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OVERCOME (Cross-border cOoperation in Managing Emergency)

CBRNE Coordinators

Training pre-Testing Exercise

ITEM No. 2 CBRN FORMS

Q & A



Where we started...

Operating Guidelines to improve Coordination and Cooperation.

Main document and forms...before

Forms

Main

document

 1st draft Incident report form and Request c

 1st Draft Operating Guidelines

 1st draft Decontamination

 1st draft Sampling

 1st draft Task request

 1st draft Zoning form and Par

 1st draft LOGBOOK

 1st draft Resources re

 1st draft Response di



Where we got...

Operating Guidelines to improve Coordination and Cooperation.

Main document and forms...after

Forms

Main

document

- 1st draft Incident report form and Request o **X** SOFIA
- 1st draft Decontamination **X** CBRN Prometheus
- 1st draft Sampling CBRN Prometheus
- 1st draft Task request **X** SOFIA
- 1st draft Zoning form and Par **X** CBRN Prometheus
- 1st draft LOGBOOK **X** CBRN Prometheus
- 1st draft Resources re **X** SOFIA
- 1st draft Response di **X**

- 1st Draft Operating Guidelines



2 Draft OG

**Actually, after the first TTX we defined
new forms**

Operating Guidelines to improve Coordination and Cooperation.

Main document

SECTION 3 - Preparedness

- **CBRN personnel take actions to prepare in case of an emergency (training, FX, TTX) also with personnel from a neighboring Country;**
- **Each Country informs the neighboring control room on resources available in case of a cross-border event [embedded in SOFIA];**
- **To arrange a communication protocol, check about actors to engage in case of activation [embedded in SOFIA];**



Operating Guidelines to improve Coordination and Cooperation.

Main document

SECTION 3 - Response

- After identifying that a CBRN incident is happening or on-going, the affected Country will inform the neighboring Country for a possible cross-border intervention **[embedded in SOFIA]**;
- Pre-determined risk information (OP response plans, risk analysis, ...) will help responders before going on-site **[capability in CBRN Prometheus]** ;
- Once on-site, a better evaluation, assessment will be done, like:
 - isolation of the incident scene via a first «zoning»;
 - rescue activity – immediate operational response;
 - dressing proper PPE;
 - consequence management actions (sampling, detection, decon,) in



Operating Guidelines to improve Coordination and Cooperation.

Main document

SECTION 3 – Response – Tasks description (1/2)

- **ZONING [capability in CBRN Prometheus - mapping]**
- **CBRN SAMPLING [specific FORM available]**
- **CBRN DETECTION [specific FORM available]**
- **CBRN ANALYSIS (ongoing activity)**
- **MODELING (ongoing activity to upload then on CBRN Prometheus portal)**



Operating Guidelines to improve Coordination and Cooperation.

Main document

SECTION 3 – Response – Tasks description (2/2)

- **CBRN DECONTAMINATION** [specific FORM available]
- **RECOVERY** (ongoing activity inside a «Situation Report»)
- **MITIGATION/LESSONS LEARNED** (ongoing activity – see above)



FACT SHEET - Forms

- Nation;
 - Team name;
 - Numbers;
 - Capabilities;
 - Other capacity;
 - ETA;
 - Point of Entry;
 - Means of transportation;
 - Logistical needs;
 - LO contacts
-
- Demob info
 - ETD;
 - Point of Departure;
 - Information on means of transportation.



Fact Sheet
Nazione
Nome del Team
N° componenti del Team *
Capacità Team *
☐ Detection and Monitoring
☐ Sampling
☐ Analysis and Identification
☐ Modelling (Dispersion)
☐ Population protection (Cordon deployment, sheltering and evacuation)
☐ Hazmat containment
☐ Pollution recovery
☐ Lab Analysis
☒ Decontamination
Altre capacità
Arrivo Previsto (data e ora)
Punto di arrivo previsto in area colpita (Aeroporto, Porto, Località, ecc)
Mezzi di trasporto impiegati e targhe identificative



n° cellulare Liaison Officer
Email Liaison Officer (es: emali1; emali2)
Partenza prevista (data e ora)
Punto di partenza
Informazioni sul trasporto

DETECTION Form

- **CHEM detection;**
- **BIO detection;**
- **RAD detection;**
- **Performed by**
- **When,**
- **Type of instrument;**
- **Point of Release**
- **(Lat/Long);**
- **Site description**
- **Bio analysis**
- **(chain of custody/sample preparation...)**
- **Rad field analysis...**
- **Probe used;**
- **Detection limits of method**

- **Performed by**
- **When,**
- **Type of instrument;**
- **Point of Release**
(Lat/Long);
- **Site description**

- **Bio analysis**
- **(chain of custody/sample preparation...)**

- Rad field analysis...
- Probe used;

- Radionuclides found..

