

OFFICE of EMERGENCY MANAGEMENT - BASIC PLAN

Albuquerque, New Mexico

**A STRATEGIC GUIDE FOR THE CITY-WIDE RESPONSE
TO AND RECOVERY FROM MAJOR EMERGENCIES AND
DISASTERS**



Martin J. Chávez, Mayor

CITY OF ALBUQUERQUE

ALL HAZARDS EMERGENCY OPERATIONS PLAN
VOLUME 2 - ANNEXES

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**PREPARED BY:
THE CITY OF ALBUQUERQUE OFFICE OF EMERGENCY MANAGEMENT**

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**ALBUQUERQUE EMERGENCY OPERATIONS PLAN
VOLUME 2 - ANNEXES**

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ALBUQUERQUE EMERGENCY OPERATIONS PLAN

ANNEX 1

DIRECTION & CONTROL

Primary Responsibility:

Mayor of the City of Albuquerque/President of the City Council
Chief Administrative Officer
Chief Public Safety Officer

Secondary Responsibility:

All City Departments and Divisions

Lead Agencies

Emergency Management
Fire
Police
Environmental Health

Secondary Agencies

Water Authority
Municipal Development
Legal
Finance & Administrative Services
Solid Waste Management
Transit
Senior Affairs
Family & Community Services

I. PURPOSE

To provide an overview of how the City of Albuquerque will direct and control government activities that are essential to saving lives, protecting property, and restoring government services during and following emergency situations.

A. Objectives:

1. Identify command and control methodologies to be used during emergencies that occur within the jurisdictional boundaries of the City of Albuquerque;
2. Identify agencies involved in addressing emergencies occurring in the City of Albuquerque and documenting their respective responsibilities;
3. Identify additional resource availability and acquisition methods; and
4. Cover relevant administrative and logistic requirements of Direction and Control.

B. Scope:

The scope of the Direction and Control Annex documents emergency actions prior to activation, during the actual response, and after-action activities in support of recovery operations.

II. SITUATION AND ASSUMPTIONS

A. Situation

Direction and control functions and responsibilities will be initiated upon the threat or onset of an emergency or disaster event. The Mayor, his designee or successor, the Chief of Public Safety or the Emergency Manager may direct the implementation of this plan

The City of Albuquerque (CABQ) is vulnerable to a variety of natural and/or technologically caused disasters or emergency situations.

1. Natural disasters include:

Ice or snow storms, wildfires, lightning strikes, flash/slow rising floods, drought, disease epidemics, earthquake, volcanic eruption, and tornadoes.

2. Technological hazards include:

Fires, explosions, critical resource shortages, dam disasters, civil disturbances, hazardous material incidents accidental or intentionally caused (chemical, biological, or radiological), or other man caused incidents. Citizens or foreign nationals, acting as terrorists, may use such technological hazards as an intended weapon of mass destruction.

B. Planning and Situational Analysis

Dependent upon the nature of the disaster or emergency situation the amount of warning time may vary greatly from no warning, to up to several hours prior to the actual onset of an event. Likewise, the expected degree of damage for a particular incident will vary greatly due to variances such as the actual cause, area of impact, and time of occurrence.

The intent of this annex is to address the Direction and Control issue from an all hazards overview, which can be down sized or escalated dependent upon the event.

III. ORGANIZATION AND RESPONSIBILITIES

A. Assignments of Responsibilities

It is the responsibility of the Mayor and Chief Public Safety Officer for the City of Albuquerque or their designee to direct the response to emergency or disaster events occurring within the established corporate limits of the City.

It is the responsibility of the County Commissioner and the County Manager to direct the response to emergency or disaster events occurring within the established limits of the county excluding the city.

For disasters that affect both city and county or additional jurisdictions, a joint command may be established.

The Mayor of Albuquerque may declare part of or the entire city a disaster area, and if the event exceeds the city's resources, a request for county or state disaster assistance may follow. The CABQ Office of Emergency Management (OEM) will aid in obtaining additional assistance through the State Department of Public Safety up to and including Federal Disaster assistance.

B. Tasking – Agencies Involved

1. Lead Agencies

The Albuquerque OEM is tasked with the responsibility for coordinating emergency support operations. The EOC, coordinated by the Manager of OEM and assisted by assigned emergency staff will exercise direction and control support operations from the primary CABQ EOC location and coordinate event risk assessment.

The OEM, Environmental Health, Police and Fire departments and other city agencies will perform risk assessments as the situation may dictate, to predict the specific population at risk including the scope of damage to City infrastructures and resources

The Albuquerque Police Department is tasked with Law Enforcement duties to coordinate security forces with other agencies and maintain order and public services to the community.

The Albuquerque Fire Department is tasked with Emergency Fire and Rescue services to coordinate all hazardous materials incidents, patient triage, transport, and life saving services with other agencies.

The Albuquerque Environmental Health Department is tasked to coordinate epidemiological and environmental risk determinations with public health and environmental agencies to protect the public health, air, and water resources. The Department is also tasked to coordinate all, domesticated and exotic animal health and safety activities with all agencies

2. Secondary Agencies

The Albuquerque Water Authority and Municipal Development Department is tasked to coordinate all resource protection of water and wastewater management

services with other agencies. Additionally, they will coordinate continuation of electrical power with the appropriate power company personnel and assure critical roadways are maintained, including coordination with the New Mexico Department of Transportation (NMDOT) as necessary.

The City Legal Department will oversee the initiation and implementation of all Memoranda of Agreement, Understanding, and Joint Powers Agreements that include the City and affiliated agencies or organizations.

The Department of Finance is tasked with insuring the proper and complete documentation of all resources expended by the City prior to and during an event including the recovery phases of an emergency situation. These records will be used for management analysis and cost recovery processes if available.

The Solid Waste Management Department is tasked to coordinate the management of all events-associated debris and contaminated materials that may be generated during or following an emergency situation. In coordination with AFD HazMat and COA Municipal Development they will identify appropriate areas for temporary storage of debris and final disposition.

Family and Community Services and Senior Affairs operations are tasked to coordinate all mass care services with the Fire Department and associated Voluntary Agencies and Voluntary Organizations Active in Disaster (VOAG and VOAD respectively).

The City Transit Department is tasked to coordinate transportation services with Primary Agencies, emergency ambulance services, and private and public transport organizations.

C. Organization

All entities involved in the City's response to an event will operate under their standing chain of command structure that begins with the Mayor as the Chief Executive Officer, followed by the Chief Administrative Officer and then other Chief Officers, Department Heads, and Division Directors. The Successor for the Mayor is specified in the City Charter.

The only predetermined deviation from this structure applies to those individuals assigned to staff positions at the CABQ EOC, who for the duration of the event will respond to management at the EOC utilizing the Incident Command System for direction and administrative control.

IV. CONCEPT OF OPERATIONS

A. Command Structure

For the duration of a specific event all elements of the CABQ involved will operate under a combination of a centralized command and an on-scene control system.

A centralized overall unified command utilizing the Nation Response Plan NIMS will emanate from CABQ EOC. Command EOC personnel will provide management and policy guidance to response operations, as well as providing critical support and resource assistance to these ongoing operations. This command will support an on-scene incident command operation controlling all operational response activities from a field location.

B. Authorities/Limitations on Personnel

All CABQ entities will conduct their operations under existing policies and standard operating guidelines; nothing in this annex or plan allows deviation from preexisting regulations. The city of Albuquerque has adopted and has trained all public safety personnel in NIMS, and critical incident management.

C. Emergency Response Notification & EOC Activation

The EOC may be activated (as outlined in Chief Public Safety Officer's (CPSO Policy 1) as a result of anticipated or occurring:

1. Natural Disasters,
2. Technological Disasters, or
3. Terrorist Situations that may also include natural or technological disasters.
4. At the direction of the Mayor or his representative
5. At the request of the Fire or Police Chief or their representative
6. By an Incident Commander who wants additional support not under his command/control

Activation may occur on a full scale, limited, or intermittent basis depending on the situation.

The Albuquerque/Bernalillo County EOC is located at the Communications Center at 11510 Sunset Gardens SW.

The EOC may be activated as specified in the CABQ Chief Public Safety Officer's (CPSO) Policy 1. The policy specifies who is authorized to direct the activation of the EOC and levels of resulting notification for relevant CABQ agencies and personnel.

If the decision is made to activate the EOC it will be activated under one of two levels, which are described as follows:

Activated Level 1:

An emergency event is either anticipated or occurring requiring only a routine level of response, but has a potential to escalate. Under this level of activation, the following activities may be taking place: actions to brief government officials; call

designated staff up for special assignments, review plans, prepare initial information releases to the public, review/update resources lists, and test emergency alert systems. A Situational Analysis Team (SAT) will be convened to provide an initial assessment of the situation and make recommendations to the Mayor for further action. The EOC may be activated on a limited or full basis with partial staffing for limited hours. Critical Office of Emergency Management support staff may be notified to report to the EOC or be placed on stand-by.

Activated Level 2:

The EOC is fully activated and staffed to operate for extended hours up to around the clock operation. The Mayor or designee may declare an emergency and inform the Governor; to facilitate State resource mobilization and equipment readiness if necessary. If required, the State EOC may be activated and other agencies at various levels of government may be alerted. During this level, events may occur that exceed the City's capabilities to respond and a County, State, or Federal Emergency/Disaster Declaration may be requested. Such requests will be coordinated through the CABQ Director OEM.

D. Information Control

Ongoing information concerning the emergency event will be developed via the chain of command of the controlling response department's incident commander. Information from the field will be continually forwarded as soon as possible to management and policy-making entities located at the EOC's policy room. Personnel at the EOC will then collate, analyze, and disseminate the information as appropriate, while providing guidance and support to field operations.

E. Command Relationships

The relationship of tactical on-scene incident commanders and the OEM EOC Director is clearly one of a tactical command, to a strategic command. While all other assigned responsibilities within the EOC working under the structure of the National Incident Management System (NIMS) are advisory in nature, with responsibilities established to support this command relationship. The Mayor and other executive management/decision makers or their designees will coordinate their efforts primarily from the EOC to ensure continuity of direction and control and reliable information dissemination.

When more than one jurisdiction is involved, managers from those jurisdictions may participate in the Unified Command module of NIMS. By mutual agreement, decisions may be made that may affect all those jurisdictions. With this in mind, members of those affected jurisdictions may then staff other ICS positions at the EOC.

F. Assistance From Other Jurisdictions

All requests for assistance from other jurisdictions will be coordinated and arranged through the Command structure at the EOC, utilizing existing or implemented Mutual Aid agreements and intergovernmental relationships with the State Office of Emergency Management or FEMA. These efforts will be coordinated with CABQ Legal and appropriate direction from the Office of the Mayor.

V. ADMINISTRATION & LOGISTICS

A. Required Records

All involved agencies are required to continue completing and maintaining records required during routine operations. Additional specific record keeping due to the emergency event will be directed by the EOC with assistance of the Department of Finance and Administration and other CABQ agencies to record and document city expenditures, public and private damage assessments, and other information that may be necessary for assessment, response, recovery, reimbursement, and mitigation.

VI. PLAN DEVELOPMENT MAINTENANCE AND DISTRIBUTION

The Director of the Office of Emergency Management will ensure that this Direction & Control Annex is reviewed for currency by the Office of the Mayor, Chief Officers, Department Chiefs and Directors on an annual basis. If the Annex is found to not be current, the OEM Director will provide for drafting appropriate changes and upon review and acceptance update the Annex. The updated Annex will then be appropriately disseminated. Additionally, a review as described above is required as soon as possible upon a change in the person holding the Mayor's Office.

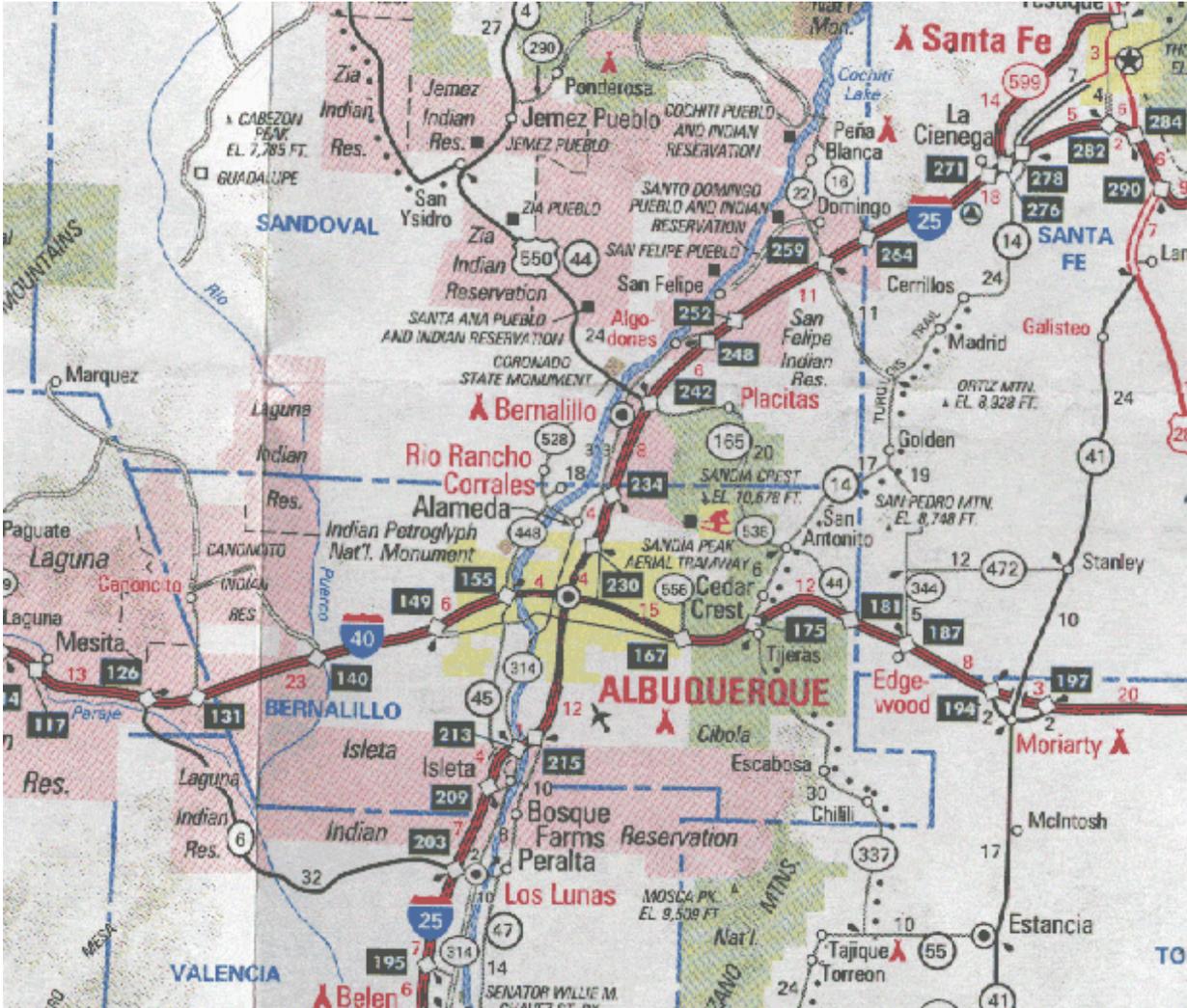
VII. AUTHORITIES & REFERENCES

This annex was developed under the authority of the Office of the Mayor, City of Albuquerque and supersedes all similar versions to date.

VIII. DEFINITIONS AND TERMS

None Noted

**Annex 1 Direction and Control
Attachment #1
Albuquerque/Bernalillo County Map**



**Annex 1 Direction and Control
Attachment #2
Comprehensive All-Hazard Analysis**

ALBUQUERQUE/BERNALILLO COUNTY HAZARD ANALYSIS

THE HAZARDS LISTED BELOW REPRESENT A SYSTEMATIC EVALUATION OF PROBABILITY AND POTENTIAL OCCURRENCE BASED ON PAST HISTORY, IMPACT ON HUMAN LIFE, DAMAGE AND/OR DESTRUCTION OF PROPERTY AND THE POTENTIAL TO DISRUPT SOCIAL AND ECONOMIC ACTIVITY WITHIN THIS JURISDICTION. THE PURPOSE OF THIS HAZARD VULNERABILITY ANALYSIS IS TO ACCESS THE VALUE OF EMERGENCY RESPONSE RESOURCES CURRENTLY AVAILABLE AND TO PROVIDE A BASIS FOR LONG RANGE PLANNING FOR IMPROVED COMPREHENSIVE EMERGENCY MANAGEMENT.

THE ANALYSIS IS USED TO DERIVE A NUMERICAL SCORE FOR NATURAL AND MAN-CAUSED DISASTER SITUATIONS THAT MIGHT AFFECT LIFE AND PROPERTY. LIST IN DESCENDING ORDER (HIGHEST SCORE FIRST TO LOWEST NUMERICAL SCORE LAST) FOR ALL CATEGORIES OF HAZARD.

| | <u>HAZARD</u> | <u>SCORE</u> | <u>REMARKS</u> |
|-----|---|--------------|----------------|
| 1. | <u>War</u> | (2072) | _____ |
| 2. | <u>Flood – River</u> | (1845) | _____ |
| 3. | <u>Flood – Arroyo</u> | (1520) | _____ |
| 4. | <u>Earthquake/Tremors</u> | (1200) | _____ |
| 5. | <u>Fire Large Bldg.</u> | (1158) | _____ |
| 6. | <u>Hazardous Materials – Chemical</u> | (1158) | _____ |
| 7. | <u>Sewage System Failure</u> | (1158) | _____ |
| 8. | <u>Civil Disturbance</u> | (1060) | _____ |
| 9. | <u>Energy – Electric</u> | (1050) | _____ |
| 10. | <u>Plane Crash Major</u> | (1050) | _____ |
| 11. | <u>Terrorism</u> | (1042) | _____ |
| 12. | <u>Energy – Gas</u> | (1030) | _____ |
| 13. | <u>Snowstorm Major</u> | (668) | _____ |
| 14. | <u>Water – Contamination</u> | (668) | _____ |
| 15. | <u>Transport Accident – Bus</u> | (650) | _____ |
| 16. | <u>Transport Accident – Train</u> | (650) | _____ |
| 17. | <u>Tornado/High Wind</u> | (258) | _____ |
| 18. | <u>Water Shortage</u> | (258) | _____ |
| 19. | <u>Hazardous Material- Radiological</u> | (206) | _____ |
| 20. | <u>Land, Rock Slide</u> | (206) | _____ |

Annex 1 Direction and Control Attachment #3

EMERGENCY TELEPHONE LIST

| CITY NUMBERS | COUNTY NUMBERS |
|---|---|
| <u>Phone No.</u> <u>Radio Freq.</u> | <u>Phone No.</u> <u>Radio Freq.</u> |
| Mayor 768-3000 | Manager 768-4000 |
| CAO 768-3000 | |
| PIO 768-3000 | |
| OEP 833-7381 | |
| Fire Chief 833-7300 . . . 154.160 | Fire Marshal 843-7822 . . . 154.310 |
| Police Chief 768-2200 . . . 155.850 | Sheriff 768-4160 . . . 155.130 |
| Fire Department Dispatch 911 154.400 833-7390 . . . 154.400 | Bernalillo Fire Department 761-4225 . . . 154.430 |
| Police Department Dispatch 911 155.250 766-7700 . . . 155.250 | Los Ranchos Fire Department 345-9148 Sheriff Dept 911 . . . 155.970 768-4160 |
| Environmental Health Department 766-7920 | Public Health Department 841-4100 ext. 4112 |
| Street Maintenance Department 823-4031 45.60 | Road Department 843-6120 37.26 |
| Water Division 823-4052 451.050R 456.050T | Sandbags. 843-7822 898-3535 |
| STATE NUMBERS | |
| Governor 1-827-2221 4035 KHz | |
| OEM (Duty Officer) 1-505-476-9635 | |
| State Police Chief 1-827-9000 154.770 | |
| Army National Guard 1-982-3841 4555 KHz | |
| Environment Improvement Division 1-827-2850 | |
| State Police Dispatch 1-827-9300 | |
| Local District Office 841-8066 155.550 | |

Attachment #3 (Continued)

| FEDERAL NUMBERS | PRIVATE NUMBERS |
|--|---|
| <u>Phone No.</u> <u>Radio Freq.</u> | <u>Phone No.</u> <u>Radio Freq.</u> |
| Chemical Transportation Emergency Center . . . 1-800-424-9300 | HOSPITALS: |
| Corps of Engineers 766-2689 413.550 | Lovelace 262-7329 . . . 155.400 |
| Department of Transportation 766-2250 | Presbyterian 841-1234 . . . 155.400 |
| FBI 247-1555 155.040 | St. Joseph 848-8142 . . . 155.400 |
| FEMA 1-817-387-5811 | UNM 843-2411 . . . 155.400 |
| KAFB: Command Post. 844-4676 | Lifeguard 277-5062 . . . 155.400 |
| Operator 844-0011 | MEDIA: |
| National Response Center 1-800-424-8802 | Journal Newspaper 843-3841 |
| National Weather Service 766-3001 162.400 | Tribune Newspaper 843-3652 |
| Poison Information Center 843-2551 | Channel 4 TV 243-4411 |
| U.S. Environmental Protection Agency 1-214-767-2666 | Channel 5 TV 242-5555 |
| 1550 th Search and Rescue 844-2961 282.8 | Channel 7 TV 884-7777 |
| | Channel 13 TV 243-2285 |
| | Channel 14 TV 842-1414 |
| | KOB Radio 243-2121 . . . 161.700 |
| | KRKE Radio . . . 765-5400 |
| | KABQ Radio . . . 243-1744 |
| | ORGANIZATIONS: |
| | ACRA 298-7080 155.265 |
| | Red Cross 265-8514 147.660 |
| | UTILITIES: |
| | AT&T 822-9214 |
| | 1-800-526-2000 |
| | Mountain Bell 843-0748 |
| | 1-800-551-1653 |
| | Southern Union Gas |
| | 345-1841 |
| | Public Service Company of |
| | New Mexico 848-2819 |

ALBUQUERQUE EMERGENCY OPERATIONS PLAN

ANNEX 2

COMMUNICATIONS, WARNING & EMERGENCY ALERT

Primary Responsibility:

Emergency Manager, CABQ
CABQ Mayor's Public Information Officer

Secondary Responsibility:

Public Information Officer, AFD
Public Information Officer, APD

I. Purpose

A. Objectives

The purpose of this annex is three fold.

1. Centralize and coordinate response activities and resources to best protect residents and property of the county on a twenty-four basis so that emergency response forces can concentrate on essential, on-scene activities.
2. Facilitate the receipt and dissemination of timely warnings to the appropriate EOC officials and the general public concerning actual or potential emergency situations.
3. Provide support of recovery operations.

B. Scope

The scope of this Annex covers actions after activation, during response, and in support of recovery.

II. Situation & Assumptions

A. Situation

The County of Bernalillo/City of Albuquerque warning point Emergency Alert System (EAS) is located at the associated Communications Centers. Both centers are manned around the clock and have the capability to disseminate emergency information by radio communications and EAS. In addition, The EAS shall serve as the median for the notification of emergency responders.

B. Assumptions

1. Communications
 - a. Albuquerque's primary means of communication is by radio and telephone, to include both land line, cellular and TTY.

- b. Radio communications to the EOC are available from all field emergency response units. Alternate site and mobile or backup radio communications are also available.
 - c. Telephone communications should be available except in major natural disaster, war-related emergencies, or specific terrorist actions.
 - d. Large-scale emergencies or disasters usually expend communications capabilities and require the activation of emergency communication systems to support response efforts.
 - e. Electronic dissemination systems are subject to loss of power and equipment failure.
 - f. Large scale incidents or disasters require additional resources above and beyond standard resource capabilities.
 - g. Emergency generators are available to provide 72 hours of back-up power in the event of a major power failure. Extended hours of operation are possible with a refueling effort. Refer to the AFD Emergency generator refueling procedures.
 - h. Internet and remote communication systems within the county and city, which are tied together, may continue to function because of dedicated line and microwave abilities, even when most of the public telephone/data network provider is down.
 - i. Citizen band and amateur radio networks are operated by the local Radio Amateur Civil Emergency Services (RACES) and could be utilized to serve as a back up to existing networks in an emergency situation. Refer to RACES member's Bernalillo County call out document.
 - j. Radio and telephone communications may be disrupted by an electromagnetic pulse (EMP) unless appropriate measures are taken.
 - k. The PI dissemination system is highly dependant on local media resources.
 - l. Local entities shall be receptive to State and Federal emergency response agencies.
2. Warning
- a. Additional warnings, such as door-to-door, shall be accomplished per the associated agencies' SOP.
 - b. Law Enforcement agencies shall be responsible for the evacuation of non-complying members of the general public in accordance to the associated SOP.
 - c. Various types of warning systems may be utilized in the event of an emergency/disaster including but not limited to the state microwave radio network, news media via the Emergency Alert System (EAS), National warning System (NAWAS), and amateur radio operators.
 - d. Large areas of the county will not have direct access to an audible warning system and will have to depend on commercial radio or television for warning information.

- e. Albuquerque Police Department and Bernalillo County Sheriff's Department will provide warnings house to house in localized disaster incidents.

III. Concept Of Operations

This section addresses the methods that are used to communicate between the Emergency Operations Center and the incident command personnel.

A. COMMUNICATIONS SYSTEM (See Attachment B for Radio Frequencies)**

1. The EOC shall communicate with field personnel, field command post, Mass Care facilities, and ambulance through proprietary internal radio systems.
2. The designated Public Information Officers (PIOs) shall communicate with Radio/TV stations through an established Multi Agency Critical Communications (MACC) line, and EAS. Refer to PNM MACC Operational and EAS script guides. A Joint Information Center (JIC) shall be established to develop all communications prior to release of the incident information.
3. Hospital shall use the City's proprietary radio system and telephone public network when appropriate.
4. RACES shall communication via the amateur communications networks.
5. Adjacent jurisdictions shall communicate through the City's proprietary radio system pre-configured conventional interfaces (patches).
6. The State EOC shall communicate through the City's proprietary radio system and Public Telephone Network (PTN).
7. Department of Homeland Security (DHS) jurisdictions shall communicate through the City's proprietary radio system pre-configured conventional interfaces (patches). All other Federal agency communications shall be established as they are identified.
8. Private sector organizations shall communicate through the PTN and EAS. The EAS system includes oral and printed text in multiple languages.
9. A prime requirement of all emergency organizations engaged in disaster and emergency operations is the requirement for an effective comprehensive telecommunications with all of involved and potentially involved elements. The magnitude of a particular situation determines the extent of the emergency response and the need for communications. The degree to which and the type of telecommunications systems that are utilized is directly related to the scope of the incident.
10. Primary radio communications system is fully redundant system and self-maintained with City personnel. Dispatch operations use the Bernalillo County Dispatch facility as the secondary. These facilities are self-maintained by City personnel.

11. Each agency is responsible for the operation of their associated equipment. Maintenance of system is the responsibility of the associated maintenance operation.
12. Communications requirements for agencies are addressed in the department's SOP.
13. Rumor control and public inquiries will be handled in the first instance by COA 3-11 (Citizen's Contact Center). They will refer both detailed inquiries and recurring rumors to EOC PIO for response, clarification, or attention through news media and press releases.

B. EPI Organization Activation

1. EPI activation is initiated from the associated dispatch center.
2. Notification is accomplished using internal radio communication systems
3. EPI personnel shall report to scene, command post and JIC.
4. Refer to JIC protocol
5. Existing City and departmental PIO policies govern EPI policies.
6. Designated incident commander shall develop actions and messages for all activities.
7. Authentication of information is the responsibility of the associated agency's PIO and on-scene Incident Commander.
8. On-scene incident commander or designee shall identify a staging area for all media.
9. All inter jurisdictional coordination efforts shall comply with agency policies and procedures.

IV. Organization and Responsibilities

A. Organization

See Attachment 1 for organizational list.

B. Responsibilities

1. Special facilities such as schools, hospitals, nursing homes, and places of public assembly will be notified of emergency situations by telephone.
2. The handicapped, elderly, and non-English speaking persons would be notified through radio and television broadcasts and by door-to-door or block-to-block warning using public address systems on emergency vehicles. All broadcasts will be given in English and repeated in Spanish utilizing bilingual personnel.

3. Where possible, the “crawl” message on the television screen will be used in warning the hearing impaired. Radio and television broadcasts will ask those persons knowing persons who are hearing impaired to make individual contact.
4. Emergency communications capabilities have been established and will be maintained at all times. This will include the manning of communications centers on a twenty-four hour basis, periodically test and exercise the system.
5. Telephone rosters, pagers, and two-way radio communications will be used to notify emergency response agencies and key officials in emergency situations.
6. The National Warning Center may disseminate information regarding peace time disasters, but their main purpose is the dissemination of information regarding war related or terrorist situations.
7. APD Communications Commander or his or her designate and/or the AFD Alarm Captain or his or her designate shall be authorized to approve all communication-related activities. They will refer to APD SOP and AFD SOG documents. Definitions of warning signals are in compliance with the Homeland Security alert status protocols:
 - a. Activate the public warning system to receive and communicate timely warnings to appropriate officials and to the public concerning actual or potential emergency or disaster conditions.
 - b. Provide & maintain primary communications, county and city wide, and for the EOC on a 24-hour basis using all available public and private communications systems.
 - c. Coordinate communications and warnings radio frequencies.
 - d. Activate public warning systems to include Emergency Alert System (EAS).
 - e. Alert/warn the emergency response agencies and public in neighboring jurisdictions.
 - f. Coordinate secondary warnings, if primary warning systems fail to work.
 - g. Use call down rosters to alert emergency responders or provide situation updates.
 - h. Manage the emergency communications section in the EOC.
 - i. Coordinate warning frequencies and procedures with EOC at higher levels of government and with adjacent communities.
 - j. Supervise EOC personnel (radio, telephone and teletype operators, repair crews, runners, etc.).
 - k. Support media center communications operations as needed.
 - l. Ensure the Emergency PIO provides pertinent warning information to the media for distribution to the public.
 - m. Inform local warning receiving and disseminating agencies that the EOC is activated.

C. Notification, Warning, and Communications Protocols.

1. It is the responsibility of the PIO on scene to disseminate warnings to the general public until a JIC is established.
2. Communications responsibilities have been established in the associated agencies SOP and shall continue in accordance to that protocol.
3. Dissemination of emergency information to county, city and school warning points will be triggered by one of the following circumstances:
 - a. Threat or occurrence of a natural or man-made disaster.
 - b. Accidental missile launch
 - c. War-related incident.
 - d. Increased alert readiness
 - e. Attack warning
 - f. All clear signal dissemination.

D. Phases of the Warning System

1. The watch phase occurs when notification is received of a potential emergency or disaster. When notification of a watch phase is received by the EOC, the Bernalillo County Sheriff's Department, the Albuquerque Police Department, and fire departments will be notified by telephone, pager, or radio.
2. The warning phase is when the incident actually occurs. During the Warning Phase, the Emergency Alerting System (EAS) will be activated and mobile siren units will be dispatched to assigned areas throughout the affected area to warn residents. Local radio and television stations will be called to assist in disseminating watches or warnings.

V. Administration and Logistics

Administrative assistance will be coordinated between Bernalillo County Commission, the county clerk, the Mayor of Albuquerque, the Albuquerque City Council, and local government officials of incorporated areas. Logistical support will be provided as needed depending on the scope of the emergency and its requirements.

A. Tasks and Functions.

The involved agencies respective administrative officers and managers shall perform all administrative tasks and functions:

1. The Emergency Operations Manager shall maintain the primary contact list and their successors. Each of the first responding Departments shall maintain the call-in list within their agencies. Reference APD's Call out list; AFD emergency contact list (Telestaff™); and EOC activation plan documents.

2. Adjacent jurisdiction contact lists are established in Mutual Aide Agreements (Automatic Aide) between Albuquerque and the adjacent agencies and KKOB. KKOB is designated by the State of New Mexico as the primary media outlet.
3. The EOC notification system leverages the EAS system. Refer to KKOB coverage maps for area of notification.
4. System tests are conducted on a weekly basis. Failure logs are maintained in the AFD Alarm room and APD control. Failures are reported to the Radio Communications Section for service.

B. General Support

1. General support requirements are established based on incident.
2. Procurement document are maintained in the individual agencies Fiscal and Purchasing Departments.

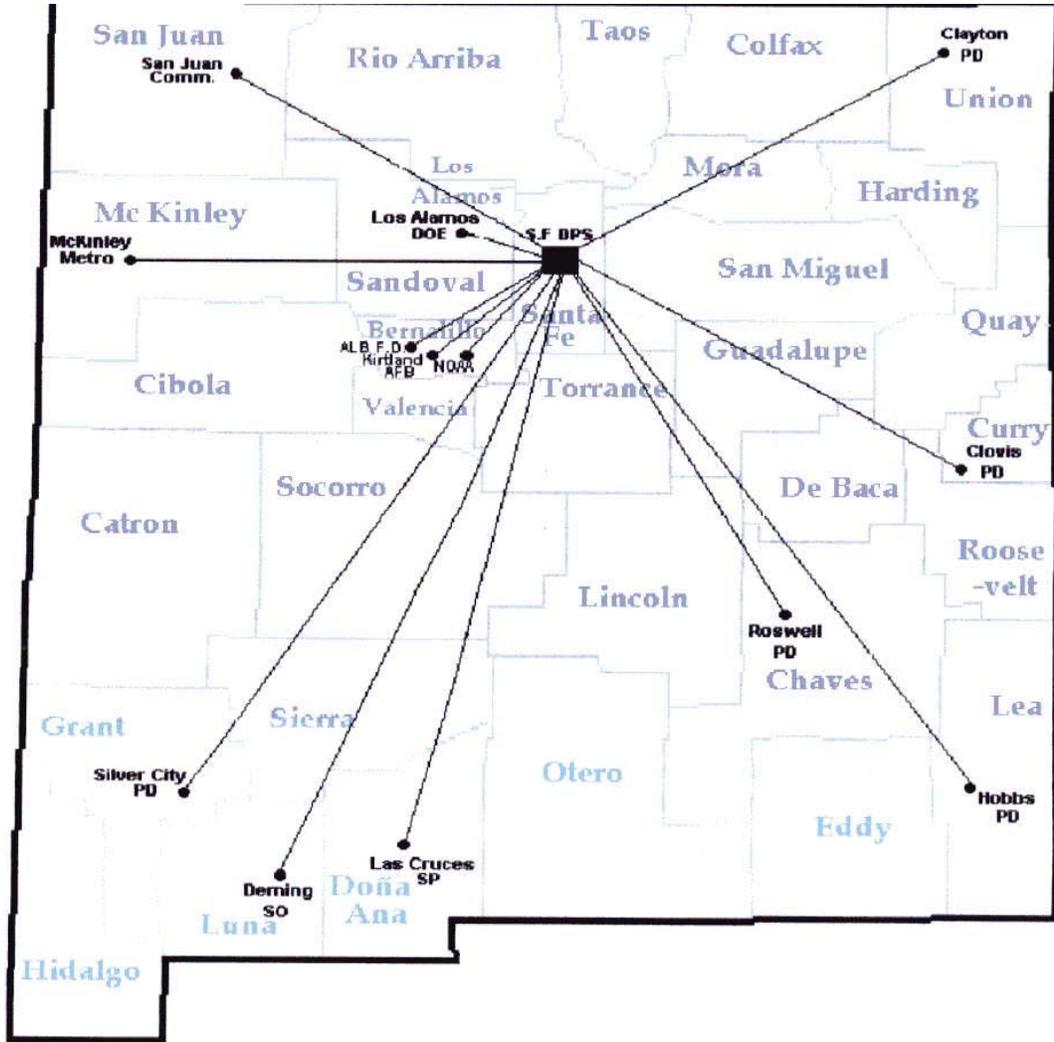
C. Plan Development Maintenance and Distribution

1. This annex will be updated and maintained on a regular basis, but at least annually and changes will be distributed as outlined in the Basic Plan.
2. The Emergency Operations Manager shall ensure that all revisions of the communications annex are current and its appendences are updated.
3. The Emergency Operations Manager is responsible for ensuring that implementation instructions are developed.
4. Agency PIOs are responsible for the development and maintenance of agency and the EOP EPI plan.

D. Authorities & References

N/A

**Annex 2 Communications, Warning & Emergency Alert
Attachment -2
National Warning System (NAWAS)**

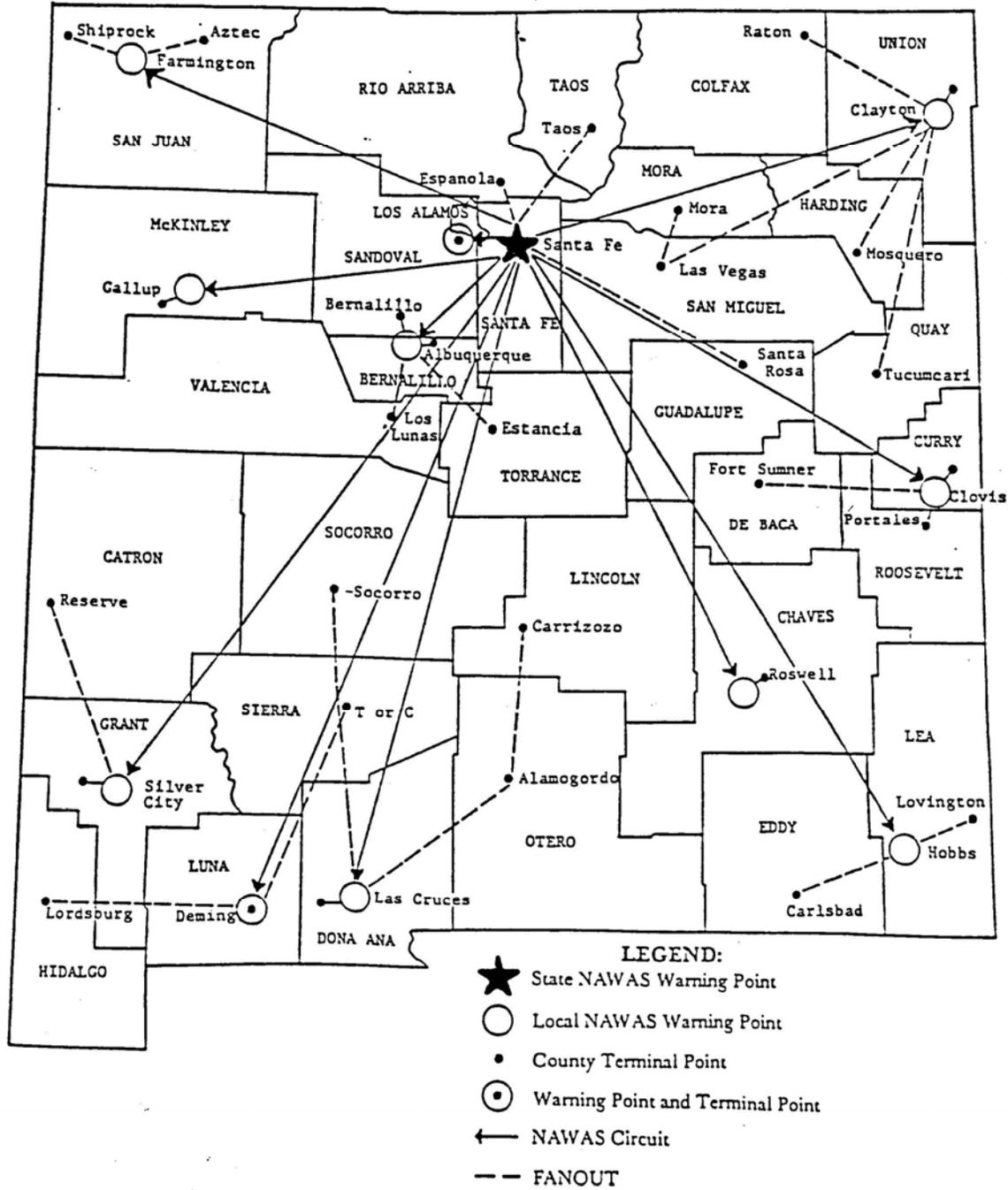


Annex 2 Communications, Warning & Emergency Alert

Attachment 3

State Warning Network

STATE WARNING NETWORK



**Annex 2 Communications, Warning & Emergency Alert
Attachment 4
New Mexico TV stations**

ABC network

Albuquerque: KOAT (Ch. 7)

CBS network

Albuquerque: KROE (Ch. 13)

Roswell: KBIM (Ch. 6)

Fox network

Albuquerque: KASA (Ch. 2)

NBC network

Albuquerque: KOB (Ch. 4)

Farmington: KOBF (Ch. 12)

PBS network

Albuquerque: KNME (Ch. 5)

Las Cruces: KRWG (Ch. 22)

Portales: KENW (Ch. 3)

NOTE: USE THE NEW MEXICO BROADCASTER'S ASSOCIATION MEDIA GUIDE TO GET THE APPROPRIATE PHONE NUMBERS.

