lung problems or heart conditions. People who don't have these health problems should use common sense and avoid exercising if the air is hazy and/or causes coughing or irritation. It's a good idea to keep doors, windows, and dampers closed to minimize the amount of ash that gets in the house. Here are some other things to consider when dealing with large amounts of ash fall:

- Wash ash off of children's toys before children play with them.
- Clean ash off house pets.
- Wash fruits and vegetables from home gardens and fruit trees before eating them.
- Do not use leaf blowers or take other actions that will put ash into the air.
- Handle ash in open, well-ventilated areas, and wet the dust whenever possible to prevent its movement.
- Do not use shop vacuums or other common non-HEPA filter vacuum cleaners to clean up ash. These vacuums can exhaust small particles out into the air where they can be breathed in. HEPA filter vacuums should be used, if available.
- If you wear contact lenses, consider wearing eye glasses or use goggles for clean up projects.
- Use a well-fitting dust mask during clean-up. A mask rated N-95 or P-100 will be more effective than dust or surgical masks in blocking small particles from ash.
- Sweep indoor and outdoor hard surfaces gently, followed by wet mopping.
- Avoid washing ash into storm drains whenever possible.
- Avoid bare skin contact with ash as much as possible.
- Dispose of ash in the regular trash. Ash may be stored in plastic bags or other containers that will prevent it from being disturbed.
DTSC Funding Policy for Removal of Hazardous Materials from Emergency Response Incidents

EMERGENCY RESERVE ACCOUNT (ERA):

Health and Safety Code, Section 25354 provides a fund for the purpose of taking immediate corrective action necessary to remedy or prevent an emergency resulting from a fire, explosion, or human exposure to a release or threatened release of hazardous substances. This includes responding to "midnight dumping," uncontrolled or threatened releases of hazardous substances, spill situations involving an unknown responsible party, or an incident requiring stabilization or mitigation to prevent potential emergencies. These funds can be accessed by contacting the DTSC Emergency Response Duty Officer.

Note: Currently, DTSC will not fund cleanups or incidents for which a state or federal governmental agency is the responsible party or otherwise has jurisdictional responsibility, unless special circumstances exist, such as an immediate danger of fire or explosion or large scale threat to the environment. Health and Safety Code, Section 25353 prohibits use of funds from the Hazardous Substance Cleanup Fund (HSCF) for cleanups on property owned by federal or state agencies.

TO REQUEST STATE FUNDING:

State funding for off-highway removals of hazardous materials may be requested by local agencies such as local health, environmental health, fire, or law enforcement agencies. If you are a business, or a private citizen concerned about an emergency hazardous materials incident, or some abandoned hazardous materials, or if you have some similar concern about hazardous materials, you should contact one of the above-mentioned local government agencies in your area.

A local government agency wanting to request state funding during normal work hours (Monday-Friday, 8-5), should call the State Department of Toxic Substances Control (DTSC) at (800) 260-3972 or (916) 255-6504, and request to speak to the DTSC Emergency Response Duty Officer. After Hours, weekends, or on holidays, call the Governor's Office of Emergency Services' (OES) Warning Control Center at (800) 852-7550. Notify OES of the incident and of the fact that you are requesting state assistance for the cleanup. They will contact the DTSC Emergency Response Duty Officer who will then contact you.

INFORMATION REQUIRED

Before requesting assistance, you should:

1) Determine if the material(s) is a hazardous waste or hazardous substance.

2) Determine the quantity released, if any.
3) HAZCAT (perform hazard categorization tests) to identify or categorize the hazards presented by the substances. To qualify for state funding, the substance must exhibit at least one of the following characteristics:
   - Toxicity
   - Corrosivity (A pH of 12.5 or higher, or a pH of 2 or less)
   - Reactivity to air or water
   - Flammability
   - Explosivity
   - Have some other characteristic that makes it a serious hazard to human health or the environment.

4) Prepare an inventory, which includes the number of containers requiring removal, including how full the containers are, and the approximate quantity or surface area of contaminated soil, if any.

5) Determine the location of the incident relative to waterways, public access, and nearest population.

6) Determine whether the property is publicly or privately owned (areas under the control of Indian reservations or federal or state agencies may not be eligible for funding).

7) Gather any available information regarding the responsible party (RP).

