WHITE POWDER IN THE MAIL

A HOSPITAL-FBI CASE STUDY IN WMD RESPONSE, UNIFIED COMMAND & OPERATIONAL RESILIENCE

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Objectives

- Identify appropriate immediate actions following the discovery of a suspicious powder or package in a health care environment
- Describe how Hospital Incident Command System (HICS) operations integrate with external Incident/Unified Command
- Evaluate operational decision making during an unknown substance incident
- Explain the FBI's role in a suspected WMD or suspicious package investigation and identify how health care emergency managers can support the investigative process

An employee opens an envelope → one initial exposure → well-intentioned actions expand the problem → hospital and community response escalates → FBI/WMD investigation begins → hospital must simultaneously protect people, preserve operations, and support an investigation

“The Incident”

6:46 AM — May 9, 2025

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Timeline

Suspicious substance found
- Code Orange Initiated
- Security Response
- 911 Call initiated

Securing the area
- Securing the area immediately after unknown substance
- Moving all employees away from the area

Fire Response
- Prompt response from Orange FD
- Initiating Hazmat Need
- Assumed IC Role
- ID of those involved in exposure

Police Response
- Securing area
- Investigation
- Security Support
- Closing street

Hazmat Response
- Anaheim FD
- Huntington FD
- County of Orange
- Bomb Squad
- Testing of substance

Command Center Initiated
- Initiated "Code Triage Internal"
- Internal Communications
- Evacuations
- Logistics

FBI Response
- Investigation
- Testing of substance

Part I

"When a Hazmat Event Becomes a WMD Investigation"

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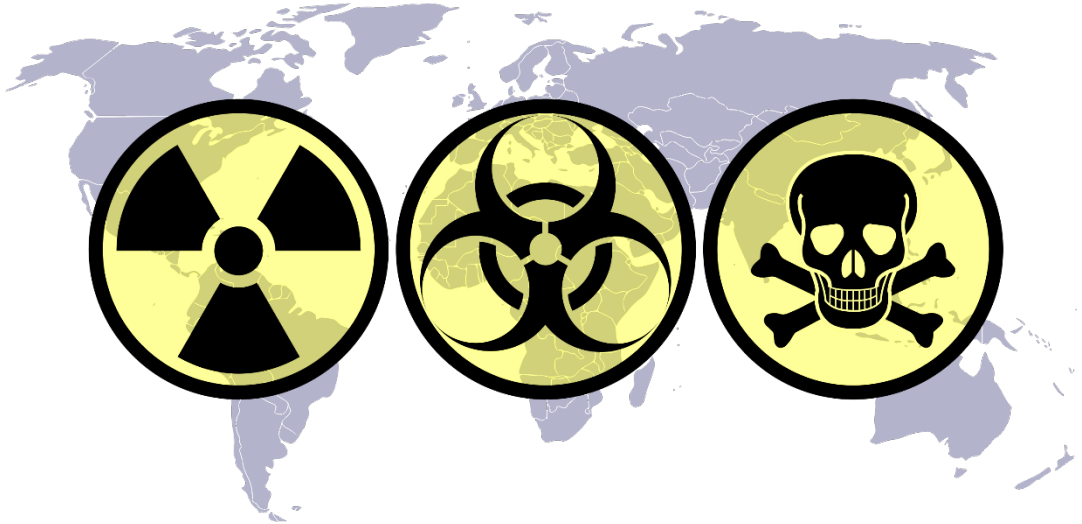
FBI WMD Coordinator

- Primary point of contact WMD threats and issues
- Provides proactive training, outreach, and liaison
- Conduct WMD assessments and investigations
- Respond on-scene to WMD incidents and call-outs



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How does the FBI respond to WMD incident and threats?