**Annex 2 Communications, Warning & Emergency Alert
Attachment -5
Albuquerque Radio Stations**

Albuquerque Radio Stations Guide

FM Radio Stations

88.3 KLYT
89.1 KANW
89.9 KUNM
94 KZRR Rock
93.3 KKOB
94.1 KZRR
96.3 KHFM
97.3 KKSS
98.1 KBAC
101.7 KZKL
102.5 KIOT
103.3 KTBL
104.1 KLSK
107.9 KTEG

AM Radio Stations

770 KKOB

NOTE: USE THE NEW MEXICO BROADCASTER'S ASSOCIATION MEDIA GUIDE TO GET THE APPROPRIATE PHONE NUMBERS.

Annex 2 Communications, Warning & Emergency Alert Attachment -6 Checklist for EOC Coordinator

This checklist is a guide for emergency response coordination of Communications & Warning. This checklist will be collected at the end of the emergency for record-keeping purposes.

Mobilization Phase:

1. Install EOC telephones. Ensure telephone books are available at all stations.
2. Begin a Log of Actions Taken to hand record anything not covered in this checklist.
3. Contact RACES operators for two-way radio support, if needed.
4. Establish two-way radio communications with the Incident Commander.
5. Determine the nature and scope of the disaster or incident by consulting with the EOC Director.
6. Activate the Emergency Alert System (EAS).
7. Issue any public warnings immediately necessary (log time and date of each warning), including any warnings to other jurisdictions.
8. If primary warning systems fail to work, coordinate secondary warnings.
9. Remind all EOC staff to provide situation updates for potential warnings.
10. Report communications status & potential problems and solution options to the EOC Director.
11. Coordinate warning frequencies and procedures with EOCs at higher levels of government and with adjacent communities.
12. Anticipate potential warning needs or problems and begin alerting appropriate warning resources.
13. Notify secretarial/clerical staff to serve in the EOC as messengers during emergencies.

Emergency Action Phase:

14. Check staffing often and if needed personnel are still absent, begin calling successors.
15. If more than one shift of coordinators is needed, prepare a shift schedule and post it.
16. If the scope of the incident is beyond the capabilities of the jurisdiction resources, notify the EOC Director and log time and date.
17. Prepare an oral increased readiness report for the first meeting with the EOC Director.
18. Check the status of emergency power for the EOC.
19. If relocating to the alternate EOC, ensure that all current communications are established and tested at the new location before disconnecting current systems, if possible, especially with field personnel, affected jurisdictions and higher levels of government.

Recovery Phase:

20. Plan communications & warning recovery, reconstitution, mitigation and other long-term actions.
21. Plan for the gradual shut down of emergency communications & warning operations.
22. Prepare communications & warning After Action Report.

**Annex 2 Communications, Warning & Emergency Alert
Attachment -7
Population Warning Agencies Inside the Jurisdiction**

Law Enforcement, Fire & Rescue Agencies

| City/Town | Agency & Contact Person | Phone Number |
|---------------------------------------|------------------------------------|---------------------|
| Bernalillo County | Sheriff's Department | 798-7000 |
| | Fire Department | 798-7014 |
| Village of Los Ranchos de Albuquerque | Sheriff's Department | 798-7000 |
| | Fire Department | 798-7014/345-9148 |
| | Sheriff's Department | 798-7000/281-3877 |
| Village of Tijeras | Fire Department | 798-7014/281-3511 |
| | | |
| City of Albuquerque | Police Department | 833-7398 |
| | Fire Department | 833-7396 |
| Albuquerque District | State Police | 841-9273 |

**Annex 2 Communications, Warning & Emergency Alert
Attachment -8
Radio Frequencies**

The total list of radio frequencies for all public and private agencies is deemed privileged, and is not published in this plan. The list is maintained at the communications centers and at the Emergency Operations Center.

Persons believing that they have a right and need to see that list may apply, in writing to the City Attorney's Office to arrange a viewing.

ALBUQUERQUE EMERGENCY OPERATIONS PLAN

ANNEX 3

ALERT & NOTIFICATION

Primary Responsibility:

Mayor of the City of Albuquerque/President of the City Council
Chief Administrative Officer
Chief Public Safety Officer
Director, Office of Emergency Management

Secondary Responsibility:

Lead Agencies

Office of Emergency Management
Fire
Police

Secondary Agencies

All City Departments and Divisions as directed

I. PURPOSE

To provide an overview of how the City of Albuquerque will activate the Emergency Operations Center (EOC) and notify key personnel of the activation and situation during emergency situations.

A. Objectives:

1. Identify who may initiate an EOC activation and notification;
2. Identify how, once initiated, an EOC activation and notification will occur; and
3. Identify how agencies involved in addressing emergencies occurring in the City of Albuquerque will be involved in an activation and notification;

B. Scope:

The scope of the Alert & Notification Annex documents actions prior to and during activation of the EOC.

II. SITUATION AND ASSUMPTIONS

A. Situation

Alert and notification procedures and responsibilities will be initiated upon the threat or onset of an emergency or disaster event.

The City of Albuquerque (CABQ) is vulnerable to a variety of natural and/or technologically caused disasters or emergency situations.

1. Natural disasters include:

Ice or snow storms, wildfires, lightning strikes, flash/slow rising floods, drought, disease epidemics, earthquake, volcanic eruption, and tornadoes.

2. Technological hazards include:

Fires, explosions, critical resource shortages, dam disasters, civil disturbances, hazardous material incidents accidental or intentionally caused (chemical, biological, or radiological), or other man caused incidents. Citizens or foreign nationals, acting as terrorists, may use such technological hazards as an intended weapon of mass destruction.

B. Planning and Situational Analysis

Dependent upon the nature of the disaster or emergency situation the amount of warning time may vary greatly from no warning, to up to several hours prior to the actual onset of an event. Likewise, the expected degree of damage for a particular incident will vary greatly due to variances such as the actual cause, area of impact, and time of occurrence.

The intent of this annex is to address alert and notification from an all hazards overview, which can be down sized or escalated dependent upon the event.

III. ORGANIZATION AND RESPONSIBILITIES

A. Assignments of Responsibilities

It is the responsibility of the Mayor and Chief Public Safety Officer for the City of Albuquerque or their designee to prepare for the response to emergency or disaster events occurring within the established corporate limits of the City.

Upon the impending threat of an emergency or an actual event occurring, the Mayor of Albuquerque or successor/designee may direct the activation of the EOC and or notification of key city employees that a heightened state of readiness should be in place.

Tasking – Agencies Involved

1. Lead Agencies

The City of Albuquerque (CABQ), Office of Emergency Management is tasked with the responsibility for coordinating all emergency support operations and as such will provide direct coordination and assistance to any activation of the EOC and or subsequent personnel notifications. The EOC, coordinated by the Manager of the Office of Emergency Management (OEM) and assisted by assigned emergency staff,

will provide initial support operations from the primary CABQ EOC location and coordinate the event risk assessment and situational analysis.

The Police and Fire departments will assist in this risk assessment and situational analysis to predict any specific populations at risk including the scope of current or potential damage to City infrastructures and resources

2. Secondary Agencies

Other city agencies, as a situation may dictate, may be directed to assist in the risk assessment and situational analysis to provide event specific expertise.

B. Organization

During an emergency event all entities involved in the City's response will continue to operate under their standing chain of command structure that begins with the Mayor as the Chief Executive Officer, followed by the Chief Administrative Officer and then other Chief Officers, Department Heads, and Division Directors.

The only deviation from this structure applies to those individuals assigned to staff positions at the CABQ EOC, who for the duration of the event will receive their direction from management at the EOC utilizing the National Incident Management System for direction and administrative control.

IV. CONCEPT OF OPERATIONS

A. Command Structure

For the duration of a specific event all elements of the CABQ involved in an incident will operate under a combination of a centralized command and an on-scene control system.

A centralized overall unified command utilizing the NIMS will emanate from CABQ EOC. Command EOC personnel will provide management and policy guidance to response operations, as well as providing critical support and resource assistance to these ongoing operations. This command will support an on-scene incident command operation controlling all operational response activities from a field location.

B. Authorities/Limitations on Personnel

All CABQ entities will conduct their operations under existing policies and standard operating guidelines; nothing in this annex or plan allows deviation from preexisting regulations. The city of Albuquerque has adopted and has trained all public safety personnel in NIMS, and critical incident management.

C. Emergency Response Notification & EOC Activation

The EOC is located at the Communications Center at 11510 Sunset Gardens SW. The EOC may be activated as a result of anticipated or occurring:

1. Natural Disasters,
2. Technological Disasters
3. Terrorist Situations that may also include natural or technological disasters.
4. At the direction of the Mayor or his representative.
5. At the request of the Fire or Police Chief or their representative

Activation may occur on a full scale, limited, or intermittent basis depending on the situation. It can normally activate, at a Level 1 configuration, within one hour.

If the determination is made to activate the EOC procedures will be initiated and followed as specified in the CABQ Chief Public Safety Officer's (CPSO) Policy 1 on EOC Activation. The policy specifies who is authorized to direct the activation of the EOC and levels of resulting notification for relevant CABQ agencies and personnel.

If the decision is made to activate the EOC it will be activated under one of two levels, which are described as follows:

Activated Level 1:

At this level an emergency event is either anticipated or occurring requiring only a routine level of response, but has the potential to escalate. Under this level of activation, following CPSO Policy 1, the following activities may be taking place: actions to brief government officials; call designated staff up for special assignments, review plans, prepare initial information releases to the public, review/update resources lists, and/or test emergency alert systems. A Situational Analysis Team (SAT) will be convened to provide an initial assessment of the situation and make recommendations to the Mayor for further action. The EOC may be activated on a limited or full-time basis with only partial staffing for limited hours. Critical Office of Emergency Management support staff may be notified to report to the EOC or be placed on stand-by.

Activated Level 2:

The EOC is fully activated and staffed to operate for extended hours up to a round the clock operation. The Mayor or designee may declare an emergency and inform the Governor; to facilitate State resource mobilization and equipment readiness if necessary. As required, the State EOC may be also be activated and other agencies at various levels of government may be alerted. Level 2 activation usually takes an additional hour from activation of Level 1.

D. Information Control

Information concerning an emergency event and ongoing EOC activities, which has been designated for public release, will be coordinated solely through the EOC PIO.

V. ADMINISTRATION & LOGISTICS

Required Records

Specific record keeping on Alerts and Notification during an emergency event will be directed by the Emergency Manager

VI. PLAN DEVELOPMENT MAINTENANCE AND DISTRIBUTION

The Director of the Office of Emergency Management will insure that this Alert & Notification Annex is reviewed for currency by the Office of the Mayor, Chief Officers, Department Chiefs and Directors on an annual basis. If the Annex is found to not be current, the OEM Director will provide for drafting appropriate changes and upon review and acceptance update the Annex. The updated Annex will then be appropriately disseminated.

Additionally, a review as described above is required as soon as possible upon a change in the person holding the Mayor's Office.

VII. AUTHORITIES & REFERENCES

This annex was developed under the authority of the Office of the Mayor, City of Albuquerque and supercedes all similar versions to date.

VIII. DEFINITIONS AND TERMS

None Noted

**Annex 3 Alert and Notification
Attachment #1
Emergency Call Out and Notification List**

| |
|----------------------------------|
| SUCCESSORS LIST (EXAMPLE) |
|----------------------------------|

- | Position | Incumbent/Successor |
|--------------------------------|---------------------|
| 1. Chief Public Safety Officer | |
| 2. Security | |
| 3. Chief of Staff | |
| 4. Mayor's Assistant | |

| | | | |
|--|---|--|---|
| Mayor's Office (H) (W) (P) | 1 | Mayor's Office (H) (W) (C) (P) | 2 |
| Mayor's Office (H) (W) (C) (P) | 3 | Mayor's Office (H) (W) (C) (P) | 4 |

ALBUQUERQUE EMERGENCY OPERATIONS PLAN

ANNEX 4

LAW ENFORCEMENT

I. PURPOSE

The purpose of the Law Enforcement Annex is to outline the Albuquerque Police Department's response and approach to emergency operations. It addresses their ability to respond to and provide for an all-hazards capability toward emergency incidents in the City of Albuquerque and adjacent jurisdictions via intergovernmental agreements for mutual and/or automatic aid response. As an all hazards-capable entity, APD's goal is to effectively address all manner of life-safety issues, and to provide for scene stabilization, incident management, and deal with public health consequences of incidents that result from accident or deliberate acts. Additionally the Albuquerque Police Department will act as the lead agency in or assist an otherwise designated lead agency in controlling and processing a crime scene and conducting any criminal investigation that is related to a defined disaster or emergency.

II. SITUATIONS AND ASSUMPTIONS

A. Situation

The Albuquerque Police Department (APD) understands the direct correlation between preparedness and response. The exercise of this experience and expertise provides us with the ability to protect the lives and property of the citizens of the City of Albuquerque. Strategic planning, continuous training by a properly equipped work force, and the routine exercise of response plans are all key components in assuring the Department's ultimate success in the management and control of emergency events.

We establish response readiness through diverse and comprehensive training, assuring that all APD personnel are trained in effective and efficient law enforcement and other situation –specific techniques, and that they have the proper equipment to perform their duties. The department is ready to respond to a variety of emergency situations including, but not limited to:

1. Acts of Terrorism
2. Air Transportation Accidents
3. Hazardous Material Incidents
4. Riots/ Civil disturbances
5. Evacuations
6. Natural Disasters

B. Assumptions

1. There are varying degrees of probability that the emergency situation outlined in the hazards summary will occur, thereby, requiring that the Albuquerque Police Department provide immediate assistance in an effort to save lives and protect property and if required pursue a criminal investigation.
2. The Albuquerque Police Department will maintain a high level of operational readiness for police services to respond to emergencies as they arise in the City and, where possible, to support surrounding jurisdictions.
3. The Albuquerque Police Department Communications Center is the primary communications link for the alert, activation, and deployment and incident management of all responding agencies within the greater Metropolitan area within the City of Albuquerque.
4. The Albuquerque Police Department is adequately staffed and funded to maintain appropriate and proper readiness, assuring compliance with CALEA standards as they relate to equipment and training issues. All department personnel are in compliance with state and local requisite certifications appropriate for their respective assignments.
5. The City's Emergency Operations Center (EOC) represents a key component in the department's ability to support on-scene management of events as they progress from inception to resolution. The EOC will be utilized as necessary to support selected APD operations.

III. CONCEPT OF OPERATIONS

A. Objectives

1. The preservation of life and property
2. The maintenance of peace and order
3. The prevention and detection of criminal activity
4. The apprehension and incarceration of criminals

These objectives will be carried out under the color of the United States and New Mexico State Constitutions, the laws of the State of New Mexico and the ordinances of the City of Albuquerque.

B. General

1. When notified of an emergency situation, the Albuquerque Police Department will respond with incident-specific personnel, equipment, and command apparatus to the emergency site, staging area, or other location in support of the incident.

2. The Albuquerque Police Department will assume the responsibility of organizing, training, and equipping law enforcement personnel with the appropriate tools in response to an emergency.
3. Pre-disaster, emergency response, and recovery plans are based on an “All-hazards approach” to emergency management and are consistent with the Incident Command System (ICS) in practice by the Department.
4. Standard Operating Procedures (SOPs) of the Albuquerque Police Department describes department response to critical incidents.
5. SOPs address the alert, notification, and activation of personnel and are routinely tested and exercised.
6. The Albuquerque Police Department will also address emergency planning, response, and recovery issues by coordinating the use of those resources belonging to private and/or other governmental agencies.

C. Operational Guidance

1. Initial Response

On-duty APD officers may be the first responders at an emergency occurring within their jurisdiction. APD personnel will manage those emergency incidents until resolution, or until control of the event is turned over to others who have the legal authority to assume responsibility.

2. Implementation of ICS

During an activation of the Emergency Operations Center (EOC), representatives from the Albuquerque Police Department will be present for the duration of the activation, working in various capacities within the ICS. The City’s EOC will coordinate the support of resources dealing with the incident. The principal consequence of ICS is to unify command and control, enhance communication and to ensure that all City resources are made available, if required, for the effective resolution of an emergency incident.

3. APD Standard Operation Procedures/ Response to Critical Incidents:

- a. General Orders: EMERGENCY OPERATION PLAN
- b. Field Services Bureau Section 2-1: INCIDENT NOTIFICATION LIST
- c. Procedural Orders Section 2-46: HAZARDOUS MATERIALS INCIDENT RESPONSE

4. Source and Use of Resources

Resources are provided automatically, as response needs escalate to meet demands imposed by the incident, or as assessed by the incident commander.

The Albuquerque Police Department maintains a high level of training for all department personnel that could be used during an emergency. The Albuquerque Police Department also coordinates the use of other City departments, other

government agencies, and private sector organizations to aid in emergency response. Incident management and response strategy and tactics are additionally integrated into the APD Standard Operating Procedures Manual, thereby institutionalizing the capacity to deal with such events.

APD Resource Table

| | Admin. Office Address | Unit | Staff | Capabilities |
|----|----------------------------|--------------------------------|-------|--------------|
| 1 | 5408 2 nd St NW | SWAT | 18 | |
| 2 | 5408 2 nd St NW | K-9 | 7 | |
| 3 | 5408 2 nd St NW | ERT | 60 | |
| 4 | 5408 2 nd St NW | EOD | 7 | |
| 5 | 5408 2 nd St NW | HMU / Seizure Unit | 9 | |
| 6 | 5408 2 nd St NW | Air Support | 6 | |
| 7 | 7520 Corona NE | Traffic | 18 | |
| 8 | 5408 2 nd St NW | DWI / Booking | 9 | |
| 9 | 401 Roma NW | CNT | 10 | |
| 10 | 401 Roma NW | SID | 62 | |
| 11 | 8401 Osuna Rd NE | FSB NE | 91 | |
| 12 | 201 Muriel NE | FSB SE | 102 | |
| 13 | 5408 2 nd St NW | FSB VA | 84 | |
| 14 | 6404 Los Volcanes NW | FSB WS | 90 | |
| 15 | 12800 Lomas NE | FSB FH | 67 | |
| 16 | 401 Roma NW | CID | 75 | |
| 17 | 5410 2 nd St NW | Criminalistics / Evidence Unit | 22 | |
| 18 | 401 Roma NW | School Resource Unit | 31 | |
| 19 | 5412 2 nd St NW | Training and Recruiting | 20 | |
| 20 | 401 Roma NW | Ops Support Unit | 3 | |
| 21 | 401 Roma NW | Public Information Unit | 2 | |

D. Incident Command System

1. Overview

The Albuquerque Police Department is comprised of highly trained professionals that are capable of providing emergency services for incidents occurring within the City’s jurisdictional boundaries, and when possible to adjacent or regional jurisdictions. APD department personnel can be augmented with mutual aid and off-duty personnel as the incident demands.

When notified of an emergency situation, response personnel, equipment, and command apparatus are dispatched to the emergency site, staging area, or other location as appropriate. The APD Communications Center will establish communication links among response personnel and/or the EOC when it is activated. The 800 MHZ radio systems will serve as the primary form of communication.

Computer aided dispatch; landlines and cell phones will serve as the backup or supplementary methods of communications.

2. Command procedures are designed to:
 - a. Fix the responsibility for incident command on a specific individual, depending on the arrival sequence of first responders, line supervisors, special service commanders and command level officers.
 - b. Ensure that a strong, direct, and visible Command is established from the onset of the incident.
 - c. Establish an effective incident organization that defines the activities and responsibilities assigned for the Incident Commander and other individuals operating within the ICS.
 - d. Provide a system to process information in support of incident management, planning, and decision-making processes.
 - e. Provide a system for the orderly transfer of Command to appropriate personnel.
3. Responsibilities of Command

The Incident Commander is responsible for the completion of the tactical objectives. The Tactical Objectives (listed in order of priority) are:

- a. Removal of injured or endangered occupants from the critical area or hot zone.
- b. Containment of the incident and the safe direction of resources to the event.
- c. Providing for the safety, accountability, and welfare of response personnel.
- d. Maintaining competent command from inception to resolution of the incident.

E. ICS/ EOC Interface

The Albuquerque Police Department will support all EOC activities when the EOC has been activated. The APD representatives will coordinate a seamless interface between the IC and the EOC by providing the following:

1. Reliable communications link for resource support of the Incident Command post.
2. Support of the overall incident management strategy.
3. Assisting in the development of an EOC incident action plan.
4. Assignment of appropriate personnel, consistent with pre-emergency plans and Standard Operating Guidelines.
5. Review, evaluate, and revise (as needed) the incident action plan.
6. Resource allocation and the coordination of resources to specific field operations.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. General

The Albuquerque Police Department is responsible for plan development and the deployment of resources to all emergency events occurring within the jurisdictional boundaries of the City.

The Police Chief will oversee all operations and activities of the Police Department and will assure that resources are adequately utilized.

The Field Services Bureau Deputy Chief is charged with staffing five sub-stations, strategically located throughout the City, with on-duty strength of 200 officers during any given shift. The FSB/DCOP will provide support to the Chief of Police. In the event of a large-scale incident, FSB personnel may be activated in an Alpha Bravo format, which could increase on-duty personnel to more than 300 during a given shift. In addition, the bureau also maintains a ready force of highly trained personnel specializing in unique areas of law enforcement. These personnel include, Special Weapons and Tactics (SWAT), Canine Enforcement Unit (K-9), Explosive Ordinance and Disposal Unit (EOD), Emergency Response Team (ERT), Horse Mounted Unit (HMU), DWI Enforcement Unit, Seizure Unit, Traffic Unit and Air Support Unit.

The Criminal Investigations Bureau Deputy Chief is responsible to provide primary investigations support for all emergency incidents, as well as supplemental staffing for critical needs areas. The CIB/DCOP will provide support to the Chief of Police. In the case of a large-scale incident, CIB personnel may be activated in an Alpha Bravo format, which is intended to supplement on-duty resources during a given shift. The bureau maintains a ready force of highly trained personnel specializing in unique areas of law enforcement. These personnel include, Criminal Investigations Section, Special Investigations Unit, Repeat Offender Project, Crisis Negotiator Unit, School Resource Unit, Criminalistics Section and Evidence Unit.

The Support Services Bureau Deputy Chief is responsible to provide administrative services support for all emergency incidents, as well as supplemental staffing for critical needs areas. The SSB/DCOP will provide support to the Chief of Police.

In the case of a large-scale incident, SSB personnel may be activated in an Alpha Bravo format, which is intended to supplement on-duty resources during a given shift. The bureau maintains a ready force of highly trained sworn and non-sworn personnel specializing in field support services. These personnel include Communications, Records Management, Technical Services, Recruiting/Training, Court Services and Internal Affairs.

B. Police Department Scope of Operations

The Albuquerque Police Department provides the community with highly trained and professional law enforcement services including but not limited to, patrol services, traffic enforcement, property protection, and criminal investigations. Other significant efforts afforded by the Department's service protocols include combined force response capabilities to weapons of mass destruction, terrorist incidents, hazardous material spills, civil disobedience, and natural disasters.

As a municipal department, we are publicly funded through an annual budget allocated by the Albuquerque City Council and the City of Albuquerque Mayor's office, and our organizational structure reflects that subsidiary affiliation. The department is committed to providing the highest level of service within the constraints of available funding.

Under the direction of the Police Chief, the Department fulfills its mission through the coordinated effort of three bureaus, each responsible for the overall coordination of unique services. The Field Services Bureau, Criminal Investigations Bureau and Support Services Bureau provide these services. Through these bureaus, we serve a metropolitan area that includes both the City of Albuquerque and portions of Bernalillo County, for a jurisdictional area of more than 182 square miles and an estimated population in excess of 500,000.

Each Bureau administers their respective functions at area command/ section, unit and team levels to ensure an effective chain-of-command and span of control throughout the organization. In order to maintain consistent management protocols that will sustain the continuous drive toward excellence in the department's service delivery, we have implemented an Accountability Driven Management System. The system's basic goals are to facilitate the improvement of the department through accountability of all personnel. As stakeholders in the success of the department, all members of the organization are encouraged to introduce new concepts, and they are equally invited to take part in the decision-making process. Furthermore, all department issues and proposed ideas are analyzed and evaluated through a standardized accountability process.

The Albuquerque Police Department's principal customers are those who populate our established jurisdiction -- encompassing the entire City of Albuquerque, and including mutual-aid agreements with Bernalillo County, State of New Mexico and Federal agencies including, Kirtland Air Force Base. The APD also offers special services response (SWAT, ERT and EOD) throughout the state. Memorandums of Understanding exist between the APD and any county, state, or federal entity requiring cross-jurisdictional services.

The Albuquerque Police Department maintains an initial response time of four minutes or less to all emergency calls (Priority 1) for service. Each response time includes a one-minute threshold from the time from that a call is received at the public safety answering point (PSAP), to the time that an emergency unit is dispatched; the goal for this threshold is 100% reliability.

C. Strategic Level:

The strategic level involves the overall Command of the incident. The Incident Commander is responsible for the overall strategic level of the Command Structure. The operational plan covers all strategic responsibilities, all tactical objectives, and all support activities needed to respond to the incident. The operational plan defines where and when resources will be assigned to control the incident. This plan is the basis for developing a Command organization, assigning all resources, and establishing tactical objectives. The Strategic level responsibilities include:

1. Establishing critical incident protocol
2. Determining the appropriate strategy
3. Establishing overall incident objectives
4. Setting priorities of accomplishment
5. Developing an incident action plan
6. Obtaining and assigning resources
7. Predicting outcomes and planning
8. Assigning specific objectives to tactical level units

APD Standard Operating Procedures

| | |
|---|--|
| General Orders – Emergency Operations Plan, Section II | Activation Procedures |
| General Orders – Emergency Operations Plan, Section III | Command and Control |
| General Orders – Emergency Operations Plan, Section IV | Deployment |
| General Orders – Emergency Operations Plan | Evacuation Appendix |
| Administrative Orders, Section 3-16 | Commanding Officer’s Duties and Responsibilities |
| Administrative Orders, Section 3-17 | Superior Officer’s Duties and Responsibilities |

D. Tactical Level:

The tactical level directs operational activities toward specific objectives. Tactical level officers include Metro-Division Commanders, Area Commanders and others as assigned. Tactical level officers are responsible for specific geographic areas or functions, and supervising assigned personnel. A tactical level assignment comes with the authority to make decisions and assignments, within the boundaries of the overall plan and safety conditions. The accumulated achievements of tactical objectives should accomplish the strategy as outlined in the Incident Action Plan.

E. Task Level:

The task level refers to those activities normally accomplished by first responders or specific personnel. The task level is where the work is actually done. Lieutenants and Sergeants routinely supervise task level activities. The accumulated achievements of task level activities should accomplish tactical objectives consistent with the incident action plan.

APD Standard Operating Procedures

| | |
|--|---|
| General Orders – Emergency Operations Plan, Section VI. A. | Operational Procedures First Responder Guidelines |
| Procedural Orders, Section 2-45 | Use of Canine Unit |
| Procedural Orders, Section 2-46 | Hazardous Materials Incident Response |
| Procedural Orders, Section 2-52 | Use of Force |
| Procedural Orders, Section 2-56 | Responding to Calls |
| FSB SOP, Section 3-18 | Traffic Direction |
| FSB SOP, Section 3-19 | Demonstration Tact Plan |
| FSB SOP, Section 3-20 | Flood Control Channel Action Plan (Code RAFT) |

V. APD Communications Center

The Communications Center is responsible for processing all requests for assistance received through the 911 systems, providing pre-arrival assistance to callers, and dispatching appropriate units. The center is responsible for Police, Fire and EMS notification and configuration recommendations, unit status, incident tracking, and event frequency management. In the event of a large-scale incident, APD COMMUNICATIONS WILL BE RESPONSIBLE FOR NOTIFYING PERSONNEL OF ALPHA BRAVO STATUS AND BRIEFING EXECUTIVE COMMANDERS ON THE STATUS OF EVENTS.

A. Administration and Documentation

The Albuquerque Police Department provides for accountability of its response efforts through a Computer Aided Dispatch System (CADS) and Records Management System (RMS) that tracks details of each emergency incident from its inception through its resolution. The data collection begins with audio recordings and CADS records of calls to the APD Dispatch Center, and continues through the event, detailed on Police incident reports. Most major incidents are followed by after action reports and analysis. This data assists with the critical review of policies, procedures and performance of the APD and its personnel.

B. Interagency Memorandum of Understanding

The Albuquerque Police Department currently maintains MOU’s with the following agencies:

- a. New Mexico Gaming Control Board
- b. Bernalillo County
- c. Bureau of Alcohol, Tobacco, Firearms and Explosives
- d. Region I Drug Enforcement Coordinating Council
- e. New Mexico Department of Health
- f. New Mexico Gang Task Force

- g. New Mexico Department of Corrections
- h. New Mexico State Police
- i. Family and Community Services Department (COA)
- j. Federal Bureau of Investigation
- k. New Mexico Department of Public Safety
- l. Bernalillo County Sheriff's Office
- m. United States Attorney
- n. Drug Enforcement Agency
- o. United States Marshal's Service
- p. Immigration and Naturalization Service
- q. Housing and Urban Development, Office of Inspector General
- r. Bernalillo County District Attorney, 2nd Judicial District
- s. New Mexico National Guard
- t. Albuquerque Police Officer's Association
- u. Local 3022 AFSCME, Council 18, AFL-CIO

C. Plan Development, Maintenance and Distribution

The responsibility for plan development, maintenance and department distribution will lie with the Chief of Police and, or his designee. Each year this plan will be reviewed and updated, if necessary, to meet the dynamic needs of the City environment. When an update is made the former section will be included in an appendix to the original document. This will enable future drafters the advantage of a historical perspective.

D. Authorities and References

The laws and regulations of the City of Albuquerque, State of New Mexico and U.S. Constitution govern the Albuquerque Police Department. Accepted law enforcement standards established by the FBI, CALEA, IACP, FOP, NTOA, and other recognized authorities guide the policies and procedures of the Albuquerque Police Department.

VI. Definitions (See Basic Plan)

Annex 4 Law Enforcement Attachment 1 Guidelines for Assessing Suspicious Letters or Packages

Assessing Credible Threat Related to a Suspicious Letter or Package

The New Mexico Department of Health Office of Epidemiology (NMDOH EPI), Federal Bureau of Investigation (FBI)/Albuquerque Office, New Mexico Department of Public Safety (DPS)/Homeland Security Department, other law enforcement, or fire and hazardous material (HAZMAT) personnel may be asked to assess the credibility of suspicious letters, packages, and other potential threats. The following outline is provided to help assess whether a letter or package represents a credible threat (refer to flowchart at end of this document). *These guidelines refer only to those threats that originate in New Mexico.*

Does the letter or package have EITHER of the following criteria for a CREDIBLE THREAT?

A. Letter or package with an explicit threat (substance need not be present).

OR

B. A letter or package that is suspicious for a bomb or other hazardous material, e.g., ticking, protruding wires or foil, unexplained material leaking from package.

IF YES – FOLLOW THESE STEPS:

A. Have caller contact local police. If the caller is at work, then also have them report the incident to an available supervisor or building security official.

B. Instruct the caller not to handle the package, and to leave the room, close the door, and section off the area to prevent others from entering. If possible, turn off local fans or ventilation units in the room.

C. Regardless of who receives the initial report, the following agencies will be contacted to inform them of the incident:

- | | |
|-------------------------------------|----------|
| 1. Emergency Operations Center | 476-9635 |
| 2. Federal Bureau of Investigations | 224-2000 |
| 3. Office of Epidemiology | 827-0006 |
| 4. Director of Homeland Security | 621-4284 |
| 5. Local law enforcement/Hazmat | |

D. If Laboratory testing is being considered, then credible threat must be determined by FBI and NMDOH EPI.

E. REFER TO APPENDIX 1 FOR ADDITIONAL INSTRUCTIONS

Does the letter or package have material present, whether opened or unopened (e.g., powder spilling)?

Does the letter or package have other suspicious characteristics? For example:

- A. Excessive postage
- B. Handwritten or poorly typed addresses
- C. Incorrect titles
- D. Title but no name
- E. Misspellings of common words
- F. No return address/unknown return address
- G. Excessive weight
- H. Lopsided or uneven envelope
- I. Excessive security materials (e.g., heavily taped)
- J. Visual distractions
- K. Marked with restrictive endorsements (e.g., “Personal” or “Confidential”)

IF YES - THESE ITEMS MAY OR MAY NOT REPRESENT A THREATENING SITUATION. REVIEW THE FOLLOWING CHARACTERISTICS OF THE LETTER OR PACKAGE:

- A. Is there a logical explanation for the letter/package or material?
- B. Is the letter/package “suspicious” because it is unfamiliar?
- C. Is there a return address? Is the return address known to the recipient? Can the recipient contact the return address to confirm that they sent the item? Is the return address a reputable company conducting normal business?

If there is not a logical explanation for the letter or package, have the caller contact local police. Alternatively, the caller may place the item in a plastic bag and discard.

If the letter or package does not contain an observable threat or material, but the recipient is concerned, instruct the recipient to place the letter or package in a plastic bag and discard.

This mail does not need to be reported to local law enforcement, FBI, or NMDOH EPI. FBI will not take possession of the letter or package and testing will not be performed.

RESPONDING TO A SUSPICIOUS LETTER OR PACKAGE

Is there an articulated threat, either explicit or implied?
OR
 Is the item suspicious for a bomb or other hazardous material? [e.g., ticking; protruding wires or foil; unexplained material leaking from the package]

Yes

THIS IS A
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No

Is powder or other foreign material present on or in the mail item?

No

Is the caller concerned because the mail item is unfamiliar to them?

Yes

Recommend that the caller place the item in a plastic bag and discard it.

Yes

Usually, this is **NOT** a credible threat, particularly if the sender is known.

If powder is clearly visible and remains unexplained, THIS MAY BE A CREDIBLE THREAT

Instruct the caller:
Contact the local police. Local police will call HazMat Team, State EOC, Director of Homeland Security, FBI and NMDOH EPI to inform them of the incident.

The caller should try not to handle the package.

- Do not shake or empty the contents of a suspicious letter or package.
- Do not smell, taste, or touch the material.
- Do not try to clean up powders or other material.
- Place the letter or package in a plastic bag or container, or cover it.
- If possible, turn off fans or room ventilation units.
- Have everyone leave the room and close the door, and/or section off the area.
- Anyone who handled the item should wash their hands with soap and water.
- If material has spilled on clothing, remove the clothing, seal it into a plastic bag, and shower with soap and water. Do not use bleach on skin.
- Ask the caller to write down what the item stated or implied that was a threat and the name and phone number of everyone who handled the item or was in the room with the item.
- The item should then be sealed into a bag or other container and placed in sealed leak-proof secondary and tertiary bags or containers. Wet or liquid samples must also be wrapped in absorbent material. Each specimen must be labeled with date, time, submitter and identification of the item and a biohazard sticker.
- NMDOH EPI and FBI must be notified and credible threat determined before any material is sent to NMDOH SLD. NMDOH SLD is **ONLY** activated by FBI or NMDOH EPI for testing Biological and/or Chemical Terrorism (BT/CT) samples **AFTER** credible threat is determined by FBI and NMDOH EPI. A requisition form, and chain of custody form must accompany the item for testing. Requisition forms are available at NMDOH SLD.

**Annex 4 Law Enforcement
Attachment 2
Preliminary Investigation of a Letter or Package Representing a
Credible Threat, Including a Letter or Package with Definite
Material Present**

I. REASSESSMENT OF INCIDENT

Upon notification of an incident, law enforcement dispatchers and responders will conduct an investigation:

- A. To reassess whether there is an explicit or implied threat regarding a chemical, biological, radiological agent/device, or explosive device.
- B. To confirm whether there is material present. If there is material present, the FBI in conjunction with NMDOH EPI, HAZMAT personnel, local and state law enforcement agencies, and/or other field responders will decide whether the item still represents a potential act of terrorism.
 - 1. IF NMDOH EPI and the FBI determine that the material is to be analyzed, representatives from the FBI, local and state law enforcement, and/or local HAZMAT Response Unit will come to the scene to collect the material.
 - 2. NMDOH EPI and FBI must be notified before any material is sent to NMDOH SLD.
 - 3. The material must be appropriately packaged for transport to NMDOH SLD (See section below).

II. TRANSPORTATION OF MATERIAL TO NMDOH SLD

- A. NMDOH SLD is ONLY activated by either FBI or NMDOH EPI for testing of Biological and/or Chemical Terrorism samples after credible threat has been determined by FBI and NMDOH EPI.
- B. The material MUST be appropriately packaged before transporting to NMDOH SLD. The packaging and transporting protocol for delivering materials to NMDOH SLD is outlined in Appendix 2.
- C. FBI, police, or HAZMAT personnel MUST complete the appropriate chain of custody forms when transporting materials for testing.
- D. Material should be transported to NMDOH SLD promptly. Normal hours of operation at NMDOH SLD are 8AM to 5PM, Monday thru Friday. Please make a reasonable attempt to deliver the material during those hours and call ahead for anticipated transport (505-841-2541). If material must be delivered after hours, call the NMDOH EPI on-call epidemiologist (505-827-0006). He/she will coordinate with NMDOH SLD, FBI, police, and/or HAZMAT personnel to have the material delivered.

III. PRELIMINARY MATERIAL TESTING AND REPORTING PROCEDURE

- A. Environmental samples or other specimens will be tested at NMDOH SLD using protocols from the Centers for Disease Control and Prevention (CDC). NMDOH SLD will only accept specimens that they have been instructed to test by NMDOH EPI and the FBI.
- B. NMDOH EPI will coordinate the follow-up of results from materials tested at NMDOH SLD.
 - 1. **ALL TEST RESULTS ARE STRICTLY CONFIDENTIAL AND TEST RESULTS WILL ONLY BE GIVEN OUT THROUGH NMDOH EPI.**
 - 2. NMDOH SLD will only report results to the senior epidemiologist at NMDOH EPI (505-827-0006). NMDOH SLD will **NOT** report results to any other person/agency. All results, both preliminary and final, will be reported to those agencies that need to know by NMDOH EPI. Hard copy of test results will be sent to Public Health Emergency Preparedness Unit, c/o Maggi Gallaher, MD, MPH, Medical Epidemiologist, Emergency Preparedness Unit, Office of Epidemiology, NM Department of Health, 2500 Cerrillos Rd, Santa Fe, 87505-3260.
 - 3. NMDOH EPI will be responsible for contacting other agencies with test results as soon as possible and within 24 hours of receipt of the results from NMDOH SLD. The agencies to be contacted include, but are not limited to:
 - a. FBI, Albuquerque Office
 - b. Secretary, Department of Health
 - c. Public Information Officer, Department of Health
 - d. Secretary, Department of Public Safety
 - e. Director, Office of Homeland Security
 - f. State Emergency Operations Center
 - 4. The State Police or FBI will be responsible for providing the potential victim with information about testing procedures and follow-up. The FBI will notify the potential victim of final test results. If the potential victim has additional questions, he/she may contact the FBI and request that NMDOH EPI call them back.