8) Determine whether the RP (if known) is able or willing to pay. Note: The RP (if known) must be contacted and informed of their responsibility to pay.

9) Determine that the incident would not be more appropriately handled and/or funded by another agency (See the Section entitled “Alternative Funding” below). If you are unsure or have questions about alternative funding sources contact the Emergency Response Duty Officer.

THE EMERGENCY RESPONSE DUTY OFFICER

The Emergency Response Duty Officer will evaluate the above information to determine if the incident is eligible for funding. If the incident qualifies for funding from the ERA:

1) The Emergency Response Duty Officer will contact and dispatch a contractor to perform the removal and disposal. This is not a reimbursement program. Do not contact a local contractor and dispatch them on your own. If you do contact a contractor and request their services, your agency will be responsible for any costs incurred.

2) The Emergency Response Duty Officer will establish the scope of work for the contractor. Any changes to the scope of work must be approved by the Emergency Response Duty Officer. DTSC will not pay for work that was not authorized by the Emergency Response Duty Officer.
3) The Emergency Response Duty Officer will provide you with an Emergency Response Expenditure Report (ERER) number, which must be on all documentation submitted to DTSC.

4) DTSC is not allowed to fund removals in situations that are not emergencies. The Emergency Response Duty Officer will only fund cleanup and disposal of those hazardous materials which meet one or more of the above funding criteria and pose a threat to human health or the environment. If it is not an emergency, or does not pose a serious threat to human health or the environment, the incident will not qualify for funding. If you are unsure whether a situation warrants funding, contact the Emergency Response Duty Officer and provide the required information. The Emergency Response Duty Officer will determine whether or not these funds can be utilized.

5) If the incident exceeds the resources available from DTSC, the Emergency Response Duty Officer will contact the U.S. Environmental Protection Agency and notify them of the incident and request assistance.

6) If technical assistance is needed from DTSC, the Emergency Response Duty Officer will contact the appropriate staff and coordinate their integration into the response. Although remedial measures do not qualify for funding, if your agency requires assistance in performing a remedial action at a hazardous waste site, the Emergency Response Duty Officer will assist in referring the request to the appropriate DTSC office.

The on-scene response personnel must attempt to identify the wastes involved by field testing (HAZCAT) or observation. If your agency cannot accomplish this task, the Emergency Response Duty Officer can assist, but may not be able to provide funding.

**DOCUMENTATION**

As a condition of receiving funding from the Emergency Reserve Account, the requesting agency is required to provide on-scene oversight, including documentation of removal actions. This includes filling out and signing the Emergency Response Incident Report (ERIR), and the Emergency Response Cleanup Work Log. The requesting agency must also sign the Hazardous Waste Manifest.

The ERIR, Cleanup Work Log, and any other documentation should be mailed to DTSC within 10 working days of the initial funding request. All such information should be mailed to:

DTSC, Emergency Response Unit
P.O. Box 806
Sacramento, CA 95812

NOTE: If These Reports and Supporting Documentation Are Not Submitted, Future Funding May Be Jeopardized.
SPECIAL POLICIES

ALTERNATIVE FUNDING
- If there has been a release to fish or wildlife habitat, call State OES at (800) 852-7550 and request assistance from the Department of Fish and Game from their Fish and Wildlife Pollution Account.
- If the incident is an oil spill, request assistance from the Department of Fish and Game Office of Oil Spill Prevention and Response from their Oil Spill Response Trust Fund by calling (916) 445-0045.
- If there has been a release to surface or ground water, request assistance from the State Water Resources Control Board (SWRCB) from their Water Pollution Cleanup and Abatement Account by calling (916) 327-4428 during normal work hours. After hours, call OES at (800) 852-7550 and request that they contact someone at the SWRCB.
- If the incident is on a state highway or within a state highway right-of-way, call State OES at (800) 852-7550 and request assistance from CALTRANS.
- If the incident involves radioactive materials, call OES at (800) 852-7550 and request that OES call the State Department of Health Services (DHS) Duty Officer who will then contact the DHS Radiologic Health Branch.