POLICE LINE - DO NOT CROSS POLICE LINE - DO NOT CROSS POLICE LINE - DO NOT CROSS POLICE LINE - DO NOT CROSS POLICE LINE - DO

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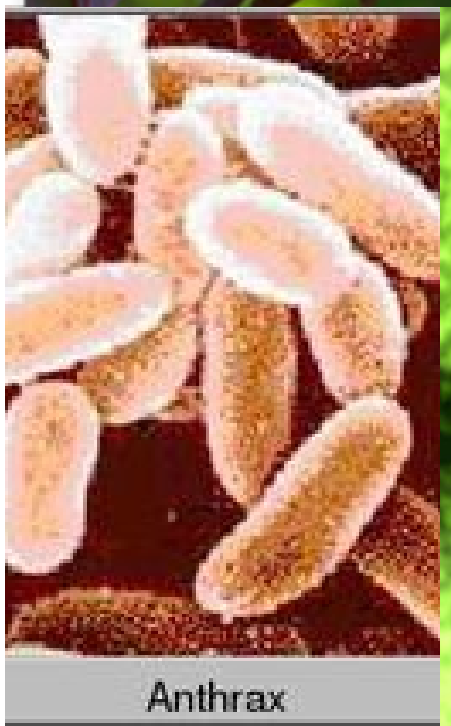
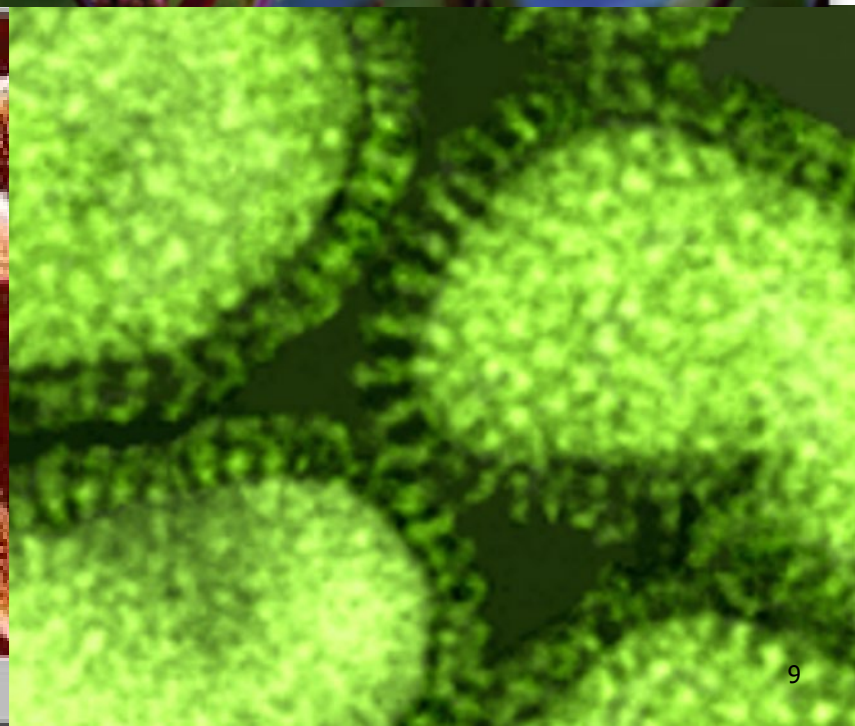
Biological Threat Agents

Possible Concerns

- Biological agent
- Toxin
- Chemical substance
- Harmless material



Anthrax



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FBI Initial Assessment

- Incident command system and coordination with JHAT response members to conduct initial assessment of situation and field screenings of unknown materials
- Immediate coordination with reporting party or entities
  1) Victims of incident
  2) Affected areas and prevention of spread
  3) Information, interviews, evidence, and subsequent investigation

WMD Incident Response at CHOC

- Suspicious unknown white powder letter
- FBI Initial Assessment and Priorities:
  1) Life and Public Safety
  2) Containment
  3) Evidence and Investigation

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Field Testing: Presumptive vs. Confirmatory