CONTACT PHONE NUMBERS and EMAIL

| | | |
|--|--------------|-----------------------------|
| New Mexico Department of Health Office of Epidemiology (NMDOH EPI) | 505-827-0006 | mgallaher@doh.state.nm.us |
| New Mexico Scientific Laboratory Division (NMDOH SLD) | 505-841-2541 | |
| New Mexico Dept of Health—Cabinet Secretary Call with <i>positives</i> , email only for negative results | 505-231-2112 | pmontoya@doh.state.nm.us |
| Federal Bureau of Investigation/Albuquerque Office (FBI) | 505-224-2000 | Wshuptrine@fbi.gov |
| New Mexico Department of Public | 505-476-9635 | eocdirector@dps.state.nm.us |

| | |
|---|------------------------------------|
| Safety (DPS) – Cabinet Secretary New Mexico Emergency Operations Center (EOC) | |
| Director, Homeland Security | 505-621-4284 asobel@state.nm.us |

All results will be emailed regardless of whether they are positive or negative. For those with access to DOH Lotusnotes, there is an email group called BT/CT Results for the purpose of emailing these results.

**Annex 4 Law Enforcement
Attachment 3
Packaging and Transporting Suspicious Items**

I. PACKAGING AND TRANSPORTING PROTOCOL

- A. Place the specimen into a leak-proof transparent plastic bag or a leak-proof container with a tight cover that is labeled “biohazard”.
- B. Place this bag/container into a second leak-proof transparent bag or container with a tight cover that is labeled “biohazard”.
- C. Place the second bag/container into a third leak-proof transparent bag or container with a tight cover that is labeled “biohazard”.
- D. Any liquid or wet samples must be wrapped in absorbent material.

II. THE DELIVERY PACKAGE MUST BE LABELED WITH:

- A. Biohazard labels, AND
- B. Date, time, submitter name, and identification of the item being transported.

III. PAPERWORK THAT MUST BE COMPLETED FOR ALL DELIVERY PACKAGES INCLUDES:

- C. Requisition form (should be filled out at NMDOH SLD)
- D. Chain of custody form (should be filled out at NMDOH SLD)

Material should be transported to NMDOH SLD promptly. Normal hours of operation at NMDOH SLD are 8AM to 5PM, Monday thru Friday. Please make a reasonable attempt to deliver the material during those hours and call ahead for anticipated transport (505-841-2541). If material must be delivered after hours, call the NMDOH EPI on-call epidemiologist (505-827-0006). He/she will coordinate with NMDOH SLD, FBI, police, and/or HAZMAT personnel to have the material delivered.

Annex 4 Law Enforcement Attachment 4 Device/Substance Response

I. Initial Actions

An incident involving a bomb threat, suspicious package, or actual device is a law enforcement event that requires an appropriate response from the APD, AFD, DOH-EPI and FBI. APD will initiate as the Incident Commander during such an incident.

An announced biological release will initiate a 911 response. Fire, Hazardous Materials and Police teams will arrive, assess the situation in the field, isolate the area, follow standard hazardous materials operating procedures for management of an exposed population and initiate notification.

The criminal investigation will commence under the direction of the Police Operations Commander and the FBI representative.

II. Detail and Responsibilities

A. Field Operations

Initial response considerations will depend on the size of the release and nature of the agent. For small to medium sized events, these could include the following:

B. Identification of the Hot Zone

AFD will determine the necessity for and extent of an evacuation. APD will assist in evacuations in cooperation with AFD. When first responders reach the scene of a suspected biological agent, they will perform an evaluation to determine the "hot zone" and the potential number of exposed individuals. Based on the nature and location of the event, the Incident Commander, after consulting with the respective Chiefs, will make a decision as to whether or not to evacuate the building/area involved.

C. Rescue and Decontamination of all potentially exposed individuals

1. Decontamination

The goal of decontamination after an exposure to a bioterrorism agent is to reduce the extent of external contamination on patients and contain the contamination to prevent further spread. Decontamination will only be considered in instances of gross contamination where the biological agent is externally adhered to the exposed population. The Albuquerque Fire Department will use standard hazardous materials decontamination procedures developed for mass victims of a chemical weapon of mass destruction release. These procedures rely primarily on the use of soap and water.

2. Evacuation:

Only the AEHD Bio-Disease Management Division staff and AFD are equipped and trained to operate in a contaminated environment. Should there be people that need to be removed from a contaminated venue, it will be directed and carried out by AFD personnel. If mutual aid is needed, it will be requested through the AFD Dispatch Center based on instructions from the Incident Commander.

Unlike a chemical exposure, exposed victims may not need immediate transport to a health care facility. However, if the biological release is announced and/or witnessed, provisions for immediate transportation of the exposed population to care facilities or triage centers must be considered. The possible transportation resources in the City of Albuquerque are highlighted in the Emergency Operation Plan (EOP).

Transportation for the evacuation of non-infectious victims of a biological attack that are in need of bed space outside the metropolitan area will be arranged as called for in Emergency Support Function (ESF)-7. Such an evacuation will likely be done in coordination with local Fire Departments and ambulance services. If necessary, the Mayor may request state assistance to include activation of the National Disaster Medical System (NDMS).

3. Exposure analysis, counseling, and care of exposed individuals:

The NMDOH Office of Epidemiology will identify all potentially exposed individuals, obtain contact information for them and perform appropriate agent-specific follow-up consultations. These victims will be evaluated and will receive counseling with the assistance of AFD assets at the scene.

4. Crowd Control and Protection of Treatment Facilities and Personnel:

The APD is responsible for crowd control in public areas, and based on the situation would manage this responsibility in any disaster including a biological attack. Should large masses of people be involved the Police would use mutual aid to augment and support their capabilities and to cover other concurrent requirements that could not be curtailed or totally scaled back. If these additional resources proved insufficient the Police Chief, or an Assistant Chief acting on behalf of the Chief, would ask the Mayor to request assistance from the state.

Protection of treatment facilities and their personnel is primarily a function for hospital security. If these in-house resources are unable to handle the situation or if public roadway accesses to treatment facilities are being blocked, emergency room or administration personnel from any facility encountering such problems will refer the details to the Control APD.

D. Establishment of a crime scene and initiation of a criminal investigation

1. Microbiological sampling for laboratory identification:

AFD, in cooperation with AEHD Bio-Disease Management Division (BDMD), will use reliable field screening tests to presumptively determine the agent and to define the hot zone. The AFD-BDMD will obtain field samples for laboratory analysis and

these will be transported immediately to the DOH Scientific Laboratory Division. APD will be responsible for determining the mode of transport for this initial sample unless the FBI has primary jurisdiction. In this case, the FBI will control transportation. Depending on the presumptive identification, samples may also be taken to other, more specialized laboratories. The primary confirmatory laboratories are at the Center for Disease Control in Atlanta, Georgia or USAMRIID. Specimen and transport will be coordinated with the AFD, APD, New Mexico State Patrol (NMSP), DOH-EPI, and FBI in order to ensure a proper chain of custody for evidentiary purposes.

Note: Specimens obtained by hospitals or other medical facilities from patients presenting symptoms of suspicious and highly infectious diseases will be transported to DOH laboratories after notification of DOH-EPI. APD and NMSP will coordinate transport operations.

2. Transportation of samples to reference laboratories will be with an accompanying law enforcement officer to maintain the chain of custody.

E. Packaging and Transporting Protocol

Packaging and labeling specimens is the same as for any infectious substance:

- a. If the specimen is a dry powder or paper material, place it in a plastic zip-lock bag, place biohazard label, and follow steps 1-4 (see diagram following).
- b. If the specimen is a clinical specimen, place biohazard label on the specimen receptacle, wrap the receptacle with an absorbent material, and follow steps 1-4 (see diagram following)
 1. Place the bag or specimen receptacle into a leak proof container with a tight cover that is labeled "biohazard."
 2. Place this container into a second leak proof container with a tight cover that is labeled "biohazard." The size of the second container should be no larger than a one-gallon paint can.
- c. For a clinical specimen, an ice pack (not ice) should be placed in the second container to keep the specimen cold
- d. If the specimen is not a clinical specimen, but is paper or powder, the ice pack should be omitted
 1. Place the second container into a third leak proof container with a tight cover that is labeled "biohazard." The third container should be no larger than a five-gallon paint can.
 2. Both containers should meet state and federal regulations for transport of hazardous material, and be properly labeled.

F. Operational Guidelines

These incidents will be treated as a "WMD Incident" (Weapons of Mass Destruction). Life safety (civilian and first responder) is the first priority and the Fire Department will manage this portion of the incident, in a Unified Command with the Police Department. Fire Department and Police Department resources will be coordinated to mitigate and investigate the incident, perhaps with assistance of DOH-EPI.

1. Upon arrival, establish command, give a comprehensive size-up and call for needed resources.
2. Request Albuquerque Police, if they have not been dispatched.
3. Contact a responsible party for the premises.
4. Isolate and deny entry:
 - a. secure and contain the immediate scene
 - b. establish zones (hot, warm, cold)
 - c. conduct evacuation to secure area and separate potentially same spore contaminated patients
 - d. consider shelter in place in large structures
 - e. control building operating systems (HVAC, elevators, fire control panel, etc)
 - f. establish decontamination areas as needed
 - g. request MCI/HazMat Response for multiple patient
 - h. establish and maintain communications links with victims, consider assigning a Firefighter/Officer to this task
 - i. consider the potential for a secondary device

G. Hazmat Units shall provide the following:

1. Detection
2. Decontamination
3. Evidence Collection and Stabilization in conjunction with Law Enforcement
4. Any potentially contaminated evidence gathered at the scene should be triple sealed in airtight containers. The Albuquerque Fire Department HazMat Unit has evidence collection cans for this purpose. Unopened envelopes or packages do not represent a safety hazard if handled properly.
5. Potentially contaminated patients do not need to be quarantined, nor placed on chemoprophylaxis while awaiting laboratory results. The patients need to be

instructed that if they experience symptoms (see agent specific fact sheets) or become symptomatic before laboratory results are available (usually within 48 hours) they should contact Bernalillo County Department of Health at 505-827-0006.

6. Patients with a high probability of contamination should be decontaminated with soap and water.
7. Potentially contaminated personal articles should be double bagged and retained in Police custody awaiting analysis of the substance.
8. All potentially exposed patients should be logged for later contact if needed.

H. Augmentation Activities

1. Hand Held Field Assays

These testing devices are limited; reliable only for ricin and bio-toxins. These testing devices do not possess the wide range of agent identification required for reliable field use. We must rely primarily on lab analysis for agent confirmation. In the field, first responders should approach every suspected biological incident with the assumption it is a biological agent until proven otherwise.

MOBILIZATION MATRIX FOR EMERGENCY RESPONSE

Incident: Arbovirus-West Nile virus, St. Louis and Western Equine encephalitis
Division: Bio-Disease Management(BDM)

BDM Duties: Conduct field investigation based on epidemiological information to determine source of infection, i.e. patient interview, follow-up surveillance, and implement mosquito control measures and community outreach.

Duties of Departmental EOC/EOP Liaison: To coordinate with EOC/EOP, to oversee incident investigation, and assess and develop disease containment strategies with the Lead Coordinator.

Duties of the Lead Coordinator: To evaluate the disease outbreak and the population at risk, to determine the procedures necessary to contain the outbreak (I.e. evaluations, samples), and organize the personnel necessary to perform those tasks.

Duties of Lead Field Operations: Organize and conduct field investigation, control operations, and public education.

Duties of Environmental Health Educator: Media resource and coordination

| Name | Position | Admin. Role | ER Role | Phone |
|------------------|--|--------------------|----------------|---|
| Kent Newton* | EHD Associate Director Environmental Health | Z | | 768-2626, 250-2703 |
| Rudy Bueno, Jr. | Supervisor/ Public Health Entomologist | X | | 873-6613x223, 250-2567 |
| Jeff Sheyka | Environmental Health Scientist | O | | 873-6613x221,251-3626(p) |
| Joseph Targhetta | Environmental Health Specialist | S | 1,2,3 | 764-1159, 250-4984 873-6613x227, 380-2273(p) |
| David Gallegos | Environmental Health Technician | S | 1,2 | 873-6613x226, 401-4216 |
| James Gonzalez** | Environmental Health Technician | S | 1,2 | |
| Vacant | | | | |
| Vacant | Environmental Health Educator | S | | |

Z=Departmental EOC/EOP Liaison

X =Lead Coordinator

O=Lead Field Operations

S=Support staff

Emergency response role:

1=Responder to biodisease/haz mat incident

2=Site worker for biodisease/haz mat incident

3=Confined space entrance

*In the absence of Rudy Bueno, Kent Newton will assume the role of lead coordinator.

**Bernalillo County Environmental Health staff

Equipment Available:

Respirators: Positive Air Protection Respirators (PAPR's); Advantage and 3M 7800S Full and Half Face.

Filters: HEPA, organic vapor filters, and GME P100(99.97%filter efficiency level) effective against all particulate filters aerosols)

Certification: OSHA Incident Response, Hazardous Waste Operations, Confined Space.

NM Public Health Applicators License 7B, 8; Respirator Training (Risk Mgmt.)

- Consulting Agencies:
1. Centers for Disease Control, Ft. Collins, CO 970-221-6400
Contact: Dr. Roger Nasci
 2. NM Department of Health, Office of Epidemiology 827-0279
Contact: Dr. Paul Ettestad
 3. NM Scientific Laboratory Division 841-2541
Contact: Dr. Pascale Leonard
 4. Bernalillo County Environmental Health
Contact: Christine Suozzi, Ph.D.

ALBUQUERQUE EMERGENCY OPERATIONS PLAN

ANNEX 5

FIRE AND RESCUE

I. PURPOSE

The purpose of the Fire and Rescue Annex is to outline the Albuquerque Fire Department approach to emergency operations. It addresses our ability to respond to and provide for an all-hazards capability toward emergency incidents in the City of Albuquerque – and to adjacent jurisdictions through intergovernmental agreements for mutual and/or automatic aid response. As an all-hazards-capable entity, our goal is to effectively address all manner of life safety issues, and to provide for scene stabilization, incident management, and to deal with public health consequences of incidents that result from accidental or deliberate acts.

II. SITUATIONS AND ASSUMPTIONS

A. Situation

The Albuquerque Fire Department understands the direct correlation between preparedness and response. The exercise of this experience and expertise provides us with the ability to protect the lives and property of the citizens of Albuquerque. Strategic planning, continuous training by a properly equipped workforce, and the routine exercise of response plans are all key components in assuring the Department's ultimate success in the management and control of emergency events.

We establish response readiness through diverse and comprehensive training, assuring that all AFD personnel are trained in effective and efficient firefighting, rescue, and other situation-specific techniques, and that they have the proper equipment to do their jobs. The department is ready to respond to a variety of emergency occurrences including, but not limited to:

Hazard Summary

| |
|--|
| Natural Disasters – Floods – Tornados - Hurricanes – Structural Collapse |
| Man Made Disasters – Fires (structural/wildland) - Aircraft Accidents - Explosions |
| Acts of Terrorism - WMD (chemical, biological, explosive, radiological, nuclear) |
| Civil Disturbance – Riots – Demonstrations |
| Hazardous Materials Incidents |
| Heavy Technical / Specialized Rescue |
| Medical Emergencies |

B. Assumptions

1. There are varying degrees of probability that the emergency situations outlined in the hazard summary will occur, thereby requiring that the Albuquerque Fire Department provide immediate assistance in an effort to save lives and protect property through the response and recovery phases of an event.
2. The Albuquerque Fire Department will maintain and support emergency ready service resources to respond to emergencies as they arise in the City and surrounding jurisdictions.
3. The City's Emergency Operations Center (EOC) represents a key component in the Fire Department's ability to support on-scene management of events as they progress from inception to resolution.
4. The Albuquerque Fire Department will be adequately funded to maintain appropriate and proper readiness, assuring compliance with NFPA standards as they relate to staffing, training, and equipment issues. All uniformed personnel will maintain compliance with local, state, or national requisite certifications and/or licensure appropriate to their respective responsibilities.
5. The Albuquerque Fire Department dispatch center is the primary communications link relating to the alert, activation, deployment, and incident management of all responding agencies within the Albuquerque metropolitan area.
6. The Albuquerque Fire Department will use the National Incident Management System (NIMS), a standardized emergency management system -- developed by the Department of Homeland Security -- for organizing personnel and equipment resources, while responding to emergencies at the site of an incident and to manage the EOC.

III. CONCEPT OF OPERATIONS

A. Objectives

Our basic tactical priorities are as follows:

1. Rescue: Those activities required to protect occupants, remove those who are threatened, and to treat the injured.
2. Incident Command: Those activities required to stop the forward progress of the incident hazard and to stabilize the scene.
3. Loss control: Those activities required to stop or reduce primary or secondary loss to property and the negative psychological and emotional impact of the event on the all personnel.

As necessary these activities will be conducted in collaboration with and augmented by additional local, state, and federal authorities.

B. General

1. When notified of an emergency situation, the Albuquerque Fire Department will respond with incident-specific personnel, equipment, and apparatus to the emergency site, staging area, or other location in support of the incident.

2. The Albuquerque Fire Department has assumed the responsibility of organizing, training, and equipping personnel with the appropriate tools in response to an emergency.
3. Pre-disaster, emergency response, and recovery plans are based on an all-hazards approach to emergency management.
4. Standard operating guidelines describe how emergency tasks will be performed.
5. Alert, notification, and activation procedures are in place and are routinely tested and exercised.
6. We maximize our emergency planning, response, and recovery capabilities by coordinating the use of those resources belonging to private and/or other governmental agencies.
7. Coordinated efforts with hospitals and other public health organizations ensure that all medical operations are thoroughly integrated.

C. Operational Guidance

1. Initial Response

Fire Service responders are frontline on-duty personnel who respond to most emergencies arising within their jurisdiction. AFD personnel manage emergency incidents until they are resolved, or until control of the event is turned over to others who have the legal authority to assume responsibility.

2. Implementation of NIMS

During an activation of the EOC, representatives from the Albuquerque Fire Department will be present for the duration of the activation, working in various capacities within the NIMS structure. The City's Emergency Operations Center will coordinate support of resources dealing with the incident. The principal intent of NIMS is to unify command and control, and to ensure that all City resources are available for the effective resolution of an emergency incident.

AFD Standard Operation Guidelines

| Incident Command System | Reference Date |
|-----------------------------------|----------------|
| 301.01 Command Procedures | 06/01 |
| 301.02 Command Structure | 06/01 |
| 301.03 Expanding the Organization | 06/01 |
| 301.04 Unified Command | 06/01 |
| 302.01 Personnel Accountability | 06/01 |
| 303.01 Command Procedures | 06/01 |
| 304.01 Sectors | 06/01 |

3. Source and Use of Resources

Resources are provided automatically, as the response needs escalate to meet the demands imposed by the incident, or as assessed by the incident commander.

A distinction of the Albuquerque Fire Department lies in the fact that building response capacity into the NIMS requires a wide-scale and broad scope of training

efforts covering the majority of Albuquerque Fire Department (AFD) employees, as well as employees of other City departments, other government agencies, and private sector organizations -- such as hospital personnel and ambulance transport personnel. Incident management and response strategy and tactics are additionally integrated into the AFD Standard Operating Guides, thereby institutionalizing the capacity to deal with such events.

Fire Station Resource Table

| Station | Address | Area served | Staff | Apparatus |
|---------|------------------------|---------------------|-------|-----------------|
| 1 | 724 Silver SW | Downtown | 33 | E, R, L |
| 2 | 301 High SE | Huning Highlands | 14 | E |
| 3 | 141 Girard NE | University | 28 | E, R, L, HT |
| 4 | 301 McKnight NW | North Valley | 43 | E, R, L, HZ, BC |
| 5 | 123 Dallas NE | Mid-Heights | 20 | E, R |
| 6 | 623 Griegos NW | North Valley | 20 | E, R |
| 7 | 116 47th NW | Southwest Mesa | 20 | E, R |
| 8 | 1400 Indian View PL NE | Foothills | 17 | E, BC |
| 9 | 9601 Menaul NE | Mid-Heights | 21 | E, R |
| 10 | 2841 Rio Grande NW | North Valley | 14 | E |
| 11 | 5401 Southern SE | Southeast Heights | 22 | E, R |
| 12 | 201 Muriel NE | East Gateway | 20 | E, R |
| 13 | 4901 Prospect NE | Mid-Heights | 38 | E, R, L, HZ, BC |
| 14 | 9801 Eucariz SW | West Gate / SW Mesa | 20 | E, R |
| 15 | 6600 Academy NE | North Albuquerque | 30 | E, R, L |
| 16 | 4727 Juan Tabo NE | Northeast Heights | 20 | E, R |
| 17 | 3630 Yucca NW | West Side | 32 | E, R, BC |
| 18 | 6100 Taylor Ranch NW | Taylor Ranch | 20 | E,R |
| 19 | 3520 San Andres NE | Mid-Heights | 20 | E, R, BC, Q |
| 20 | 7520 Corona NE | North Albuquerque | 15 | E |
| 21 | 7500 Coors ByPass NW | Cottonwood | 15 | E, L |
| 27 | 10005 Lyons NW | Paradise Hills | 23 | E, R |
| 29 | 501 Bear Canyon | North Albuquerque | 23 | E, R |

Apparatus Legend: E = Fire Engine/Pumper
R=Rescue Unit
L=Ladder Truck
HZ=HazMat Response Unit
HT=Heavy Technical Rescue Truck
BC=Battalion Commander
Q=Paramedic Quality Improvement Officer

D. Incident Command System

The Albuquerque Fire Department is comprised of a technically trained cadre of professionals that are capable of providing an all-hazards emergency response to incidents occurring within the City’s jurisdictional boundaries, and when possible to

adjacent or regional jurisdictions. AFD department personnel can be augmented with mutual aid and off-duty personnel if an incident demands.

When notified of an emergency situation, response personnel, equipment, and apparatus are dispatched to the emergency site, staging area, or other location as appropriate. The City's dispatch center will establish communication links among response personnel and/or the EOC when it is activated. Radio will serve as the primary form of communication. Telephones and ham radio will serve as the backup methods. Command procedures are designed to:

1. Fix responsibility for command on a specific individual through a standard identification system, depending on the arrival sequence of members, companies, and command officers.
2. Ensure that a strong, direct, and visible Command will be established from the onset of the incident.
3. Establish an effective incident organization that defines the activities and responsibilities assigned to the Incident Commander and to other individuals operating within the NIMS.
4. Provide a system to process information in support of incident management, planning, and decision-making processes.
5. Provide a system for the orderly transfer of Command to subsequently arriving officers.

Responsibilities of Command

The Incident Commander is responsible for the completion of tactical objectives. Tactical Objectives (listed in order of priority) are:

1. Removal of endangered occupants and treatment of the injured.
2. Stabilization of the incident and providing for life safety.
3. Providing for the safety, accountability, and welfare of response personnel.
4. Conservation of property.

E. NIMS/ EOC Interface

The Albuquerque Fire Department will support all EOC activities when the EOC has been activated. The AFD representatives at the EOC are responsible for:

1. Providing a reliable communications link for resource support of the Incident Command post.
2. Support of the overall incident management strategy.
3. Development of an EOC incident action plan.
4. Assignment of appropriate personnel, consistent with pre-emergency plans and Standard Operating Guidelines.
5. Review, evaluation, and revision (as needed) of the incident action plan.
6. Resource allocation and the coordination of resources to specific field operations.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. General

The Albuquerque Fire Department is responsible for plan development and the deployment of resources to all emergency events occurring within the jurisdictional boundaries of the City.

The Fire Chief or his designee will oversee all operations and activities of the Fire Department and will assure that resources are adequately utilized.

The Fire and Rescue (Operations) Division is charged with staffing twenty-two fire stations, strategically located throughout the City, with an on-duty strength of 144 firefighters. Firefighters in the Operations Division are assigned to 22 engine companies, 18 rescue companies, 5 ladders companies, and 2 hazardous materials response units. They are line managed by four Battalion Commanders. The Operations Division is divided into four fire districts; area commanders are assigned to each district to assure that effective chain-of-command and span-of-control is maintained.

AFD responds to an area of 162 square miles and a population of 496,000. The surrounding metropolitan population is in excess of 625,000.

The Albuquerque Fire Department's principal customers are those who populate our established jurisdiction -- encompassing the entire City of Albuquerque, and including mutual-aid agreements with Bernalillo County and Kirtland Air Force Base, and the extended hazardous materials response area within a fifty mile radius of the city. Additional memoranda of understanding exist with the University of New Mexico, the U.S. Department of Energy, and Sandia National Laboratories. We are also emergency responders to the Albuquerque International Airport

B. Reinforced Response

A reinforced response will be initiated when the on-scene Incident Commander determines that the initial response resources are insufficient to deal with the size or complexity of the incident.

C. Strategic Level:

The strategic level involves overall Command of the incident. The Incident Commander is responsible for the overall strategic level of the Command Structure. The action plan covers all strategic responsibilities, all tactical objectives, and all support activities needed to respond to the incident. The action plan defines where and

when resources will be assigned to control the incident. This plan is the basis for developing a Command organization, assigning all resources, and establishing tactical objectives. The Strategic level responsibilities include:

1. Offensive, Defensive, or Rescue in Progress
2. Determining the appropriate strategy
3. Establishing overall incident objectives
4. Setting priorities
5. Develop an incident action plan
6. Obtaining and assigning resources
7. Predicting outcomes and planning
8. Assigning specific objectives to tactical level units

AFD Standard Operating Guidelines

| Field Operations | Reference Date |
|--------------------------------------|----------------|
| 101.01 Standard Operations | 06/01 |
| Tactical Priorities | 06/01 |
| Level 1 and II Staging | 06/01 |
| Rescue | 06/01 |
| Fire Control | 06/01 |
| Salvage | 06/01 |
| Overhaul | Under revision |
| Support Activities | 06/01 |
| Roof Sector | 06/01 |
| Positive Pressure Ventilation | 06/01 |
| Water Supply & Fire Steam Management | 06/01 |
| Rapid Intervention Team | Under revision |
| Lost Trapped Firefighters | 06/01 |
| May Day Communications | 06/01 |
| Apparatus Placement | 06/01 |
| Rehabilitation Sector | 06/01 |
| Staging Sector | 06/01 |
| Protective Clothing | 06/01 |
| Loss Control | 06/01 |
| Post Incident Review | 06/01 |
| Fire Cause and Determination | 06/01 |
| Communication | 06/01 |
| Attack Teams | 06/01 |

D. Tactical Level:

The tactical level directs operational activities toward specific objectives. Tactical level officers include Branch Directors and Sector Officers who are in charge of Sector resources. Tactical level officers are responsible for specific geographic areas or functions, and supervising assigned personnel. A tactical level assignment comes

with the authority to make decisions and assignments, within the boundaries of the overall plan and safety conditions. The accumulated achievements of tactical objectives should accomplish the strategy as outlined in the Incident Action Plan.

E. Task Level:

The task level refers to those activities normally accomplished by individual companies or specific personnel. The task level is where the work is actually done. Task level activities are routinely supervised by Company Officers. The accumulated achievements of task level activities should accomplish tactical Objectives.

AFD Standard Operating Guidelines

| Tactical Operation | Reference Date |
|--------------------------------|----------------|
| 201.01 Car Fires | 6/01 |
| 202.01 Aircraft Fires | 6/01 |
| 203.01 Tire Fires | 6/01 |
| 204.01 Violent Scene Responses | 6/01 |
| 205.01 Civil Disturbances | 6/01 |
| 206.01 Power Saws | 6/01 |
| 207.01 SCBA Procedures | 6/01 |
| 208.01 Thermal Imaging Camera | 6/01 |
| High/rise Fire Attack | 6/01 |
| Strip Mall Fire Attack | Under revision |
| Residential Fire Attack | 8/03 |
| Commercial Fire Attack | 8/03 |
| Apartment Complex Fire Attack | 8/03 |

F. AFD Dispatch Center

The dispatch center is responsible for processing all requests for assistance received through the 911 system, providing pre-arrival assistance to callers, and dispatching appropriate units. The center is responsible for fire and EMS configuration recommendations, unit status, incident tracking, and event frequency management.

AFD Dispatch is staffed by nationally certified emergency medical dispatchers

G. The Albuquerque Fire Academy supports every AFD division and program by conducting professional training for all department personnel. The Albuquerque Fire Prevention Bureau (FPB) is responsible for the development, enforcement, and administration of Albuquerque Fire Code ordinance in all commercial building and /or remodel of existing buildings. The FPB is also responsible to the citizens by providing professional arson investigations and the subsequent adjudication and prosecution of those suspected of crimes of arson.

V. ADMINISTRATION & LOGISTICS

- A. The Albuquerque Fire Department provides for accountability of its response efforts through a records management system that tracks details of each emergency incident from its inception through its resolution.

- B. Inter-agency memoranda of understanding (MOU) and inter-governmental agreements – specific to automatic and/or mutual aid – exist or are pending with numerous adjacent jurisdictions, and include:
 - 1. Bernalillo County Fire Department
 - 2. Bernalillo County Detention Center
 - 3. Town of Bernalillo
 - 4. U.S. Department of Energy
 - 5. Town of Edgewood
 - 6. Isleta Tribal Government
 - 7. Kirtland Air Force Base Fire Department
 - 8. Local Emergency Planning Committee
 - 9. Village of Los Lunas
 - 10. Village of Los Ranchos
 - 11. Lovelace Hospital
 - 12. New Mexico Energy, Minerals and Natural Resources Department
 - 13. Expo New Mexico
 - 14. Presbyterian Hospital
 - 15. Rio Grande Valley State Park
 - 16. Pueblo of Sandia
 - 17. Santa Ana Tribal Government
 - 18. Sandia National Laboratories
 - 19. Torrance County Government
 - 20. University of New Mexico Hospital
 - 21. U.S. Department of Veterans Affairs; NM VA Medical Center
 - 22. Village of Corrales
 - 23. Village of Tijeras

VI. PLAN DEVELOPMENT MAINTENANCE & DISTRIBUTION

This plan was developed through the cooperative efforts of all AFD Divisions and Sections. Maintenance of the plan will be directed by the Office of Emergency Management Director, through appropriate AFD representatives as designated by the Fire Chief.

VII. AUTHORITIES & REFERENCES

Quality service is sustained through the maintenance -- by all fire personnel -- of licensure, certification, and training mandated by, and in compliance with, state and national

standards for fire fighting, basic and advanced life support emergency medical service, heavy technical rescue, hazardous materials control, and other emergency responses. Applicable standards are determined by: AFD EMS protocols; the State of New Mexico Fire Academy; the Bernalillo County Medical Control Board; the Occupational Safety and Health Administration (OSHA); and the National Fire Protection Association (NFPA).

VIII. DEFINITIONS & TERMS. See Basic Plan

Annex 5 Fire and Rescue

Appendix 1

Wild Land Interface

I. PURPOSE

The purpose of the Wildland Interface Annex is to outline the Albuquerque Fire Department's (AFD) approach to emergency operations involving fires in open space, Bosque, or in areas that constitute urban/wildland interface areas. It addresses our ability to respond to and provide for an all-hazards capability toward emergency incidents in the City of Albuquerque – and to adjacent jurisdictions through intergovernmental agreements for mutual and/or automatic aid response, as well as to assist State and federal agencies as required under the New Mexico Resource Mobilization plan. Our goal is to effectively address all manner of life safety issues, to provide for scene stabilization and incident management, and to deal with public health consequences of incidents that result from accidental or deliberate acts.

II. SITUATIONS AND ASSUMPTIONS

A. Situation

We fully understand the direct correlation between preparedness and response. The routine exercise of this experience and expertise provides us with the ability to fulfill our mission of protecting lives and property within our jurisdiction. Continuing strategic planning, sustained training regimens, an appropriately equipped workforce, and the routine exercise of response plans are all key components in assuring our ultimate success in the management and control of emergency events.

We establish response readiness through diverse and comprehensive training, assuring that all AFD personnel are trained in effective and efficient firefighting, rescue, and other situation-specific techniques, and that they have the proper equipment to do their jobs. Established procedures enable us to deploy equipment and personnel resources as primary responders to all jurisdictional wildland firefighting incidents.

All uniformed AFD personnel are either certified, or will be certified, to qualified standards specific to NFPA 1051 standards, and to those established by the National Wildfire Coordinating Group (NWCG).

B. Assumptions

1. There are varying degrees of probability that the wildfires will occur within the City of Albuquerque open space areas. Any brush or wildfire that consumes an area larger than one acre demands a significant measure of command and support resources to manage and mitigate the event. In such cases, the AFD will be charged with providing an immediate response to the event; however, depending on the

scope of the event, the effort may require additional resources from external government agencies.

2. The AFD will maintain emergency ready resources (personnel, apparatus, and equipment) to respond to emergencies as they arise in the City and, when necessary, to support surrounding jurisdictions.
3. The City's Emergency Operations Center (EOC) represents a key component in our ability to support on-scene management of events as they progress from inception to resolution.
4. AFD will continue to be adequately funded to maintain appropriate and proper readiness, assuring compliance with the NFPA 1051 standard and those issued by the National Wildfire Coordinating Group (S-130, S-190, and S-131) and as they relate to staffing, training, fitness, and equipment issues. All uniformed personnel are in compliance with requisite certifications appropriate to their respective responsibilities.
5. The AFD dispatch center is the primary communications link relating to the alert, activation, deployment, and incident management of all responding agencies within the Albuquerque metropolitan area. During events involving the interface of AFD resources with other jurisdictions and/or responding agencies, the AFD dispatch center will remain the primary communications entity.
6. The AFD will continue to use the National Incident Management System (NIMS) for organizing personnel and equipment resources, while addressing emergencies on-scene, and to manage the EOC.

III. CONCEPT OF OPERATIONS

A. Objectives

During wildland firefighting operations, the basic tactical priorities are:

1. Life Safety: The activities required to protect people, remove those who are threatened, or treat the injured.
2. Incident Stabilization: The activities required to stop the forward progress of the hazard and to stabilize the event.
3. Property Conservation: The activities required to stop or reduce primary or secondary loss to property.

B. General

1. Upon notification of a wildfire event, the AFD will respond with incident-specific personnel, equipment, and apparatus to the emergency site, staging area, or other location in support of the incident.
2. Pre-disaster, emergency response, and recovery plans are in place, and are based on an all-hazards approach to emergency management.

3. AFD Standard Operating Guidelines (SOG) describes how emergency tasks will be performed. SOGs are routinely practiced during both exercise and actual scenarios.
4. Alert, notification, and activation procedures are in place and are routinely tested and exercised.
5. We address emergency planning, response, and recovery issues by coordinating the use of those resources belonging to private and/or other governmental agencies.
6. Coordinated efforts with local public health and law enforcement organizations ensure that all pertinent operations are thoroughly integrated with AFD responses to wildfire events.

C. Operational Guidance

1. Initial Response

The initial AFD response to any wildfire event is determined by the reported or presumed size of the event. Most brush or wildland dispatches within our jurisdiction consist of those that are smaller in scale, requiring a single engine company response. These are coded by the AFD dispatch center as Level 1 wildland responses.

D. Additional Response

If, upon arrival and size-up, the initially responding unit determines that additional equipment and/or personnel are required, the incident will be upgraded to a Level 2 wildland response. The dispatch center will deploy a task force response from the closest wildland station, along with a brush unit and a Battalion Commander.

The elevation of a Level 2 to a Level 3 response is determined by a number of key factors including available fuel loads, weather, topography, potential exposures (inhabited occupancies), and span-of-control. The designation will be determined by the on-scene Incident Commander (IC). The IC can, at his discretion, request the activation of the Emergency Operations Center (EOC) to provide resource management and logistical or other support for the event.

All wildland events within our jurisdiction will be managed by AFD until they are been resolved, or until control of the event is turned over to others who have legal authority to assume responsibility.

E. Implementation of NIMS

During an activation of the EOC, representatives from the AFD will be present for the duration of the activation, working in various capacities within the EOC. The EOC will coordinate the support of resources dealing with the incident. The principal consequence of NIMS is to unify command and control, improve communications among various involved entities and to ensure that all City resources are made available if they are required for the effective resolution of an emergency incident.

AFD SOG for ICS

| Incident Command System | Reference Date |
|-----------------------------------|----------------|
| 301.01 Command Procedures | 06/01 |
| 301.02 Command Structure | 06/01 |
| 301.03 Expanding the Organization | 06/01 |
| 301.04 Unified Command | 06/01 |
| 302.01 Personnel Accountability | 06/01 |
| 303.01 Command Procedures | 06/01 |
| 304.01 Sectors | 06/01 |

F. Source and Use of Resources

Resources are provided automatically, as the response needs escalate to meet demands imposed by the incident, or as assessed by the on-scene IC.

The broad scale of AFD wildland capability relies on existence of a competent and skilled workforce, trained to work within an effective operational scope. It also ensures that building response capacity into the NIMS is readily accomplished. The AFD task force response concept allows for specifically trained and equipped personnel assigned to – and responding from --the same physical location to ensure the prompt and efficient deployment of resources to an event.

The interface of AFD resources with those of other City departments, other government agencies, and private sector organizations -- such as hospital personnel and ambulance transport personnel are addressed in incident management guidelines, as well as response strategy protocols and operational tactics. They are all integrated into the AFD SOGs, thereby institutionalizing the overall our capability to deal with expanding wildfire events.

G. AFD Wildland Resources

All AFD frontline units are equipped with a minimum of wildfire-specific equipment and PPE to act as initial responders to any wildfire incident. Apparatus as wildland task force stations are equipped with additional equipment, and these stations house specific supplementary wildland firefighting apparatus. The task force stations are strategically and geographically located to provide rapid response, size-up, and initial resources within their respective districts.

Wildland Taskforce Stations

| Station | Address | Area served | Additional Apparatus |
|---------|--------------------|-------------------|----------------------------|
| 1 | 724 Silver SW | Downtown | brush truck, trailer, mule |
| 10 | 2841 Rio Grande NW | North Valley | brush truck |
| 12 | 201 Muriel NE | East Gateway | brush truck |
| 27 | 10005 Lyons NW | Northwest Mesa | brush truck, water tender |
| 29 | 501 Bear Canyon NW | North Albuquerque | Type two engine |

H. Incident Command

The Albuquerque Fire Department is comprised of a technically trained cadre of professionals that is capable of providing an all-hazards emergency response to incidents occurring within the City's jurisdictional boundaries, and when possible to adjacent or regional jurisdictions. AFD department personnel can be augmented with mutual aid and off-duty personnel as the incident demands.

When notified of an emergency situation, response personnel, equipment, and apparatus are dispatched to the emergency site, staging area, or other location as appropriate. The City's communications center will establish communication links among response personnel and/or with the EOC when it is activated. Radio will serve as the primary form of communication. Telephones and ham radio will serve as backup methods. Command procedures are designed to:

1. Fix the responsibility for command on a specific individual through a standard identification system, depending on the arrival sequence of members, companies, and command officers.
2. Ensure that a strong, direct, and visible command structure be established from the onset of the event, and remain intact through the mitigation of the event.
3. Establish an effective incident organization that defines the activities and responsibilities assigned to the Incident Commander and to other individuals operating within the ICS.
4. Provide a system to process information in support of incident management, planning, and decision-making processes.
5. Provide a system for the orderly transfer of Command to subsequently arriving personnel.