EPA IDENTIFICATION NUMBERS
The agency requesting funds for an emergency cleanup of hazardous wastes must include an EPA Identification (EPA ID) number on the manifest. Normally, the requesting agency will use the county Emergency EPA ID number. The Emergency Response Duty Officer can provide this number to on-scene personnel, if needed. If the responsible party is conducting the removal but needs an EPA ID number to manifest the waste, they may obtain a one-time EPA ID number by calling DTSC at (800) 618-6942 or (916) 255-1136 Monday - Friday 8AM - 5PM, or by calling US-EPA after hours at (415) 744-2000.

INNOCENT LANDOWNERS
In instances where hazardous materials have been abandoned on property where the owner is clearly not the perpetrator and the materials do not have an identifiable owner, state funding may be requested. The Emergency Response Duty Officer should be contacted to evaluate the need and availability of funding.

GUARANTEE OF PAYMENT
If the responsible party (RP) wants to pay for the cleanup, the RP may contact the HazMat contractor of their choice to arrange for the cleanup. However, many contractors are unwilling to perform cleanup/removal actions for private RPs without some proof of their ability to pay. In the middle of the night or on weekends, it is often not possible for RPs to provide that sort of proof. In such situations involving RPs that are willing to pay, the Duty Officer may guarantee payment so that the contractor will be paid if the RP fails to pay the invoice. The Duty Officer will only do this if the RP agrees to use one of the DTSC zone contractors.
EXCLUDED MATERIALS
The cleanup of the following materials involved in incidents will not be funded unless special circumstances exist which are determined by DTSC to represent a significant threat to human health or the environment (e.g., the presence of PCB's unless confirmed by laboratory analysis):
- Waste oil (the mere presence of chlorine is not enough to demonstrate the presence of PCBs)
- Diesel fuel
- Fuel tank spills from vehicular accidents
- Radioactive waste
- Infectious waste
- Latex paint
- Household size hazardous materials

RADIOACTIVE WASTE
DTSC does not handle radioactive materials. Radioactive wastes are handled by the State Department of Health Services Radiologic Health Branch. They should be contacted for assistance on an incident involving radioactive materials. They can be contacted Monday - Friday from 8AM - 5PM at (916) 445-0931 and after hours through OES.

INFECTIOUS WASTE
Infectious waste may be disposed of in ways other than at a Class I landfill. It is legal to discharge these wastes to the sewer or autoclave them. DTSC funding is not available for infectious waste.

GOVERNMENT LAND
Indian reservations and properties owned by the Federal Government or by the State of California may not be eligible for funding. The specific agency in control of the property will bear responsibility for the cleanup unless a clear emergency exists which the responsible agency is unable to address in a proper and timely manner. In remote areas or other instances where ownership is uncertain, the ERA may be used if a delay to verify ownership would create an endangerment.

ON-HIGHWAY SPILLS
Releases on state highways, or within state highway right-of-ways, will be handled by the California Department of Transportation (CALTRANS). Reports of such releases should be addressed to OES, who will in turn notify CALTRANS.

Revised: 4-11-2002
**DTSC Funding Policy for Removal of Hazardous Materials from Illegal Drug Labs**

**ILLEGAL DRUG LABORATORY CLEANUP ACCOUNT:**

The Illegal Drug Lab Cleanup Account (IDLCA) was created in the General Fund with passage of Senate Bill 47x which amended the Health & Safety Code. The amendment authorized the California Department of Toxic Substances Control (DTSC) to expend funds from the IDLCA. These expenditures allow DTSC to provide state or local law enforcement agencies with assistance in removal actions at sites where these operations occur. **These funds can be accessed by contacting the DTSC Emergency Response Duty Officer.**

**TO REQUEST STATE FUNDING:**

State funding for removal of suspected hazardous substances from clandestine drug labs may be requested by state or local law enforcement agencies, or by other local government agencies working with law enforcement agencies on a drug lab, or abandoned drug lab wastes.

Such an agency wanting to request state funding during normal work hours (Monday-Friday, 8-5), should call the State Department of Toxic Substances Control (DTSC) at (800) 260-3972 or (916) 255-6504, and request to speak to the DTSC Emergency Response Duty Officer. After Hours, weekends, or on holidays, call the Governor's Office of Emergency Services' (OES) Warning Control Center at (800) 852-7550. Notify OES of the incident and of the fact that you are requesting state assistance for the cleanup. They will contact the DTSC Emergency Response Duty Officer who will then contact you.

