







This Emergency Response to Terrorism Job Aid has been designed, produced and distributed through a joint partnership of:

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And

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### Section I. Introduction

### **Document Layout**

This document is divided into **five primary sections**:

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  - Development/Use Assumptions
- II. OPERATIONAL CONSIDERATIONS
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      - If There Are Multiple Indicators
    - Command Considerations
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  - Incident Site Management, Safety and Security
  - Tactical Considerations
  - Mass Decontamination
    - Symptomatic Patients
    - Asymptotic Patients (Contaminated or Exposed)
    - Remote Site Operations (i.e., Hospital Emergency Rooms)
  - Evidence Preservation

### Section I. Introduction (cont.)

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  - If Command Has Been Established
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- · Assisting Agencies

### ■ V. GLOSSARY OF TERMS

Section I. Introduction (cont.)

### Instructions on the Use of This Job Aid

The **Introduction** provides basic directions, an overview of the document and explanation of how to use it. It also includes a list of basic assumptions upon which the Job Aid was developed and according to which it is intended to be used.

**Operational Considerations** highlights specific strategic and tactical issues that should be assessed. In many instances, questions help direct responders to implement appropriate options or actions.

**Incident-Specific Actions (B-NICE)** provides an overview of considerations and issues that should be assessed with respect to different types of potential terrorist incidents.

Agency-Related Actions provides an overview of considerations and issues that should be assessed by the four primary disciplines that would be immediately involved in a potential terrorist incident.

The **Glossary of Terms** defines specific terms and concepts used within the checklist. Throughout the document, terms defined in the glossary appear with the symbol . The glossary also gives the full form of abbreviations used in the document.

### Section I. Introduction (cont.)

### **Development/Use Assumptions**

- The Job Aid is designed to assist the first responder from the fire, EMS, HazMat, and law enforcement disciplines. This includes both tactical and strategic issues that range from line personnel to unit officers and up to and including the initial incident commander (i.e., battalion chief, etc.).
- The document is not a training manual. It is expected that personnel already have appropriate training and experience to address the identified tactics. It should serve as a reminder for those who already have completed the appropriate level of tactical or strategic training, such as the Emergency Response to Terrorism courses developed for classroom and self-study.
- The document is designed to assist emergency response personnel in identifying a possible terrorist/WMD incident and implementing initial actions.
- The document identifies both strategic and tactical considerations that should be assessed within the first hour of an incident. Appropriate tactics would then be implemented as required.

### Section I. Introduction (cont.)

- Every incident is different. It is not possible to develop a document outlining a single chronology or sequence of actions. The order of operations depicted in this document may have to be altered to meet the situation. In some cases, various issues may have to be addressed simultaneously.
- Terrorist/WMD incidents are complex by nature and rarely handled by a single first responder. The Job Aid is intended to be used by several different first responders simultaneously at the incident. It may be best that the responsibility for different sections be appropriately assigned to different personnel if available and addressed simultaneously.

# Section II-1: Assess Security—Response and Initial Approach

### **Indicators**

Is the response to a target hazard or target event?
Has there been a threat?
Are there multiple (non–trauma related) victims?
Are responders victims?
Are hazardous substances involved?
Has there been an explosion?
Has there been a secondary attack/explosion?

Section II-1: Assess Security—Response and Initial Approach (cont.)

LE T	thans to One tradicates.
<u>IT I</u>	here Is One Indicator:
	Respond with a heightened level of awareness.
<u>If T</u>	here Are Multiple Indicators:
	You may be on the scene of a terrorist incident. Initiate response operations with extreme caution.
	Be alert for actions against responders.  Evaluate and implement personal protective measures.
$\Box$	Consider the need for maximum respiratory

protection.

# Section II-1: Assess Security—Response and Initial Approach (cont.)

Make immediate contact with law enforcement for coordination.	
Re	sponse route considerations:
O	Approach cautiously, from uphill/upwind if possible.
$\mathbf{O}$	Consider law enforcement escort.
O	Avoid choke points (i.e., congested areas)
0	Designate rally points (i.e., regrouping areas—different from staging area—for responders).

Identify safe staging location(s) for incoming

units.