- Field screenings are considered presumptive and completed for initial public safety assessment and response
- Only laboratory testing is confirmatory
- Effective cooperation and collaboration with the reporting party or involved entities is critical for timely investigation

WMD Incident Response at CHOC

Investigation Protocol

- Surveillance footage
- Access control information
- Employee and victim interviews
- Suspicious behaviors and activities

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Part II

External Response

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AIR 7
ORANGE
DEVELOPING STORY
CHOC RESUMES OPERATIONS AFTER HAZMAT CONCERNS
abc7.com

ABC News Link

https://abc7.com/post/orange-county-childrens-hospital-says-no-hazardous-conditions-found-multi-agency-response/16368994/

Response Actions

External Partners' Response

10 Potentially Exposed

2 Decontaminated/8 Declined

HazMat Field Screening

No toxic substance indicated

Bomb Squad/Public Health Testing

Additional laboratory analysis

Final Result (36+ hours Later)

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Hospital Liaison Officer

The Trusted Source of Information

- Key point of contact
- Established cross-sector communications
- Communicated to the HCC with ongoing updates
- Situational updates provided to Liaison Officer from HCC
- Supply/Equipment requests transmitted to HCC
- Coordinated with multiple agencies on scene
- Advised HCC of street closures and access restrictions

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Decontamination

Fire Department Managed

- FD protocol
- Coordinated gross decon of staff
- Hospital not included in the process
- Staff disrobed in view of offices
- Staff transported via ambulance to hospital <50 yds away
- Hospital/Security agencies billed for transport = $600.00 each

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Unified Command Staging Locations

Unified Command Post Location


FD Established Decon Location

Office Windows Overlooking Decon Area

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Part III

INTERNAL RESPONSE

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The First Critical Minutes

White powder discovered
→ Security responds
→ Package moved
→ Package transported to different location
→ Exposure footprint expands
→ Employee isolated

One potentially exposed employee became approximately a dozen!

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Hospital Command Center Activation

- Authority
  - Established contact with External Liaison-SitRep provided
  - Briefing with CNO, COO, VP Operations
  - Incident Commander appointed
- Activation
  - IC authorized to activate Code Orange
- Organization
  - Assigned HCC roles to responding leaders
  - IAP established
- Communication
  - Internal to staff (every 30 minutes)
  - External through PIO
- Situational Awareness
  - Regular updates from Liaison Officer