**INFORMATION REQUIRED**

Before requesting assistance, you should:

1) Identify the materials to be removed, and separate them from materials to be left behind. Materials eligible for removal include:
   - Precursors and chemicals used in the manufacture of illegal drugs at illegal drug labs.
   - Hazardous materials and hazardous waste that poses a threat to human health or the environment.

The hazardous waste contractor sent by the DTSC Duty Officer will only perform those actions and remove those materials authorized by the DTSC Duty Officer. Do not expect them to take any other actions or to remove anything else unless you are willing to pay for it. Do not ask or expect the Duty Officer or the contractor to remove solid waste (trash, garbage, etc).
2) Determine the quantity released, if any.

3) If you have the necessary training and equipment, HAZCAT (perform hazard categorization tests) to identify or categorize the hazards presented by the substances, such as pH and flammability.

4) Prepare an inventory, which includes the quantity of each type of material requiring removal, and the approximate quantity of contaminated soil, if any.

5) Determine the location of the incident relative to waterways, public access, and nearest population.

6) Determine whether the property is publicly or privately owned (areas under the control of Indian reservations or federal agencies may not be eligible for funding).

7) Gather any available information regarding the responsible party (RP), that is, the drug lab operator.

THE EMERGENCY RESPONSE DUTY OFFICER

The Emergency Response Duty Officer will evaluate the above information to determine if the incident is eligible for funding. If the incident qualifies for funding from the IDLCA:

1) The Emergency Response Duty Officer will contact and dispatch a contractor to perform the removal and disposal. **This is not a reimbursement program.** Do not contact a local contractor and dispatch them on your own. **If you do contact a contractor and request their services, your agency will be responsible for any costs incurred.**

2) The Emergency Response Duty Officer will establish the scope of work for the contractor. Any changes to the scope of work must be approved by the Emergency Response Duty Officer. **DTSC will not pay for work that was not authorized by the Emergency Response Duty Officer.**

3) The Emergency Response Duty Officer will provide you with a Clandestine Laboratory Unit Expenditure (CLUE) number, which must be on all documentation submitted to DTSC.

4) If the incident exceeds the resources available from DTSC, the Emergency Response Duty Officer will contact the U.S. Environmental Protection Agency and notify them of the incident and request assistance.
DOCUMENTATION

As a condition of receiving funding, the requesting agency is required to provide on-scene oversight, including documentation of removal actions. This includes filling out and signing the Clandestine Laboratory Incident Report (CLIR), and the Clan Lab Cleanup Work Log. The requesting agency must also sign the Hazardous Waste Manifest.

The CLIR, Cleanup Work Log, and any other documentation should be mailed to DTSC within 10 working days of the initial funding request. All such information should be mailed to:

DTSC, Emergency Response Unit
P.O. Box 806
Sacramento, CA 95812

NOTE: If These Reports and Supporting Documentation Are Not Submitted, Future Funding May Be Jeopardized.

SPECIAL POLICIES

EPA IDENTIFICATION NUMBERS
The agency requesting funds for cleanup of drug lab wastes must include an EPA Identification (EPA ID) number on the manifest. Normally, the requesting agency will use the county Clandestine Drug Lab EPA ID number. The Emergency Response Duty Officer can provide this number to on-scene personnel. If the responsible party is conducting a removal and needs an EPA ID number to manifest the waste, they may obtain a one-time EPA ID number by calling DTSC at (800) 618-6942 or (916) 255-1136 Monday – Friday, 8AM - 5PM, or by calling US-EPA after hours at (415) 744-2000.

EXCLUDED MATERIALS
The cleanup of the following materials at, or associated with a drug lab will not be funded unless special circumstances exist which are determined by DTSC to represent a significant threat to human health or the environment:

- Waste oil.
- Gasoline in a regular gasoline container.
- Diesel fuel.
- Radioactive waste.
- Infectious waste, except that needles and syringes found at drug labs will be funded.
- Household size hazardous materials a person may legally possess.
- Freon containers or flammable liquid containers which are empty and dry, unless
there is some residue/contamination on them which constitutes a direct contact hazard.
- Propane cylinders that are empty or contain propane.
- Oxygen cylinders that are empty or contain oxygen.

