



DEPARTMENT OF PUBLIC SAFETY OPERATING PROCEDURES MANUAL		
CHAPTER 230	BIOTERRORISM RESPONSE PROCEDURES	
	Effective: 11/23/2010	Commissioner Approval: 
	Authorities: Click here to enter text.	
	Applicability: ALL DEPARTMENTAL EMPLOYEES	
	Special Instructions: Click here to enter text.	

230.100 INTRODUCTION

The policy in this chapter represents current best practices for handling an Anthrax threat or other bioterrorism incident. As other information becomes available, these procedures will change to reflect the best way for us to protect the public and ourselves.

230.300 GENERAL OVERVIEW

A. *Troopers available to assist other agencies.* The Alaska State Troopers are available to assist all law enforcement agencies in the investigation, retrieval, and transportation of all suspected items in bioterrorism incidents. All agencies are asked to immediately notify the State Emergency Coordination Center (SECC) at 1-800-478-2337, or in Anchorage 428-7100. The SECC is located on Fort Richardson. SECC personnel will notify the Alaska State Troopers, the State Health Laboratory, and the FBI.

B. *Keep the public calm.* It is important that first responders use common sense and keep the public as calm as possible. In the event of an actual release of an unknown substance, citizens will be told to stay in their residence or at their workstations until emergency units are on location. In an Anthrax exposure, it may take two to four days for the onset of acute symptoms to develop. A few minutes or even hours of remaining at the scene will not significantly change the outcome of the exposure. All reports clearly indicate Anthrax can be successfully treated.

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CHAPTER 230 BIOTERRORISM RESPONSE PROCEDURES

ATTACHMENT

DPS Anthrax Notification

Link: <http://dpsportal/Comm/OPM%20Forms/230%20Anthrax%20Notification.pdf>



STATE OF ALASKA DEPARTMENT OF PUBLIC SAFETY ANTHRAX NOTIFICATION

Responding Agency (if other than AST)		Telephone Number	SECC Case Number:	
AST Reporting Officer		AST Telephone Number	Agency Case Number	Date Reported
			AST Case Number	

Package

Date seized	Time Seized	Seized by	Where seized:
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Package Contents:

Persons Potentially Exposed (including law enforcement personnel)

1	Full Name:			
Contact Address		Contact telephone	Cellular Number	Residence Telephone
Work Address		Work telephone		
Alternate Contact Person		Contact telephone	Cellular Number	Residence Telephone

2	Full Name:			
Contact Address		Contact telephone	Cellular Number	Residence Telephone
Work Address		Work telephone		
Alternate Contact Person		Contact telephone	Cellular Number	Residence Telephone

3	Full Name:			
Contact Address		Contact telephone	Cellular Number	Residence Telephone
Work Address		Work telephone		
Alternate Contact Person		Contact telephone	Cellular Number	Residence Telephone

4	Full Name:			
Contact Address		Contact telephone	Cellular Number	Residence Telephone
Work Address		Work telephone		
Alternate Contact Person		Contact telephone	Cellular Number	Residence Telephone

PLEASE USE ADDITIONAL SHEETS AS NEEDED				Page ____ of ____
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