CHEMICAL FIELD ANALYSIS

Performed by: _____ Date: _____

Instrument type: _____ Model: _____ Ser. No.: _____

Probe type: _____ Model: _____ Ser. No.: _____

Emission Release Location: Latitude _____ Longitude _____

[illegible]

BIOLOGICAL ANALYSIS

ENVIRONMENT SAMPLING - UNKNOWN

SAMPLE ARRIVAL DATE:

SAMPLE CODE (see Sampling Form):

KIT SERIAL NUMBER:

INSTRUMENT CODE:

SAMPLE TRANSPORT MODE:	-AMBIENT T°:
------------------------	--------------

-REFRIGERATED T

- AWAY FROM TH

- <u>ALIQUOTES</u> -	YES	NO
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ANALYSIS START DATE:

ANALYSIS START TIME:

SAMPLE LOG NUMBER:

LAB OPERATOR NAME: _____

A - SAMPLE PREPARATION

- | | |
|--------------------------|--|
| ☐ | Check the performance of the instrument by playing a tune |
| ☐ | Open the evidence bag and verify the condition of the sample |
| ☐ | Pouch preparation |
| ☐ | Hydrate Pouch |
| ☐ | Sample Preparation |
| ☐ | Run analysis |

SAMPLING Form

- Sampling team;
- Type of sample and no;
- Date
- Location
- Weather condition;
- Sampling mode to later perform:
 - a) Rad analysis;
 - b) Chem analysis;
 - c) Biological analysis.
- Other remarks

SAMPLING FORM		
Completed by: Sample Team	SAMPLE RECORD ☐ Solid ☐ Liquid ☐ Gas	Nr. _____
Report Type: ☐ BLANK TEST ☐ SAMPLING		
Sampling performed by _____ (Full Name)		
Sampling date: _____ Sampling location: _____ (Map code)		
GPS: Lat _____ Long _____		
Weather conditions: ☐ Clear ☐ Cloudy ☐ Rain		
Other weather data:		
Temperature _____ Atmospheric pressure _____ W/V _____		
SAMPLING MODE:		
NR: ☐ Marinelli beaker ☐ Wipe test (Smear test)		CHEMICAL/BIOLOGICAL: ☐ SPME ☐ Vial ☐ Jar (Bormioli)

DECONTAMINATION Form

- Decon team;
- Performed by and when;
- Information on the person receiving decon;
- If injured
- If any medical assistance
- Rad decon (timing/metod, contamination location, instrument used, ...)
- Method used (Table A with info provided)

FIRST RESPONDERS DECONTAMINATION FORM

Completed by: Completed	Team	Nr. _____
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Performed by: _____ Date: _____

Name of individual: _____ Ref. Nr. _____

Address: _____ Date of birth: _____ Sex: ☐ M ☐ F

Injury involved: ☐ Yes ☐ No Specify: _____

Medical assistance utilized: ☐ Yes ☐ No Specify: _____

RADIOLOGICAL DECONTAMINATION

Time decontamination began: _____ Background reading: _____

Instrument type: _____ Model: _____ Ser. No.: _____

Probe type: _____ Model: _____ Ser. No.: _____

Contamination Location on body	Initial contamination level (cps)	Decontamination method and material used (table A)	Final
			

Time decontamination was completed: _____

 1st draft LOGBOOK

Questions and answers Session

 1st draft Incident report form and Request of Assistance

 1st draft Sampling Form

 1st draft Zoning form and Parameters

 1st draft Decontamination

 1st draft Task request form

 1st draft Resources request
 1st draft Response dispatch

 1st Draft Operating Guidelines



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BEWARE...

We are on a on-going activity



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THANK YOU!



OVERC.O.M.E.

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