I. IC/ EOC Interface

The AFD will support all EOC activities when the EOC is activated. The AFD representatives at the EOC are responsible for:

1. Providing a reliable communications link for resource support of the on-scene IC.
2. Supporting the overall incident management strategy.
3. Developing an EOC incident action plan.
4. Assigning appropriate personnel, consistent with pre-emergency plans and SOGs.
5. Resource allocation and the coordination of resources to specific field operations.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. General

- a. The AFD is responsible for SOG development and the deployment of resources to all wildfire events occurring within the jurisdictional boundaries of the City.
- b. The Fire Chief will oversee all operations and activities of the Fire Department and will assure that resources are adequately utilized.
- c. The Fire and Rescue (Operations) Division is charged with providing personnel, equipment, and apparatus resources to emergency events.
- d. The AFD Logistics group is responsible for ensuring that supplementary or replacement resources are available for operational personnel and relief.

2. Strategic Level:

The IC is responsible for the overall strategic level of the command structure. The action plan covers all strategic responsibilities, all tactical objectives, and the support activities needed to respond to the incident. The action plan defines where and when resources will be assigned to control the incident. This plan is the basis for developing a Command organization, assigning all resources, and establishing tactical objectives. The Strategic level responsibilities include:

- a. Establishing a command post and geographic operational divisions. The command post will be set up in an area that is safe and where it will not need to be moved should the fire change direction. All supporting elements will be set up in close proximity to the command post.
- b. Determining an appropriate strategy
- c. Establishing overall incident objectives
- d. Setting priorities
- e. Develop an incident action plan
- f. Obtaining and assigning resources
- g. Predicting outcomes and planning
- h. Assigning specific objectives to tactical level units

AFD Standard Operating Guidelines

| Field Operations | Reference Date |
|------------------------------|----------------|
| 214.01 Wildland Firefighting | |

3. Tactical Level:

The tactical level directs operational activities toward specific objectives. Tactical level officers include Branch Directors and Sector Officers who are in charge of Sector resources. Tactical level officers are responsible for specific geographic areas or functions, and supervising assigned personnel. A tactical level assignment comes with the authority to make decisions and assignments, within the boundaries of the overall plan and safety conditions. The accumulated achievements of tactical objectives should accomplish the strategy as outlined in the Incident Action Plan.

4. Task Level:

The task level refers to those activities normally accomplished by individual companies or specific personnel. The task level is where the work is actually done. Task level activities are routinely supervised by Company Officers. The accumulated achievements of task level activities should accomplish tactical Objectives.

5. AFD Communications Center

The communications center is responsible for processing all requests for assistance received through the 911 system, providing pre-arrival assistance to callers, and dispatching appropriate units. The center is responsible for fire and EMS configuration recommendations, unit status, incident tracking, and event frequency management. During a Wildland Level 3 event, the dispatch center will assign dispatch personnel specifically to the event. The event dispatchers will work from either the EOC dispatch center or from the AFD command post. They will continue to be the primary emergency communications link for all radio traffic during the event.

V. ADMINISTRATION & LOGISTICS

- A. The Albuquerque Fire Department maintains compliance with all applicable standards, qualifications, and certifications as they pertain to wildland and wildland/urban interface incidents, including those established by the NFPA and the NWCG.
- B. Inter-agency memoranda of understanding (MOU) and inter-governmental agreements – specific to automatic and/or mutual aid – exist or are pending with numerous adjacent jurisdictions, and include an agreement with the State of New Mexico to provide assistance and resources in support of the 2003 New Mexico Resource Mobilization Plan.

VI. PLAN DEVELOPMENT MAINTENANCE & DISTRIBUTION

This plan was developed through the cooperative efforts of all AFD Divisions and Sections. Maintenance of the plan will be directed by the Director of the EOC, through appropriate AFD representatives as designated by the Fire Chief.

VII. AUTHORITIES & REFERENCES

Quality service is sustained through the maintenance -- by all fire personnel -- of licensure, certification, and training mandated by, and in compliance with, state and national standards for fire fighting, basic and advanced life support emergency medical service, heavy technical rescue, hazardous materials control, and other emergency responses. AFD EMS protocols; the State of New Mexico Fire Academy; the Bernalillo County Medical Control Board; the Occupational Safety and Health Administration (OSHA); and the National Fire Protection Association (NFPA) determine applicable standards.

VIII. DEFINITIONS & TERMS: See Basic Plan

Annex 5 Fire and Rescue

Appendix 2

Detection and Identification of Weapon Material or Agent

I. Agent Detection and Identification

The Albuquerque Fire Department Hazmat Unit, as well as other fire department HazMat teams with which the City has mutual or automatic aid agreements, will be equipped and have the responsibility to detect and identify NBC agents at the scene and will send a sample of an unknown agent to the State Health Laboratory at the University of New Mexico Health Sciences Center for further analysis. Agent identification at the scene is supported by a representative of the Poison Control Center at the University of New Mexico Health Sciences Center located either in the EOC or on scene.

Because each agent (nuclear, biological and chemical) has unique characteristics, detection and identification procedures will be specific to the threat. The first indications of an incident involving NBC agents may originate from many sources including responders at the scene, descriptions of the event from bystanders and victims, information obtained by a dispatcher, or a warning issued by those responsible for the NBC release.

In the case of scenes, each particular agent has its own unique signature and consequences.

1. General warning signs or indicators include:
2. Explosions that disperse or dispense liquids, mists or gas
3. Explosions that seem to only destroy a package or bomb device
4. Unscheduled and unusual dissemination of aerosol sprays
5. Abandoned spray devices
6. Numerous dead animals, fish or birds
7. Mass casualties without obvious trauma
8. Patient surge on the EMS system or medical community with common symptoms

For non-scene or “silent” releases, first indications may come from EMS call patterns, hospital personnel, the medical community at large, or the public health surveillance systems operated by New Mexico Department of Health. In non-scene events, agent identification would be undertaken by the State Health Laboratory and the Regional Poison Control Center at the University of New Mexico Health Sciences Center, MMRS personnel, if deployed, or the U.S. Centers for Disease Control and Prevention.

II. Nuclear Material/Device Identification

All nuclear or radiological incidents will be treated as a HazMat situation.

Meters to measure levels of radioactivity will be used to identify the source of contamination and designate zones of operation (Hot, Warm and Cold).

Meters and dosimeters will be used to monitor personnel. Once determination is made that the incident is a terrorist event involving nuclear materials, the HazMat Unit commander or EOC (when activated) will request the State to deploy special teams to assist in defining the extent of contamination.

Current AFD Hazmat equipment includes alpha, beta and gamma detectors and pocket dosimeters.

Ninety miles north of Albuquerque, the Los Alamos National Laboratory, U. S. Department of Energy, has a special HAZMAT Team on call in its Hazardous Materials Response division that is available to assist Albuquerque MMRS and other New Mexico communities with radiological response expertise through a memo of understanding with the New Mexico State Police.

III. Biological Agents Identification

If an area or facility has been identified as a source for biological contamination, the HazMat Unit will use biological agent detection tickets as the first indicator to determine the presence of a biological agent.

HazMat Units will collect samples of any suspected biological agent and transfer it to the New Mexico State Laboratory (who may forward the samples to the U.S. Centers for Disease Control and Prevention, as appropriate) for further testing and identification.

IV. Chemical Agent Identification

All chemical incidents will be treated as a Hazmat situation. Hazardous materials responders will determine the presence of chemical agents and identify them using victim symptoms and the latest equipment for detecting chemical liquids and vapors. Such equipment may include military-type detection paper and tape, detection kits and remote detectors and analyzers. Current Identification and monitoring equipment includes M-8 and M-9 paper, Saw Minicad MKII detector, APD 2000 detector, M256A1 detector kits, Draeger Detection tubes, RKI Eagle Quad-Gas Detector, and Ludlum radiation detection equipment. The HazMat Unit will collect samples of any suspected chemical agent and send it to the New Mexico State Laboratory.

In all cases where a chemical WMD is suspected, every available chemical detection device will be used for secondary and tertiary confirmation of suspected chemicals.

V. Extrication

In an NBC incident where victims are trapped, extrication, high angle rescue, trench rescue, or other technical rescue may be required. Extrication is conducted by the ICS **Rescue Sector** at the scene, assisted by other AFD special units. If special equipment or skills are

needed to achieve rescue, a national Urban Search and Rescue team based in the Albuquerque Fire Department is available.

All victims who are contaminated or suspected to be contaminated will be handled by personnel in appropriate PPE. Hot zone rescues will be accomplished only with appropriate PPE.

VI. Treatment/Antidote Administration

Treatment areas will be established in the cold zone. Except as indicated above where the scene is too unstable or volatile to support a treatment sector, initial treatment will take place at the scene. When the treatment sector must be located away from the scene for safety, Incident Command will establish a location (potential treatment areas may be located outside hospitals or at a central treatment area). Treatment administered will be guided by agent identification and consultation with on-scene medical or EOC Health and Medical Support Function personnel. Agent characteristics and treatment protocols for selected NBC agents are kept in the EOC, at the nine major receiving hospitals, and the AFD Hazmat response unit. Medical treatment will address supportive needs of patients.

Antidote administration will be initiated or continued as appropriate. Care for other injuries (sustained in explosions, fires, falls or other events related to the incident) will be administered. Particular attention is reserved for airway/respiratory and cardiovascular support. Triage tags will be used to record medical treatments administered.

VII. Decontamination at the Scene

The HazMat Unit will establish technical and emergency decontamination procedures for victims and first responders.

In an NBC incident, to the extent possible, decontamination will be tailored to the agent identified. Decontamination will be a priority. If appropriate, emergency decontamination or preparations for decontamination may be begun by fire units on scene, in advance of the arrival of HazMat units. In general, decontamination will be managed by the **Decontamination Sector of the Hazmat Unit**. However, when an NBC agent is suspected or known and rapid decontamination is appropriate, arriving **Ladder Companies** will initiate emergency decontamination immediately and continue while Hazmat units set up technical decontamination lines.

In cases where the agent is identified and **antidote administration timing is critical**, antidotes may be administered prior to emergency decontamination (during extrication or while victims await decontamination). Antidote administration also may be continued during emergency decontamination, as well as other appropriate medical treatment, if urgent. Without regard to the timing of administration, antidotes and quantity administered will be recorded on the triage tag once a tag is assigned the patient.

In conducting mass emergency decontaminations, it is probable that all victims will be treated using the same procedure and solutions. If some patients receive different procedures or different solutions, triage personnel at the scene will note the precise decontamination solutions and procedures used on individual patient triage tags.

The goal of the MMRS is to ensure that all **patients from the scene will be decontaminated before being transported**. This will reduce the probability that victims will contaminate either transportation vehicles or medical facilities. If the number of victims is large enough to require rapid or incomplete emergency decontamination as a means of saving lives, then anticipated needed decontamination will be either indicated on the triage tag or the receiving medical facilities will be directly informed of patient needs.

The bulk of individuals to be decontaminated will be victims of the incident. Should **first responders** become contaminated for any reason, including a breach of PPE, **their decontamination will become a priority**. Rescue of first responders will be handled by appropriately protected HazMat personnel or by the entry crew backup team, in keeping with the ICS. All rescuers will be decontaminated based upon probable contamination and exposure. **Deceased victims** will be decontaminated by Fire Department personnel, trained in stripping and decontaminating bodies, before the State **Office of Medical Investigations** assumes control of the body. Decontamination of deceased will be initiated only after all other living victims have been decontaminated. Victims identified as deceased in the **hot zone** will be left in the hot zone until decontamination. When victims are identified as deceased by triage personnel in the warm zone or prior to decontamination, the hot zone will be redefined or expanded to include the fatalities where they lay. This procedure minimizes potential agent spread through movement and avoids problems of decontaminating places where the deceased laid. Victims who expire after decontamination (in the cold zone) will be held for the State **Office of Medical Investigations**.

ALBUQUERQUE EMERGENCY OPERATIONS PLAN

ANNEX 6

HEALTH AND MEDICAL

I. PURPOSE

The Health and Medical Annex establishes an all-hazards strategy for managing the health and medical consequences of any emergency event occurring within the City of Albuquerque. The goal is to effectively provide a coordinated response for medical care and treatment for the ill and injured, as well as to address and mitigate life and safety issues, incident management, chemical or biological agent identification, scene stabilization, patient treatment, patient transport, and the distribution of supplies and pharmaceuticals that result from accidental or deliberate acts. When necessary, and if resources allow, we will assist in addressing these issues in adjacent jurisdictions.

II. SITUATION AND ASSUMPTIONS

A. Situation

As a major metropolitan area, the City of Albuquerque is exposed to many possible hazards, many of which have the potential a catastrophic event resulting from natural, technological, national security hazards which would stress emergency medical services and for cause health and medical problems in the City and the surrounding communities. The development of a viable plan and the coordination of available resources are essential components in the successful response to medical and health issues that may arise in the metropolitan area.

The existing Albuquerque Health and Medical Response system includes alert and activation procedures, as well as with existing response and hospital capabilities. The system is coordinated through the activation of the Incident Command System (ICS) and the utilization of the City's Emergency Operations Center.

This Annex directs the emergency Health and Medical operational response to emergencies including, but is not limited to, the following:

Hazard Summary for Medical Emergencies

| |
|--|
| Weapons of Mass Destruction (WMD) related or accidental chemical exposures |
| WMD related or naturally occurring Infectious disease outbreaks |
| WMD related or accidental radiological or nuclear exposures |
| WMD related or accidental mass trauma incidents |
| Food – Air – Water Contamination |
| Hazardous Materials Incidents |
| Infrastructure failures or threats and other related impacts |

Most of the response options outlined in this annex assume an incident that occurs or begins at a specific site or sites at which the ill and injured are given initial treatment and are transported to medical facilities for additional care. The duration of such incidents is presumed to be relatively short, usually 24 hours or less. Most responses to emergencies will involve conventional and well understood procedures and will be carried out using existing routines by traditional first responders: police, fire, and emergency medical services. The involved facilities are presumed to be conventional as well: hospitals, primary care clinics (See Attachment 1), and other emergency facilities.

The annex also mentions but does not develop in great detail those incidents that occur at many sites at once, affect the whole community at one time, or are of such intensity or duration that persons needing treatment may converge on treatment facilities from many points, on their own without transport, transported by volunteers, without initial treatment or screening, possibly for a considerable period of time. The duration of such incidents is presumed to be relatively long term lasting longer than 25 hours and in some cases of public health emergencies up to months. Responses to such incidents may range from the conventional to the unconventional and may not be well understood and likely will be carried out by many different health care providers and other actors: doctors, nurses, emergency services personnel, pharmacists, public health personnel, volunteers, or clergy. The involved facilities are presumed to range from the conventional to the unconventional too: hospitals, primary care clinics (See Attachment 2), schools, neighborhood centers.

B. Assumptions

1. A Health or Medical Emergency can occur as 1) an obvious, immediate event with corresponding victims and casualties, or 2) a slowly progressing or unapparent event that degrades healthcare services over a period of days or weeks.
2. An emergency resulting in multiple casualties beyond normal limits from any cause will stress the metropolitan health care system and likely result in degradation of response and treatment capabilities and capacities.
3. This annex applies primarily to large-scale emergency and disaster events that would cause sufficient casualties and/or fatalities to overwhelm local medical, health, and mortuary services capabilities. Any such event would require the full coordination and efficient use of these resources.
4. The Albuquerque Emergency Operations Center (EOC) will be the point of contact for coordination among and support for all hospitals and other medical facilities during any incident. The Health and Medical and Mass Care ESFs will be staffed by the City Environmental Health Department.
5. The city/county area has the largest concentration of health care resources in the State of New Mexico. This includes practitioners in most specialty areas.
6. There are nine acute-care hospitals currently located in the Albuquerque/Bernalillo County. There is a designated Trauma Center in Albuquerque that is part of the

state's trauma system. Urgent care and other facilities (See Attachment 2) located in the metropolitan area can conduct patient triage, and can act as temporary clearing stations or treatment centers prior to the transportation of individuals to more adequate medical facilities during or following a disaster.

7. During a disaster, available staff will augment all the major area hospitals in order to concentrate resources and personnel on the two most critical areas of public concern – Medical Care and Control of Disease spread. In the event of an emergency, unemployed, retired, or partially employed persons who possess medical experience may be called upon to augment regular personnel at the acute-care hospitals. In 2002, the NM Legislature enacted Sections 12-10-11 through 13, NMSA 1978 re: NMDOH and the New Mexico Department of Public Safety approval of in-state and out-of-state licensees to act on behalf of the State during a declared emergency.
8. During a disaster hospitals may experience a critical shortage of trained medical staff that could be mitigated by volunteers. However, volunteer health care providers need to be managed to ensure an orderly augmentation of personnel resources.
9. Mutual aid agreements -- among area regional medical, health, and mortuary services -- will provide for the mutual use of resources during the disaster situation. This includes a standing agreement among area hospitals for receipt of patients evacuated from other facilities (See Attachment 3).
10. It may be necessary to relocate hospital facilities under extraordinary conditions to contingency field hospitals, or to permanent or temporary buildings that will provide patients and medical staff adequate protection from the effects of the disaster.
11. Consumable medical supplies are available through local hospitals and the numerous pharmacies in the city and county. Normally, the hospitals have a two to three day stock of medical supplies on hand that can be used during a disaster. They need re-supply after this time.
12. In the event that a gross relocation of the Albuquerque/Bernalillo County area is required, an adequate amount of all pharmaceuticals and medical supplies must be transported to the various relocation sites.
13. Certain disaster situations may immediately exhaust on-hand supplies or require specific supplies that are not on hand. In these cases, it is presumed that other state or federal resources will be available.
14. Hospital personnel availability and transportation may affect hospital readiness. During an emergency, sustainability of surge capacity may affect hospital readiness and the continuity of facility management.
15. The local hazardous materials response units have the capability to identify the presence of some chemical, radiological, or biological agents. Some local hospitals have the capacity to detect the presence of chemical, radiological, or biological agents through the precautionary screening or decontamination of any patients prior to treatment. The Scientific Laboratory Division of the New Mexico Department of

Health has the capability to confirm the presence of chemical, radiological, or biological agents and in time can identify many specific agents. Commercial reference labs and the CDC will provide backup capability for identification of unusual substances.

16. Water runoff that results from a hospital's decontamination of victims who may have been contaminated with a radiological agent will be contained according to the hospital's Hazardous Materials and Waste Management Plan.
17. Local EMS transportation resources may not be able to meet the needs of a large-scale event or other emergency incident. They may be degraded or exhausted quickly and other resources may need to be requested from the state or other authorities or through mutual aid agreements. If a need arises for a complex mix of transportation resources coordination and further contact will occur through the CABQ EOC.
18. The local fire, police, and emergency transport have interoperable radio communications. Other jurisdictions may not have radio communication facility with local authorities. Assignment of radio frequencies and communication patching will be handled by the City EOC.
19. The Public Health Division, District 1 Office of the New Mexico Department of Health located in Albuquerque serves the seven counties: Bernalillo, Sandoval, Los Lunas, Valencia, Torrance, Cibola, McKinley, and San Juan. This resource is available for appropriate local response.
20. The Medical Investigator assigned to the County from the State Medical Investigator's Office coordinates coroner and mortuary service.

III. CONCEPT OF OPERATIONS

A. Objective

The primary Health and Medical tactical priorities are as follows:

1. The coordination of health and medical care and EMS support during emergency situations.
2. The identification of weapons, materials or agents.
3. The coordination of the collection, identification, and disposition of deceased victims.
4. The inspection of food and water supplies to ensure public safety.

B. General

1. The first component of an enhanced HazMat response capability will involve the New Mexico State Police. New Mexico law requires an Emergency Response Officer (ERO) from the State Police to act as Incident Commander for any Hazardous Materials Incident, either Level 2 or 3. Although the ERO will bring no immediate response resources to the scene, the immediate response by Albuquerque's Fire, Police, and Environmental Health Departments provide the ERO with any resources necessary to deal with a Health and Medical Incident.
2. The City of Albuquerque Office of Emergency Management (OEM) maintains liaison with the State Emergency Operations Center (State EOC), of the New Mexico Department of Public Safety Office of Emergency Management. During a large-scale Health and Medical incident the Albuquerque EOC would contact the State EOC. Depending on the level of the activation, the State EOC brings together representatives of principal municipalities in New Mexico, various state and federal agencies and the NM National Guard.
3. The State Office of the Medical Investigator (OMI) coordinates activity related to the handling of the deceased, both on-scene and at hospitals. An OMI representative can coordinate the deployment of a temporary mortuary, and can assure the proper collection of criminal evidence from the deceased. OMI would also coordinate with federal Disaster Mortuary Operations Response Teams (DMORT) (See Attachment 4).
4. The Poison/Toxicology representative from the Poison Control Center at the University of New Mexico Health Sciences Center provides medical toxicological research to support the agent identification process for the Hazardous Material Team, and advises the Decontamination and Treatment Sectors on antidote administration and patient treatment in the field. This representative also advises hospitals regarding decontamination and treatment. The Poison/Toxicology representative draws on expertise from the Poison Center at UNM for support in information dissemination, population risk assessment, tracking the clinical course of patients, and a computerized database for clinical effects of Hazardous Material emergencies.
5. The New Mexico Department of Health (NMDOH) representative to the State EOC serves as the point of contact with State DOH resources from the State Office of Epidemiology, Office of Health Emergency Management Bureau, Behavioral Health Services, and the Scientific Laboratory Division.
6. In the case of suspected biologic agents, the Scientific Laboratory Division (SLD) of the New Mexico Department of Health will identify the suspected agent. SLD may request assistance from the Centers for Disease Control and Prevention and other laboratories.
7. Responsibility for overall public health resides with the New Mexico Department of Health (NMDOH), which operates public health offices in all regions of New Mexico -- including Albuquerque. NMDOH can provide epidemiological and other public health guidance related to biological/bioterrorism incidents. In most

circumstances, this will be done in collaboration with the City of Albuquerque Environmental Health Department (AEHD).

8. Following an Emergency Declaration from the New Mexico Governor's Office. The NMDOH is empowered under the New Mexico Public Health Act to involuntarily detain persons infected with a threatening communicable disease prior to the declaration of a public health emergency. If the Governor issues an Executive Order declaring a public health emergency under the NM Public Health Emergency Response Act, NMDOH can involuntarily isolate or quarantine individuals infected with or exposed to a threatening communicable disease. NMDOH is also prepared to provide mass prophylaxis and immunization. In addition, under the NM Public Health Response Act, the NMDOH can "utilize, secure, or evacuate health care facilities" or "inspect, regulate or ration health care supplies

C. Operational Guidance

1. Initial Response.

The basic first response capability is the Incident Command System, wherein all first-responder personnel have training in incident awareness and recognition. This component of first-response capability, exists for all personnel on all shifts, and is the basis from which the Incident Command System will be built. For this deployment, the front line in recognizing a potential incident is the trained dispatcher. If there is no sense of a threat at dispatch, then the Responding Agency Officer first on-scene surveys signs and symptoms that may indicate the need for activation and begins the process of building the ICS and alerting the nine acute-care area hospitals via EMSsystem® capable of receiving patients both from the scene and those who self-admit or walk-in. If the situation is considered an emergency, a command post may be set up and determination made whether to activate the EOC will be made by the City's Emergency Manager acting on notification from the Incident Commander.

2. Implementation of ICS.

The Incident Command System (ICS) and the City Emergency Operations Center (EOC) are each critical components of the Albuquerque Health and Medical Annex. The EOC will contact Health and Medical personnel who represent specialized skills and resources relevant to incidents. This capability is employed as it becomes needed in an incident. To allow for the timely notification of Health and Medical personnel (and their alternates) relevant to the initial situation assessment, a current call down list is maintained in the AFD dispatch center. The EOC maintains a more detailed list of Health and Medical personnel resources.

D. Incident Command System

Command and Control is accomplished through the Incident Command System (ICS) and the City Emergency Operations Center (EOC). This unified system coordinates the nine major area hospitals capable of receiving contaminated walk-in victims of an incident. Unlike a traditional, separate "strike force," the Health and Medical Annex is a

capability built within the Albuquerque Incident Command System (which includes the EOC). A principle consequence of ICS is to unify command and control and to make all resources of the City potentially available for every incident. Resources are provided automatically, as the response escalates to meet the demands imposed by the incident, as assessed by the Incident Commander. Another distinction of the Albuquerque Health and Medical Annex lies in the fact that building a response capability into the ICS requires a broad training effort that includes the majority of Albuquerque Fire Department (AFD) employees, as well as employees of other City departments, other government agencies, and private sector organizations such as hospital personnel. Furthermore, incident management, response strategy, and tactics will be integrated into the AFD Standard Operating Procedures, thereby institutionalizing the capacity to deal with such events.

The Albuquerque Health and Medical Annex will use the Incident Command System (ICS), a standardized emergency management system developed by the National Interagency Fire Center for organizing and responding to emergencies at the site of an emergency. The Albuquerque EOC also incorporates ICS within its organization.

E. ICS and EOC Interface

The structure of the EOC is characterized by a group of personnel with special expertise who report to the EOC and expand the Health and Medical Support Function. This group represents not only health and medical personnel, but may include representatives from area hospitals, poison control (toxicology), the Office of the Medical Investigator, the University of New Mexico Health Sciences Center, the New Mexico Department of Health (providing epidemiological, EMS, behavioral health services, State Laboratory expertise), and liaisons from the New Mexico National Guard and the National Disaster Medical System. These personnel resources are available on a "call up" basis. A phone tree listing of personnel from each department (with alternates listed three-deep) is maintained at the Albuquerque Fire Department (AFD) dispatch center. As described above, Health and Medical members are represented in the EOC, but may also be deployed to the scene, if appropriate. When the EOC is activated and Health and Medical personnel are needed at the scene, additional personnel will be called up to ensure that each agency maintains a representative at the EOC.

Health and Medical personnel may be activated and deployed in many ways. In large incidents, or in those that are especially threatening, Health and Medical personnel may be assembled in the EOC as described above. In this case, the EOC itself will be activated. Under most circumstances, such activation will come from the on-scene Incident Commander (who will use the Fire Chief's authority to activate). Health and Medical support may be activated through EOC channels if an incident threat is received. In these cases, once assembled in the EOC, situation analysts will determine whether Health and Medical specialists will be needed at the scene, and which specialties will be required. If on-scene presence of any specialist is required, they will be deployed and their respective successors will be called to the EOC. In smaller scale

incidents, the Incident Commander may request specific Health and Medical expertise to the scene. The City EOC may or may not be activated.

F. Detection and Activation

At overt incidents where multiple patients are present, the Incident Commander will establish a scene and the most pertinent scenario should be followed. If perpetrators **warn authorities** that an agent will be or has been disbursed in a given area, a scene exists and activation of the Health and Medical Annex would again follow the ICS. In the event there is a warning or notification of an exposure, but no scene is identified or the agent was released in the past, it is most likely that authorities would assemble personnel at the EOC to determine which actions and resources are appropriate. In this latter case, NMDOH will send a representative to the EOC to provide consultative support and authority in directing an appropriate public health response.

A covert event arises when the health or medical impact of a diffused agent is gradual and there is no clear scene of action, or when there is a warning that a response should be mounted at some specified geographic location. This scenario will most likely involve the use of a naturally occurring disease outbreak or biological agent. The silent exposure of individuals who subsequently exhibit symptoms and seek medical care can produce a threat that is detectable through one of two mechanisms. First, if a pattern of medical calls to the AFD dispatch center produces evidence of "signs and symptoms" consistent with an infectious disease or biological or other agent, the Albuquerque Office of Emergency Management will be notified. After consultation with local hospitals, to which patients were transported, New Mexico Department of Health, poison and toxicology experts, and the Albuquerque Office of Emergency Management will decide the appropriate role of Health and Medical resources needed to respond to the event. The EOC would be activated to coordinate the required resources, and to provide public information. In the event of a suspected intentional attack, the FBI would become the lead agency and would provide advice on Health and Medical involvement. The NMDOH is a crucial part of response in on-scene incidents, but has particularly critical responsibilities in non-scene or "silent" exposures. Especially in the latter case, the Public Health System must determine the need for a written order of mass prophylaxis or treatment of the public. As described in connection with the Albuquerque EOC structure, the decision for an order would be made after consulting with the local public health officer representing the New Mexico Department of Health. It would be issued by the NMDOH, Office of Epidemiology in conjunction with the Governor's Disaster Declaration.

A second mechanism for detection of health and medical emergencies lies in the public health system. Detection of "signs and symptoms" consistent with a WMD threat or a large natural outbreak can occur in at least three arenas:

1. A pattern of symptoms across patients may be recognized by hospital emergency department staff (physicians, nurses).
2. The pattern may be noticed by hospital infection control personnel.

3. A pattern may be detected by the New Mexico Department of Health epidemiologists who process routine reports from hospitals or from laboratory reports of infectious disease surveillance.

Regardless of the path by which such identification is achieved, recognized or suspected, use of terrorism agents require notification of law enforcement. The activation of the Health and Medical Annex when there may be violations of federal or state statutes must be determined through consultation with the New Mexico Departments of Health and Public Safety, the City of Albuquerque Department of Environmental Health, and the Albuquerque Office of Emergency Management. Hospital and public health personnel may be required to collect, protect or avoid interfering with evidence.

The possible Health and Medical responses to infectious disease or bioterrorism events include simple notification of the medical community of the threat (with instructions on patient treatment and sources for further support); the provision of specialized equipment and pharmaceuticals, if appropriate, to hospitals; or the provision of specialized advice on diagnosis and treatment to hospitals. It is understood that statutory authority in such cases lies with the Public Health System, and Health and Medical personnel and resources would be in a support role.

Notification of local and regional hospitals, as well as the medical community at large, can be discretely accomplished by telephone through the Albuquerque Office of Emergency Management or EOC, via EMSsystem®, through EOC-controlled public information releases and by the NMDOH-administered Health Alert Network.

G. Management of Public Affairs

As soon as possible, the on-scene Incident Commander will establish an information sector, staffed by a Public Information Officer (PIO), to deal with mass media and to provide standard information that will be needed to accurately report the situation. In addition to the standard Public Information responsibilities under ICS, the Public Information Officer will inform the media about local hospitals that are capable of receiving persons who have been affected by the incident but are able to self-admit. When the EOC is activated, the on-scene PIO will refer all public information issues to the Emergency Public Information Support Function at the EOC.

1. The EOC Public Information Officer (PIO)

The Emergency Public Information Support Function in the EOC, represented by a Public Information Officer (PIO), is particularly critical during an incident. The EOC PIO forms a joint information center (JIC) to receive information from all other PIO's, including those from federal agencies and the FBI Joint Operations Center. The PIO will coordinate the release of information about the incident and management of the incident. The EOC PIO will also control the release of information deemed necessary to inform and protect the public. The PIO will establish a meeting location near the EOC for media representatives and will hold regular scheduled briefings. The identified location will be close enough to the EOC as to be convenient for media representatives, while not interfering with EOC activity.

2. Provision of Accurate and Timely Information

The on-scene PIO at an incident will work closely with the Incident Commander to ensure that Incident Command speaks with "one voice" when releasing information about the event to the public. When the Albuquerque EOC is activated, all on-scene PIO's will provide information to the Emergency Public Information Support Function in the EOC for public dissemination.

3. Centralized Communication Control

An 800-mhz radio network has been established with each of the nine major hospitals and represents the primary hospital communications link with AFD EMS and with the EOC when activated. The EOC will receive radio traffic through the EOC Communications Room and an expanded Health and Medical Support function with additional radios. The EOC Health and Medical Support Coordinator will determine the need for hospital liaisons in the EOC.

4. Control of Transportation Assets

The Health and Medical Support Coordinator in the EOC will coordinate pharmaceuticals and medical supplies, including air deliveries from the Centers for Disease Control (CDC) Strategic National Stockpile (SNS). The ICS Resource Sector officer and representatives from area hospitals will collect and transport cache items to the incident scene and to hospitals.

5. Transportation of Medical Supplies and Equipment from Caches

At the onset of an event, AFD will provide, through the on-duty personnel, the transport drugs, supplies, and equipment to the incident scene. As the scope of the incident grows or when the EOC is activated, City Municipal Development transportation resources will be used to transport personnel authorized to handle drugs that are identified as "controlled substances," and other needed items from caches or from the Albuquerque airport. The process for movement will involve prepackaged products both directly to the scene and to hospitals. If security is an issue, Albuquerque Police units will either transport supplies or escort fire personnel in the transportation process.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Department of Health Representative

The overall public health function resides with the State Department of Health (NMDOH) that operates public offices in four regions of New Mexico, including Albuquerque. The local NMDOH representative to the EOC will also provide epidemiological and other public health emergency preparedness and response guidance related to the incident. The DOH has the power to declare a public health emergency, as well as to impose quarantine on those suspected of having been exposed to a communicable disease or condition that poses a threat to public well-being. The state can also require isolation and observation of people who are infected with a threatening communicable disease to prevent transmission to others. A state of public health emergency may be declared by the Governor after consultation with the secretary of health. The Public Health Emergency Response Act of 2003, lists the requirements for isolation and quarantine and the rights of those affected by such an action.

B. Management Augmentation of Medical Personnel

The Health and Medical Support Function Coordinator in the EOC will coordinate medical resources and augmentation. This representative should be knowledgeable of the coordination required for incidents in the EOP, and will provide interpretation and specialized information to the EOC Coordinator and EOC Operations Section Chief regarding the incident response, needed resources, event consequences, and other issues. They will report directly to the EOC Operations Section Chief.

The Health and Medical Support Function Coordinator will coordinate the use of organized health professional volunteer organizations, including response teams from the National Disaster Medical System (NDMS) or organization from within the City or State. Working in partnership with the Departments of Health and Human Services (HHS), Defense (DoD) and Veterans Affairs (VA), the NDMS Section serves as the lead Federal agency for medical response under the National Response Plan.

With authorization from the EOC Operations Section Chief, the Health and Medical Support Function Coordinator may also interact with the Incident Commander as appropriate throughout the event, or coordinate with either the Fire or Law Enforcement Function Coordinators in the EOC. The County Public Health Officer may be available for EOC staff should an incident be large enough to require their presence at the City EOC. The local public health officer of the New Mexico DOH is not required to be present at the EOC, but in a very large event, or where a particularly virulent biological agent is involved, the local public health officer will assist the Health and Medical Support Function Coordinator.

C. Management of Medical Supplies and Pharmaceuticals

For the purpose of this Annex, Medical Supplies and equipment are divided into two categories:

1. Mass Casualty, Supplies and Equipment
2. Emergency Pharmaceuticals.
3. Other Pharmaceuticals

Mass Casualty Supplies and Equipment items used for mass casualty and associated incidents are typically items such as airway management supplies, wound dressings, and related equipment. Emergency Pharmaceuticals are drugs specifically used to treat symptoms of chemical and biological exposures.

Both of these categories are stored either for immediate use or for re-supply in strategically located caches in Albuquerque. Access information will be detailed in the Emergency Operation Center. Because of shelf life considerations and available space, one or both categories may be co-located.

A representative of the Albuquerque Department of Environmental Health will monitor the status of the stored emergency pharmaceuticals and will track expiration dates.

In addition, those pharmaceuticals needed for a public health emergency are kept on hand by hospitals but, as noted above, they may have only a 2 or 3 day supply. As they approach depletion hospitals should notify the City's Medical ESF at the EOC. This support will contact state and other resources to assist in re-supply.

V. ADMINISTRATION AND LOGISTICS

A. Cache Management

To reduce the risk of loss and increase utilization, medical supplies, equipment, and pharmaceuticals have been geographically dispersed throughout the Albuquerque area. The Albuquerque locations include major hospitals, HazMat units, the EOC, and a pharmaceutical supply warehouse. To speed response time, AFD controls one WMD Mass Casualty Supplies and Equipment cache and one Emergency Pharmaceutical cache for initial or immediate re-supply at the incident scene or at selected hospitals.

The strategic dispersal of the caches provides a measure of security, reducing the probability that an attack could be directed against available supplies (especially pharmaceuticals). It will also reduce the time needed for additional supplies to arrive at the incident scene. The EOC and AFD HazMat units will maintain current lists of cache locations, contents, and access information.

B. Chemical Incidents

Chemical incidents will likely require an immediate supply of antidotes and medical supplies both on-scene and at hospitals. Based on the availability of antidotes to treat the symptoms of chemical agents, Albuquerque hospitals have a supply of antidote auto-injectors and kits for nerve and cyanide agents in the distributed caches. These antidote auto-injectors and kits can be stored in hospital kits at room temperature for five years. At the end of five years, the Albuquerque OEM will assess replacement needs.

Albuquerque stores enough cache items to treat 1,000 victims of a chemical exposure. Each of the nine major hospitals stores an initial supply of WMD Mass Casualty supplies and Equipment and emergency pharmaceuticals sufficient to treat up to twenty-five victims of an exposure. The AFD Hazmat Response units will carry an initial supply of Mass Casualty Supplies and Equipment and emergency pharmaceuticals sufficient to treat up to fifty victims of an exposure. The remaining supplies are divided into two caches; one will be at the EOC, the other will be with a Hazmat unit for re-supply to responding units and affected hospitals.

C. Biological Incidents

Biological incidents may develop slowly and may not involve a specific incident scene. Hospitals will initially use normal stocks of antibiotics. Albuquerque retail pharmacies have agreed to serve as an on-call supply resource for any oral antibiotics or drugs that are exhausted at hospitals during an emergency. The primary local drug wholesale warehouse has additionally agreed to negotiate a re-supply of antibiotics and supplies for the Albuquerque area until more supplies arrive from the CDC. The Strategic National Stockpile may be activated in incidents where local and state stockpiles are insufficient. The New Mexico poison control center periodically inventories supplies of drugs useful in biological incidents held by hospitals and commercial pharmacies.

D. Drug Supply and Re-supply

Emergency Pharmaceuticals are divided into two categories according to their use in a Health or Medical Emergencies. They will be identified and divided as either chemical or biological essentials.

E. Cache Structure

Each cache will contain Mass Casualty Supplies and Equipment and Emergency Pharmaceuticals in tamper-evident packages. Packages will be clearly labeled to show appropriate use according to WMD agent, and the maximum number of victims that can be treated from each package.

F. Albuquerque Fire Department

The AFD, through the incident commander, will manage the immediate WMD Mass Casualty Supplies and Equipment and WMD Pharmaceutical needs of the incident scene. The HazMat Team will draw on AFD OEM-controlled stores of these items.

G. Health & Medical Emergency Support Function (ESF) Coordinator

The EOC Health and Medical ESF Coordinator will work with the ICS Resource Sector on-scene, as well as with those agencies with personnel authorized to handle controlled drug items, and with the EOC Municipal Development Support Coordinator, to coordinate the transportation of Mass Casualty Supplies and Equipment and Emergency Pharmaceuticals from caches to the incident scene and to hospitals. City Municipal Development will be responsible for providing the transportation in a timely manner. Using pre-event call lists contained in the All-Hazard EOP, the EOC Health and Medical Support Coordinator will contact local and statewide drug and medical equipment suppliers to arrange supplemental resources and re-supply as the incident progresses.

H. Distribution of Cache Items

The Resource Support and Municipal Development Coordinators will support the on-scene Resource Sector officer or the EOC Health and Medical ESF Coordinator during an EOC activation. They will coordinate the physical transport of cache items and personnel authorized to handle drugs that qualify as "controlled substances" using City Municipal Development transportation resources. Personnel authorized to handle drugs will come from AFD EMS or other pre-identified agencies.