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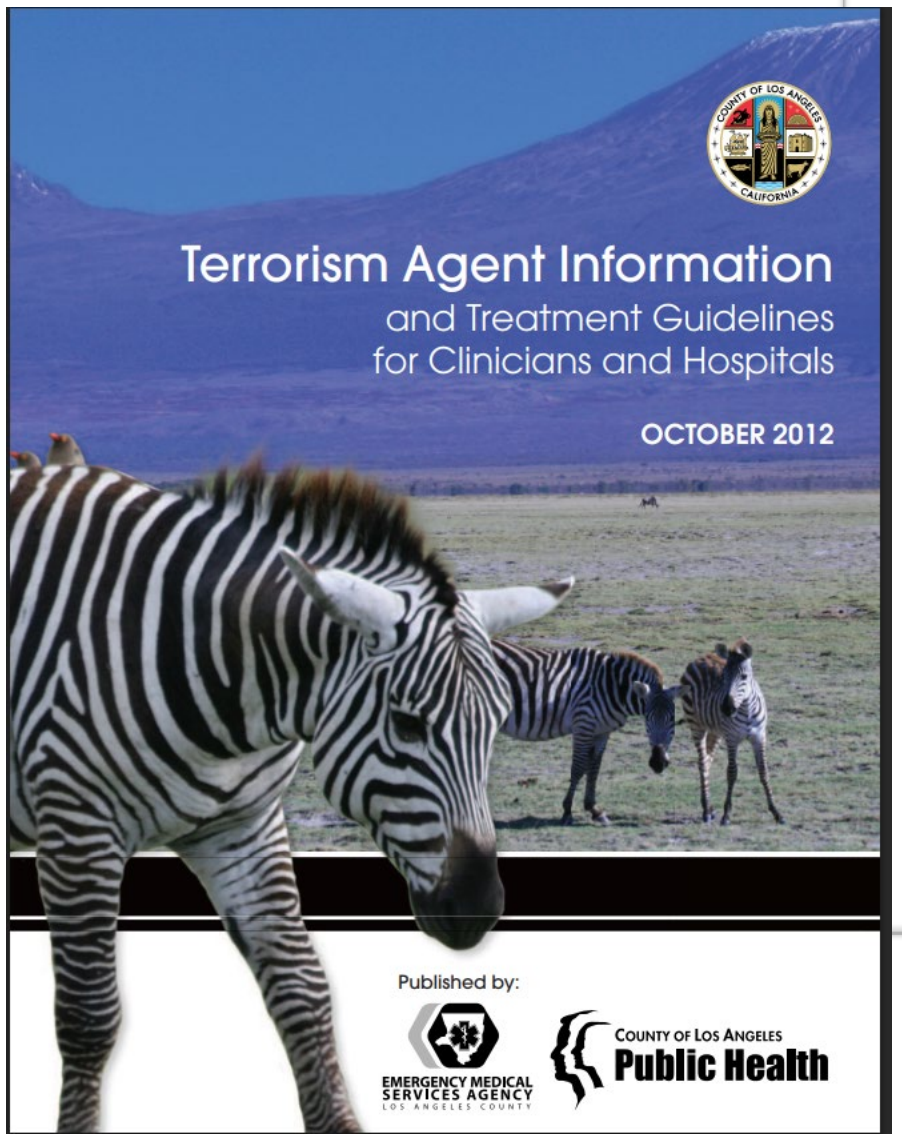
HCC Reference



Quick Reference: Anthrax *(Bacillus anthracis)*

ALL SUSPECTED CASES OF ANTHRAX MUST BE REPORTED IMMEDIATELY TO THE DEPARTMENT OF PUBLIC HEALTH ACUTE COMMUNICABLE DISEASE CONTROL PROGRAM

During Business Hours	213-240-7941
After Hours (County Operator)	213-974-1234

Epidemiology:

- Anthrax disease occurs in humans through 3 routes of infection: inhalational, cutaneous, and gastrointestinal.
- However there are 4 major clinical presentations: meningitis, inhalational, cutaneous, and gastrointestinal. Cutaneous anthrax is the most common naturally occurring form and [illegible] infected animals or animal products. Gastrointestinal anthrax results [illegible] cooked meat from infected animals and is rare. Meningitis is most l[illegible] exposure but can occur after cutaneous or gastrointestinal infection.
- Anthrax spores are highly resistant to physical and chemical age[illegible] environment for years
- In the United States, in October 2001, anthrax-contaminated mail re[illegible] and cutaneous) with 5 deaths.
- Sporadic cases have occurred in U.S. related to animal hides and dr[illegible] have occurred in Europe.

Clinical:

Inhalational anthrax:

- Incubation period 1 -7 days (range up to 43 days in humans and 60 d[illegible]
- Presence of hemorrhagic mediastinal adenopathy; development of [illegible] pulmonary parenchymal disease (infiltrates or consolidation).
- Mediastinal widening by chest X-ray or CT in previously healthy, [illegible] pathognomonic
- A newly proposed 3 level clinical staging system describes an early [illegible] flu-like symptoms), an intermediate-progressive stage, and a late-ful[illegible] failure). This new staging system can help distinguish those patients [illegible] (intermediate-progressive stage) from those with a lower probability o[illegible]
- Without a high index of suspicion, the diagnosis of inhalational anthra[illegible] prodromal illness.
- Mortality ranges from 90% (historic) to 45% (2001 attack)

Anthrax Meningitis:

- Hemorrhagic meningitis in 50% of inhalational anthrax cases
- Was the presenting manifestation of the index case in the 2001 anth[illegible]
- CSF with presence of hemorrhage and long box-car shaped Gram-p[illegible]
- Treat with drugs that have CSF penetration.