RADIOACTIVE WASTE
DTSC does not handle radioactive materials. Radioactive wastes are handled by the State Department of Health Services Radiologic Health Branch. They should be contacted for assistance on an incident involving radioactive materials. They can be contacted Monday - Friday from 8AM - 5PM at (916) 445-0931 and after hours through OES.

INFECTIOUS WASTE
Infectious waste may be disposed of in ways other than at a Class I landfill. It is legal to discharge these wastes to the sewer or, for solid objects, to autoclave them. DTSC funding is not available for infectious wastes, except that, at illegal drug labs, and at abandoned drug lab waste sites, removal and disposal of needles and syringes will be funded.

GOVERNMENT LAND
Indian reservations and properties owned by the Federal Government may not be eligible for funding. The specific agency in control of the property will bear responsibility for the cleanup unless a clear emergency exists which the responsible agency is unable to address in a proper and timely manner. In remote areas or other instances where ownership is uncertain, the Emergency Response Duty Officer may authorize funding if a delay to verify ownership would create an endangerment.

Revised: 4-11-2002
After Action Report (AAR) and Corrective Action Plan (CAP) Procedure

After any event where the Incident Command System is used to perform a duty to mitigate a Public Health Emergency or Crisis, an After Action Report and Corrective Action Plan Procedure must be developed. This is necessary to enhance best practices and implement a method to improve the correctable issues that have risen with the incident. This procedure allows us to learn from our mistakes and prevent future mistakes and misguidance in future responses.

The information necessary for the After Action Report and Corrective Action Plan is as follows (Please note the Corrective Action Plan is a part of the After Action Report and not a separate document):

Name of the Incident
After Action Report
Date Written
Event Description
Event History/Planning
Participants
Objectives for the Event
Chronological description of the events
Objectives Outcome
Corrective Action Plan (table format with three columns):

1st Column – Need to Improve
2nd Column – Method to Improve
3rd Column – Improvement Time Frame

As each Need to Improve is retested and verified as being improved, the original CAP should be initialed by the Public Health Emergency Preparedness Coordinator responsible for maintaining training and improvement.

The final report must be approved by the Mariposa County Health Officer, Mariposa County Health Department (MCHD) Director then distributed to participant representatives, Emergency Preparedness Officer, and lhbtprog@ca.cdph.gov.

The final, original document must be combined with all supporting documents from the event including any Incident Action Plans developed, map work, information released to the participants, etc. This information is to be made available to any person regardless of agency, title, or position for the purposes of review when requested. The document may be copied and/or faxed, but the original is required to remain on the MCHD premises.
### General Information

<table>
<thead>
<tr>
<th>Information Needed</th>
<th>Text goes in text boxes below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Agency:</td>
<td></td>
</tr>
<tr>
<td>Type of Agency:* (Select one)</td>
<td>* City, County, Operational Area (OA), State agency (State), Federal agency (Fed), special district, Tribal Nation Government, UASI City, non-governmental or volunteer organization, other.</td>
</tr>
<tr>
<td>OES Admin Region:</td>
<td>(Coastal, Inland, or Southern)</td>
</tr>
<tr>
<td>Completed by:</td>
<td></td>
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<tr>
<td>Date report completed:</td>
<td></td>
</tr>
<tr>
<td>Position: (Use SEMS/NIMS positions)</td>
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<tr>
<td>Phone number:</td>
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<tr>
<td>Email address:</td>
<td></td>
</tr>
<tr>
<td>Dates and Duration of event:</td>
<td>(Beginning and ending date of response or exercise activities - using mm/dd/yyyy)</td>
</tr>
<tr>
<td>Type of event, training, or exercise:*</td>
<td>* Actual event, table top, functional or full scale exercise, pre-identified planned event, training, seminar, workshop, drill, or game.</td>
</tr>
<tr>
<td>Hazard or Exercise Scenario:*</td>
<td>* Avalanche, Civil Disorder, Dam Failure, Drought, Earthquake, Fire (structural), Fire (Woodland), Flood, Landslide, Mudslide, Terrorism, Tsunami, Winter Storm, chemical, biological release/threat, radiological release/threat, nuclear release/threat, explosive release/threat, cyber, or other/specific.</td>
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</tbody>
</table>
# SEMS/NIMS FUNCTION EVALUATION