Additional pharmaceuticals in "Push Packages" are available from the Strategic National Stockpile (SNS) controlled by the CDC, within twelve hours of a request by the Governor and obtaining federal approval. The Albuquerque EOC will make the request to the State EOC for additional pharmaceuticals, upon verification that there are no other available pharmaceutical caches in the state, the NMDOH representative and the state EOC director will make the request to CDC for the SNS. The SNS will be delivered to a predetermined location in the state and will be distributed to designated locations, e.g. DOH Public Health Service Sites (PHSS), Hospitals, and other locations as determined. In addition, Vendor Managed Inventory (VMI) packages can be tailored for the suspected or confirmed agents in a particular incident. VMI packages can be shipped in 24-36 hours.

I. Emergency Management of Legal Issues and Credentials

A representative of the City of Albuquerque Attorney's Office will report to the Policy Group in the EOC during an incident involving an intentional event to provide legal guidance. In addition coordination will be effected with the Governor's Authorized

Representative (GAR), the New Mexico Attorney General and the DPS, NMDOH, and Governor's Office of Homeland Security's Legal Representatives.

The EOC will coordinate through the hospitals contact with volunteer personnel who are properly credentialed and who can be called on to augment medical treatment capability in the Albuquerque area. Medical personnel at the incident scene or hospitals can check the list of properly credentialed medical personnel by calling the EOC Health and Medical ESF Coordinator or using the Medical Information Tracking Incident System (MITIS) described in Attachment 1 when it is up and running.

The NM Public Health Emergency Response Act (PHERA) governs the role of the state in case of public health emergency. The DOH Office of General Counsel can be contacted to assist in interpreting the law as it applies to the state's role and to the City of Albuquerque.

J. Emergency Management of Outpatient Tracking and Record Keeping

The nine acute-care Albuquerque-area hospitals will establish a medical record for any patient of an incident if they receive medical services. Each hospital's staff will monitor in some manner the medical status of treated but un-admitted patients and will then report any change in the patient status to the NMDOH, and City. After a medical emergency, the Albuquerque OEM will convene regular meetings of those who would normally staff the EOC Health and Medical ESF to determine the overall status of victims.

If the planned MITIS is deployed, patient tracking will be done through this system. Each hospital's staff will register and track patients through MITIS. This system will allow medical providers and staff of each hospital to track the medical status of all patients in the hospital facility and on the scene. Rather than 'admit' these patients into the hospitals regular information system, MITIS will be used for all patients triaged during the emergency event. Patients entered into this system would not be proprietary to a particular hospital system. The NMDOH and the EOC will have access to MITIS to monitor any change in patient status. The Albuquerque OEM would use MITIS for follow up, debrief, any necessary reports

K. Augmentation of Epidemiological Services and Support

The University of New Mexico (UNM) Health Sciences Center and the New Mexico Department of Health will provide epidemiological consultation services and support during an incident. The EOC Health and Medical ESF Coordinator or the Albuquerque OEM may request support services from the New Mexico DOH or from the CDC through the State EOC or State OEM.

L. Laboratory Support

In the case of suspected biologic agents, the Scientific Laboratory Division of the New Mexico Department of Health (alone or through the CDC) will confirm the identification of the agent. This laboratory will also confirm the identification of chemical and/or radiological agents.

M. Crowd Control

The Albuquerque Police Department is responsible for providing on-scene security at events involving Health or Medical Emergencies at the nine acute care Albuquerque-area hospitals. They will be assisted by the New Mexico State Police and Bernalillo Sheriff's Department.

N. Protection of Treatment Facilities and Personnel

All of the major hospital systems in Albuquerque which operate the nine major hospitals have agreed to participate in an Albuquerque response.

When local hospitals receive an incident alert, the hospital administration will direct hospital security resources to "lock down" or secure all entries into the hospital to prevent contamination from walk-in victims of the incident. Hospital security will direct all persons arriving at the hospital to the Decontamination Station reception area near the hospital's emergency department. Personal Protective Equipment (PPE) reserved for Hospital security is available in the Hospital kit.

The Hospital Kit is provided at no cost to each of the nine acute-care area hospitals. Each kit includes equipment, supplies, system installation, and procedures for mass decontamination and outside triage operations, and is secured in a storage locker at the hospital. The kit contains PPE for personnel in triage, decontamination, and security. It is equipped with built-in instructions, a quick deploying decontamination station shelter, and a Hospital Decontamination Station reference binder. As a precaution, the kits are self-contained and characterized by tamper-evident systems.

The Hospital MMRS Kit includes communications equipment, such as two-way handheld radios for communicating with outside hospital personnel in the decontamination area and with security personnel. The kit also includes bullhorns for instructing crowds. Complete Hospital Kit details are detailed in the attached Appendix, "Preparing Hospital and Health-care System Management for an Incident".

Hospital staff in the Decontamination Station reception area will determine the need for decontamination or triage, or will provide individual passes to enter the hospital.

The Albuquerque Police Department will dispatch two officers to assist hospital security personnel in maintaining order at each receiving facility. This includes

isolation and management of self-referrals awaiting decontamination. Two sets of PPE for law enforcement officers will be reserved in each Hospital Kit.

O. Establishing A Schedule Of Exercises

The OEM will establish a schedule for quarterly field inspections of the equipment and procedures and for semi-annual drills to maintain readiness. The OEM will also conduct an EOC functional exercise involving a Health or Medical Emergency scenario at least annually.

The OEM will produce and distribute a written After Action Report of findings for each equipment and procedure inspection, drill, or exercise to appropriate agencies.

P. Mental Health Services

Behavioral and Mental-Health In an incident involving health and medical issues, there is a strong need for attention to the behavioral and mental health needs of victims and/or their survivors. These needs will be met through existing AFD EMS and other resources identified at the EOC. These personnel will identify those who may need mental health support and will provide specialized help for victims and responders traumatized by the disaster. In addition to regular AFD resources, a current call roster details back-up AFD personnel, as well as local non-profit mental health organizations that are trained in responding to behavioral health situations, including, the Red Cross the Injury Prevention and Emergency Medical Services (IPEMS) Bureau and the Behavioral Health Services Division of NMDOH.

Q. Coordination of Behavioral Health Needs

The EOC Health and Medical Coordinator will coordinate behavioral health needs and resources. The EOC will maintain a current list of mental and behavioral health resources. The on-scene Behavioral Health Sector operates under the ICS Medical Branch and is expected to be present (in appropriate PPE) at the decontamination line, in the treatment areas, and at the Transportation Branch. The mission of these personnel is to attend to the critical mental health needs of victims, thereby assuring smooth operation and continuous flow of patients through decontamination, treatment, and transportation.

As needed, the EOC will deploy behavioral health personnel to receiving hospitals to support hospital behavioral health professionals in caring for short-term victim needs, including debriefings. If mass shelters are established for victims, behavioral health personnel will provide similar services at those locations. During the incident, behavioral health personnel will be available to address short-term crisis needs of victim family members. After the incident, the AFD will continue to serve as a resource to victims and families, directing those in need to appropriate community resources and otherwise providing referrals for medical or mental health care.

R. Proper Examination, Care and Disposition of the Deceased

The State Office of Medical Investigations (OMI) representative in the EOC Health and Medical ESF will coordinate all actions related to handling of deceased victims (either on-scene or at hospitals) and the transportation of victims from the scene (See Attachment 4). OMI will also ensure the proper collection of criminal evidence from the deceased.

The State OMI maintains a central facility in Albuquerque for performing autopsies. OMI will initially supervise security for bodies and await assistance from a DMORT. If necessary, OMI resources will establish a temporary on-scene morgue and will coordinate with AFD HazMat units to decontaminate the deceased, and will then coordinate the transportation of bodies to a central facility. An on-call refrigerator truck is available, if needed. The AFD HazMat units will provide PPE for up to six OMI personnel at the scene.

If a federal disaster is declared, the EOC OMI representative will coordinate federal DMORT resources. A hangar at Kirtland Air Force Base -- in a location separate from National Disaster Medical System (NDMS) operations -- is available for additional housing of the deceased.

V. AUTHORITIES & REFERENCES.

Quality service is sustained through the maintenance -- by all health care providers -- of licensure, certification, and training mandated by, and in compliance with, state and national standards for basic and advanced life support emergency medical service, hazardous materials control, and other emergency responses.

VI. DEFINITIONS & TERMS. See Basic Plan

Annex 6 Health and Medical Attachment 1 Medical Incident Tracking Information System (MITIS)

I. SYSTEM DESCRIPTION

The MITIS application will be based on a true, three-tier information model, emphasizing the value and efficiency of server-centric processing as a means to efficiently serve a large user community. This system will be based on a model that is currently operational in health, social service and behavioral organizations in Central New Mexico. This technology also minimizes software distribution costs and logistics, using a Netscape or Microsoft standard browser as client software, where possible. This system will be used only in an emergency medical event when the EOC has been activated. Access to this system will be limited to medical providers and staff of the nine acute care hospitals, NMDOH and EOC personnel involved in the handling of the incident.

The MITIS system will be accessed via web-based technology. Changes and updates can be made and information is available real time. Access to the system will be through a secure portal with logons and passwords validated and will be accessible to PDA users as well. The MITIS system will be developed under the direction of the Health and Medical Annex Steering committee. The core functionality of the system will be to share patient medical records with medical providers in the event of an emergency. The system will be used to provide up-to-date and confidential information necessary to provide care in a hospital setting or on the scene. The shared information will include but not be limited to:

- A. Patient Visits
- B. Medical records including labs, prescriptions and basic diagnosis
- C. Online list of credentialed medical personnel

II. Financing and Development Team

The team developing the MITIS system will be led by current Health and Medical Annex Steering Committee members. Since the model is already developed, funding will be used to support the modifications necessary for the stand-alone MITIS system. Technology will be used to create interfaces that transfer data from each of the provider systems. Once developed, the team will organize the training necessary for potential system users. These sessions will be coordinated with other scheduled exercises.

**Annex 6 Health and Medical
Attachment 2
Albuquerque Primary Care Clinics**

ALBUQUERQUE HEALTH CARE FOR THE HOMELESS 505-766-5197
Administration Office
Medical and Dental Clinic
Children's Outreach
1217 1st Street NW
Albuquerque, NM 87102
Fax: 505-242-3521

FIRST CHOICE COMMUNITY HEALTH CARE 505-873-7400
Administration Office
Medical and Dental Clinic
South Valley Health Center
2001 North Centro Familiar SW
Albuquerque, NM 87105
Fax: 505-873-7473

FIRST CHOICE COMMUNITY HEALTH CARE 505-890-1458
Medical Clinic
Alameda Health Center
7704 2nd Street NW
Albuquerque, NM 87107
Fax: 505-890-1599

FIRST CHOICE COMMUNITY HEALTH CARE 505-831-2534
Medical Clinic
Alamosa Health Center
6900 Gonzales SW
Albuquerque, NM 87121
Fax: 505-831-4123

FIRST CHOICE COMMUNITY HEALTH CARE 505-345-3244
Medical Clinic
North Valley Health Center
1231 Candelaria NW
Albuquerque, NM 87107
Fax: 505-344-4056

FIRST CHOICE COMMUNITY HEALTH CARE 505-768-5450
Medical Clinic
South Broadway Health Center
1316 Broadway, SE
Albuquerque, NM 87102
Fax: 505-842-1185

FIRST CHOICE COMMUNITY HEALTH CARE 505-452-8633
Medical and Dental Clinic
Los Padillas Health Center
2127 Los Padillas Road SW
Albuquerque, NM 87105
Fax: 505-873-5278

FIRST CHOICE COMMUNITY HEALTH CARE 505-873-0220
School Based Clinic
Rio Grande High School
2300 Arenal Rd SW
Albuquerque, NM 87105

FIRST CHOICE COMMUNITY HEALTH CARE 505-833-0024
Dental Clinic
Westside Dental Care
111 Coors Road NW, Suite E-2
Albuquerque, NM 87121
Fax: 505-831-4476

FIRST NATIONS COMMUNITY HEALTHSOURCE 505-262-2481
Administration Office
Medical Clinic
5608 Zuni SE
Albuquerque, NM 87108
Fax: 505-262-0781

FIRST NATIONS COMMUNITY HEALTHSOURCE 505-262-6541
Dental Clinic
5608 Zuni SE
Albuquerque, NM 87108
Fax: 505-262-0781

**Annex 6 Health and Medical
Attachment 3
Hospital Memorandum of Understanding**

**MEMORANDUM OF UNDERSTANDING
AND
AGREEMENT TO ACCEPT EVACUATED PATIENTS**

This Memorandum of Understanding is entered into by and between the undersigned Hospitals in the Albuquerque area to set forth guidelines under which each Hospital will transfer or accept patients in the event of a partial or total Hospital evacuation in an emergency situation. The evacuation of any of the participating Hospitals would occur only in extreme emergencies which would render a participating Hospital, or a portion of a participating Hospital, unusable for patient care. (Examples of such situations requiring evacuation and transfer of patients to other Hospitals would include a major fire or an environmental hazard.)

Definitions:

"Hospitals" will refer to all of the undersigned Hospitals entering into this Memorandum of Understanding.

"Transferring Hospital" will refer to a Hospital being evacuated, which must transfer its patients.

"Receiving Hospital" will refer to a Hospital receiving patients which are evacuated from a Transferring Hospital.

NOW, THEREFORE, in order to provide for continuation of care of patients of the Hospitals within the area, the Hospitals hereby mutually agree as follows:

Agreements:

1. Subject to medical capability and space availability, each Hospital agrees to accept a Transferring Hospital's patients in the event of an evacuation.
2. The Receiving Hospital will provide medically necessary healthcare services as may be required by patients transported to the Receiving Hospital at the Receiving Hospital's then-prevailing rates. Each of the Hospitals will follow their standard procedures for admission of patients and their standard protocols for providing care to patients. The Transferring Hospital shall not be obligated to pay any charges imposed by the Receiving Hospital unless such liability would exist separate and apart from this Agreement. The Receiving Hospital will collect such charges from the patient or the patient's third party payer.
3. The Transferring Hospital will be responsible for arranging for transportation of any evacuated patients to the Receiving Hospital.

4. The Transferring Hospital will provide the Receiving Hospital with as much advance notice as possible of any patients requiring evacuation to a Receiving Hospital by calling the Receiving Hospital and providing as much information as possible under the circumstances. If the Receiving Hospital does not have the medical capability and space available, it may decline to accept a particular patient.

5. The Transferring Hospital will assist the Receiving Hospital in obtaining proper consents for care.

6. The Transferring Hospital will send to the Receiving Hospital at the time of transfer such identifying administrative, medical and related information as may be necessary for the proper care of the transferred patients. To the extent it is able to do so, the Transferring Hospital will communicate by telephone with a Receiving Hospital staff member to provide the following information:

- The name of the Transferring Hospital staff member making the call,
- Patient's name and other identifying information (medical record number, address, social security number, etc., if known),
- Type of injury or illness,
- Patient's medical condition,
- Name of treating and referring physician(s),
- Anticipated time and date of departure from the Transferring Hospital,
- Method of transfer (ground or air ambulance),
- Anticipated time of arrival at the Receiving Hospital, and
- Patient's third part payer, if information is available.

7. As soon as possible under the circumstances, the Transferring Hospital will compile and send to the Receiving Hospital copies of all available records and supporting data related to the transferred patient's condition (e.g., x-rays, laboratory reports, and treatment notes), to facilitate continuity of care by the Receiving Hospital.

8. The Transferring Hospital will send with each patient at the time of transfer (or as soon thereafter as possible) all of the patient's personal effects and any information relevant thereto. In the event that personal effects cannot be sent with an alert and competent patient, the Transferring Hospital may elect to secure such personal effects until the crisis is over. The Transferring Hospital will remain responsible for such items until receipt thereof is acknowledged by the Receiving Hospital.

9. This Memorandum of Understanding does not require a Transferring Hospital to transfer patients to any Hospital. The Transferring Hospital may transfer patients to facilities other than the Hospitals.

10. The Receiving Hospital may discharge patients in accordance with its standard procedures.

11. The Transferring Hospital will agree to accept return of a transferred patient to the Transferring Hospital after treatment at the Receiving Hospital, when the patient's medical condition is stable and the Transferring Hospital is capable of providing the level of care required by the patient.

12. No party to this Memorandum of Understanding will base a decision to transfer or accept a Transferring Hospital's patients on the patient's financial status.

13. Neither party, by virtue of this Memorandum of Understanding, assumes any liability for any debts or obligations of either a financial or legal nature incurred by another party to this Memorandum of Understanding.

Miscellaneous:

1. This Memorandum of Understanding shall be governed by the laws of the State of New Mexico, except to the extent that any Federal provider is governed by Federal law and regulations.

2. The invalidity of any provision of this Memorandum of Understanding shall not affect the validity of the remainder hereof.

3. This Memorandum of Understanding represents the entirety of the agreement of the parties with respect to the subject matter hereof and may not be amended except by written instrument signed by the affected parties.

4. The Receiving Hospital will accept the Transferring Hospital's patients without regard to race, color, religion, age, sex, sexual orientation, ancestry, physical or mental disability, or national origin, in accordance with federal and state laws and regulations, provided admission requirements are met and bed space is available to accommodate the patient.

5. Nothing contained herein is intended to permit practitioners who have not been granted privileges to practice within a particular Hospital the right to practice therein without first having obtained clinical privileges from the Hospital in accordance with its customary procedures. Each Hospital, however, agrees to work cooperatively to ensure that patient care is not unduly interrupted, and will work to coordinate care between their respective medical staffs, or to grant temporary privileges to practitioners pursuant to its standard procedures.

6. As between the parties, each party acknowledges that it will be responsible for claims or damages arising from personal injury or damage to persons or property to the extent they result from negligence of that party's employees. The liability of the Regents of the University of New Mexico will be subject in all cases to the immunities and limitations of the New Mexico Tort Claims Act, Sections 41-4-1 et seq. NSMA 1978, as amended.

7. The parties will maintain professional and general liability coverage adequate to provide coverage for the actions contemplated by this Agreement. The insurance coverage for the Regents of the University of New Mexico will be coverage required by the New Mexico Tort Claims Act.

8. Nothing in this Memorandum of Understanding, expressed or implied, is intended to confer any rights, remedies, claims or interest upon a person not a party to this Memorandum of Understanding.

Term and Termination:

As to each Hospital, the term of this Agreement will commence on the date that this Agreement is signed by the Hospital, and will continue in full force and effect unless terminated or modified by mutual written agreement of all of the Hospitals. An individual Hospital may elect to terminate its participation in this Memorandum of Understanding by providing thirty (30) days written notice to the other Hospitals of its intent to terminate.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day and year written below.

PRESBYTERIAN HEALTHCARE SERVICES:
(On behalf of Presbyterian Hospital
and Presbyterian Kaseman Hospital)

By: _____

Date: _____

**REGENTS OF THE UNIVERSITY OF
NEW MEXICO:**
(On behalf of University Hospital,
Mental Health Center,
Carrie Tingley Hospital, and
Children's Psychiatric Hospital)

By: _____

Date: _____

**HEART HOSPITAL OF NEW
MEXICO, LLC**

By: _____

Date: _____

INTEGRATED SPECIALTY HOSPITAL

By: _____

Date: _____

ST. JOSEPH HEALTHCARE:
(On behalf of St. Joseph Medical
Center, St. Joseph West Mesa, St.
Joseph Northeast Heights, and St.
Joseph Rehabilitation Center)

By: _____

Date: _____

**NEW MEXICO VA HEALTH CARE
SYSTEM**

By: _____

Date: _____

LOVELACE MEDICAL CENTER

By: _____

Date: _____

Annex 6 Health and Medical Attachment 4 Mortuary Services

MORTUARY SERVICES

- A. NOTIFICATION: In the event of an emergency or disaster with fatalities, the person becoming aware of such an event shall report it immediately to the Office of the Medical Investigator's (OMI) local representative or Field Deputy Medical Investigator (FDMI).
1. A LOCAL FDMI CAN BE REACHED VIA DISPATCH AT: 505-272-3053
 2. IN THE EVENT THAT A LOCAL FDMI CANNOT BE CONTACTED, AN ALTERNATE NUMBER WOULD BE IN ALBUQUERQUE AT: 505-277-2241 (UNM PD)
- B. REMOVAL OF THE LIVING: Police, fire and rescue agencies will be the initial groups responding to the scene of a disaster and will have primary responsibility for removal of the living and security of the scene prior to the arrival of a representative of the OMI.
- C. OMI RESPONSE: The first member of the OMI who is notified will initiate the OMI response protocol and respond to the Emergency Operations Center or appropriate meeting location to make an initial assessment and contact the Albuquerque Central Office of the OMI.
- D. COMMUNICATION: The OMI does not provide local field staff with emergency communication equipment, therefore, every effort should be made by the emergency operations center/on-site commander to facilitate communication between the local representative and the Albuquerque OMI Central Office as communication may be difficult.
- E. SCENE SECURITY: The Emergency Operations Center or the Incident Commander will insure that the disaster/emergency site will be properly secured and protected to prevent loss/theft using local, State, and/or Federal resources as appropriate. No examination, photographing, removal of clothing or effects, or handling of bodies in any manner whatsoever except that necessary for preservation of lives and safety of others shall be performed.
- F. JURISDICTION ISSUES: It should be understood by all responding agencies that a disaster/emergency with fatalities is considered a crime scene - even in natural disasters, the potential for foul play continues to exist. By State Statute, this requires a response and investigation by the appropriate law enforcement agency and the NM OMI - (24-11-5 NMSA 1978).

- G. RECOVERY OF REMAINS AND PERSONAL EFFECTS: Once the disaster/emergency site has been declared safe, The OMI working under the Incident Command System, will coordinate with the Emergency Operations Center, the Incident Commander, and the appropriate law enforcement agency to insure that a plan for documenting and recovering evidence, remains and personal effects from the site can be coordinated and conducted using all available resources.
- H. A team which may comprise local FDMIs and/or other identified medical investigator personnel will meet with the Incident Commander and law enforcement to develop an appropriate strategy.
- I. EXAMINATION OF REMAINS: The OMI is responsible for the safety and security of all recovered remains and personal effects. Personnel and resources will be identified to document, collect, store, transport, and examine as necessary.
- J. RELEASE OF REMAINS: The OMI will continue to hold remains/personal effects until identifications have been made. The OMI will initiate death certificates and release remains and personal effects as required by law.
- K. MEDIA: The OMI will coordinate all public information through the University of New Mexico Department of Public Affairs under the Incident Command System.
- L. WORKING WITH VICTIM'S FAMILIES: The OMI will coordinate with other agencies to insure that communication with deceased members' families is established so that information can be collected and disseminated as appropriate. Limited grief counseling services for families may be available through the OMI, however, other resources may exist to assist in this area.

Annex 6 Health and Medical Attachment 5 Decontamination

I. Decontamination at Receiving Hospitals

All of the health care systems for the nine major receiving hospitals in Albuquerque have agreed to operate decontamination stations for walk-in patients. Decontamination stations are part of the MMRS Hospital Kit installed at each of the nine hospitals.

Non-ambulatory patients will be stripped and decontaminated by decontamination personnel, separately, to avoid slowing progress of ambulatory victims through the decontamination process. As part of decontamination, victims will be scanned to confirm that the decontamination process has been effective. Scanning equipment is available from the EOC MMRS resupply cache.

Hospital decontamination process and procedures will be standardized for quick deployment, simple training maintenance, and reinforcement of other hospitals.

II. Ability to Triage Victims and Provide Primary Care Prior To Their Transportation to a Definitive Medical Care Facility

A. Triage

The objective of triage is to sort victims so that the maximum number of lives may be preserved through rapid and effective utilization of medical treatments. Triage is handled by the ICS Triage Sector of the EMS branch at the scene. In an NBC incident, depending upon the agent, victims will be triaged in terms of those most likely to respond to medical treatment and antidotes.

B. Triage Tags

Triage tags indicating patient classification will be used. The tag also identifies injuries and any treatments administered in the field. The tag will become the tracking base for patients. In the event of a large number of victims, triage may be indicated initially by marking the priority on the patient's forehead with the felt pen. In such cases, the triage tag will be attached as soon as feasible. Albuquerque Fire Department and participants in the mutual and automatic aid system use the Simple Triage and Rapid Transport System (START) triage criteria and classification system. Features include the use of NATO colors and added tear-off, numbered information and locator sections for improved patient tracking. The added tear-off strips allows tracking of patients into the NDMS system and through the hospital system (where triage tags and numbers become attached to the patient treatment record in the hospital Emergency Department, and are continued with the record if the patient is admitted).

III. Emergency Medical Transportation of Patients

A. Transport from the Scene

The **ICS Transport Sector** at the scene will handle movement of patients from the scene to receiving hospitals or to shelters as treatment personnel at the scene deem appropriate. Only **patients who have been decontaminated will be transported**. All vehicles used to transport victims will be decontaminated after the incident.

Decontaminated, uninjured patients may be released or transferred to mass shelter locations as determined to be appropriate by the EMS branch officer.

The Incident Commander will designate zones in or near treatment areas to serve as collection points for patients to be transported. Ambulatory victims, once given initial assessment, decontamination and treatment, can be transported en mass on designated vehicles such as busses and other multiple patient transports belonging to the City or available through formal agreements. Patients who may be contaminated will be transported to medical facilities via AFD/EMS ambulance. If appropriate and such transport will not further disperse the agent, air transportation may be used, although air emergency carriers usually decline to transport patients who may be contaminated due to confined space on the aircraft and flight logistics.

The **Albuquerque Fire Dept. Emergency Medical Services (AFD EMS)** and other City vehicle resources will transport victims from the incident scene to hospitals and other medical facilities in the Albuquerque area. Victims will be transported in a variety of vehicles, depending upon their condition and medical need. This will include ambulances, multiple occupant vehicles including busses, and, if appropriate, by air. Movement and loading of vehicles at the scene will be managed by the **ICS Transport Sector**, with escort support from the **Albuquerque Police Department** as appropriate. The ICS Transport Sector and the EOC will coordinate the acquisition of additional vehicles and equipment. All patients, without regard to mode of port or level of injuries, will be tracked through the triage tag system.

IV. Emergency and Inpatient Services In Hospitals That Have the Capacity and Capability to Provide the Definitive Medical Care Required

The **nine major receiving hospitals in Albuquerque** that have full-service emergency departments and regularly accept ambulance transported emergency patients are New Mexico VA Health Care System, University Hospital, Lovelace Medical Center, Presbyterian Hospital, Albuquerque Region Medical Center, Presbyterian Kaseman Hospital, Women's Hospital, West Mesa Medical Center, and The Heart Hospital of New Mexico. These nine major receiving hospitals have agreed to receive a standardized MMRS contingency kit that contains immediate action procedures, equipment and a decontamination station system for mobilizing hospital staff to receive walk-in patients including those who may be contaminated. Kit Procedures will include treatment protocols for various WMD agents and job descriptions for managing MMRS operations.

V. Transportation to Pre-Designated, Off-Site Treatment Facilities

The Albuquerque medical community maintains a network of alternate medical treatment facilities throughout the state that are ready to accept overflow victims. The Health and Medical Annex of the Albuquerque All-Hazard EOP at the EOC contains a comprehensive list of all New Mexico hospitals and clinics and well as transportation resources. The Albuquerque Hazmat response unit SOP will list those hospitals in the Albuquerque area, ranked by readiness level that will receive victims from the scene.

VI. Management of Patients Arriving At Hospitals without Prior Field Treatment/ Screening or Decontamination

A. "Walk-In" Patients at Hospitals

In addition to patients transported from the scene, particularly in a large event, hospitals may encounter "walk-ins" or patients transported by themselves or others to the facilities. The nine major receiving hospitals have agreed to decontaminate, triage and treat such patients. Decontamination procedures will follow those used at the scene and will differ slightly in keeping with the agent. Hospitals will handle medical triage for walk-ins and assume tracking responsibility for patients not processed through the scene.

B. "Worried-Well" Patients at Hospitals

Citizens who worry that they may be victims of an incident but who do not show symptoms are considered to be "worried-well" and need information about potential treatment. Most of the patients who arrive at a hospital may be worried-well. When worried-well patients arrive at hospitals, hospital personnel will separate worried-well patients from patients with symptoms at the initial triage area before decontamination, according to the MMRS kit procedures.

To help reduce the number of worried-well patients at hospitals and other medical facilities, the Albuquerque EOC will make frequent public service announcements by radio and TV regarding locations situated away from hospitals and other medical facilities where people can go for medical assessment. These locations or "Casualty Collection Points" are part of the Albuquerque MMRS Infrastructure Of Temporary Facilities that can be activated during a WMD event and are detailed in "Managing the Health Consequences of a Biological WMD," Albuquerque MMRS, Deliverable No. 7. The City of Albuquerque owns and operates over 20 community centers throughout the City that can serve as casualty collection locations. The EOC will dispatch personnel from call down lists to set up each temporary facility using facility activation Kits stored at the EOC. The EOC will maintain a call down list of qualified personnel from the local medical community to staff each location.

C. Receiving Areas Outside the Facility

Depending upon conditions and the specific agents involved, hospitals will make a decision to receive patients outside the facility or to set up receiving areas inside the facility. Some combination of the two options may also be elected. Factors in the decision are expected to include the potential for facility contamination by victims, the number of victims, the types of treatment/antidote administration required, the nature of injuries, and weather and staffing.

All equipment needed for decontamination at area hospitals will be stationed using standardized, easy-to-use MMRS Contingency Kits. Each kit will contain simple instructions for setting up a hospital decontamination station and reception areas and include PPE and supplies for hospital personnel in labeled storage lockers.

Hospital MMRS Kits will be used for annual hospital training as well as for actual incidents. The **Albuquerque Office of Emergency Management** will periodically inspect MMRS Hospital Kits for readiness and will maintain backup kit components at the EOC as a reserve for emergency replacement.

**Annex 6 Health and Medical
Attachment 6
Procurement and Provision of Appropriate Pharmaceuticals,
Equipment and Supplies for 1,000 Victims**

I. Procurement of Appropriate Pharmaceuticals, Equipment and Supplies

A. Pharmaceuticals

Pharmaceuticals are drugs specifically used to treat symptoms of chemical and biological agents. The basic strategy for procuring pharmaceuticals to treat 1,000 victims is to 1) purchase pharmaceuticals for the immediate treatment of 1,000 victims of a chemical attack and 2) identify local sources of pharmaceuticals for treating the affected population of a biological attack for the first 24 hours after detection. The CDC will supply

The following table shows the general plan for supply and resupply of drugs:

| | 0 Hour | + 0 - 1 Hour | + 1 - 24 Hours | + 24 Hours |
|-----------------------------|---|--|--|--|
| | Immediate Initial Supply | Resupply of Exhausted Initial Supply | Resupply for the first 24 hours after WMD event | Resupply after first 24 hours after WMD event |
| Chemical WMD Event | 1) MMRS Hospital Kits 2) Cache in Responding Hazmat Team | 1) Resupply Cache in Hazmat Unit 2) Resupply Cache in EOC | Resupply Cache at local drug wholesaler warehouse | CDC Push Package |
| Biological WMD Event | Hospital pharmacies | Resupply from Local retail pharmacies | Local drug wholesaler warehouse | CDC Push Package |

A WMD event that has immediate impact such as a chemical attack will require rapid delivery of drugs to victims. The Immediate Initial Supply will be composed primarily of auto-injectors and kits for dealing with the initial effects of nerve and cyanide agents. Additional auto-injectors and kits for re-supplying the exhausted Initial Supply will be stationed at the AFD Hazmat Unit and at the EOC. As the emergency progresses, the local drug wholesale warehouse will supply drugs for the

continuing treatment of victims at medical facilities from a prearranged cache. Additional Pharmaceuticals in “Push Packages” are also available from the National Pharmaceutical Stockpile, controlled by the Centers for Disease Control, within 12 hours of Federal approval. The EOC will maintain lists of additional drug resources. Responders to a biological incident scene will have more time to ensure that victims receive needed drugs. Victims of a known biological attack at a scene will be transported to local hospitals for treatment. The EOC will coordinate local retail pharmacies and the local drug wholesale warehouse in providing needed drugs for the first 24 hours after a WMD event is detected.

The Immediate Initial Supply of drugs for a chemical attack are manufactured kits that can be stored at room temperature and have a shelf life of five years. At the end of five years, the Albuquerque Office of Emergency Management will assess the WMD threat and purchase fresh drugs, if appropriate.

B. Medical Equipment and Supplies

Medical Equipment and Supplies include items typically used for mass casualty incidents such as airway management supplies, wound dressings and related equipment. Albuquerque MMRS will purchase **Mass Casualty Equipment and Supplies** to treat 1,000 victims of a chemical WMD incident. The EOC will maintain lists of additional resources.

II. Provision of Appropriate Pharmaceuticals, Equipment and Supplies

The basic strategy for providing pharmaceuticals and medical equipment and supplies to treat 1,000 victims is to 1) station a limited amount of items for immediate use with responding agencies including HazMat units and hospitals and 2) reserve the remainder in **caches** located at the Hazmat Unit, EOC and local drug wholesale warehouse for resupply within the first 24 hours after a WMD event.

Cache items include 1) Mass Casualty Equipment and Supplies and 2) Pharmaceuticals. Cache items will be located in secured rooms with activation information detailed in the **All-Hazard Emergency Operations Plan** at the EOC and HazMat unit SOP’s.

The **Albuquerque Office of Emergency Management** will monitor the status of the secured pharmaceuticals and track expiration dates.

III. Responsibilities

A. Albuquerque Fire Department

The **AFD HazMat Response Unit** will carry an initial supply of Mass Casualty supplies and equipment and pharmaceuticals to manage the immediate needs of up to 50 victims at a chemical WMD incident scene or impacted hospital. The HazMat Unit

will draw additional cache items from AFD-controlled caches at the Hazmat Unit and the EOC.

B. Albuquerque EOC

The **Health & Medical Emergency Support Function Coordinator** in the EOC coordinates with the ICS Resource Sector on scene, agencies with personnel authorized to handle controlled drug items, and the **EOC Municipal Development Support Coordinator** to re-supply incident scene responders and hospitals. **City Municipal Development** vehicles will transport Mass Casualty supplies and equipment and pharmaceuticals from caches to responding units and impacted hospitals in a timely manner. Using pre-event call lists contained in the All-Hazard EOP, the EOC **Health & Medical Support Function Coordinator** will contact local and statewide drug and medical equipment suppliers to arrange supplemental resources and long-term resupply of caches as the incident progresses.

C. Hospitals

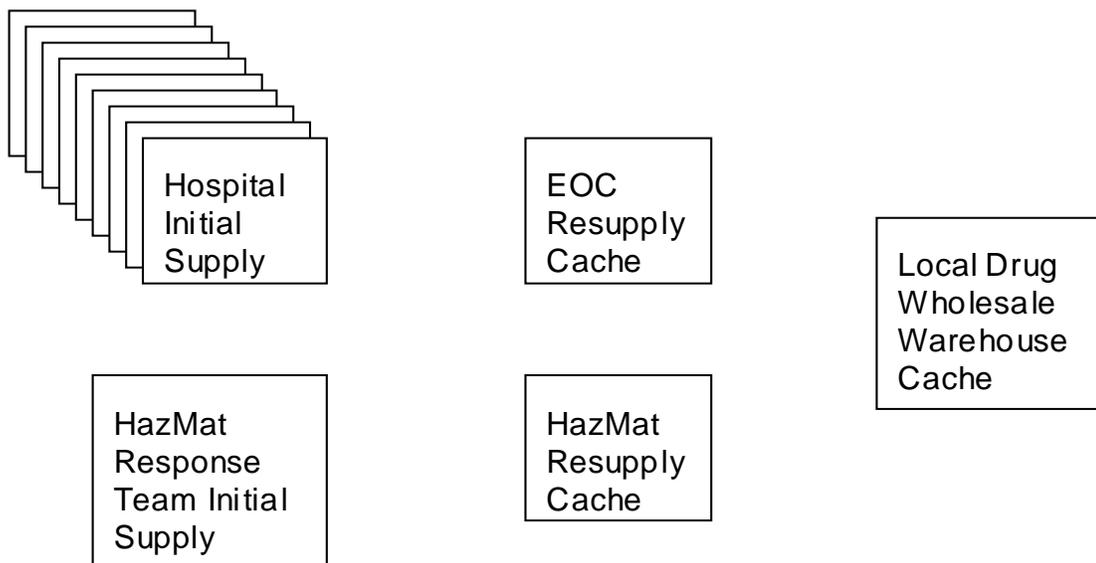
Each of the **nine major hospitals** have agreed to store an initial supply of Mass Casualty supplies and equipment and pharmaceuticals in an MMRS Hospital Kit, sufficient to manage the immediate needs of up to 25 arriving victims of a chemical WMD incident.

IV. Cache Management

A. Cache Locations

To reduce the risk of loss, cache items will be divided into immediate supplies among hospitals and in the Hazmat Team, with resupply caches at the Hazmat Unit location, EOC and local drug wholesale warehouse. Dispersal serves a security function to reduce the probability that an attack could be mounted easily to destroy all available supplies (especially pharmaceuticals) simultaneously and serves to place cache materials at different City locations to reduce time needed for additional supplies to arrive at the scene.

Locations of Local MMRS Drug Caches & Initial Supplies



The Albuquerque cache locations will include the nine major local hospitals, the Hazmat Unit, EOC, and the local pharmaceutical supply warehouse. To speed response time, **AFD** will control the Mass Casualty supplies and equipment and pharmaceutical caches at the Hazmat Unit and the EOC for initial or immediate resupply at the incident scene or at selected hospitals.

The **EOC** and **AFD HazMat** Unit will maintain a current list of cache locations, contents, and activation information.

B. Cache Structure

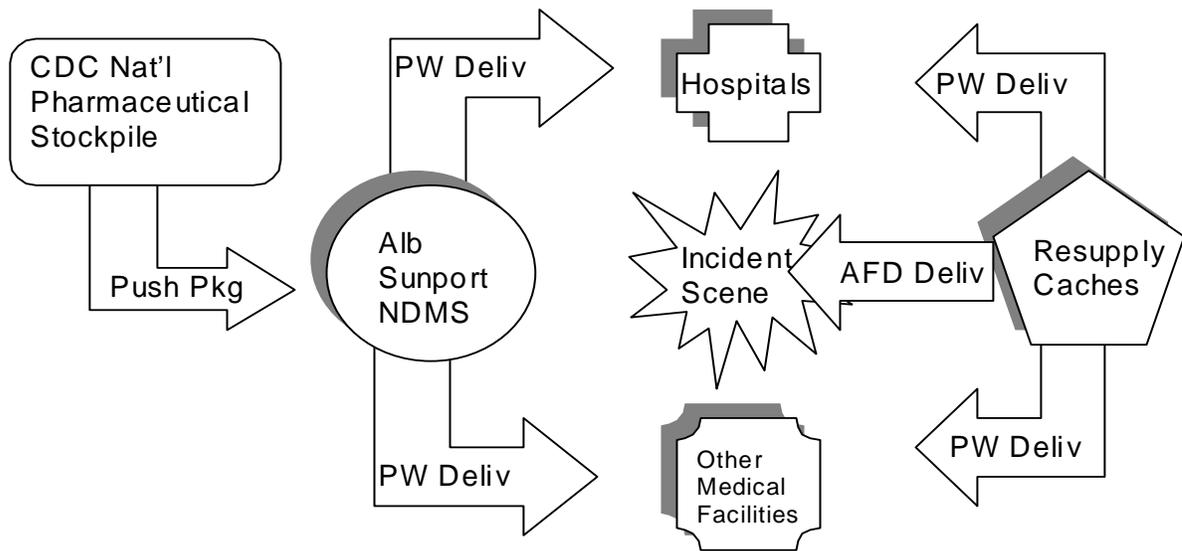
Each cache will contain prepackaged Mass Casualty supplies and equipment and separate prepackaged pharmaceuticals. Packages will be clearly labeled to show appropriate use according to chemical agent or injury and the maximum number of victims that can be treated from each package.