Cutaneous anthrax:

- Incubation period 1 -7 days (up to 12 days)
- Presents as papule, progressing to vesicle and ulcer with black escha[illegible]

Quick Reference Sheet: Ricin Poisoning

ALL SUSPECTED CASES OF RICIN POISONING MUST BE REPORTED IMMEDIATELY TO THE DEPARTMENT OF PUBLIC HEALTH ACUTE COMMUNICABLE DISEASE CONTROL PROGRAM

During Business Hours	213-240-7941
After Hours (County Operator)	213-974-1234

Epidemiology:

- Ricin is a potent protein toxin derived from the beans of the castor plant (Ricinus communis)
- Castor beans are widely available; the toxin is easily extracted and stable
- Possible routes of exposure include: respiratory, gastrointestinal and parenteral

Clinical:

- Incubation period varies depending on type of exposure and dose; ranges from minutes to 18 hours
- Inhalation of ricin presents with fever, weakness, cough, dyspnea and arthralgia; pulmonary edema develops within 18-24 hours; death occurs within 36-72 hours
- Ingestion of ricin presents with severe gastroenteritis that may progress to severe fluid and electrolyte imbalance, peripheral vascular collapse and death
- Injection of ricin presents with severe local necrosis of muscle and regional lymph nodes followed by multiorgan failure and death

Diagnosis:

- Diagnosis depends on a high index of suspicion
- Geographical clustering of patients presenting with similar symptoms
- *Two types of laboratory testing are available for suspected ricin exposures:*
  - ***Environmental.*** *Detection of ricin in environmental samples, as determined by CDC (for suspected exposures from the environment) or FDA (for suspected exposures from food or medication). Ricin can be detected qualitatively by time-resolved fluoroimmunoassay (TRFIA) and polymerase chain reaction (PCR) in environmental specimens (e.g., filters, swabs, or wipes).*
  - ***Biologic.*** *CDC can assess selected specimens on a provisional basis for urinary ricinine, an alkaloid in the castor bean plant. Urinary ricinine testing is the only clinical test for ricin exposure available at CDC.*

Treatment:

- Supportive care is the mainstay of therapy including IV fluid and electrolyte replacement
- Respiratory support may be necessary
- Gastric decontamination with superactivated charcoal

Prophylaxis:

- Currently there is no available prophylaxis

Infection Control:

- Standard precautions - ricin is not transmitted from person-to-person

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Compromised Areas

CHOC West/Research Basement

- Specialty Pharmacy
- Outpatient Pharmacy
- Health Information Management
- EVS
- Facilities Management
- Clinical Nutrition and Lactation
- Bio-Med
- Materials Management/Purchasing
- Central Distribution
- Mail Room/Copy Center
- Security Services
- Safety & Emergency Management Offices

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Containment Required the Entire Hospital

External Partners Assisted

- **Security**
  - Perimeter/access control
  - Wayfinding
  - Scene security
- **Facilities**
  - HVAC isolation
  - Building systems
  - Operational support
- **Hospital Command Center**
  - Coordination
  - Communications
  - Continuity of care/operations

PART IV

"WHAT WE LEARNED"

