

## CBRNE Civilian InfoPacks

Easy, simple handouts (and online resources) for distribution to the general public for instances of mass risk/casualty/trauma involving natural/accidental/intentional CBRN events

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### **Purpose and Function**

The InfoPacks are designed to be given to large numbers of people in order to provide people under stress and in danger or potential danger due to CBRNE-related mass-casualty-impact events, with practical, easy-to-understand, multi-language-enabled, and non-threatening, non-confusing information that will significantly accelerate, stability, and strengthen emergency response and disaster relief activities conducted by local, state, and federal agencies in the areas of public health, public safety, emergency management and homeland security.

Each InfoPack is a 3-fold brochure that is focused on the incident-at-hand. The physical version for direct hand-out or delivery to people is printed on paper, preferably semi-laminated (allowed for document preservation as well as the capability to write on it with a permanent or dry-erase marker pen). The online version is at a website.

InfoPacks are distributed to people in physical and electronic (web-based) forms in the following contexts:

- after a CBRNE event, especially a CBR event, whether a WMD/terrorist type or one of natural or accidental origins,
- coming to a center (temporary, as in a “pod” environment, or more permanent, as in a community hospital environment)
- accessible through neighborhood dissemination, or at foodstores and commercial sites
- in pre-event public education settings, such as in schools (elementary, high, college) or at workplaces
- through the web and social networks, whereby additional resources are provided (e.g., videoclips)

The initial focus here is upon what to give to people when they come physically to a mass evacuation, evaluation/triage, dispensary setting for health concerns and/or illnesses and injuries.

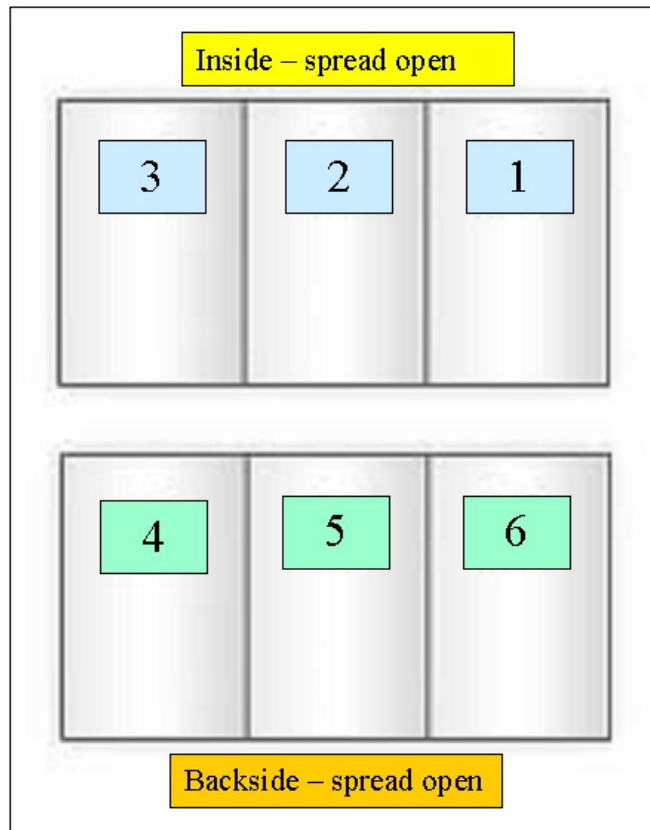
This “basic and critical” information can be put into 3-fold brochures that are produced from 8.5” x 11” paper sheets (semi-laminate or plain paper, as described above). These can be handed out “solo” – by themselves – or in combination with other supplies such as N-95 mask(s), plastic gloves, eye goggles, and other measures for protection against environmental CBR substances or transmissible contagion from other persons or animals.

**Example Outline**

Here is one example, namely, for Anthrax (bacillus anthracis; the choice is by virtue of recent emergency response and hazmat simulation exercises).

The assumption is that at the time that emergency response is underway including the dispensing of aid to the public, it is Not known with any precision about the geographic/demographic scope of the event. (In the case of anthrax, this would almost without question be an intentional bioweapon attack, but for most other cases (see Appendix 1) there could be natural, accidental, or intentional origins to the event.) It must be assumed that in the base of a biological threat incident, the precise nature of the strain, to which people may have been exposed by either skin contact, ingestion, or inhalation, may not yet be known at the time when mass-triage/dispensing/routing must be performed by response teams. Thus, each InfoPack (infosheet-brochure) addresses a range of possible cases and concerns.

Using the example of a 3-fold brochure, there are six page-sections in total. Information is organized based upon these six sections (numbered 1 – 6). Some information is “permanent” in the brochure page; other data (described below) for for “post-it addition to the main document.