## MANAGEMENT (Public Information, Safety, Liaison, etc.)

<table>
<thead>
<tr>
<th>Overall Assessment of Function (check one)</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
</tr>
</thead>
</table>

If “needs improvement” please briefly describe improvements needed:

- Planning
- Training
- Personnel
- Equipment
- Facilities

## FIELD COMMAND  (Use for assessment of field operations, i.e., Fire, Law Enforcement, etc.)

<table>
<thead>
<tr>
<th>Overall Assessment of Function (check one)</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
</tr>
</thead>
</table>

If “needs improvement” please briefly describe improvements needed:

- Planning
- Training
- Personnel
- Equipment
- Facilities

## OPERATIONS (Law enforcement, fire/rescue, medical/health, etc.)

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If “needs improvement” please briefly describe improvements needed:

- Planning
- Training
- Personnel
- Equipment
- Facilities
### PLANNING/INTELLIGENCE (Situation analysis, documentation, GIS, etc.)

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<td>Facilities</td>
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### LOGISTICS (Services, support, facilities, etc.)

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</table>

### FINANCE/ADMINISTRATION (Purchasing, cost unit, etc.)

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<td>Facilities</td>
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</tbody>
</table>
### Response/Performance Assessment Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>yes</th>
<th>no</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Were procedures established and in place for responding to the disaster?</td>
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<tr>
<td>2. Were procedures used to organize initial and ongoing response activities?</td>
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<tr>
<td>3. Was the ICS used to manage field response?</td>
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<tr>
<td>4. Was Unified Command considered or used?</td>
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<tr>
<td>5. Was the EOC and/or DOC activated?</td>
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<tr>
<td>6. Was the EOC and/or DOC organized according to SEMS?</td>
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<tr>
<td>7. Were sub-functions in the EOC/DOC assigned around the five SEMS functions?</td>
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<tr>
<td>8. Were response personnel in the EOC/DOC trained for their assigned position?</td>
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<tr>
<td>9. Were action plans used in the EOC/DOC?</td>
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<tr>
<td>10. Were action planning processes used at the field response level?</td>
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<tr>
<td>11. Was there coordination with volunteer agencies such as the Red Cross?</td>
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<tr>
<td>12. Was an Operational Area EOC activated?</td>
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<tr>
<td>13. Was Mutual Aid requested?</td>
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<td>14. Was Mutual Aid received?</td>
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<tr>
<td>15. Was Mutual Aid coordinated from the EOC/DOC?</td>
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<tr>
<td>16. Was an inter-agency group established at the EOC/DOC level? Were they involved with the shift briefings?</td>
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<tr>
<td>17. Were communications established and maintained between agencies?</td>
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<tr>
<td>18. Was the public alerted and warnings conducted according to procedure?</td>
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<tr>
<td>19. Was public safety and disaster information coordinated with the media through the JIC?</td>
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<tr>
<td>20. Were risk and safety concerns addressed?</td>
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<tr>
<td>21. Did event use Emergency Support Function (ESF) effectively and did ESF have clear understanding of local capability?</td>
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<tr>
<td>22. Was communications inter-operability an issue?</td>
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</tbody>
</table>
Additional Questions

23. What response actions were taken by your agency? Include such things as mutual aid, number of personnel, equipment and other resources. **Note:** Provide statistics on number of personnel and number/type of equipment used during this event. **Describe response activities in some detail.**

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

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24. As you responded, was there any part of SEMS/NIMS that did not work for your agency? If so, how would (did) you change the system to meet your needs?

______________________________________________________________________________________________________

______________________________________________________________________________________________________

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25. As a result of your response, did you identify changes needed in your plans or procedures? Please provide a brief explanation.

______________________________________________________________________________________________________

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26. As a result of your response, please identify any specific areas needing training and guidance that are not covered in the current SEMS Approved Course of Instruction or SEMS Guidelines.

______________________________________________________________________________________________________

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27. If applicable, what recovery activities have you conducted to date? Include such things as damage assessment surveys, hazard mitigation efforts, reconstruction activities, and claims filed.

______________________________________________________________________________________________________

______________________________________________________________________________________________________

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NARRATIVE
Use this section for additional comments.

______________________________________________________________________________________________________

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POTENTIAL CORRECTIVE ACTIONS
Identify issues, recommended solutions to those issues, and agencies that might be involved in implementing these recommendations. Address any problems noted in the SEMS/NIMS Function Evaluation.