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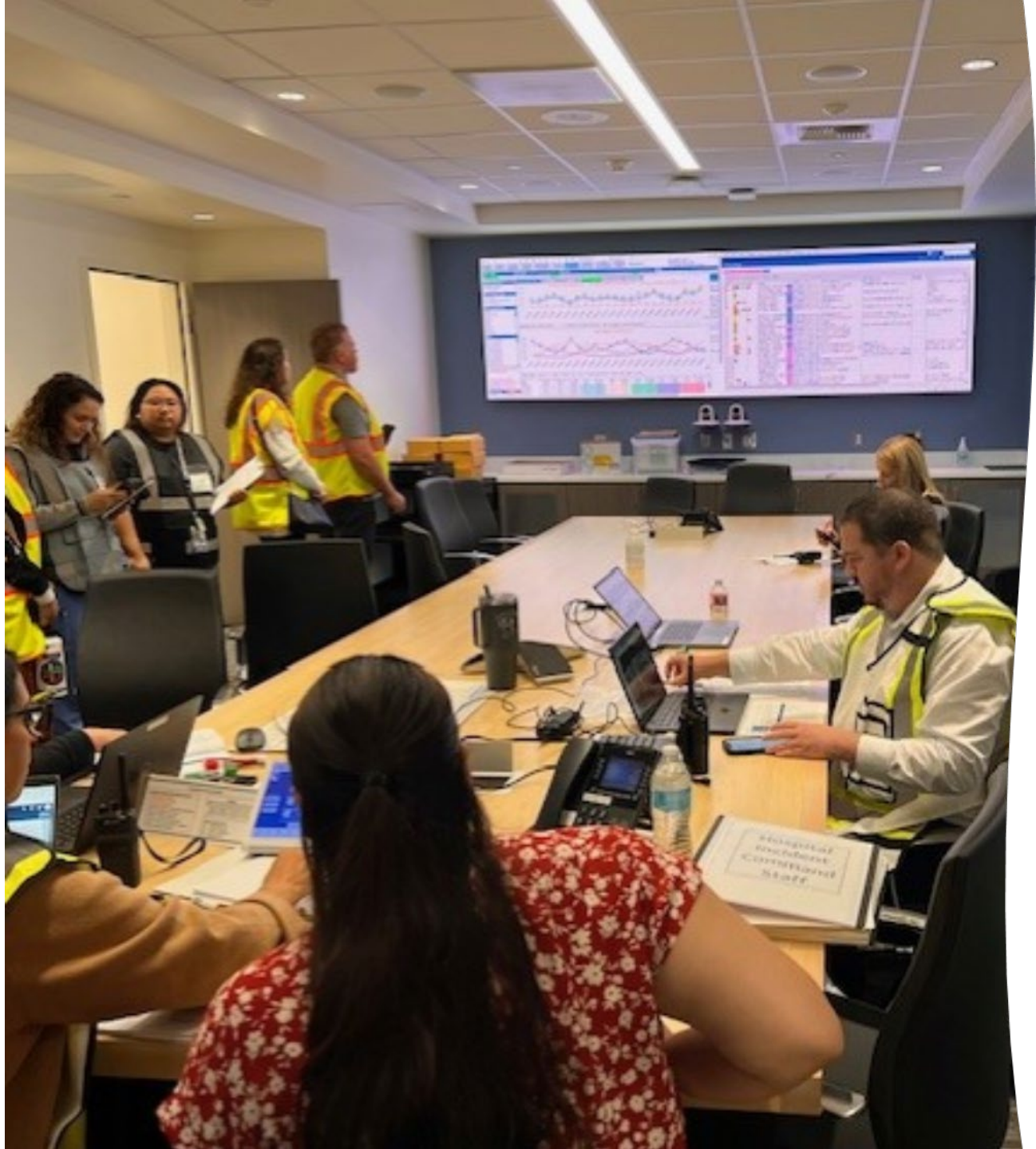
Key Successes

- **Command & Control**
  Code Orange + HCC
- **Unified Coordination**
  Hospital liaison + external responders
- **Containment & Continuity**
  HVAC isolation + pharmacy/ongoing operations
- **Communication**
  Accurate (& trusted!) bidirectional information under pressure



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Five Lessons for Every Hospital

1. Don't move the problem.
Unknown substances should be isolated in place whenever safely possible.

2. The first five minutes determine the next five hours.
Frontline staff actions can either contain or expand the event.

3. A negative field test is not necessarily the end of the incident.
Presumptive screening and confirmatory testing serve different purposes.