Section 1 – front (side A, right)

[Section 1, upper]

Anthrax Basic Facts – the highlights

{Text}

(More Info – <URL>)

[Section 1, lower]

Anthrax exposure observables and possibles – where and how you could have been exposed and contaminated/infected

{Text, possibly a simple graphic illustration also}

(More info - <URL>)

Section 2 – back (side A, middle)

[Section 2, upper]

Symptoms (text) – what to observe and look for

{Text}

(More Info – <URL>)

[Section 2, lower]

Symptoms (images of observables such as lesions)

{Images (mostly photos)}

Section 3 – inside-front (side A, left)

[Section 3, upper]

Medications – basic descriptions

{Text}

[Section 3, lower]

Medications – basic warnings and contraindicators

{Text}

(More Info – <URL>)

Section 4 – inside-left (side B, left)

What is not anthrax-related but could seem to be

{Text}

(More Info – <URL>)

Section 5 – inside-center (side B, middle)

Special indicators and warnings for persons with extraordinary medical conditions

{Text}

(More Info – <URL>)

Section 6 – inside-right (side B, right)

Hygiene guide and special notes for infants and children, pregnant women, elderly, and physically/mentally disabled persons

{Text}

(More Info – <URL>)

**Separate physical “post-it card” items from the basic infosheet / 3-fold brochure**

[These are rectangular inserts, smaller than the sections of the 3-fold brochure, that are lightly-glued (like with Post-It adhesives) to the indicated Sections of the 3-fold]

[For affixing onto Section 4]

Your Medication and Next Steps – this may have variants, depending on personal and family special conditions (e.g., pregnancy, infant(s), small children < 8 yrs. In age, elderly members)

CIPRO

Doxycycline

{others, TBD}

[For affixing onto Section 5]

[upper] Pharmacies in your Area for (re)Filling Prescriptions  
Name, address, phone, website

[lower] Sources for non-prescription personal healthcare and hygiene supplies  
Name, address, phone, website

[For affixing onto Section 6]

Emergency Medical Centers in your Area

[upper] Name, address, website, location marked with a numbered circle on map below

[lower] Regional map (Google-style) showing all the numbered locations

This concludes the outline for the InfoPack. One example is shown in the separate file, *ip\_anthrax01.doc*.

**Appendix 1**

List of Phase-1 InfoPacks to be produced (@18 total).

| <b>Topic (situation, risk, substances)</b>                                       | <b>Comments (rationale)</b>   |
|--|---|
| <b>BIO</b>   |   |
| Anthrax  | bioweapon-grade attack  |
| Chagas disease and other parasite-based tropical diseases                        | Rise due to climate changes and influx of the carrier insects into continental USA                                      |
| Cholera  | risks from post-earthquake and water system failures  |
| Dengue   | rise due to climate change and Asian Tiger mosquito infestations into N. America  |
| e.Coli   | O157 focus; natural/accidental or intentional   |
| Influenza (multiple strains)   | natural epidemic/pandemic   |
| Listeria   | natural/accidental  |
| Molds and fungi  | esp. with regard to post-flood situations   |
| Salmonella   | natural/accidental  |
| SARS (coronavirus)   | Natural; recurrence possible  |
| Tularemia  | bioweapon-grade attack  |
| <b>RAD</b>   |   |
| Radiation exposure, contamination and decontamination                            | all possible and reasonable sources (PRED or dirty bomb or full-scale fission bomb)                                     |
| <b>CHEM</b>  |   |
| Mustard gas (C <sub>4</sub> H <sub>8</sub> Cl <sub>2</sub> S, related compounds) | intentional terror-attack   |
| Nerve gases (VX, Zarin)  | intentional terror-attack   |
| <b>OTHER</b>   |   |
| Post-earthquake  | esp. to provide info on detection of signs of buried and trapped individuals  |
| Post-tornado   | esp. to provide info on detection of signs of buried and trapped individuals  |
| Post-EMP or equivalent long-term, wide-area power-grid failure                   | esp. with regard to basic home-based survival and sustenance functions – food, water, heat                              |
| Breakdown in wide-area food distribution or water supply                         | Focus on sustenance, reduction and self-rationing of consumption, and maintenance of minimal fluidic and caloric intake |

List of InfoPack types deemed not necessary for Phase-1.

Adenovirus, botulism, bubonic plague, chlorine gas, RSV, ricin, smallpox, typhus, yellow fever

## Appendix 2

### Proposed Phase-1 Design and Delivery Schedule.

For each InfoPack, the relative schedule is the same, with the exception of that for Radiation exposure and contamination, where the estimates are 1.5X those given for the others, since this is likely to be a larger (double?) brochure, due to the need for more information because of more varieties of situations, radionuclide types, and durations of exposure.

These estimates are conservative; writing of drafts and editing can probably be shorted to 0.75 of the time as shown, and the periods for review, commenting, final production (printing) and distribution/delivery can probably be shorted to 0.5 of the time as shown. In a sudden emergency, a distributable final-copy can be produced “from scratch” and ready for printing and distribution within 2 days.

Contributory input period (open to any agency/professional inputs including for data on area clinics, pharmacies, and other providers) 7 days

|                                 |        |
|---------------------------------|--------|
| First Draft                     | 3 days |
| Review and Comment Period       | 7 days |
| Second Draft                    | 2 days |
| Review and Final Changes Period | 7 days |
| Final Draft                     | 2 days |
| Production (Printing)           | 7 days |
| Distribution and Delivery       | 7 days |

Estimated Production Costs:

Writing, editing, graphics: @ \$1,235 per InfoPack, fixed-cost

Production and distribution TBD, depending upon agency/district/entity capabilities for in-house printing, folding, packing and dissemination

Website editing and hosting: Gratis (for first year at least)

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