C. Distribution of Cache Items

The Resource Sector at the scene or the EOC Health & Medical Support Function Coordinator supported by the Resources Support and Municipal Development Coordinators will coordinate the physical transport of cache items and personnel authorized to handle pharmaceuticals using City Municipal Development (MDD) transportation resources and, if shorter response time is needed, AFD resources.

Personnel authorized to handle pharmaceuticals that qualify as “controlled substances” will come from AFD/EMS or other response agencies.

Additional pharmaceuticals in “Push Packages” are available from the National Pharmaceutical Stockpile, controlled by the Centers for Disease Control within 12 hours of Federal approval. A representative from the State of New Mexico in coordination with the Albuquerque EOC will receive the Push Package at the Albuquerque Sunport. City Municipal Development will provide transportation for pharmaceutical handlers from the Albuquerque Sunport to area hospitals and other medical facilities.



Annex 6 Health and Medical Attachment 7 Biological Agent Surveillance and Response

Overview

An effective response to a bioterrorism event depends upon early recognition that a biological agent has been released. Early recognition of a bioterrorism event provides time for resources to be mobilized, prophylactic measures to be taken, and first response to be addressed in a deliberate, organized manner. Early recognition, however, presents the greatest challenge to the response community since the release of a biological agent may be silent, and the first human signs may be non-specific, influenza-like illnesses.

A combination of activities and strategies will be used to meet the early recognition challenge through:

I. Law enforcement activities

- A. By receipt of a credible threat
- B. By discovery of a suspected material
 - 1. Crime Scene Handling and Investigation

II. Surveillance

- A. Albuquerque Environmental Health (AEHD) & N.M. Department of Health (NMDOH) proactive environmental surveillance
- B. By laboratory detection/confirmation
- C. By non-specific indicators such as:
 - 1. Hospital bed availability
 - 2. Emergency medical services runs
 - 3. Unusually high medication purchases
 - 4. Deaths due to unknown infectious etiology
- D. By laboratory diagnosis

III. Dissemination of Early Recognition Information

This approach to early recognition will require timely reporting and thorough dissemination of information to health care providers, response agencies, and a variety of private and governmental institutions. AEHD maintains direct link with N.M. Scientific Laboratory Division (SLD) of DOH and is working to better define the significance of nonspecific

community health indicators (i.e., bed availability, EMS runs, etc.) as well as, building relationships with nontraditional health partners (e.g., New Mexico State Veterinary Association, Albuquerque Veterinary Association, Albuquerque Biological Park etc.).

Detail and Responsibilities

I. Law Enforcement Activities

When a biological terrorism threat against the City of Albuquerque is identified, defining whether the threat is credible will guide the response. The FBI will be the lead Federal agency for crisis management. The Albuquerque Police Department (APD) will be the lead local law-enforcement agency and will work closely with the FBI on the Federal level to interdict the terrorists and prevent the release of any biological materials.

Information obtained by law enforcement agencies may lead to early recognition of a bioterrorism event by the following:

A. Receipt of a Credible Threat

The FBI is primarily responsible for determining the credibility of a threat to use a weapon of mass destruction - including a biological agent against the City of Albuquerque. Once the credibility and nature of the threat has been established, the FBI will notify AEHD, NMDOH, APD, Albuquerque Fire Department (AFD) and the City of Albuquerque EOC. The City of Albuquerque's EOC Manager will coordinate the City's efforts to prepare for and mitigate the consequences of such an attack.

A low-credibility threat is treated similar to a telephonic bomb threat. Initially, there is no obvious physical evidence to substantiate the threat. These incidents will require the dispatching of a single AFD Company to assist the police in evaluating the threat and if necessary implementing initial hazardous materials scene protocols (isolate, deny entry, and call for assistance). Dispatchers will consult with field units via call phone or landline to provide dispatch details.

When a determination is made that a credible threat exists (prior intelligence information, a device, a suspect package or physical evidence is found, or a release of an unknown substance has occurred) the incident will be treated as a crime scene involving hazardous materials. These incidents will require the dispatching of a Hazardous Materials response, in addition to Police resources.

B. Discovery of Suspected Materials

The discovery of biological material or the receipt of a package suspected of containing a biological agent will lead to the use of both field assays and sampling the material for analysis at laboratories. The Albuquerque Fire Department will be the Incident Commander for the purposes of assaying, sampling, and containing the material, patient care, and decontamination at the scene of a biological incident. The Albuquerque Police

Department, in coordination with the FBI, will be the lead local law-enforcement agency for transporting the field sample and crime scene operations.

The FBI, APD, AFD, AEHD, NMDOH, MMRS and the City of Albuquerque Emergency Operations Center (AEOC) will form an Interagency Task Force to define the nature of the threat to the City of Albuquerque. This task force, using the strategies below, will determine the appropriate level of resource mobilization needed to respond to the threat and may recommend any of the following actions:

1. Access the National Threat Assessment Group through the FBI;
2. Activate the AEOC and/or Declare a local State of Emergency;
3. Enhance AEHD surveillance and recognition activities throughout the City;
4. Request assistance from NMDOH-SLD for lab testing;
5. USPHS may be requested to alert the National Disaster Medical System (NDMS) in order to prepare for relocating patients from the City of Albuquerque;
6. Determine priorities for pharmaceutical distribution;
7. Requests DoD to deploy assets such as the Marine Corps' Chemical/Biological Incident Response Force (CBIRF), the U.S. Army's Technical Escort Unit, as well as medical and logistical support units;
8. Request pre-positioning of Federal assets, (such as CBIRF, DMAT, NDMS);
9. The New Mexico National Guard may be asked to mobilize personnel and equipment, especially those units specializing in logistical operations;
10. Alert hospitals and health-care providers of the threat;
11. Ask hospitals to prepare to activate their external disaster plans;
12. NMDOH may request Centers for Disease Control (CDC) to deploy epidemiologists (2 per hospital) to assist with patient monitoring;
13. Prepare to open Points of Distribution for the distribution of medications;
14. Prepare to open Alternate Care Facilities, (i.e. hospital parking lots, community centers, etc.);
15. Contact and notify Bernalillo County Medical Examiner (and those of other counties) and have them prepare to open alternate morgue sites;
16. Task the AFD with alerting field providers to the possibility of patients presenting with diseases caused by rare and potentially dangerous pathogens;
17. AFD may be asked to enhance emergency medical services field operations, including but not limited to additional tours, limiting leave, revising call triage protocols, and activating mutual aid plans;
18. Task the AFD with closely observing call volume and call types for any suspicious changes;

19. APD may be tasked with enhancing security at hospitals and other facilities and the Strategic National Stockpile (SNS);
20. AEHD, BC & NMDOH will request CDC epidemiological assistance and staff support.

C. Crime Scene Handling and Investigation

The APD would probably be the first law enforcement agency on-scene. They are not qualified to handle a biohazard, and would rely on the APD Bomb Squad and/or AFD HAZMAT Team to survey and circumscribe all parts of the scene that could contain contamination. The role of the APD would be to establish and maintain perimeter security from the designated cold zone boundary to protect against unauthorized entry. It would then be up to technical experts assembled by the FBI to handle all processing of the crime scene, and to collect and secure evidence.

AFD Hazardous Materials Team members and APD Bomb Squad members are trained to recognize potential evidence. They also have sufficient familiarity with evidence collection procedures to ensure they don't inadvertently disturb, destroy or spoil potential evidence or interfere with the FBI's ability to establish a clean chain of custody. Once evidence is collected, it will be up to the FBI to decide where it should go for laboratory examination. A local option for biological specimens is the N.M. Scientific Laboratory Division upon notification of NMDOH-EPI.

II. Epidemiological Surveillance

Mass care decisions will be based on the number and location of victims involved in the incident. Early epidemiological recognition is therefore critical to the success of this plan. Tools used to identify the affected population will vary depending upon whether the release is announced through a threat, or unannounced and subsequently determined by one of the elements identified in the early recognition plan.

Unusual or unexplained disease patterns or clusters of patients may be the first indicator of a bioterrorist incident. Features that may be indicative of a suspicious outbreak include:

1. A rapidly increasing disease incidence (e.g., within hours or days) in a normally healthy population.
2. An epidemic curve that rises and falls during a short period of time.
3. Unusual increases in the number of people seeking care, especially with fever, respiratory, or gastrointestinal complaints.
4. An endemic disease rapidly emerging at an uncharacteristic time or in an unusual pattern.
5. Lower attack rates among people who had been indoors, especially in areas with filtered air or closed ventilation systems, compared with people who had been outdoors.

6. Clusters of patients arriving from a single locale. Large numbers of rapidly fatal cases.
7. Any patient presenting with a disease that is relatively uncommon and has bioterrorism potential (e.g., pulmonary anthrax, tularemia, or plague).

The Director of Albuquerque Environmental Health Department is responsible for activating the MMRS Biological Response Plan when a bioterrorism event is suspected. Decision for activation will be based on alerts, threats, and suggestive evidence collected by other MMRS components or as a result of current surveillance activities within Bernalillo County. These activities include:

1. AEHD & BC Surveillance
2. Laboratory Detection/Confirmation
3. Non-Specific Indicators
4. Laboratory Diagnosis

A. Albuquerque Environmental Health and Bernalillo Co. Surveillance

SEE ATTACHMENT 8: “Albuquerque Biological Terrorism Strategic Plan: Preparedness & Response”

The New Mexico Administrative Code, through the Office of Epidemiology, identifies reportable diseases within the State. Incidences of CDC designated, Category A diseases i.e. Anthrax, plague, smallpox and Tularemia are required to be reported immediately to the agency.

If no warning or discovery occurs through law enforcement agencies, the City will rely on its’ Biodisease Advance Warning System and epidemiological surveillance to detect the release of a biological agent. The Biodisease Advance Warning System consists of ongoing surveillance utilizing wild and domestic animals as sentinels for disease within the environment. In an actual event, AEHD, BCDOH and NMDOH will determine the affected population through an epidemiological investigation, which may include:

1. Locations and numbers of diseased animals
2. Interviews of affected patients to help establish the release point.
3. AEHD Air Quality Division - track meteorological conditions such as wind speed and direction to help determine where and how far a biological agent has been dispersed.
4. Plot the symptom onset time to track how fast a release may be dispersing through a population.

B. Laboratory Detection/Confirmation

The N.M. Scientific Laboratory Division (SLD) is located within the City of Albuquerque and is a Biosafety Level 3 laboratory. They currently work with AEHD on the detection and laboratory confirmation of naturally occurring diseases such as plague, tularemia, rickettsia, and encephalitis. SLD has expertise for screening and confirmation of a wide range of potential bioterrorism agents. When a bioterrorism event is suspected or appropriate diagnostic testing requested, the SLD can provide rapid identification of the bioterrorism agents.

C. Non-Specific Indicators

In an emerging epidemic, monitoring emergency medical service transports, hospital admissions/bed availability, or unexplained deaths helps a community gauge morbidity and the changing health status of its population. Like a common household "smoke detector", these indicators are nonspecific and will not always identify a "fire" or emerging epidemic. They are nonspecific tools that sound an alarm. Like a fire alarm, when heard, it warrants further investigation. Much of the monitoring and analysis of these non-specific indicators is still completed manually. Activity is currently underway to automate tracking and alarms for these indicators through the MMRS.

D. Laboratory Diagnosis

When a patient is diagnosed with a disease caused by any of the biological agents of concern or when a laboratory presumptively identifies any of these agents, New Mexico Department of Health (NMDOH) will initiate a focused epidemiological investigation. The two most important objectives of that investigation will be the determination of whether this is likely a naturally occurring or a human- initiated event, and the potential scope of the incident. Law enforcement officials may conduct a concurrent criminal investigation. NMDOH will notify APD of their findings. City of Albuquerque's EOC will be notified, as well as, all appropriate agencies of the occurrence of a potential incident.

III. Dissemination of Early Recognition Information

The N.M. Scientific Laboratory Division (NMSLD) is a member of the Public Health Laboratories Resource Network, a joint project with the Centers for Disease Control and Prevention that help link local health departments, private testing laboratories, State Health Departments and the CDC together for improved public health.

To ensure consistency, "action triggers" will be formally set by the Albuquerque EOC Manager in consultation with the Chiefs of APD and AFD and the Director of AEHD. Detection by the Biodisease Advance Warning System and/or a rise in generic city "health indicators" may provide the only early information that indicates a public health response is necessary. When city health indicators are exceeded, the EOC Manager or their designee will alert the State EOC that an action trigger has been exceeded. The purpose of this "alert" is to ensure key components of the MMRS, who are field operational (i.e., public

safety, emergency rooms, infection disease specialist, State veterinarians, etc.) to raise their level of alert and serve as the "eyes and ears" of the EOC in the field. This will encourage communication of unusual findings or incidents and insure that they are communicated to the EOC for consideration during investigation, (i.e. unusual patterns of illness, clusters of dead animals/birds, discovery or investigation of clandestine labs, etc.).

Once the APD/AFD investigation has been completed, the Chiefs or their delegates will notify the City of Albuquerque EOC to have MMRS components stand down or take additional actions.

IV. Augmentation Activities

A. Syndromic Surveillance

Disease-specific surveillance (i.e., Plague, Tularemia etc.) is in place, however, in an unannounced bioterrorism event, early victims may present with vague non-specific symptoms (i.e., fever, cough, and malaise). Clinically, these conditions will be difficult to rapidly diagnosis and require reliance on laboratory identification and existing paper reporting systems. These systems may not always allow for timely recognition, investigation, or public health actions to reduce the spread of an infectious agent.

Greater reliance on syndromic surveillance (e.g., monitoring influenza-like illness, diarrheal disease, etc.) rather than laboratory confirmation or physician diagnoses should improve early recognition of an epidemic, within our "window of opportunity" for implementing public health actions, and more rapidly energize the Metropolitan Medical Response System (MMRS).

Unlike influenza, seasonality cannot be accurately predicted for a bioterrorism incident therefore year round monitoring of influenza-like illness (ILI) and other syndromic conditions must be established.

Reporting of absenteeism at schools is incomplete. Barriers to full reporting have not been clearly identified or addressed. In addition, no criteria for reporting absenteeism make interpretation of this data difficult.

B. Establish Action Triggers for Non-Specific Indicators

As with any first warning system, establishing the appropriate level of sensitivity is critical. If action triggers are set too high, officials are called into action too late. If action triggers are set too low and alarms sound for every insignificant pattern deviation they are soon ignored. Simple "health indicators" need to be adopted, action thresholds validated, and communications linkages formalized to ensure all components of the MMRS (i.e., public health, hospitals, EMS, fire, EOC, law enforcement, city officials, etc.) are moved to a heightened vigilance and information exchange.

C. Reporting Systems

After a biological exposure, illnesses and death may have an explosive escalation accompanied by a short incubation period. Non-electronic or paper-based reporting systems are frequently too slow and not widely distributed enough to ensure a quick and effective preventive action.

**Annex 6 Health and Medical
Attachment 8
Albuquerque Biological Terrorism Strategic Plan:
Preparedness and Response**

Including Recommendations of the CDC Strategic Planning Workgroup

The U.S. national civilian vulnerability to the deliberate use of biological and chemical agents has been highlighted by recognition of substantial biological weapons development programs and arsenals in foreign countries, attempts to acquire or possess biological agents by militants, and high-profile terrorist attacks. Evaluation of this vulnerability has focused on the role public health will have detecting and managing the probable covert biological terrorist incident with the realization that the U.S. local, state, and federal infrastructure is already strained as a result of other important public health problems.

INTRODUCTION

An act of biological or chemical terrorism might range from dissemination of anthrax spores to food product contamination and predicting when and how such an attack might occur is not possible. However, **the possibility of biological terrorism should not be ignored**. Preparing the nation to address this threat is a formidable challenge, but **the consequences of being unprepared could be devastating**.

The public health infrastructure must be prepared to prevent illness and injury that would result from biological terrorism, especially a covert terrorist attack. As with emerging infectious diseases, **early detection and control of biological attacks** depends on a strong and flexible public health system at the local, state, and federal levels.

Combating biological terrorism will require capitalizing on advances in technology, information systems, and medical sciences. Preparedness will also require a re-examination of core public health activities (e.g., **disease surveillance**) in light of these advances. **Preparedness efforts by public health agencies and primary health-care providers to detect and respond to biological terrorism will have the added benefit of strengthening the U.S. capacity for identifying and controlling injuries and emerging infectious diseases.**

I. OVERT VERSUS COVERT TERRORIST ATTACKS

In the past, most planning for emergency response to terrorism has been concerned with overt attacks (e.g., bombings). **Chemical terrorism** acts are likely to be overt because the effects of chemical agents absorbed through inhalation or by absorption through the skin or mucous membranes are usually immediate and obvious. Such attacks elicit immediate response from police, fire, and EMS personnel.

In contrast, attacks with biological agents are more likely to be covert. They present different challenges and require an additional dimension of emergency planning that involves

the public health infrastructure. **Covert dissemination of a biological agent in a public place will not have an immediate impact because of the delay between exposure and onset of illness (i.e., the incubation period).** Consequently, the first casualties of a covert attack probably will be identified by physicians or other primary health-care providers. **Thus, the critical need for advance warning prior to the onset of human disease.** For example, in the event of a covert release of a biological agent, patients will appear in doctors' offices, clinics, and emergency rooms during the first or second week, complaining of fever, back pain, headache, nausea, and other symptoms of what initially might appear to be an ordinary bacterial or viral infection. **By the time patients begin to die, the terrorists would be far away and the disease disseminated throughout the population.**

Only a short window of opportunity will exist between the time the first cases are identified and a second wave of the population becomes ill. During that brief period, public health officials will need to determine that an attack has occurred, identify the organism, and prevent more casualties through prevention strategies (e.g., mass vaccination or prophylactic treatment). As contamination continues, successive waves of transmission could carry infection to other localities. **Early detection though an advance warning system is, therefore, critical to reduce catastrophic casualties.**

II. FOCUSING PREPAREDNESS ACTIVITIES

Early detection of and response to biological terrorism is crucial. Without special preparation at the local and state levels, a large-scale attack with biological agents could overwhelm the local and perhaps national public health infrastructure.

Preparedness for terrorist-caused outbreaks and injuries is an essential component of the U.S. public health surveillance and response system, which is designed to protect the population against any unusual public health event (e.g., influenza pandemics, contaminated municipal water supplies, or intentional dissemination of *Yersinia pestis*, the causative agent of plague). **Surveillance methods, diagnostic techniques, and physical resources** are required to detect and investigate unusual or unknown diseases, as well as syndromes or injuries caused by biological attacks.

State and local health-care agencies must have enhanced capacity to investigate unusual events and unexplained illnesses, and diagnostic laboratories must be equipped to identify biological agents that rarely are seen in the United States.

III. KEY FOCUS AREAS

A. **CDC's strategic plan** is based on the following five focus areas, with each area integrating training and research:

1. Preparedness and prevention;
2. Detection and surveillance;
3. Diagnosis and characterization of biological and chemical agents;
4. Response and communication.

B. Preparedness and Prevention

Detection, diagnosis, and mitigation of illness and injury caused by biological terrorism are complex processes that involve numerous partners and activities. Meeting this challenge will require **special** emergency preparedness in all cities and states.

C. Detection and Surveillance

Early detection is essential for ensuring a prompt response to a biological attack, including the provision of prophylactic medicines, chemical antidotes, or vaccines. CDC will integrate **surveillance** for illness and injury resulting from biological terrorism into the **U.S. disease surveillance systems**, while developing new mechanisms for detecting, evaluating, and reporting suspicious events that might represent covert terrorist

D. Response

A comprehensive public health response to a biological terrorist event involves advance warning, epidemiological investigation, medical treatment and prophylaxis for affected persons, and the initiation of disease prevention or environmental decontamination measures.

To ensure the availability, procurement, and delivery of medical supplies, devices, and equipment that might be needed to respond to terrorist-caused illness or injury, CDC will maintain a **national pharmaceutical stockpile**.

1. **Because the initial detection of a covert biological or chemical attack will probably occur at the local level, disease surveillance systems at state and local health agencies must be capable of detecting unusual patterns of disease or injury, including those caused by unusual or unknown threat agents.**
2. Because the initial response to a covert biological or chemical attack will probably be made at the local level, epidemiologists at state and local health agencies must have **expertise** and **resources** for responding to reports of clusters of rare, unusual, or unexplained illnesses.

Steps in Preparing for Biological Attacks

- a. Enhance epidemiologic capacity to detect and respond to biological attacks.
- b. Supply diagnostic reagents to state and local public health agencies.
- c. Establish communication programs to ensure delivery of accurate information.
- d. Enhance bioterrorism-related education and training for health-care professionals.
- e. Prepare educational materials that will inform and reassure the public during and after a biological attack.
- f. Stockpile appropriate vaccines and drugs.

- g. Establish molecular surveillance for microbial strains, including unusual or drug-resistant strains.
- h. Support the development of diagnostic tests.

IV. CRITICAL BIOLOGICAL AGENTS

A. Category A

The U.S. public health system and primary health-care providers must be prepared to address varied biological agents, including pathogens that are rarely seen in the United States. High-priority agents include organisms that pose a risk to national security because they

- 1. can be easily disseminated or transmitted person-to-person;
- 2. cause high mortality, with potential for major public health impact;
- 3. might cause public panic and social disruption; and
- 4. require special action for public health preparedness

B. Category B

Second highest priority agents include those that:

- 1. Are moderately easy to disseminate;
- 2. Cause moderate morbidity and low mortality; and
- 3. Require specific enhancements of CDC's diagnostic capacity and enhanced disease surveillance.
- 4. A subset of List B agents includes pathogens that are food- or waterborne.

C. Category C

Third highest priority agents include emerging pathogens that could be engineered for mass dissemination in the future because of:

- 1. Availability;
- 2. Ease of production and dissemination; and
- 3. Potential for high morbidity and mortality and major health impact.

Preparedness for List C agents requires ongoing research to improve disease detection, diagnosis, treatment, and prevention. **Knowing in advance which newly emergent pathogens might be employed by terrorists is not possible; therefore, linking bioterrorism preparedness efforts with ongoing disease surveillance and outbreak response activities as defined in CDC's emerging infectious disease strategy is imperative.**

D. Status and Plan

The City of Albuquerque has established an Emergency Operation Plan to be implemented in case of an emergency or disaster. It can be expanded in a situation, which exceeds or is expected to exceed Albuquerque's response capabilities and resources. In this regard the City has adopted the National Incident Management System (NIMS) for managing EOC operations. The State Office of Emergency Management (OEM) will assist if necessary.

A Chiefs' Homeland Security Task Force meets weekly to discuss past, present and future Incident situations. Attendees include Chiefs of Police, Fire, Corrections, Open Space, and Airport, as well as the Director of Environmental Health or designee, EOC manager, representatives of FBI and other stakeholder agencies.

The City is interested in increasing its' capacity to respond to any catastrophic or serious disaster. The potential of calculated release of diseases, which may affect humans or livestock, is of serious concern including emerging diseases.

The **City's Environmental Health Department** is our first line of defense, as an Early Warning System, to detect, deter and report the presence of Biological contaminants or agents. Early Warning is critical to initiate an effective First Response.

An **Early Warning System** is imperative in relation to Biological Strategic Indirect Warfare in order to initiate an effective first response. The Environmental Health Department (EHD) has the unique capability of surveillance and detection of airborne contaminants, food borne diseases, groundwater contamination and environmental Biodisease. Further development and implementation of near real time decision-assisting tools for local and state-level disaster managers is necessary. **A prototype Biodisease Advance Warning System with standards for disparate data collection and dissemination, which can be replicated at the national level, has been deployed. Multiple methodologies and sampling techniques are utilized, including wild and domestic Animal Sentinels, sensors and technical equipment.**

A holistic approach to an Early Warning System involving Homeland Security is important in order to manage potential disease spread by both natural incidence and terrorist release. Disaster management systems (involving both contaminants and diseases) should be capable of full integration with a myriad of homeland defense and other Public Safety initiatives.

E. Biological Terrorism

1. Foreign entities have the desire to destroy the American nation
2. They do not have the means to mount a serious military offensive
3. They do have Biodisease agents stockpiled
4. They likely have personnel stationed in the U.S.

5. The calculated strategic release of Biodisease in the U.S. is an effective means to inflict mass casualties of humans and livestock affecting basic economy and infrastructure
6. First Responders must have notification of disease presence in order to initiate response
7. First responders are not immune and would be incapacitated along with general population

F. U.S. Health System

1. The system presently relies on humans as sentinels to detect disease
2. Epidemiologists presently track diseases only after human infection
3. Widespread dispersal of Biodisease – is likely to be so pervasive that the first responders (police, fire, health care workers, military) will be incapacitated

G. Albuquerque Environmental Health Department

1. Is the Primary line of defense against the insidious establishment of disease, which could migrate to urban areas and develop mass devastation to humans, livestock and the economy
2. This Early Warning Defense system and the availability of efficacious vaccines and antibiotics are required to avert the mortality, incapacitation, and disturbances caused by the intentional release of Biodisease into large and immunological naive human populations
3. Has expanded capability to detect and test for CDC priority diseases in animal populations
4. Has expanded concentric circles of environmental surveillance
5. Collects and correlates data from statewide locales
6. Has implemented animal sentinel programs i.e. wildlife, domestic livestock and stray pets

H. Food disease contamination

Food Manufacturers and Distributors are obvious stakeholders in relation to the potential utilization (by terrorists) of their infrastructure as a delivery mechanism for Biological agents. Our food distribution system could be visualized as a Weapon of Mass Destruction against the U.S. Military and Civilian population if utilized to contaminate and distribute biological agents.

One phase of the Environmental Health Department, Biodisease Advance Warning System is to educate stakeholders on the Bioterrorism threat and to provide threat prevention training/awareness to thwart or reduce the impact of a terrorist event in our local/regional area, as below.

1. Facility security training and procedural techniques have been provided concerning food establishment reporting methods, food distributor security involving facilities and personnel screening, and epidemiological information for first responders
2. Target – Human and Animal food manufacturing and distribution companies
3. Presentations by Kirtland Air Force Base (KAFB)
4. Notification and scheduling by Alb. Environmental Health Department (AEHD) – Consumer Health Protection Division (CHPD)
5. Topics – facility security, hiring practices, security breach indicators etc.

I. Biological contamination – groundwater

1. Presently monitor groundwater in various locations throughout the Albuquerque area.
2. Increase testing involving number of test wells, types of chemicals/biological material in the water
3. Increase frequency of sampling to provide advance warning of migrating contaminants, which could potentially affect the drinking water
4. Develop sampling protocol
5. Designate contaminant types to test
6. Designate testing lab
7. Native Reservations border the Albuquerque Metropolitan area and historically have had high vector populations
8. The Reservations (as well as nature reserves near urban areas) serve as a reservoir for vector-borne diseases
9. There are many habitat sites and refuges for wildlife
10. The majority of these sites are within/near residential areas
11. Reservations have minimal vector control
12. Without adequate disease surveillance and control, the probability of disease transmission increases
13. It is vital to coordinate a Biodisease surveillance and control program, which not only protects the resident Native American populations but also nearby communities
14. This effort would be initiated by the Indian Nations
15. Biodisease can spread like wildfire across any nation

J. Future

1. Develop network system with web page interface which would communicate with other local, state, and federal public health agencies
2. Improved data storage, data extraction, and access technology would be available to more effectively track and monitor Biodisease on a broader scale
3. Acquire a satellite downlink for long distance education and training. Links to local, state and federal agencies will provide up to date training for BDM staff and enhance competency in Biodisease incidence and manifestation and strengthen collaboration with public health agencies
4. Expand efforts to augment the utilization of GIS technology with the network system. This technology will enhance the efforts to determine Biodisease status and trends locally, statewide and nationally
5. Educate concerning the exposure of Biodisease
6. Expand BDM efforts to inform public schools, neighborhood associations, community organizations, government agencies, etc. on Biodisease management
7. development and printing of literature such as brochures to strengthen partnerships and prevent/reduce disease incidence
8. refine and update information on the website
9. develop and provide fact sheets on Biodisease to the community to enhance preventive and protective measures involving a terrorist attack
10. provide education and experience for case investigations involving Biodisease such as plague, tularemia, and arbovirus
11. Continue direct collaboration with CDC, USDA, UNM, NMSU, SLD, Sandia Labs, LANL, Health Care System, Veterinary System, KAFB, Food Production/Distribution System, Federal and Civilian entities
12. Responsibilities: surveillance, detection, data collection and correlation, monitoring, reporting, modeling, education, training, strategic planning and implementation

K. Biodisease Management Goal

To interpret data concerning key animal indicators to simulate and comprehend Biodisease trends in order to provide accurate and expedient advance warning prior to human onset of disease. Indicators may include diseased vectors, such as fleas, ticks, mosquitoes, rodents, birds and other insects and mammals. Evaluation, indication, documentation, correlation and communication concerning additional indicators i.e. animal illness, symptoms and deaths, will assist in determination of a Bio-warfare event and the modeling of time and distance of disease spread.

V. DETERMINING THE TYPE OF THE WMD INCIDENT & 1st RESPONDER CONCERNS

[Taken directly from tab D of FEMA, April 2001, Guide for All-Hazard Emergency Operations Planning, Chapter 6, Attachment G – Terrorism]

A. Indications. Indicators that a WMD incident involving biological agents has taken place may take days or weeks to manifest themselves, depending on the biological toxin or pathogen involved. The Centers for Disease Control and Prevention (CDC) recently developed the following list of epidemiologic clues that may signal a bioterrorist event:

1. Large number of ill persons with a similar disease or syndrome.
2. Large numbers of unexplained disease, syndrome, or deaths.
3. Unusual illness in a population.
4. Higher morbidity and mortality than expected with a common disease or syndrome.
5. Failure of a common disease to respond to usual therapy.
6. Single case of disease caused by an uncommon agent.
7. Multiple unusual or unexplained disease entities coexisting in the same patient without other explanation.
8. Disease with an unusual geographic or seasonal distribution.
9. Multiple atypical presentations of disease agents.
10. Similar genetic type among agents isolated from temporally or spatially distinct sources.
11. Unusual, atypical, genetically engineered, or antiquated strain of agent.
12. Endemic disease with unexplained increase in incidence.
13. Simultaneous clusters of similar illness in noncontiguous areas, domestic or foreign.
14. Atypical aerosol, food, or water transmission.
15. Ill people presenting near the same time.
16. Deaths or illness among animals that precedes or accompanies illness or death in humans.
17. No illness in people not exposed to common ventilation systems, but illness among those people in proximity to the systems.

B. First Responder Concerns

1. A possible method of initiating widespread infection using biological agents is through aerosolization, where fine particles are sprayed over or upwind of a target where the particles may be inhaled. An aerosol may be effective for some time after delivery, since it will be deposited on clothing, equipment, and soil. When the

clothing is used later, or dust is stirred up, responding personnel may be subject to “secondary” contamination.

2. Biological agents are able to use portals of entry into the body other than the respiratory tract. Animals may be used to spread the diseases. Individuals may be infected by ingestion of contaminated food and water, or even by direct contact with the skin or mucous membranes through abraded or broken skin. Use protective clothing or commercially available Level C clothing. Protect the respiratory tract through the use of a mask with biological high-efficiency particulate air (HEPA) filters.

ALBUQUERQUE EMERGENCY OPERATIONS PLAN

ANNEX 7

CRITICAL INFRASTRUCTURE

PRIMARY RESPONSIBILITY:

Albuquerque City, Bernalillo County Government and State of New Mexico

SECONDARY RESPONSIBILITY:

Water Authority and Municipal Development Department, City of Albuquerque

I. PURPOSE

Government and private services such as waste disposal, water treatment and distribution, and public utilities including both energy and telecommunications are critical assets for the continued operation of public and private sector services. Interruption of these services may occur briefly or for protracted periods, during an emergency or other disaster. Interruption of these services may degrade the community's ability to respond to a specific emergency incident or may cause a localized incident to escalate into a community wide disaster.

The objective of this Annex is to identify major critical infrastructure areas, which require monitoring and protection from identified threats, and those agencies which would be contacted in an emergency to protect or maintain the critical areas. In an emergency all critical infrastructure actions -must be coordinated to eliminate any possibility of one critical infrastructure action having an adverse effect on another. All responsible public agency, emergency phone numbers, emergency control hierarchy and specific emergency response plan titles are listed in an attached appendix.

II. SITUATION AND ASSUMPTIONS

This annex may be implemented any time an emergency has occurred which affects or threatens critical infrastructure assets. The threat potential or documented damage assessment information provide a basis and substantiation for requesting assistance and initiating response or increased monitoring activities.

III. CONCEPT OF OPERATIONS

- A. Based on a review of relevant Critical Infrastructure (CI) Emergency Response Plans to determine that conflicting operations are not likely to occur.
- B. At the beginning of any event identify and establish contact with each critical infrastructure's Emergency Manager (EM) and their replacement.

- C. Keep in constant contact with designated EMs to determine specific emergency response activities undertaken and their effect on other CIs. Log and report all actions relevant, to the Incident Commander and Emergency Operations Center Director.
- D. Take requests from CIs for additional protection requirements and forward to the Incident Commander and Emergency Operations Center Director for prioritization and assignment of resources.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITY

The Water Authority and Municipal Development Department, City Of Albuquerque, is responsible for Critical Infrastructure coordination as detailed in this Annex.

Incident commanders, the EOC and field supervisors with Municipal Development Department involvement will:

- A. Direct and coordinate the restoration and repair of critical facilities, delivery systems, and networks of both public and private sector entities in CABQ during an emergency or disaster. This shall include demolition, rescue, repair, recovery and security as required by the specific incident.
- B. Coordinate with appropriate CABQ, Bernalillo County, other government, and private sector entities to provide necessary water, power, and telecommunications support for first responders and other emergency personnel during any identified or threatened emergency or disaster.
- C. Coordinate with appropriate CABQ, Bernalillo County, other government, and private sector entities to provide critical asset service sufficient to guarantee minimum levels of health and safety during any identified or threatened emergency or disaster.

V. SCOPE

- A. Critical Infrastructure is defined as:
 - 1. Water
 - 2. Wastewater
 - 3. Electricity
 - 4. Natural Gas/Propane
 - 5. Storm Drainage
 - 6. Roadways
 - 7. Communications
 - 8. Public Transportation Services including Aviation, Rail and Bus
 - 9. Fuels (gasoline and diesel)

B. In responding to emergencies of any scope, the CABQ must have a plan that addresses four things concerning critical infrastructure assets:

1. How to respond to a service disruption,
2. How to provide back up service both to responders and the public at large to guarantee minimum levels of health and safety,
3. How to reestablish service in a timely and safe manner.
4. Requirements for additional security protection.

VI. PLAN DEVELOPMENT AND MAINTENANCE

The Water Authority and Municipal Development Department of the City Of Albuquerque will coordinate the revision of this annex and keep all appendices current. A meeting of Critical Infrastructure related emergency representatives will be held twice a year to review the annex and appendices and update as necessary.

Annex 7 Critical Infrastructure Attachment #2 Waste Water Utility

A. Area Served:

City of Albuquerque and parts of Bernalillo and Sandoval County

Other Waste Water Utilities: None

B. Organizational Contacts for City Waste Water Utility

24/7 Phone numbers:

| | |
|----------------------|----------|
| Dispatch | 857-8250 |
| SSWRP Control Center | 873-6917 |

Contacts:

Facility operations & security

Division Manager

Plant Operations Manager

Plant Maintenance Manager

Line Maintenance Manager

C. Emergency Response Plans

1. Emergency Response Plan

Types of emergencies included:

- a. Blizzard
- b. Earthquake
- c. Flood
- d. Tornado
- e. Hazardous Materials Accident
- f. Building Structural Failure
- g. Windstorm
- h. Shutdowns (strike)
- i. Acts of sabotage
- j. Explosions
- k. Electrical blackout
- l. Major waterline break
- m. Major sewer failure
- n. Major Structure Fires and Wild land fires

D. Other Plans:

1. Southside Water Reclamation Plant-Process Safety Management Plan
2. Southside Water Reclamation Plant-Storm Water Pollution Prevention Plan

**Annex 7 Critical Infrastructure
Attachment #3
PNM Electric Utility and Gas Transportation**

A. Area Served:

City of Albuquerque and the majority of New Mexico from Clayton to Deming.

Other Electric Utilities in New Mexico:

El Paso Electric

Texas-New Mexico Power Company

Tri-State Generation and Transmission Cooperative

Excel

B. Organizational Contacts for PNM

Electric

| | | | |
|----------------------------|-----------------------|----------|---------------|
| 24/7 Phone numbers: | Transmission Operator | 241-2632 | |
| | Reliability Operator | 241-2277 | |
| | Dispatch (Electric) | 246-5890 | |
| Director, Power Operations | Dan Zientek | 241-2455 | Cell 220-9234 |
| Manager, System Operations | Richard Krajewski | 241-2432 | Cell 220-9245 |

Gas

| | | | |
|--------------------------|-----------------------|----------|---------------|
| 24/7 Phone number: | Distribution Operator | 241-7707 | |
| | Dispatch (Gas) | 246-7890 | |
| Manager, Meter Services | Bob McNicol | 241-7722 | Cell 235-2976 |
| Inter-Operations Manager | Alan Adcock | 241-7777 | Cell 681-7060 |

C. Emergency Response Plans:

1. Blackstart Restoration Plan
2. Outage Communications Process
3. Emergency Load Curtailment Plan
4. Threat Notification Process

**Annex 7 Critical Infrastructure
Attachment #4
Storm Drainage**

City Of Albuquerque, Bernalillo County, AMAFCA

A. Area Served:

City of Albuquerque and Bernalillo County

B. Organizational Contacts for City Of Albuquerque Storm Maintenance

Area Served: Generally the city limits

Organizational Contacts: Municipal Development Department

Emergency Response Plans: Information contained in department SOP

C. Organizational Contacts for Bernalillo County Storm Maintenance

Area Served: Unincorporated areas of the county

Organizational Contacts: County Public Works

Emergency Response Plans: Information contained in department SOP

D. Organizational Contacts for AMAFCA Storm Maintenance

Area Served: Extensive area under AMAFCA control

Organizational Contacts:

Emergency Response Plans:

**Annex 7 Critical Infrastructure
Attachment #5
Roadways & Signals/Signs**

City Of Albuquerque, Bernalillo County, NMDOT

A. Area Served:

City of Albuquerque and Bernalillo County

B. Organizational Contacts for City Of Albuquerque Street Maintenance

Contacts:

Chief of Operations Ed Adams: 768-3000 (w) 831-4121(h) 250-2601(c)

Department Director John Castillo 768-3860 (w) 890-0755 (h) 250-2605 (c)

Street Division Andre Houle 857-8053(w) 861-0075 (h) 238-41589 (c)

Traffic Division David Harmon 857-8691(w) 292-2437(h) 239-9819 (c)

Emergency Street after hours 857-8053; Standby Foreman

Call 857-8053 for after hour standby personnel

C. Organizational Contacts for Bernalillo County Street Maintenance

Area Served: Unincorporated areas of county

Organizational Contacts: Tim West 848-5410

Emergency Response Plans: Bernalillo County All Hazard's Plan

D. Organizational Contacts for NMDOT Street Maintenance

Area Served: Entire state network

Organizational Contacts: Tom Raught, District 5. 841-2730

Emergency Response Plans: NMSP have the authority to close any state road

**Annex 7 Critical Infrastructure
Attachment #6
Communications**

QWEST

A. Area Served:

City of Albuquerque and Bernalillo County

B. Organizational Contacts for Qwest

Area Served:

City of Albuquerque and Bernalillo County

Organizational Contacts:

Monday – Friday, 7 AM to 5 PM PST – 800-777-9594, Press 4, enter your area code, and press 1, to reach the Special Delivery Coordinator who handles the agency that is requesting services

Evenings and Weekends – 800-203-0767 (duty pager, leave call back #)

Disaster Recovery On-Call Duty Manager – 800-204-6540, option 2

C. Emergency Response Plans: Unknown

**Annex 7 Critical Infrastructure
Attachment #7
Fuels (Gasoline and Diesel)**

Independent Contractors

A. Area Served:

City of Albuquerque and Bernalillo County

B. Organizational Contacts for Fuels

Municipal Development: Includes: Capital Implementation Program (includes Public Art), Parking, Facilities & Energy Management, Construction, Streets, Flood Control , and Quartercent Program

Director: John Castillo (jcastillo@cabq.gov)

City/County Building- 7th Floor / 87103*

ph: 768-3830

fax: 768-2310

C. Emergency Response Plans

Specific information regarding fuels (gasoline and diesel) identified in department Standard Operating Procedures Plan

Annex 7 Critical Infrastructure Attachment # 8

AIRPORT

A. Area Served:

City of Albuquerque and the State of New Mexico

B. Organizational Contacts for City Aviation Department:

24/7 Phone #'s

Airport Communications Center: Non Emergency / **Emergency** 244-7708 / **842-4004**
Manager on Duty (MOD) 244-5860 / 328-8410

Department Director Mike Rice
Associate Director of Operations
Airport Operations Manager

C. Emergency Response Plans:

Airport Certification Manual (FAA Approved 17 Mar. 2003)

Airport Security Plan (TSA Approved 19 Mar. 2003)

ALBUQUERQUE EMERGENCY OPERATIONS PLAN

ANNEX 8

DAMAGE ASSESSMENT AND REPORTING

PRIMARY RESPONSIBILITY

Albuquerque City and Bernalillo County Government

SECONDARY RESPONSIBILITY

Department of Public Safety, Municipal Development Dept., Building and Safety Division

I. PURPOSE

The damage assessment process allows the local, state and federal governments to develop a picture of the overall impact of an emergency incident or disaster and to establish priorities for recovery and future mitigation efforts.