Indicate whether issues are an internal agency specific or have broader implications for emergency management. (Code: I = Internal; R = Regional, for example, OES Mutual Aid Region, Administrative Regions, geographic regions, S = Statewide implications)

<table>
<thead>
<tr>
<th>Code</th>
<th>Issue or Problem Statement</th>
<th>Corrective Action / Improvement Plan</th>
<th>Agency(s)/Depts. To Be Involved</th>
<th>Point of Contact Name/Phone</th>
<th>Estimated Date of Completion</th>
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</table>
ONLY USE THE FOLLOWING FOR RESPONSE ACTIVITIES RELATED TO EMAC

EMAC / SEMS After Action/Corrective Action Report Survey

NOTE: Please complete the following section ONLY if you were involved with EMAC related activities.

1. Did you complete and submit the on-line EMAC After Action Survey form for [Insert name of the disaster]?

_____________________________________________________________________________________________________

2. Have you taken an EMAC training class in the last 24 months?

_____________________________________________________________________________________________________

3. Please indicate your work location(s) (State / County / City / Physical Address):

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

4. Please list the time frame from your dates of service (Example: 09/15/05 to 10/31/05):

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

5. Please indicate what discipline your deployment is considered (please specify):

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

6. Please describe your assignment(s):

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

Questions:
You may answer the following questions with a “yes” or “no” answer, but if there were issues or problems, please identify them along with recommended solutions, and agencies that might be involved in implementing these recommendations.

<table>
<thead>
<tr>
<th>#</th>
<th>Questions</th>
<th>Issues / Problem Statement</th>
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<th>Point of Contact Name / Phone</th>
<th>Estimated Date of Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Were you familiar with EMAC processes and procedures prior to your deployment?</td>
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<tr>
<td>2</td>
<td>Was this your first deployment outside of California?</td>
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<tr>
<td>3</td>
<td>Where your travel arrangements made for you? If yes, by whom?</td>
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<td>4</td>
<td>Were you fully briefed on your assignment prior to deployment?</td>
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<tr>
<td>5</td>
<td>Were deployment conditions (living conditions and work environment) adequately described to you?</td>
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<tr>
<td>#</td>
<td>Questions</td>
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<tr>
<td>6</td>
<td>Were mobilization instructions clear?</td>
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<td>7</td>
<td>Were you provided the necessary tools (pager, cell phone, computer, etc.) needed to complete your assignment?</td>
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<tr>
<td>8</td>
<td>Were you briefed and given instructions upon arrival?</td>
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<tr>
<td>9</td>
<td>Did you report regularly to a supervisor during deployment? If yes, how often?</td>
<td></td>
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<tr>
<td>10</td>
<td>Were your mission assignment and tasks made clear?</td>
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<tr>
<td>11</td>
<td>Was the chain of command clear?</td>
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<tr>
<td>12</td>
<td>Did you encounter any barriers or obstacles while deployed? If yes, identify.</td>
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<tr>
<td>13</td>
<td>Did you have communications while in the field?</td>
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<tr>
<td>14</td>
<td>Were you adequately debriefed after completion of your assignment?</td>
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<tr>
<td>15</td>
<td>Since your return home, have you identified or experienced any symptoms you feel might require “Critical Stress Management” (i.e., Debriefing)?</td>
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<tr>
<td>16</td>
<td>Would you want to be deployed via EMAC in the future?</td>
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Please identify any ADDITIONAL issues or problems below:

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Additional Questions

Identify the areas where EMAC needs improvement (check all that apply):

☐ Executing Deployment
☐ Command and Control
☐ Logistics
☐ Field Operations
☐ Mobilization and Demobilization

Comments:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Identify the areas where EMAC worked well:

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Identify which EMAC resource needs improvement (check all that apply):

☐ EMAC Education
☐ EMAC Training
☐ Electronic REQ-A forms
☐ Resource Typing
☐ Resource Descriptions
☐ Broadcast Notifications
☐ Website

Comments:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

As a responder, was there any part of EMAC that did not work, or needs improvement? If so, what changes would you make to meet your needs?

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Please provide any additional comments that should be considered in the After Action Review process (use attachments if necessary):
____________________________________________________________________________________________

____________________________________________________________________________________________