4. Hospital command and external command must be connected—not competing.
A designated liaison creates the bridge.

5. Clinical operations, life safety, and criminal investigation can occur simultaneously.
Hospitals must plan for all three.

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If This Happened at Your Hospital Tomorrow…

- Would your employee know not to move the package?
- Who would represent your hospital at Unified Command?
- Who has the authority to restrict, and later restore, hospital operations while the investigation continues?
- Preparedness begins before the envelope is opened!

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Questions?

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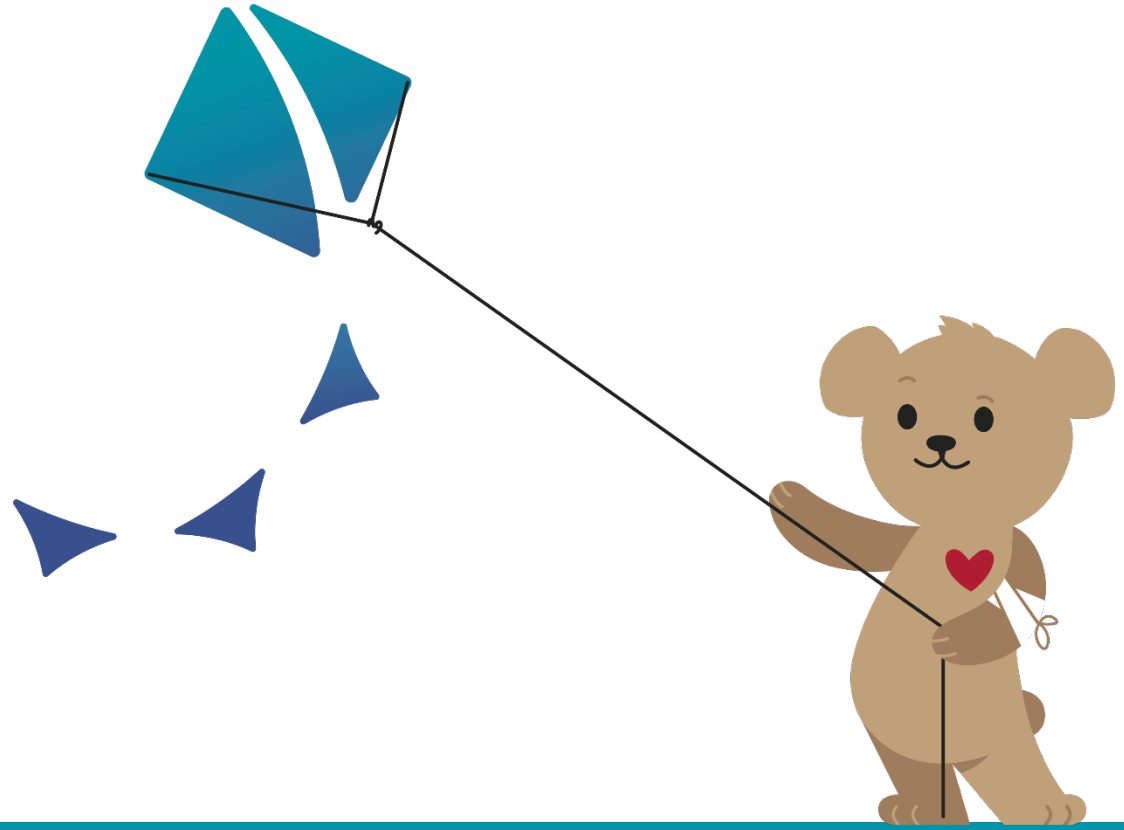

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