

TO: All Services
All Facilities
All EMA's

FROM: Carl L. Moen, Assistant Director

DATE: October 31, 2001

SUBJECT: Response to Potential Bioterrorism or Chemical Terrorism

With the events of September 11, 2001, and the subsequent incidents of bioterrorism still developing, services should be keenly aware of the types of incidents to which they are responding, and maintain a high level of suspicion for any unusual events or incidents.

It is anticipated that there will be additional terrorist activities within the United States. One of the tactics frequently used by terrorists is to create an incident to which police, fire and EMS will respond, and then to utilize a secondary event, such as an explosive device, to injure or kill the responding providers. All emergency service providers should remain extremely vigilant for potentially dangerous situations, or situations that hold potential for injury both while responding and at emergency scenes.

Please remind your personnel that their primary mission is to protect themselves. An injured or incapacitated practitioner not only delays patient care, but also compounds the seriousness of the incident.

Additionally, all services should remind their personnel of appropriate practices when responding to chemical or biological incidents. Appropriate personal protective equipment should be utilized prior to any patient contact or rescue attempts if an incident is identified as involving a potentially hazardous material (including potential chemical or biological terrorist attacks). If appropriate personal protective equipment is not available, or personnel are not appropriately trained and fitted for the use of this equipment they should not enter a contaminated area. These personnel should stage in a non-contaminated area and wait for patients to be decontaminated and delivered for treatment and transportation.

As with any hazardous material response, any patient exposed to a potentially hazardous substance must be appropriately decontaminated prior to transport to a receiving facility. **Any practitioners, vehicles or equipment coming in contact with contaminated patients, or that enter into a contaminated area, are to be considered contaminated and may not be used for the treatment or transportation of decontaminated patients.** The delivery of a contaminated patient to a hospital could increase the scope of the incident by incapacitating that facility, and requiring the use of additional resources to respond to decontaminate, evacuate, or treat additional patients at that facility.

The Centers for Disease Control (CDC) have provided interim recommendations for the types of personal protective equipment that should be used when responding to incidents possibly involving biological agents. These recommendations are attached. It is not expected that EMS practitioners will utilize these specialized levels of personal protection. These are specialized operations that should be conducted primarily by hazardous materials teams. In summary, these recommendations are as follows:

1. *Responders should use a NIOSH-approved, pressure-demand SCBA in conjunction with a Level A protective suit in responding to a suspected biological incident where any of the following information is unknown or the event is uncontrolled:*
 - ~ *the type(s) of airborne agent(s);*
 - ~ *the dissemination method;*
 - ~ *if dissemination via an aerosol-generating device is still occurring or it has stopped but there is no information on the duration of dissemination, or what the exposure concentration might be.*

2. *Responders may use a Level B protective suit with an exposed or enclosed NIOSH-approved pressure-demand SCBA if the situation can be defined in which:*
 - ~ *the suspected biological aerosol is no longer being generated;*
 - ~ *other conditions may present a splash hazard.*

3. *Responders may use a full facepiece respirator with a P100 filter or powered air-purifying respirator (PAPR) with high efficiency particulate air (HEPA) filters when it can be determined that:*
 - ~ *an aerosol-generating device was not used to create high airborne concentration,*
 - ~ *dissemination was by a letter or package that can be easily bagged.**These types of respirators reduce the user's exposure by a factor of 50 if the user has been properly fit tested.*

We are in the process of scheduling continuing education programs within the region related to response to terrorism. We will be distributing notices with course information as soon as the information is complete. In the meantime, if you should have any questions, or require additional guidance, please contact our office.

CLM:cjm

Enclosure