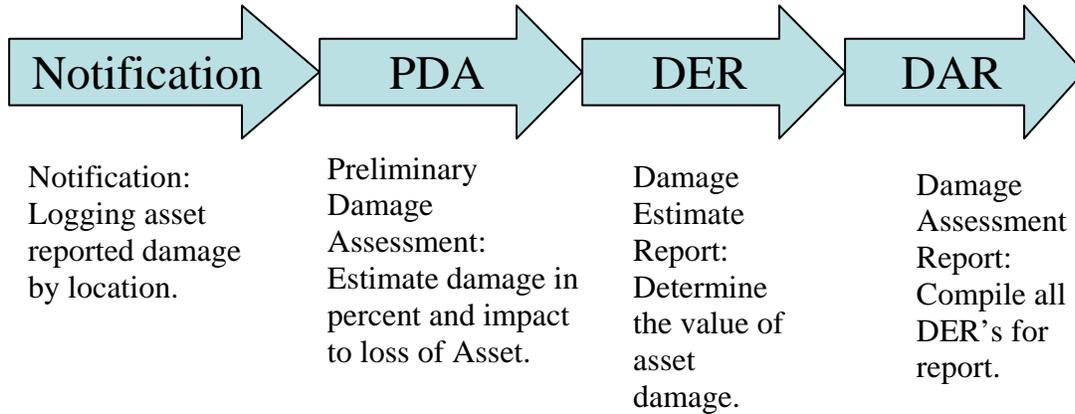
The scope of this annex is to provide a basis for coordinated damage assessment in the event of a disaster occurring within Albuquerque. Initial damage information is the key to formulating and initiating an effective response. Initial information will come from the area impacted followed by verification by a regional planner for that area.

II. SITUATION AND ASSUMPTIONS

This annex may be implemented any time a disaster or emergency event, with which causes property damage occurs, has occurred. Documented damage assessment information provides a basis and substantiation for requesting assistance. The following assumptions are applicable to this annex:

1. Damage assessment could be required in any area of the state and could include several jurisdictions.
2. Early damage assessment information will come from the local area affected by the disaster.
3. Joint local, state and federal teams will be activated in the preliminary (third) assessment stage. This stage usually takes place in preparation for a presidential declaration or immediately following one.
4. Teams may be deployed for several days at a time in varying levels of working conditions. (Long hours, less than ideal living conditions).
5. Debris management will be coordinated by the Damage Assessment teams through the Solid Waste Department. Numerous solid waste sites are available within the city. Evaluation and disposal of waste and debris will follow protocols on hazard, type, animal remains and use of contractors. Treatment of debris having potential evidentiary value will be coordinated with law enforcement.

III. CONCEPT OF OPERATIONS:



- A. Gather and evaluate information to determine the location, extent of damage and the impact on the community resulting from a disaster. Receipt of damage notification will come from 911, Fire and Rescue, Public Agencies and private owners. All damage notifications will be documented and duplicates eliminated for assignment of Preliminary Damage Assessment (PDA).
- B. Preliminary Damage Assessment (PDA) will be conducted to determine if the asset is stable or if it requires isolation from occupancy. The Building and Safety Division and/or the Fire Department will do this assessment. The use of the "Rapid Needs Assessment Team" Field operations Guide is encouraged for the PDA.
- C. A Damage Estimate Report (DER) will be produced for each asset. The estimate will be based on the cost of returning the asset to pre-event status. The Tax Assessor's Office or asset's independent insurance provider will do the DER.
- D. Each DER will be compiled to produce a Damage Assessment Report (DAR) by category as defined in the New Mexico Disaster Assistance Program and will comply with documentation and time frames specified by the Disaster Assistance Program.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITY:

- A. The ICS Commander and Emergency Operations Center Director will oversee the collection and assessment of data from the EOC. Each functional unit will provide damage assessment estimates. Make lists of records considered essential for continuing government functions, preserving and securing them in the event of an emergency. These will include all records required to protect the rights and interests of individuals (vital statistics, land and tax records, license registers, and papers of incorporation, etc.)
- B. The Facilities Support Unit Leader will operate from the EOC, and will coordinate all damage assessment activities. Summary reports will be forwarded to the Department of

Public Safety, Office of Emergency Management P.O. Box 1628, Santa Fe, NM 87504-1628. The telephone number is 505-476-9600.

- C. Personnel from the Tax Assessor's Office will report DER information to the EOC.
- D. Information regarding private utility damages will be forwarded to the EOC for assessment.
- E. All significant damage information will be forwarded and posted in the EOC by the Finance Officer for eventual summary of damage impact.
- F. Repairs on public facilities will begin as soon as possible, with priority given to those facilities, which are crucial to emergency response operations (i.e., roads, debris clearance, etc.).
- G. Local government resources will be relied upon for most of the emergency response with possible support from state and/or federal government and volunteer organizations. See Attachment 8.
- H. Damage assessment survey teams will consist primarily of local government. Personnel from various fields (engineering, building trade, etc.) will be used to supplement existing team members.
- I. Request for state and federal assistance will be reported providing the specifics as to what, how much, when, where, did damage occur.

V. ADMINISTRATION AND LOGISTICS

Damage Notification – Damage notification will be identified by many sources and logging of this data will be done by the intake agency and cataloged. The damage notification logs will be compiled by the intake agency in a form that identifies the asset so redundancy can be identified.

Survey Team Reports – Each damage survey team will collect field data using forms found in accessing damage assessment in both the Preliminary Damage Assessment (PDA) and the Damage Estimate Report (DER). These reports will be forwarded to the EOC for further analysis and summary of findings.

Damage Estimate Reports – The Finance Officer, in conjunction with the Tax Assessor, representatives of utility companies and personnel with engineering background, will compile damage assessment reports into a summary document of findings.

The Office of Emergency Management will assist in administrative matters.

Private Appraisers, insurance adjusters and others may obtain damage assessment reports from the Albuquerque Emergency Operations Center Director only with the consent of ICS

Commander. (Such information will be limited to that necessary in expediting the adjustments of claims.)

VI. PLAN DEVELOPMENT AND MAINTENANCE

The Municipal Development Department of the City Of Albuquerque will coordinate the revision of the Damage Assessment Annex and keep its appendices current. A meeting of Damage Assessment emergency representatives will be held twice a year to review the appendices and update. Those primary representatives for this annex are: Municipal Development Department, Building and Safety Division, Fire Department.

VII. AUTHORITIES AND REFERENCES

New Mexico Disaster Assistance Program Local Government Handbook
**Rapid Needs Assessment in Federal Operations, Operations Manual, FEMA 9324.1-PR,
April 2001**

**Annex 8 Damage Assessment and Reporting
Attachment #1
Damage Notification**

Reported information:

Event: _____

Date: _____

Time: _____

Reported by: _____

Contact Phone Number(s): _____

Address: _____

Type of Facility: _____

Damage Reported: _____

Preliminary Damage Assessment Assignment:

Assigned to: _____

Contact Phone Number(s): _____

Date: _____

Time: _____

Expected Completion date and time: _____

Preliminary Damage Assessment Finding:

Type of Facility: _____

Damage Reported: _____

Is Facility still Usable: _____ Estimated Value Loss \$ _____

**Annex 8 Damage Assessment and Reporting
Attachment # 2
Preliminary Damage Assessment**

| Assets | ESF taking report | Primary |
|--------------------------------|--------------------------|---|
| Buildings 2 stories or less | PWD | Building and Safety Division |
| Buildings more than 2 stories | PWD | Building and Safety Division |
| Roadways | PWD | NMDOT, PWD Streets, County |
| Traffic Control | PWD | NMDOT, PWD Streets, County |
| Bridges | PWD | NMDOT, PWD Streets, County |
| Culverts | PWD | NMDOT, PWD Streets, County |
| Water system | PWD | Water Utility, Private Systems |
| Wastewater System | PWD | Waste Water Utility |
| Domestic Utility Systems | | Individual owners |
| Storm Drainage System | PWD | Storm Drainage, AMFCA, County |
| Electrical System | PWD | PNM, Plains Elect. |
| Natural Gas System | PWD | PNM |
| Gasoline/Fuels | PWD | Suppliers |
| Medical facilities | Medical | Individual facilities |
| Public Information Systems | IS | CoA/County |
| Private Information Systems | IS | Individual facilities |
| Communications Public 800 MHz | Communications | CoA Radio, County, County, National Guard |
| Communications Radio/TV | Communications | Individual Stations |
| Public Fleet | Transportation | City, County, State |
| Public Transportation Systems | Transportation | Individual contractors |
| Private Transportation Systems | Transportation | Individual contractors |
| Airport | PWD | Building and Safety Division |
| Train | Transportation | Burlington Northern |
| Park Facilities | PWD | City, County, State |
| Public lands | PWD | City, County, State, NFS, BLM, Reservations |
| Private lands | PWD | City/County Fire |
| Irrigation Works | PWD | MRGCD |
| Dams | PWD | Corp of Engineers, BOR |
| Levees | PWD | MRGCD, Corp of Engineers, BOR |
| Schools | PWD | Building and Safety Division |

| PRELIMINARY DAMAGE ASSESSMENT SUMMARY | | |
|---|--------------------------|-------------|
| Name of Organization | | Situation |
| Department | | Assessor |
| NOTE: Figures below are very rough estimates. Final figures will probably be different. | | |
| Damage Type | Sub-Category | Description |
| Casualties | Deceased | |
| | Injured | |
| Buildings | Residences | |
| | Mobile Homes | |
| | Government Buildings | |
| | Public School Buildings | |
| | Private School Buildings | |
| | Medical Facilities | |
| | Nursing Homes | |
| | Correction Facilities | |
| | Other | |
| Utilities | Gas | |
| | Electric | |
| | Water | |
| | Waste Water | |
| | Garbage | |
| | Telecommunications | |
| Municipal Development | Pavement Damage | |
| | Road Surface Lost | |
| | Road Washouts | |
| | Culvert Damage | |
| | Bridge Damage | |
| | Traffic Control Signs | |
| Private \Sector | Residential Damage <50% | |
| | Residential Damage >50% | |
| | Business Damage <50% | |
| | Business Damage >50% | |

| | | |
|-------|---------------------------|--|
| | Agriculture: Crops | |
| | Agriculture: Livestock | |
| Other | Public Lands | |
| | Private Lands | |
| | Irrigation | |
| | Other: | |

Annex 8 Damage Assessment and Reporting Attachment #4

Special Tasks

I. Hazardous Materials

A. Ensure compliance with State and Federal regulations regarding disposal of the wastes.

II. Wildfire (Priorities During Response Operations)

B. Make an initial damage assessment with the EOC Director.

III. Wildfire (Priorities During Recovery)

A. Inspection and condemnation.

1. Fire and debris may have weakened structures left standing.

2. Inspect building and other structures to determine whether they are safe to inhabit.

B. Identify building and structures that may threaten public safety, designating those buildings and structures that may be reoccupied.

C. Identify/mark those buildings and structures that are to be condemned.

IV. Floods and Dam Failure (Priorities During Response Operations)

A. Make an initial damage assessment with the EOC Director.

B. Identify potential locations for the placement of temporary levees and include this information on the appropriate maps.

C. Work with the Transportation & Resources Coordinator to obtain a labor force to perform flood-fighting tasks associated with building a levee (e.g. obtain, fill, and place sandbags to prevent flooding).

D. Obtain assistance from the U.S. Army Corps of Engineers to build temporary emergency levees.

E. Relocate needed emergency resources and equipment from potential flood areas.

V. Flood and Dam Failure (Priorities During Recovery Operations)

A. Inspection and Condemnation.

1. Water pressure and debris may have weakened structures left standing. Building interiors will be filled with mud and filth, and some building materials will be waterlogged.
 2. Inspect buildings and other structures to determine whether they are safe to inhabit after a flood has occurred.
- B. Identify buildings and structures that may threaten public safety, designating those buildings and structures that may be reoccupied.
- C. Identify/mark those buildings and structures that are to be condemned.

VI. High Wind (Priorities During Response Operations)

- A. Make an initial damage assessment with the EOC Director.

VII. High Wind (Priorities During Recovery Operations)

- A. Inspect, condemn, and demolish buildings and other structures to determine whether it is safe to inhabit or use them after a tornado or high winds. Activities may include the following in order of priority:
1. Inspect buildings and structures that are critical to emergency operations.
 2. Inspect buildings and structures that may threaten public safety.
 3. Inspect less critically damaged structures and designate those that may be occupied and identify/mark those that are to be condemned.
 4. Arrange for the demolition of condemned structures.
- B. Work with the EOC Director to conduct immediate ground and air surveys to determine the extent of damage, casualties, and the status of key facilities for the Damage Assessment Report.

VIII. Earthquake (Priorities during Response Operations)

- A. Work with the EOC Director to conduct immediate ground and air surveys to determine the extent of damage, casualties, and the status of key facilities. Use the following order of priority to survey and evaluate the safety of:
1. Hospitals.
 2. Emergency response agency control centers (police, fire, etc.).
 3. Reception and care centers.
 4. Public shelters.
 5. Emergency Operations Center.
 6. Alternate Emergency Operations Center.

IX. Earthquake (Priorities During Recovery Operations)

- A. Inspect, condemn, and demolish buildings and other structures to determine whether it is safe to inhabit or use them after an earthquake. Additional engineering & building inspection support is available from the State. Activities may include the following (in order of priority):
 - 1. Inspect buildings and structures that are critical to emergency operations.
 - 2. Inspect buildings and structures that may threaten public safety.
 - 3. Inspect less critically damaged structures and designate those that may be reoccupied and identify/mark those that are to be condemned.
 - 4. Arrange for the demolition of condemned structures.
 - 5. Inspect dams and levees.

X. Terrorism Events Priorities

- A. Work with Weapons of Mass Destruction Coordinators to determine extent of attack.
- B. Evacuate area as/or if required.
- C. Initiate appropriate response to contain event.

**Annex 8 Damage Assessment and Reporting
Attachment # 5
New Mexico Structural Engineers Association (NMSEA)**

January 23, 2004

Mr. Jim Hunter
Emergency Operations Manager
City of Albuquerque
11510 Sunset Gardens SW
Albuquerque, NM 87121

Re: Structural Engineers Association (SEA) – Structural Engineers Emergency Response (SEER) Committee

Mr. Hunter:

The New Mexico Chapter of SEA has formed a SEER Committee. The SEER Committee is established for the purpose of organizing volunteer structural engineers, architects, building contractors, and other qualified individuals to assist the OEM with Building Structure Assessment, in the event of a natural or manmade disaster. SEER Building Structure Assessments are performed using a systematic approach to rapid structural safety assessment, as developed in the ATC-20 handbook. ATC-20 is a uniform methodology to ensure consistency in structural safety evaluations, developed by the Applied Technology Council. ATC-20 is used nationwide by emergency response organizations to assess the safety of buildings after a disaster.

The SEANM - SEER Committee is currently organizing volunteers to perform these structural evaluations. We are in the process of arranging for ATC-20 training of the volunteers through the NM State OEM. We are also seeking CERT training for each volunteer in Bernalillo and Sandoval counties. We are in the process of contacting the City of Rio Rancho, Sandoval County, NM State OEM, and FEMA Region VI, to arrange for SEER volunteer training and participation in all appropriate levels of local, state, and federal disaster response.

At your convenience, we would like to meet with you to discuss how the SEANM - SEER Team may be incorporated into the resources for the Emergency Response Functions at the Emergency Operations Center, local CERT program, and other interfaces with the emergency response efforts in Albuquerque.

Thank you in advance for your cooperation with us in this important emergency response function.

Sincerely,

Loren A. Dale, Government Liaison
SEANM – SEER Committee
PO Box 3514
Albuquerque, NM 87190-3514
<mailto:lorend@dpsabq.com>

ALBUQUERQUE EMERGENCY OPERATIONS PLAN

ANNEX 9

TRANSPORTATION

I. PURPOSE

To provide and coordinate transportation resources of the City of Albuquerque to provide for movement of citizens and domestic animals during any designated emergency.

II. SITUATION AND ASSUMPTIONS

A. Situation

The City of Albuquerque understands the need to protect the lives of the citizens and domestic animals of Albuquerque.

B. Hazard Summary:

As listed in the Basic Plan there are numerous hazards which could result in a need for transportation including evacuation within and from the city.

1. Potential evacuation areas due to natural disasters (flood, tornado, wildfire etc.) include low lying areas along the Rio Grande and all heavily populated areas.
2. Albuquerque is identified in the latest Nuclear Attack Planning Base (NAPB) as a high risk area, subject to blast over-pressures > 2.0 pound per square inch in the unlikely event of nuclear attack. Approximately 465,912 evacuees from the city and nearby areas will be assigned to locations within Bernalillo County and other New Mexico counties for shelter.
3. The designated war emergency evacuation and transportation routes from Albuquerque are primarily along Interstate Highways 40 and 25. Maximum traffic capacity is approximately 1200 passenger cars per hour per lane of traffic at 55 miles per hour. Most routes have at least a portion of highway requiring the lower speed limit. The inclusion of commercial vehicles, buses or adverse weather will reduce traffic flow.
4. The American Red Cross will select and provide shelters during emergency evacuations. Evacuees will be housed in public buildings (i.e. Schools, churches etc.) and not in private residences.
5. The City of Albuquerque is ready to respond to a variety of emergency occurrences including, but not limited to:
 - a. Natural Disasters – Floods, Tornadoes, Hurricanes, Earthquakes, Winter Storms
 - b. Man Made Disasters – Fires (structural/wildland), Accidents,
 - c. Acts of Terrorism - WMD (chemical, biological, explosive, radiological, nuclear)

- d. Civil Disturbance – Riots, Demonstrations

C. Assumptions

1. There are varying degrees of probability that the emergency situations outlined in the hazard summary will occur, thereby requiring that the City of Albuquerque to provide transportation assistance in an effort to save lives and protect property.
2. Some disasters occur slowly, providing ample time for warning and orderly, well planned transportation. Many types of disasters, however, occur so rapidly there is no time for transportation preparation, and the worst cases, no warning being given at all.
3. Transportation may be required at any time of day or night, and in any kind of weather. Maximum confusion and traffic congestion must be expected.
4. The City of Albuquerque will maintain emergency ready transportation resources to respond to emergencies as they arise in the City and, where possible, to support surrounding jurisdictions.

III. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization

The City of Albuquerque is responsible for plan development and the deployment of resources to all emergency events occurring within the jurisdictional boundaries of the City.

B. Responsibilities

1. Transportation Coordinator: The Mayor assigns this function to the Transportation and Resources Coordinator, or designee. Among others, the Coordinator works with the American Red Cross (ARC), and/or Evacuation Coordinator and Mass Care Coordinator to assign shelters and appropriate transportation after a disaster. Coordinate with area ambulances for transport of non-ambulatory persons and persons with special needs.

The position of Transportation Coordinator at the EOC is responsible for implementation of this annex and its provisions, including but not limited to the duties below:

- a. Obtain briefing from Support Branch Director or Logistics Section.
- b. Participate in Support Branch/Logistics Section planning activities.
- c. Implement traffic plan developed by Planning Section.
- d. Support out-of-service resources
- e. Notify resources unit of all status changes on support and transportation vehicles

- f. Arrange for and activate fueling, maintenance, and repair of ground resources. All equipment and resources committed will be topped off when not in use. An accurate record of fuel shall be recorded and documented for accounting purposes.
- g. Maintain accurate inventory of support and transportation vehicles
- h. Complete a form 218 on each vehicle.
- i. Provide transportation services as needed on a daily basis on a twenty four notice
- j. Collect information on rented equipment. Maintain an accurate record of mileage and normal wear to accurately compensate rental companies for use of their vehicles.
- k. Maintain a log of maintenance and repair supplies to include fuel, spare parts etc.
- l. Maintain incident roads. List all roads with in the incident area and provide maps and logistics as necessary for the free flow of traffic.
- m. Submit reports to support branch director as needed.
- n. Maintain Unit Log and keep an accurate description of all vehicles used for the purpose of transportation.

C. Equipment Manager

1. The Equipment Manager at the CABQ EOC is responsible for supporting the Transportation Coordinator in the implementation of this annex and its provisions. Including but not limited to the duties as described below:
2. The Equipment manager shall provide service, repair, and fuel for all apparatus and equipment; provides transportation and support vehicle services, maintains records of equipment use and service provided.
 - a. Obtain briefing from Transportation Coordinator.
 - b. Obtain incident action plan to determine locations for assigned active resources, and fueling and service requirements for all resources. To work with Law Enforcement to provide security for these locations and staff these locations accordingly to provide a secure environment.
 - c. Obtain necessary equipment and supplies utilizing funds provided by the Financial Officer.
 - d. Provide maintenance and fueling according to schedule and to secure local suppliers of fuel to be on hand at a moments notice per MOU's.
 - e. Prepare schedules to maximize use of available transportation and to schedule drivers accordingly as needed.
 - f. To verify documents of each driver (health card, CDL license class A or B) and verify status.

- g. To conduct safety meetings and uphold all local and federal laws regarding driver safety.
- h. To secure proper insurance of all equipment through rental or city and county insurance agencies.
- i. Coordinate with agency representatives on service and repair policies as required.
- j. Conduct daily inspection and condition of equipment to be used.
- k. Upon completion of usage of equipment, the Equipment Manager shall make arrangements to secure equipment and inspect equipment before returning equipment to their respective owners. The Incident Commander shall determine if any equipment is necessary to complete the cleanup and shall coordinate with the Transportation Coordinator if any equipment is needed after the incident or disaster. There shall be a demobilization plan that will be made available by the Incident Commander and shall be passed down the chain of command accordingly.

VII. ADMINISTRATION & LOGISTICS

VIII. PLAN DEVELOPMENT MAINTENANCE & DISTRIBUTION

IX. AUTHORITIES & REFERENCES

X. DEFINITIONS & TERMS

**Annex 9 Transportation
Attachment #1
Transportation Sources: Bus (School and City Transit)**

| <u>SCHOOL</u> | | |
|---------------|----------------------|------------------|
| <u>TYPE</u> | | <u>CAPACITY</u> |
| 246 | Buses | 66-67 Passengers |
| 247 | 118 Vans | 13-20 Passengers |
| 248 | 19 Vans/Wheel Chairs | 8-10 Passengers |

Contact Phone Numbers

Hererra Coaches-----555-2223
 Contact - Steve Martinez 242-1108 / 243-1523 / 243-2300 /
 Sanchez/Southwest coaches----831-2020
 Contact - Abel Sanchez 345-7821
 Custom Tours by Clarice

City of Albuquerque Transit/ABQRIDE

| <u>TYPE</u> | <u>CAPACITY</u> |
|-------------|-----------------|
| 107 Buses | 40 Passengers |

Contact Phone Numbers

Coordinator -Clarence Decker----764-6114; pager:247-7248; cellular: 250-2220
 Yale Maintenance Shop {vehicles}---764-6155
 Operations Dispatch {support}-----724-3138

**Annex 9 Transportation
Attachment #2
Transportation Sources: Tractor/Trailers (Reefer)**

WAREHOUSE

210 Tractors
500 Bobtails
1000 Trailers (reefer)

Contact Phone Numbers-

| | |
|-----------------------------------|------------------------------|
| Sun Valley Fruit Co.-----343-4413 | Contact-Adrian Marion Lovato |
| Ben E. Keith-----877-2525 | Contact-Charles Martinez |
| Sysco -----344-5656 | Contact-Martin Valdez |
| Yellow Freight-----831-1919 | Contact-Andy Hoffman |
| Zanios-----262-3636 | Contact-Steve Harris |
| ABF-----898-6060 | Contact-Matias Gonzales |
| Dees Food Service-----898-2121 | Contact-Hyde Clemens |
| Coremark-----344-1010 | Contact-Darwin Wageman |
| U.S. Foods-----344-9898 | Contact-Dennis Montoya |

STORAGE—

ALL ABOVE VENDORS HAVE STORAGE FACILITIES AS NEEDED TO STORE EQUIPMENT IN A SAFE AND SECURE MANNER.

MAINTENANCE—

ALL ABOVE VENDORS HAVE FACILITIES TO FUEL AND REPAIR EQUIPMENT AS NEEDED.

ALBUQUERQUE EMERGENCY OPERATIONS PLAN

ANNEX 10

EVACUATION

I. PURPOSE

To describe provisions that have been made to ensure the safe and orderly evacuation of people and domestic animals that are threatened by disasters or emergencies the jurisdiction faces.

II. SITUATIONS AND ASSUMPTIONS

A. Situation

The City of Albuquerque understands the need to protect the lives, property and domestic animals of the citizens of Albuquerque.

Hazard Summary: There are numerous hazards, which could result in a need to evacuate a portion of the city.

1. Locations with the most potential for evacuation due to hazardous material accidents include the areas along Interstate Highways 40 and 25 and the AT&SF Railroad.
2. Potential evacuation areas due to natural disasters (flood, tornado, wildfire, etc.) include low lying areas along the Rio Grande and all heavily populated areas. Good warning, prior training and education are essential for proper evacuation. This system should be tested frequently.
3. Albuquerque is identified in the latest Nuclear Attack Planning Base (NAPB) as a high-risk area, subject to blast over-pressures > 2.0 pound per square inch in the unlikely event of nuclear attack. Approximately 465,912 evacuees from the city and nearby areas will be assigned to locations within Bernalillo County and other New Mexico counties for shelter.
4. The designated war emergency evacuation routes from Albuquerque are primarily along Interstate Highways 40 and 25. Maximum traffic capacity is approximately 1200 passenger cars per hour per lane of traffic at 55 miles per hour. Most routes have at least a portion of highway requiring the lower speed limit. The inclusion of commercial vehicles, buses or adverse weather will reduce traffic flow.
5. The American Red Cross will select and provide shelters during all but emergency evacuations; evacuees will be housed in Evacuee public-type Buildings (i.e. Schools, churches etc.) and not in private residences. However, homeowners will be encouraged, NOT forced, to share their homes with evacuees.
6. Animals will be taken to designated areas (EXPO New Mexico Veterinary Clinic etc.)

7. The City of Albuquerque is ready to respond to a variety of emergency occurrences including, but not limited to:
 - a. Natural Disasters – Floods, Tornados, Hurricanes, Earthquakes, Winter Storms, high winds.
 - b. Man Made Disasters – Fires (structural/wildland), Accidents, Explosions
 - c. Acts of Terrorism - WMD (chemical, biological, explosive, radiological, nuclear)
 - d. Civil Disturbance – Riots, Demonstrations

B. Assumptions

1. There are varying degrees of probability that emergency situations outlined in the hazard summary will occur, thereby requiring the City of Albuquerque to provide immediate assistance in an effort to save lives and protect property.
2. Some disasters occur slowly, providing ample time for warning and orderly, well planned evacuation. Many types of disasters, however, occur so rapidly there is no time for evacuation preparation, and in the worst cases not even time for warning.
3. Evacuation may be required at any time of day or night, and in any kind of weather. Maximum confusion and traffic congestion must be expected.
4. It is anticipated large numbers of people would voluntarily evacuate upon being alerted of potential problems or danger.
5. Some people will refuse to evacuate in spite of an obvious, Life-threatening hazard. Their name(s), date of birth, and social security number(s) should be documented by the notifying person with the date and the time notification was given.
6. In most situations evacuees will have little preparation time and will require maximum support in reception areas, particularly for food, bedding and clothing.
7. In any evacuation situation, those directing emergency operations must take extra precautions to insure that people with special needs are taken care of - this includes the elderly and handicapped, nursing home hospital patients, and prisoners in all confinement facilities in the City of Albuquerque/Bernalillo County. The Incident Commander should be apprised immediately of the presence of persons with special needs in the evacuation population. The Incident Commander will need to determine if they need special equipment and request assistance from APD in deploying it for them.
8. The City of Albuquerque will maintain emergency ready service resources to respond to emergencies as they arise in the City and, where possible, to support surrounding jurisdictions.
9. The City of Albuquerque is adequately funded to maintain appropriate and proper readiness, assuring compliance with standards as they relate to staffing, training, and equipment issues.

10. The Emergency Operational Center is the primary communications link relating to the alert, activation, deployment, and incident management of all responding agencies within the Albuquerque metropolitan area.
11. The City of Albuquerque continues to use the National Incident Management System (NIMS), a standardized emergency management system for organizing personnel and equipment resources, while responding to emergencies at the site of an incident and to manage the EOC.

III. CONCEPT OF OPERATIONS

A. Objectives

1. The Emergency Operations Center (EOC) will be activated normally because of a primary hazard (emergency) event.
2. The incident commander will request utilization of any mobile command center for use as an on sight command post. The location and nature of the event will determine location.
3. In the event of a disaster, all EOCS within the county and outside high-risk areas will activate and supervise evacuation to host Areas and the reception and care of those residents assigned within the affected City/County. The Incident Commander may determine that “Shelter in Place” is an appropriate response.
4. In such cases, radio and other public service advisories will be used to notify persons to shelter in place and to remain indoors as well as what they measures they will need to take to alter air intakes depending on identified hazards.
5. In case of extreme and protracted emergencies, the EOC will attempt to ensure that evacuees are instructed to take with them bedding, cots (if available), rugged clothing for two weeks, two weeks supply of easily prepared foods, medical items, etc., if necessary and if time permits.
6. All available news media will be used to instruct evacuees. Preparation instructions should be passed through the Emergency Operations Center Public Information Officer when it first appears evacuation may be necessary. The emergency alerting system (EAS) may be utilized for this purpose.
7. The Mayor or his designee will normally order evacuation due to natural or man-made hazards. Where rapid evacuation is critical to the continued health and safety of the population, the Incident Commander may order evacuation.
8. The re-entry decision and permission for evacuees to return is made by the Mayor or his designee to the evacuated area after the threat has passed and the evacuated area is determined free of dangerous contamination. Care will be taken to ensure that any plume from a hazardous material incident is completely dissipated. The area will be

inspected by fire, law enforcement and utilities personnel for safety verification. Some specific re-entry considerations are:

- a. The threat causing evacuation is completely over.
 - b. Only a safe level of or no contamination exists.
 - c. Homes/buildings have been inspected to determine safety.
 - d. Determination of the number of persons in shelters who require transport to their homes has been made and transportation is available.
 - e. Determination of long-term housing requirements has been completed.
 - f. Arrangements to coordinate traffic control and movement are complete.
 - g. Inform the public of proper re-entry actions such as cleanup and reactivation of utilities.
9. Priorities during all phases of an emergency shall be as follows:
- a. Life: The activities required to protect occupants, remove those who are threatened, and to treat the injured.
 - b. Loss control: The activities required to stop or reduce primary or secondary loss to property and the negative psychological and emotional impact of the event on all personnel.
 - c. These activities will be conducted in collaboration with and supported by local, state, and federal authorities.

B. Movement and Transportation of Evacuees:

1. The preferred method of evacuation is door to door. Police Officers may also use their P.A. systems and the news media to assist in evacuation. Consideration for public safety, time, manpower and the special needs of the people to be evacuated, should be evaluated when determining the method of evacuation. Small Areas may be evacuated by telephoning residents and businesses directly if staffing and time allows. Evacuees will be responsible for taking their animals to the reception center for sheltering. The CABQ EHD will maintain and make available a list of appropriate shelters for animals.
2. Primary evacuation mode will be in private vehicles. Planning must address special needs people.
3. The on scene incident commander will determine evacuation for a natural or man-caused disaster. Evacuation routes for a natural or man-caused disaster will be at the time of the evacuation decision.
4. The primary evacuation route from the nuclear attack high-risk areas will be as described above. If alternate or additional routing is required, law enforcement officers will select the best routes available at the time.
5. If possible, two-way traffic will be maintained on evacuation routes to permit continued emergency vehicle access. Traffic control points will be located as needed for anticipated traffic volume and complexity of evacuation routes.

6. Major streets can be designated one way out of the area if needed. Emergency and Mass Evacuation vehicles would need designated streets for their exclusive use.
7. Law enforcement officials will obtain wrecker services to remove disabled vehicles.
8. Evacuees will be taken to the nearest staging area to await bus or truck transportation
9. Municipal Development/road departments within the City of Albuquerque limits will provide traffic control devices such as signs and barricades. Additional assistance may be requested of the NM State Transportation Department to provide traffic control devices such as signs and barricades along interstates.
10. Rest areas may be necessary along the evacuation route and will be designated by the State Transportation Department. Impediments to evacuation may occur and plans for temporarily sheltering and feeding evacuees at an en route point should be made.
11. The Transportation/Resource Officer will coordinate public transportation resources (i.e., school or church buses, vans and multipurpose vehicles).
12. Prior coordination between a high-risk/evacuation area and potential host areas for specific evacuation plans is essential for smooth operations. This should include arrangements for the evacuating area to provide additional equipment and operators for shelters, food, water and other essentials.
13. Albuquerque will deliver by bus to the host area reception centers, people who lack private transportation. The reception centers must be prepared to transport these people onward to their assigned Mass Care facilities or fallout shelters. Reception Centers and shelters are referenced in Appendix #2 "Community Centers" by the Family and Community Services Division. The Red Cross and their National Shelter program may also provide long term sheltering.
14. Volunteers will deliver elderly, infirm or handicapped persons needing evacuation assistance to the closest reception centers. The centers must be prepared to transport them to their assigned congregate care facilities or fallout shelters. Because of medical service availability, these persons should be sheltered in cities with good hospital facilities.
15. By inter-hospital agreement and prior coordination, critical patients will relocate to hospitals in host areas.
16. The evacuation of non-ambulatory patients from nursing homes will be by local ambulance service.
17. The Transportation/Resources Coordinator will assist in obtaining transportation if requested.
18. The LEPC will maintain a list of nursing homes, shelter care homes, etc. as well as points of contact (e.g. doctors, churches, welfare organizations etc) to get addresses of other disabled people who need special help. *
19. The APS School Superintendent will evacuate Public Schools by public or privately contracted school buses if necessary. However, if sufficient time permits, parents will be notified to pick up their children. This prevents separation of children and parents, and makes school buses available for other transportation needs.

20. The Director of the County Detention Center is responsible for the evacuation of prisoners. He coordinates reception and shelter of prisoners at the facility they're going to. He will coordinate with the other departments to assist in ensuring security of prisoners en route. Inmate transportation and sheltering is included in Appendix #1 "Metropolitan Detention Center Evacuation."
21. Essential personnel should be identified and provisions for their families to be housed or transported to a facility nearest their work location. This effort should be undertaken so no interruption of emergency response occurs due to a concern for family members.

C. General

1. When notified of an emergency situation or a need for an evacuation, the City of Albuquerque will respond with incident-specific personnel, equipment, and apparatus to the emergency site, staging area, or other location in support of the incident.
2. The City of Albuquerque will assume the responsibility of organizing, training, and equipping personnel to respond to an emergency requiring evacuation of personnel.
3. Pre-disaster, emergency response, and recovery plans are based on an all-hazards approach to emergency management.
4. Standard operating guidelines describe how emergency tasks will be performed.
5. Alert, notification, and activation procedures are in place and are routinely tested and exercised.
6. We will address all phases of emergency planning, response, and recovery issues by coordinating the use of those resources belonging to private and/or other governmental agencies.
7. Coordinated efforts with hospitals and other public health organizations ensure that all medical operations are thoroughly integrated.

D. Source and Use of Resources

Resources will be provided automatically, as needs escalate to meet incident imposed demands, or as assessed by the incident commander.

The City of Albuquerque is comprised of a cadre of professionals that are capable of providing an all-hazards emergency response to incidents occurring within the City's jurisdictional boundaries, and when possible to adjacent or regional jurisdictions.

When notified of an emergency situation, response personnel, equipment, and apparatus are dispatched to the emergency site, staging area, or other location as appropriate. The City's dispatch center will establish communication links among response personnel and/or the EOC when it is activated. Radio will serve as the primary form of communication. Telephones and ham radio will serve as the backup methods

E. Implementation of NIMS

During an activation of the EOC, the City's Emergency Operations Center will coordinate the support of resources dealing with the incident. The principal consequence of the National Incident Management System (NIMS) is to unify command and control, improve communication among involved activities and to ensure that all City resources are made available, if they are required for the effective resolution of an emergency incident.

The City of Albuquerque through its Department Directors will support all EOC activities when the EOC is activated. Representatives to the EOC are responsible for:

1. Providing a reliable communications link for resource support of the Incident Command post.
2. Support of the overall incident management strategy.
3. Development of an EOC incident action plan.
4. Assignment of appropriate personnel, consistent with pre-emergency plans and Standard Operating Guidelines.
5. Review, evaluation, and revision (as needed) of the incident action plan.
6. Resource allocation and the coordination of resources to specific field operations.

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. General

The City of Albuquerque is responsible for plan development and the deployment of resources to all emergency events occurring within the jurisdictional boundaries of the City, and as such will place into motion the following responsibilities in the event that an emergency evacuation is necessary

- a. Law Enforcement Liaison– Determine alternate evacuation routes, provide traffic control establish security in the evacuated area, and assist in warning the public. Establish parking and security at the reception, lodging and feeding centers.
- b. Fire Department - Respond to hazardous material and fire incidents, provide on-scene coordination and advise of need for evacuation. Provide fire security in evacuated areas and assistance in warning the public.
- c. Emergency Operations Center- inform the public of evacuation requirements and action, And provide them with other essential emergency information. The Public Information Officer (PIO) should assist in the dissemination of information.

- d. Municipal Development/Streets/Road Department - Maintain evacuation routes and provides traffic control devices.
 - e. Transportation Department: - Provide transportation for evacuees without private vehicles; and coordinate with area ambulances for the transport of non-ambulatory persons and persons with special needs.
 - f. School Liaison: Evacuates students in the effected area. Closes schools and releases students to the proper authorities. Coordinates the use of school busses and facilities as needed to support the overall evacuation. Ensures that school children are segregated and moved to only one location to speed their return to their parents or guardians.
 - g. Animal Care and Control Division: Estimates the number and types of animals in the risk area. Coordinates with the Evacuation Coordinator evacuation routes for the animals. Mobilizes transportation and cages. Identifies areas and facilities to house evacuated animals.
 - h. Administrative Personnel: Records and reports the statistics of the evacuation to include the number of evacuees both personnel and animals and records all identified evacuation routes.
2. Positions at EOC
- a. Evacuation Coordinator - The Mayor assigns this function to the Law Enforcement Coordinator, or designee. Among others, the Evacuation Coordinator works with the American Red Cross (ARC), or Mass Care Coordinator to assign shelters after a disaster.
 - b. Public Information Officer: Disseminates instructional materials and information to the evacuees. Informs public of areas that are under evacuation. Provides a list of items that evacuees may want to take with them. Announces places for evacuees to go to if they do not have transportation. Announces the evacuation routes. Announces where the mass care facilities are located. Keeps the public informed on the policies and activities that are specific to the evacuation. Inform evacuees on the action to take for the evacuation of pets and farm animals.
 - c. Health and Medical Coordinator: Ensures that patients are removed from hospitals, nursing homes, and other health care facilities that are inside the risk area. Ensures that transportation and medical care is provided to patients evacuated from the risk area. Ensures that care for those unable to evacuate the risk area is continued.
 - d. Logistics: maintains mutual aide agreements with neighboring jurisdictions that address supporting evacuees, mass care, and shelters and coordinates provisions to maintain the evacuation, such as:

- a. Food
- b. Water
- c. Medical supplies
- d. Sanitation
- e. Electricity
- f. Fuel
- g. Bathroom Facilities;

3. Scope of Operations

The Office of Emergency Management is tasked with providing resource support along with command and control in the event of major manmade or natural disasters or other significant incidents such as weapons of mass destruction and terrorist incidents.

The City of Albuquerque serves the populace encompassing the entire City of Albuquerque, and including mutual-aid agreements with Bernalillo County and Kirtland Air Force Base, and the extended hazardous materials response area within a fifty-mile radius of the city. The City of Albuquerque constitutes 80% of the population of Bernalillo County and the surrounding “bedroom communities” increase the daily population through an influx of workers into the city. The city also provides emergency responders to the Albuquerque International Airport, which supports 149 daily flights and an estimated 12,000 to 15,000 daily airport travelers. Additionally, more than 1.5 million gallons of hazardous materials are transported daily through the I-25 and I-40 corridors.

V. ADMINISTRATION & LOGISTICS

- A. The City of Albuquerque provides for accountability of its response efforts through a records management system that tracks details of each emergency incident from its inception through its resolution.
- B. All transportation, man-hours and other costs associated with evacuations must be itemized in accordance with the State of New Mexico Disaster Assistance Program Local Government Handbook, if reimbursement is desired.
- C. Inter-agency memoranda of understanding (MOU) and inter-governmental agreements – specific to automatic and/or mutual aid – exist or are pending with numerous adjacent jurisdictions, and include:
 1. Bernalillo County Fire Department
 2. Bernalillo County Detention Center
 3. Town of Bernalillo
 4. U.S. Department of Energy
 5. Town of Edgewood
 6. Isleta Tribal Government
 7. Kirtland Air Force Base Fire Department

8. Local Emergency Planning Committee
9. Village of Los Lunas
10. Village of Los Ranchos
11. Lovelace Hospital
12. New Mexico Energy, Minerals and Natural Resources Department
13. Expo New Mexico
14. Presbyterian Hospital
15. Rio Grande Valley State Park
16. Pueblo of Sandia
17. Santa Ana Tribal Government
18. Sandia National Laboratories
19. Torrance County Government
20. University of New Mexico Hospital
21. U.S. Department of Veterans Affairs; NM VA Medical Center
22. Village of Corrales
23. Village of Tijeras
24. Albuquerque Public Schools
25. American Red Cross –Albuquerque Chapter
26. Herrera Coaches
27. Sanchez coaches

VI. PLAN DEVELOPMENT MAINTENANCE & DISTRIBUTION

This plan was developed through the cooperative efforts of City of Albuquerque departments, local entities, and state agencies. Maintenance of the plan will be directed by the Director of the EOC, through appropriate representatives as designated by the Mayor.

VII. AUTHORITIES & REFERENCES

VIII. DEFINITIONS & TERMS

ANNEX 10 EVACUATIONS

Appendix 1

Metropolitan Detention Center Evacuation

I. Purpose:

Describe provisions that have been made to ensure safe, orderly and secure evacuation of staff and inmates from the Metropolitan Detention Center (MDC) when a hazardous condition renders all or a significant portion of the Detention Center unfit for habitation.

II. Situations and Assumptions:

A. Situation

The City of Albuquerque understands the need to protect the lives and safety of the inmates and staff who live in and work at MDC, and to prevent the escape of inmates from MDC in the event of an emergency.

B. Hazard Summary:

There are numerous hazards, which could result in the need to evacuate all or a portion of MDC. The facility is composed of four housing areas and associated support areas including mechanical systems, warehouse, water treatment, food service, medical services, booking, administration and the courts, which could be affected by a variety of natural and/or man-made disasters, such as:

1. Failure of the water supply or treatment systems.
2. Loss of electric power to the facility for an extended period with an accompanying inability to deliver fuel to the emergency generators would disable key services.
3. The closure of the frontage road from Paseo Del Volcan to Shelly Rd. or the closure of Shelly Rd. would effectively cut off MDC from most deliveries of food and fuel.
4. Fire, earthquake or other disaster could damage the housing units or support infrastructure and render the facility uninhabitable.
5. Riot or other disturbance could necessitate the evacuation of all or a portion of the facility.

C. Assumptions

1. There are varying degrees of probability that emergency situations outlined in the hazard summary will occur.
2. Some disasters occur slowly, providing ample time for warning and orderly, well planned response. However, many types of disasters occur so rapidly that there is no time to prepare for evacuation, and in the worst cases no warning at all.

Evacuation may be required at any time of day or night, and any kind of weather. Maximum confusion and traffic congestion must be anticipated.

3. MDC is equipped with emergency generators and fuel capable of providing power to the essential systems of the facility for up to two days in the event of an interruption of service from PNM. If fuel can be delivered the generators could continue to operate indefinitely.
4. The fresh water well and treatment system and the wastewater treatment system are connected to the emergency power system and will operate under nearly normal conditions during an interruption of service from PNM.
5. Food stocks and the supply of fresh water in storage are maintained at a level that makes the facility self-sufficient for a period of four days.
6. Total evacuation of MDC will require movement and temporary housing of up to 2200 inmates. (See the Case Manager's Classification Guide and sample Master Headcount Sheet for a breakdown of the population by classification and sex.
7. Evacuees from MDC will require support services at the destination to include medical, food, sanitation, sleeping accommodations and security.
8. Evacuation of MDC will require provision for transport and housing of inmates with the following special needs and security classifications being necessary:
 - a. Inmates currently housed in the infirmary
 - b. Inmates currently housed in the Psychiatric Services Pods
 - c. Inmates in special handling areas including segregation for disciplinary, security threats, protective custody, drug and alcohol watch

MDC has a classification system for housing assignments that will make it possible to quickly determine proper destinations for individual inmates based on special needs or security concerns. (See the attached "Case Manager's Classification Guide)

9. MDC will provide necessary documentation to accompany each inmate to establish identity, medical/psychiatric/nutritional needs.
10. The Management and Staff of MDC will maintain command of any emergency affecting the institution, but will require the support of other agencies including law enforcement, fire fighting/emergency response, military, state and local corrections, healthcare, and transportation.
11. The facilities of several agencies are available as destinations for inmates in the event of an evacuation:
 - a. New Mexico Department of Corrections
 - b. New Mexico National Guard
 - c. Cornell Corrections

- d. Corrections Corporation of America
- e. University of New Mexico Hospital

III. Concept of Operations

A. Objectives

1. The Director of the Department or his designee will order any evacuation or return of personnel to MDC.
2. The Emergency Operations Center may be activated depending on the nature of the hazard. The Director of the Department of Corrections or his designee will act as the Incident Commander.
3. The Incident Commander will request utilization of the mobile command center for the on-site command post as necessary.
4. All decisions about evacuation destinations for inmates will be made by the Incident Commander based on availability of appropriate housing in the various facilities, which have been previously designated.
5. The Incident Commander will assure that bedding and linen, clothing, and documents that will identify inmates and communicate all special needs (medical/psychiatric/nutritional) are transported to the destination of each inmate.
6. The Incident Commander will coordinate the secure transport of inmates with law enforcement agencies.
7. Inmates will be transported in vehicles belonging to MDC, and/or the City of Albuquerque Transit Department.

B. Priorities during all phases of evacuation transport shall be as follows:

- 1. Life: The activities required to protect the health and safety of inmates and staff, as well as treatment of the injured.**
- 2. Security: prevention of escapes or disruption of the orderly movement of inmates to their secure destinations.**

C. Movement and Transportation of evacuees:

1. The preferred method of evacuation is directly from MDC to the temporary housing location with the inmates in possession of personal effects, clothing and linen. Documentation on inmates will be in the possession of the escorting Corrections Officers.
2. The evacuation mode will be vans or buses belonging to MDC or buses belonging to the Transit Department.

3. All inmate evacuees will be restrained appropriately. High-risk inmates will be restrained and escorted individually.
4. Evacuation routes will be determined at the time of evacuation based on concerns for security and ease of movement.
5. Prior coordination and creation of agreements with evacuation destinations is essential. Especially as concerns destinations for high risk and special needs inmates, prior agreement about types of inmates to be accepted and conditions of confinement and care is essential.

D. Organization and Assignment of Responsibility

1. Decisions about destinations of individual inmates, mode of transport, route, and escort by law enforcement will be made by the MDC Incident Commander.
2. Law enforcement officers from the Albuquerque Police Department (APD), Bernalillo County Sheriff’s Office (BCSO), or New Mexico State Police (NMSP) will escort all transport vehicles.
3. MDC Corrections Officers will accompany inmate evacuees in the transport vehicles in numbers specified by MDC policy and procedure for transport.
4. Upon reaching the evacuation destination inmates will remain under the supervision of MDC Corrections Officers unless transfer of custody by prior agreement has been made between MDC and the facility.

E. Administration and Logistics

1. A list of potential destinations for evacuees and details of the types and numbers of inmates that will be sent to the locations is provided:

| Facility Name | Number of inmates | Type of inmate/Special needs | Comments |
|--|--------------------------|--|-----------------|
| NM DOC Central, Los Lunas | 200-300 | General Population, Males | |
| NM DOC South, Santa Fe | 100-200 | High Risk, Males | |
| CCA/NM DOC, Grants | 100 | Special handling and General population, Females | |
| NM National Guard, Wyoming Blvd, Albuquerque | 200-300 | General population, Males | |
| NM National Guard, Rio Rancho | 300-400 | General population, Males | |

| | | | |
|--|--|--|--|
| CCA/Torrance Co. Detention Ctr., Estancia | | | |
| Cornell/Valencia Co. Detention Ctr., Los Lunas | | | |
| Cornell Regional Detention Center, Albuquerque | | | |
| Sandoval Co. Detention Ctr. | | | |

2. Maps of primary and secondary routes to evacuation destinations will be to law enforcement only. .
3. Property and supplies will be transported in MDC vehicles.
4. The following Mutual Aid Agreements are in effect:
 - a. NM Department of Corrections
 - b. NM National Guard
 - c. City of Albuquerque Transit Department
 - d. Cornell Corrections
 - e. Corrections Corporation of America
 - f. Sandoval County Detention Center
 - g. Albuquerque Police Department
 - h. Bernalillo County Sheriff
 - i. NM State Police

F. Plan Development and Maintenance

The MDC Safety Supervisor is responsible for developing implementation instructions, coordination of revision of this Appendix and assuring that the information its contents are current.

G. Authorities and References

Authority to order the evacuation of MDC rests with the Director of the City of Albuquerque Department of Corrections or his/her designee.

In the event of a need to evacuate all or a portion of MDC agreements are in place to provide for law enforcement support, temporary housing, and transport.

ANNEX 10 Evacuation
Appendix 1 MDC Evacuation
Attachment 1: MDC Case Managers Guide

MDC CASE MANAGERS- CLASSIFICATION GUIDE: REVISED 01-15-04 CMS

UNIT D-MINIMUM-LO MED SECURITY UNLESS APPROVED BY COMMITTEE

- D 1 MALE DWI PROGRAM-CLASS DIRECTLY IF CT ORDERED-BI-LINGUAL
- D 2 MALE DWI PROGRAM-CLASS DIRECTLY IF CT ORDERED
- D 3 MALE DETAILS-CLASSIFIED TO THIS POD IF SENTENCED TO BCDC
- D 4 MALE DETAILS-CLASSIFIED TO THIS POD IF SENTENCED TO BCDC
- D 5 FEMALE PROGRAM-CLASS DIRECTLY IF CT ORDERED-MIN-LO MED-MED
- D 6 FEMALE DETAILS-CLASS DIRECTLY IF SENTENCED TO BCDC. MIN-MED
- D 7 FEMALES/GEN POP-MINIMUM-LO-MED-MED-HI MED-MAX (SPIRITUAL PROG)
- D 8 MALE PODS POD- NO HI-MED OR MAX INMATES.
 If you need to use these pods to classify/try to place misd chgs or low felonys.

UNIT E-MALES

- E 1 THRU -E-4 PODS 1-4 WILL HOUSE MALE-MIN-MISD CHGS/LO MEDS -1ST TIME OFFEND, WHITE COLLAR CRIMES, FORGERYS, FRAUD, EMBEZZ-SHOP MISD DOM VIOL CHGS-MISD ASSAULTS-BATTERY, RESTRAINING ORDERS.
- E-5 & E-6 PODs 5 & 6 WILL HOUSE MED-MAX, MALE/YOUNGER VIOLENT CRIMES SUCH AS ARM ROB CHGS, MURDER CHGS-SHOOT AT/FROM DWELLING. MAY HAVE SOME PNM TIME.
- E 7 Will HOUSE HI-MED-MAX/HABITUAL OFFENDERS BETWEEN 4-7 YRS PNM. PRIOR 2/N
- E 8 HOUSE MAX/HABITUAL OFFENDERS & OVER 8 YRS PNM TIME. PRIOR 3-N

UNIT F-MALES

- F-&-F-2& F4 & F5 & F6 PODS 1, 2,4,5,6 WILL HOUSE LO MED FELONY INMATES-NO PNM RESD-COM-AUTO BURGS, POSS CONT SUB, 1ST TIME OFFEND. TRAFF. FELONY DOM VIOLENCE-ASSAULT & BATTERY.
- F-3 WILL HOUSE ALCOHOL WATCHES & INMATES APPROVED BY MSU
- F7 THRU F8 PODS 7-8 WILL HOUSE MEDIUM INMATES WITH UNDER 3 YRS PNM TIME- MATURE 1ST TIME VIOLENT OFFENDER SUCH AS ARM ROB CHGS-MURDER CHGS.

SEG/INTAKE UNIT-MAXIMUM SECURITY

- S/I - 1 WILL HOUSE ALL ADMIN SEG/PC MALES THAT CANNOT BE IN G.P. FOR SAFETY REASONS. (PRIOR 1-N INMATES).
- S/1- 2 WILL HOUSE ALL MALE INMATES THAT ARE HERE FOR CT TO INCLUDE PNM OR ANY OTHER INMATES COMING FROM ANOTHER FACILITY ON THE TOP LEVEL.
 INMATES THAT ARE WRITTEN UP-PEND A HEARING WILL BE HOUSED/BOTTOM.

S/I- 3 WILL HOUSE MALE STG MALES. (PRIOR 3SW INMATES).
S/I- 4 WILL HOUSE MALE SPECIAL HANDLING INMATES (PRIOR 3SE
INMATES) ON THE BOTTOM LEVEL. ON THE TOP LEVEL WE
WILL HOUSE INMATES WHO ARE COMPLETING DISP. SEG TIME.
S/I- 5 WILL HOUSE ALL FEMALE PSU INMATES. (PREV. 5-EAST). MIN-
MAX SECURITY
S/I- 6 WILL HOUSE ALL MALE PSU IINMATES. (PREV. 6-EAST). MIN-
MAX SECURITY
S/I- 7 WILL HOUSE FEMALE INTAKES ON THE BOTTOM LEVEL.
ADMIN SEG AND HERE FOR CTS. ON THE TOP LEVEL AND
ALCOHOL WATCHES ON THE DAYROOM.
S/I- 8 WILL HOUSE MALE INTAKES ONLY.

1. Classify DWI court ordered commitments to program. All others will be classified to g. p. and put on a list.
2. Anyone sentenced to MDC or with a misd offense will be considered min security regardless of prior history unless behavior requires higher security.



Annex 10 Evacuation Attachment 2 Community Centers

City of Albuquerque, Department of Family and Community Services

| | | | |
|------------------|-------------------|--------------------------------|----------|
| Valorie A. Vigil | Dept. Director | City Hall, 5 th Fl. | 768-2870 |
| Arnold Sena | Division Manager, | 707 Broadway, NE | 767-5886 |
| Eddie Andujo | Technical Support | City Hall, 5 th F. | 767-2859 |

Alamosa Community Center

Mike Molina, Center Supv
Geraldo Cionelo, Activities Coord.
6900 Gonzales Rd. SW 87121
>>Coors & Central<<
PH: 836-8760 FAX: 836-8761
Occupancy 620
Showers Yes
Kitchen Yes

Barelas Community Center

Ray Wright, Center Supv
Scott Duran, Activities Coord
801 Barelas Rd. SW 87102
>>Atlantic & 8th Street<<
PH: 848-1343 FAX: 764-1536
Occupancy 400
Showers Yes
Kitchen Yes

Cesar Chavez Community Center

Charmaine Gutierrez, Center Supv.
Gerald Jordan, Activities Coord
7505 Kathryn SE 87108
>>Louisiana & Zuni<<
PH: 256-2680 FAX: 256-2686
Occupancy 600
Showers Yes
Kitchen Yes

Dennis Chavez Community Center

715 Kathryn SE 87102
>>Kathryn & Walter<<
PH: 848-1341 FAX: 764-9121
Occupancy 350
Showers Yes
Kitchen Yes

XI. East San Jose Community Center

(CLOSED for renovation)
1830 William SE 87102
>>Trumbull & William<<
PH: 848-1336 FAX: 764-1787
Occupancy Closed
Showers Closed
Kitchen Closed

Heights Community Center

Susan Solomon, Rec Svs Prog Supv
Larry Williams, Activities Coord
823 Buena Vista SE 87106
>>Coal & Buena Vista<<
PH: 848-1334 FAX: 764-6827
Occupancy 100
Showers No
Kitchen Yes

Holiday Park Center

Dennis Sanchez, Activities Coord
11710 Comanche NE 87111
>>Juan Tabo & Comanche<<
PH: 291-6289 FAX: 291-6202
Occupancy 65
Showers No
Kitchen Yes

Isshin Ryu Karate

Herb Edmon, Supervisor
1314 Gibson SE 87106
>>I-25 & Gibson<<
PH: 764-1721 FAX: 244-6636
Occupancy 65
Showers Yes
Kitchen No

Jack Candelaria Community Center

Ricardo Aragon, Center Supv
Kathy Quintana, Activities Coord
400 San Jose SE 87102
>>San Jose & Broadway<<
PH: 848-1324,25 FAX: 244-6613
Occupancy 530
Showers Yes
Kitchen Yes

Jeanne Bellamah Center

Ernie Torrez, Center Supv
Patrick VanHorn, Activities Coord
11516 Summer NE 87112
>>Tomasita & Lomas<<
PH: 291-6253 FAX: 291-6273
Occupancy 76
Showers No
Kitchen Yes

Los Duranes Community Center

Marty Garcia, Sr Comm Svs Prog Spec
2920 Leopoldo NW 87104
>>Rio Grande & Rice<<
PH: 848-1338 FAX: 764-1753
Occupancy 550
Showers Yes
Kitchen Yes

McKinley Community Center

Anthony Santillanes, Center Supv.
Theresa Tafoya, Activities Coord
3401 Monroe NE 87110
>>Comanche & Monroe<<
PH: 888-8183 FAX: 880-2804
Occupancy 130
Showers No
Kitchen Yes

Mesa Verde Community Center

(CLOSED for renovation)
7900 Marquette NE 87108
>>Marquette & Tennessee<<
PH: 256-2091 FAX: 256-2010

Occupancy Closed
Showers Closed
Kitchen Closed

Pat Hurley Center

Don Contreras, Activities Coord
3928 Rincon NW 87105
>>Rincon & Bluewater<<
PH: 836-8810 FAX: 836-8813

Occupancy 50
Showers No
Kitchen No

Singing Arrow Community Center

Claudia Rivera, Center Supv
Tina Otero, Activities Coord
13001 Singing Arrow SE 87123
>>Dorado & Singing Arrow<<
PH: 291-6200 FAX: 291-6229

Occupancy 100
Showers No
Kitchen Yes

Snow Park Center

Dennis Sanchez, Activities Coord
9501 Indian School NE 87112
>>Eubank & Indian School<<
PH: 332-5250 FAX: 332-5252

Occupancy 45
Showers No
Kitchen No

Therapeutic Recreation and

Loma Linda Community Center

Carmen Garcia, Cluster Manager
Maggie Silva, Therapeutic Rec Coord
Beverly Bishop, Therapeutic Rec Coord
1700 Yale SE 87106
>>Yale & Gibson<<

PH: 764-1525 FAX: 764-1579
Occupancy 150
Showers No
Kitchen Yes

Thomas Bell Community Center

Ronell Brown, Center Supv
Anthony Maldonado, Activities Coord.
3001 University SE 87106
>>University & Gibson<<

PH: 848-1332 FAX: 244-6632
Occupancy 157
Showers No
Kitchen Yes

Valle del Norte Community Center

Francisco LeFebre, Center Supv.
1812 Candelaria NW 87105
>>Candelaria & Rio Grande<<
PH: 342-1322 FAX: 342-1312

Occupancy 87
Showers No
Kitchen Yes

Wells Park Community Center

Jess Martinez, Center Supv
Dave Pulliam, Activities Coord
500 Mountain Rd. NW 87102
>>5th & Mountain<<
PH: 848-1390 FAX: 848-1357

Occupancy 350
Showers No
Kitchen Yes

Westgate Community Center

Gillie Garcia, Cluster Manager
Wanda Bryant, Activities Coord
1400 Snow Vista SW 87121
>>98th & Central<<

PH: 836-8723 FAX: 836-8721
Occupancy 130
Showers No
Kitchen Yes

West Mesa Community Center

Mitch Alexander, Center Supv
Lucy Romero, Activities Coord
5500 Glenrio NW 87105
>>Coors & Glenrio<<
PH: 836-3487 FAX: 836-8719

Occupancy 300
Showers No
Kitchen Yes

Whittier Center

Jessie Zamora, Activities Coord
1100 Quincy SE 87108
>>Kathryn & San Mateo<<
PH: 256-2093 FAX: 256-2018

Occupancy 85
Showers No
Kitchen Yes

Alamosa Multi-Service Center

Ernest Vigil, Center Manager
6900 Gonzales Rd. SW
>>Coors & Central<<
Ph: 836-8800 Fax: 836-8807

Occupancy 240
Showers No
Kitchen Yes

East Central Multi-Service Center

George Montoya, Center Manager
306 B San Pablo SE
>>Zuni & San Pablo<<
Ph: 256-2070 Fax: 256-2074

Occupancy 100
Showers No
Kitchen No

John Marshall Multi-Service Center

Susan Dixon, Center Manager
1500 Walter SW
>>Cesar Chavez & Broadway<<
Ph: 848-1345 Fax: 764-1795

Occupancy 150
Showers No
Kitchen No

Los Griegos Mutli-Service Center

Mayan Armijo, Center Manager
1231 Candelaria NW
>>12th & Candelaria<<
Ph: 761-4050 Fax: 761-4048

Occupancy 125
Showers No
Kitchen No

Taylor Ranch Multi-Service Center

4900 Kachina St. NW

>> *Montano & Taylor Ranch Dr.* <<

Occupancy 2030

Showers No

Kitchen Yes

ALBUQUERQUE EMERGENCY OPERATIONS PLAN

ANNEX 11

LOGISTICS & RESOURCES

Lead Department:

Human Resources

Support:

Employee Relations & Department of Finance & Administrative Services

I. Introduction

The purpose of this annex is to provide an outline for personnel administration in the event of a natural or man-made disaster or other widespread emergency. Effective communication, tracking and documentation of personnel assignments are essential for appropriate distribution of duties and compensation for City and non-City employees.

II. SCOPE

The scope of this annex is to outline the responsibilities and activities relating to personnel administration in the event of an emergency. Upon activation of the Emergency Operations Center (EOC), The City of Albuquerque Human Resources Department will initiate the following functions:

Communicate with the EOC Commander for direction regarding those functions that should be maintained, reduced or strengthened during the emergency period.

Coordinate with City departments to identify those personnel who will need to assume emergency functions and/or work additional hours.

Coordinate with City departments to determine the scope of duties assumed by employees working outside of their job descriptions and determine appropriate levels of compensation. For Public Safety employees, emergency assignments will be assumed to be within the normal scope of duties, although overtime compensation will be paid in accordance with the Fair Labor Standards Act.

Coordinate with the Department of Finance & Administrative services for the procurement and processing of temporary employees as directed by the EOC.

III. OPERATIONS

A. General

The Human Resources Department will take direction from the EOC and the Office of the Mayor/CAO regarding staffing levels and communications.

Emergency personnel administration will be an expansion of normal Human Resources functions and responsibilities. These responsibilities include the communication and enforcement of emergency policies and procedures; tracking, intake and processing of personnel transactions; assistance in maintaining appropriate staffing levels in critical areas as directed.

B. Preparedness

1. Develop Administrative Instructions for CAO approval, which establish emergency protocols and define expectations for City employees in an emergency situation. Communicate Instructions to employees.
2. Develop Memorandums of Understanding with the City's collective bargaining units to establish agreement on conditions of employment in emergency situations.
3. Work with City departments to update and maintain emergency contact information for all City employees.
4. Work with EOC to develop an emergency contact plan for employee's families in the event of an emergency.
5. Work with EOC and ISD to determine requirements for locating personnel and equipment, and maintaining access to city personnel systems and records outside of the normal facilities.

C. Response

1. Communicate to City departments any instructions regarding the retention or release of personnel as directed by the EOC and Office of the Mayor/CAO.
2. Ensure Human Resources personnel are available to answer inquiries and perform personnel transactions as needed.
3. Serve as point of contact and/or deploy a City emergency contact plan as developed with the approval of the EOC and Office of the Mayor/CAO.

D. Recovery

1. Continue emergency support services as long as necessary.

2. Assist in return of personnel and other return operations.
3. Maintain records of all personnel transactions.
4. Assist DFA with reconciliation & payment of personnel expenditures.

E. Responsibilities

1. The Human Resources Department will provide direction for personnel related activities. All public safety activity will be at the direction of the EOC.
2. The Human Resources Director, or designee, will serve as the human resources representative at the EOC or at such location designated by the EOC.
3. Under the direction of the EOC and/or Office of the Mayor/CAO, the Human Resources department will:
 - a. Be responsible for organizational personnel administration and logistics.
 - b. Provide interdepartmental communication regarding personnel activities.
 - c. Coordinate with DFA to provide additional personnel to supplement city resources.
4. The development and maintenance of this annex is the responsibility of the Human Resources Department, in coordination with the EOC, Department of Finance and Administrative Services and other City departments.

ALBUQUERQUE EMERGENCY OPERATIONS PLAN ANNEX 12 EDUCATION, TRAINING, TESTING AND EXERCISES

PRIMARY RESPONSIBILITY:

Office of Emergency Management

SECONDARY RESPONSIBILITIES:

Office of the Mayor and all City Departments, Divisions, and other entities that either are responsible for staffing a position at the Emergency Operations Center (EOC) during an emergency or providing support to EOC operations.

I. PURPOSE:

The purpose of this annex is to provide the citizens, city government, and other private and public entities with an effective and efficient emergency response to real or threatened emergency situations by facilitating a trained and competent staff to operate and support the EOC and handle their responsibilities as identified in the Emergency Operations Plan (EOP). An approved EOP and a staffed and functional EOC operating at its full capabilities provide a critical element of the overall emergency management effort and enhance the City's ability to provide acceptable levels of protection and assistance to the citizens of the community.

A. Objectives:

To insure necessary training is identified and provided on a regular basis to EOC staff and support personnel. Training will be combined with simulated emergencies designed to test and exercise assigned emergency personnel with realistic emergency operating conditions.

B. Scope:

All Emergency Support Functions (ESF) identified in the EOC response plan will be subject to tests, training and exercises established under this annex. In addition, county, state, federal, volunteers, and private sector organizations will be included periodically inasmuch as they are available to augment local capabilities in actual emergency situations.

II. SITUATIONS & ASSUMPTIONS

A. Situation:

Training and Exercises functions and responsibilities are ongoing and independent of the threat or onset of an emergency or disaster event.

The City of Albuquerque (CABQ) is vulnerable to a variety of natural and/or technologically caused disasters or emergency situations and as such tests, training and exercises will be directed at preparing for or recovering from events such as the following:

1. Natural disasters including: Ice or snow storms, wildfires, lightning strikes, flash/slow rising floods, drought, disease epidemics, earthquake, volcanic eruption, wind storm and tornadoes.
2. Technological hazards including: Fires, explosions, critical resource shortages, dam disasters, civil disturbances, hazardous material incidents accidental or intentionally caused (chemical, biological, or radiological), or other man caused incidents. Citizens or foreign nationals, acting as terrorists, may use such technological hazards as an intended weapon of mass destruction.

B. Planning and Situational Assumptions:

The all-hazards emergency operations plan utilizes National Incident Management System (NIMS), which accounts for emergency management activities before, during, and after emergency operations. NIMS separates emergency management into the following four categories or "phases" of emergency operations:

Mitigation: Activities designed to either prevent the occurrence of emergency or long-term activities to minimize the potentially adverse effects of an emergency.

Preparedness: Activities, programs, and systems which exist prior to an emergency and are used to support and enhance response activities during an emergency or disaster.

Response: Activities and programs designed to address the immediate and short-term effects of the onset of a disaster, helping to reduce both casualties and property damage and to speed recovery.

Recovery: Activities that restore systems to normal. Short-term recovery actions assess damage and return vital life support systems back to minimum operating standards. Long-term recovery operations may continue for years after the disaster or emergency event.

Testing, training and exercising fall under the **Preparedness** activity and should be directed facilitating and enhancing the City's abilities in **Response** and **Recovery** activities.

Tests, training and exercises are necessary to maintain the ability to operate efficiently and effectively. With the active support of city officials, other governmental entities and private sector representatives, the following responsibilities will be accomplished:

- Necessary training will be made available to all personnel as soon as practicable after assignment to an ESF position.
- Necessary training will be made available to all personnel as soon as practicable after assignment to a duty responsible for supporting the EOC.
- State, federal, volunteer, and private sector organizations will be available to augment and participate in local training capabilities.
- Training and exercises necessary to maintain the ability of the EOC to operate efficiently and effectively will be planned for, scheduled and conducted on a regular basis.

III. ORGANIZATION & RESPONSIBILITIES

A. Assignment of Responsibilities:

1. Tasking

The Office of Emergency Management has primary responsibility for compliance with provisions of the City's Emergency Operations Plan along with the operation of the EOC; therefore they have the primary responsibility for insuring an adequately trained and tested operational capability.

2. Agencies Involved

The Office of the Mayor and all City Departments, Divisions, and other entities that either are responsible for staffing a position at the EOC during an emergency or providing support to EOC operations; therefore they are responsible for cooperating and assisting the Office of Emergency Management by making staff available to participate to the fullest extent possible in testing, training, and exercise activities.

B. Organization

All organizational formats will follow those that are outlined in the City's Emergency Operations Plan, Direction & Control Annex.

IV. CONCEPT OF OPERATIONS

A. Methods

The following methods are used to test the EOC and emergency operations plan effectiveness and practice emergency skills and procedures:

1. Drills: Usually a single function event, used to practice a trained, manipulative activity used to prove, build or refresh skills and is based on organizational standard operating procedures (i.e. testing of the EOC activation call out procedure and successor list).

2. **Tabletop:** A scenario driven exercise that focuses on the emergency management team and their rolls and responsibilities. Management personnel are provided a written scenario that steps participants through an activity. Participants affirm the process or identify problematic or incorrect assumptions as the scenario is played out. The tabletop exercise is thus used to practice emergency management skills, identify organizational or operational shortfalls and build confidence in the overall Emergency Operations Center process (i.e. OEM, Police, Fire, and Environmental Health management representatives gather at the EOC and based on several escalating scenarios talk through their operational responsibilities involving HAZMAT events involving airborne toxic releases.).
3. **Functional:** A scenario driven, real time exercise used to practice specific parts of the emergency operations plan. A functional exercise is management or activity oriented, used to practice management or activity skills and to build coordination and teamwork (i.e. OEM, Police, Fire, Environmental Health and Water Authority management representatives gather at the EOC and based on a flood damaged sewer and water systems scenarios, work through their operational responsibilities involving citizen safety and health issues.).
4. **Full-scale:** This exercise is a simulation of an actual disaster with real time exercise input and messages. Depending on the level of the exercise, it may include the use of props, specialized equipment and special effects in some instances. A full-scale exercise requires a high degree of training, organization and planning. However it can be invaluable to practice all aspects of the emergency operations plan and to build teamwork and communications between all areas of ESF and external support elements of a community emergency event (i.e. OEM facilitates the involvement of all effected City of Albuquerque entities involved in responding to a terrorist bombing at the Municipal Court complex which has resulted in substantial facility damage, trapped victims and mass casualties. The EOC is fully activated and field personnel are actively involved on scene, at a field command center, at area hospitals, and at a joint information center.).

B. Policies

Operational direction will come from the City's Emergency Operations Plan, followed by other City policies.

C. Procedures

1. The Director of OEM or designee will work with all appropriate City of Albuquerque departments to establish EOC/EOP training requirements for assigned City emergency support personnel.
2. Emergency support personnel will be provided with basic emergency operations training, normally conducted at City level. Advanced training may be available

through additional resources.

3. Refresher training courses will be scheduled every other year, or as deemed appropriate to insure assigned emergency support personnel are capable of handling their responsibilities.
4. Simulated emergencies will be designed to test/exercise portions or the entire emergency plan on at least an annual basis. Scenarios created should include responses from both public and private agencies and resources.
5. A test of any warning equipment will be conducted monthly (e.g., sirens, EAS).
6. The Director, Office of Emergency Management or designated representative, as soon as possible after an exercise, will conduct a critique for all players; preferably within 24 hours (3 working days).
7. Observers will prepare written evaluations based on test/exercise results and outcomes. Evaluation reports will be forwarded to the Director, Office of Emergency Management or their designated representative and may be used to improve future training and/or tests/exercises.
8. During periods of increased tension, accelerated refresher training courses may be provided to emergency preparedness personnel, with special emphasis on Law Enforcement, Fire Fighting and Rescue, Reception and Care; First Aid - Medic Services, Shelter Managers and Environmental Health.

V. ADMINISTRATION & LOGISTICS

- A.** Administration of Records and Reports – The Director, Office of Emergency Management will provide to the Chief Public Safety Officer an annual report detailing:
 1. All training, tests, and exercises held in the previous year, noting deficiencies identified and corrective actions completed, in progress, or pending; and
 2. Planned training, tests and exercises for the coming year.
- B.** Systems Involved – All manual and automated systems involving administration, operations, and communications will be tested as a part of the overall readiness identified in this plan.

VI. PLAN DEVELOPMENT MAINTENANCE & DISTRIBUTION

- A.** The Emergency Manager will insure that this Direction & Control Annex is reviewed for currency by the Office of the Mayor, Chief Officers, Department Chiefs and Directors on an annual basis. If the Annex is found to not be current, the OEM Director will provide for drafting appropriate changes and upon review and acceptance update the Annex. The updated Annex will then be appropriately disseminated. Additionally, a review as

described above is required as soon as possible upon a change in the person holding the Mayor's Office.

VII. AUTHORITIES & REFERENCES

This annex was developed under the authority of the Office of the Mayor, City of Albuquerque and supersedes all similar versions to date.

VIII. DEFINITIONS & TERMS: None noted.

Annex 12 Education, Training, Testing and Exercises Attachment 1 DPS Exercise Plan

New Mexico Department of Public Safety
Office of Emergency Management

ONE YEAR EXERCISE PLAN

FFY 2003 - FFY 2004

County/Locale: _____

Completed By: _____

Date Submitted: _____

| | FFY-2003 <small>* Actual dates of this exercise*</small> | FFY-2003 | FFY-2003 | FFY-2003 |
|-------------------|---|----------|----------|----------|
| Quarter Planned | | | | |
| Estimated Dates | | | | |
| Exercise Type | | | | |
| Exercise Category | | | | |

* One exercise may serve multiple categories, types, and functions.

| Functions (to be) Tested | Hazard Scenario | Hazard Scenario | Hazard Scenario | Hazard Scenario |
|--------------------------------------|------------------------|------------------------|------------------------|------------------------|
| Alert Notification | | | | |
| Communications | | | | |
| Coordination & Control | | | | |
| Emergency Public Info. Effectiveness | | | | |
| Damage Assessment | | | | |
| Health & Medical | | | | |
| Individual / Family Assistance | | | | |
| Public Safety | | | | |
| Municipal Development/Water Auth | | | | |
| Resource Management | | | | |
| Warning | | | | |
| Transportation | | | | |
| Continuity of Government | | | | |

Exercise Type

Functional Exercise (FE)
Full Scale Exercise (FSE)
Table Top Exercise (TTE)

Exercise Category

Natural Hazard (NH)
Technological Hazard (TH)
National Security (NS)

Hazard Scenarios

Refer to guidance and write in the type of scenario.

NM OFFICE OF EMERGENCY MANAGEMENT – CERTIFICATION

Date Received: _____

Approved: _____ Disapproved: _____

By: _____

Annex 12 Education, Training, Testing and Exercises

Attachment2

New Mexico Department of Public Safety Office of Emergency Management, Participant Application for training Form

This form can be downloaded, in either word document or a PDF file, from the following web site:

http://www.dps.nm.org/emergency/participant_application.htm

Annex 12 Education, Training, Testing and Exercises

Attachment 3

DPS Course Request Course

This form, to be used you if want DPS/OEM to teach a course locally, can be download from the web site below:

www.dps.nm.org/emergency/course_request.htm

Annex 12 Education, Training, Testing and Exercises

Attachment 4

Employee Training Checklist

Annual employee training checklist template to be inserted in OEM Training file

| | | | |
|------------------------------|----------------|----------------------|------------------------|
| Name: | Agency: | Office Phone: | E-Mail Address: |
| | | | |
| Tasked Position(s): | | | |
| | | | |
| Courses Completed: | Date: | | |
| | | | |
| IS 700: Intro to ICS | | | |
| | | | |
| IS 800: Natl. Resp. Plan | | | |
| | | | |
| IS 275: Role of EOC | | | |
| | | | |
| EOC Operations Training | | | |
| | | | |
| DMIS Training | | | |
| | | | |
| Table Top Exercise Training | | | |
| | | | |
| Functional Exercise Training | | | |
| | | | |
| Full Exercise Training | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Form a/o 10-07-05 | | | |