### **Section II-2: Command Considerations**

ч	Establish command.		
	Isolate area/deny entry.		
	Ensure scene security.		
	Initiate on-scene size-up and hazard/risk assessment.		
	Provide, identify, designate safe staging location(s) for incoming units.		
	Ensure the use of personal protective measures and shielding.		
	Assess emergency egress routes:		
	O Position apparatus to facilitate rapid evacuation.		
	If you must use emergency egress, reassemble at designated rally point(s).		
	Ensure personnel accountability.		
	Designate incident safety officer.		
	Assess command post security.		

# Section II-2: Command Considerations (cont.)

Consider assignment of liaison and public information positions.		
Assess decontamination requirements (gross, mass, etc.). $\square$		
Consider the need for additional/specialized resources.		
	Fire. EMS. HazMat. Law enforcement/explosive ordnance disposal (bomb squad). Emergency management. Public works. Public health. Environmental. Others.	
Consider as a potential crime scene:		
о 0	Consider everything at the site as potential evidence. Ensure coordination with law enforcement.	

# Section II-2: Command Considerations (cont.) Make appropriate notifications: Dispatch center (update situation report). Hospitals. Utilities. Law enforcement. State point of contact as appropriate. Prepare for transition to Unified Command.

■ Ensure coordination of communications and

identify needs.

Section II-3: On-Scene Size-Up

]	Re	view dispatch information.	
<b>-</b>	Look for physical indicators and other outward warning signs (of biological, nuclear, incendiary, chemical and explosive events, including armed assault):		
	<b>O</b>	Debris field.  Mass casualty/fatality with minimal or no	
	•	trauma.	
		Responder casualties.	
	O	Severe structural damage without an obvious	
	$\circ$	Cause.	
		Dead animals and vegetation.  System(s) disruptions (utilities,	
		transportation, etc.).	
	0	Unusual odors, color of smoke, vapor clouds.	
	Victims' signs and symptoms of hazardous substance exposure:		
	O	Are there unconscious victims with minimal	
	$\circ$	or no trauma?	
	<b>O</b>	Are there victims exhibiting SLUDGEM signs/seizures?	
	0	•	
	-	discoloration or skin irritation?	

O Are victims having difficulty breathing?

S	ect	ion II-3: On-Scene Size-Up (cont.)
_		
_	lde	ntify apparent sign/symptom commonality.
_	Inte	erview victims and witnesses (if possible):
	O O	Is everyone accounted for? What happened (information on delivery system)?
	O	• •
		Where did it happen?
		Who was involved?
	0	Did they smell, see, taste, hear, or feel anything (out of the ordinary)?
<b>_</b>	lde	ntify type of event(s):
	0	Biological.
		Nuclear/radiological.
	O	Incendiary.
		Chemical.
		Explosive.
	0	Armed assault.
_	We	eather report considerations:
	$\mathbf{O}$	Downwind exposures.
	$\mathbf{O}$	Monitor forecast.

	·	
S	ect	ion II-3: On-Scene Size-Up (cont.)
_	_	
_	De	termine life safety threats:
	0	Self
	_	Responders.
		Victims.
	$\mathbf{C}$	Public.
	De	termine mechanism(s) of injury (TRACEM-P)🕮
	$\circ$	Thomas
	0	· · · · · · · · · · · · · · · · · · ·
		Radiological. Asphyxiant.
		Chemical.
		Etiological.
		Mechanical.
		Psychological.
1	Est	imate number of victims:
	$\sim$	
	0	Ambulatory.
		MODATIONATORY

### Section II-3: On-Scene Size-Up (cont.) ■ Identify damaged/affected surroundings: Structural exposures. O Downwind exposures. O Environmental exposures. O Below-grade occupancies. O Below-grade utilities. O Aviation/air space hazards. Consider potential for secondary attack: O Chemical dispersal devices. Secondary explosive devices. Booby traps. Determine available and needed resources: O Fire. O EMS. O HazMat. O Law enforcement/explosive ordnance disposal (bomb squad). O Emergency management. Public works. Public health.

O Othe

Environmental.

# Section II-4: Incident Site Management, Safety, and Security

Reassess initial isolation/standoff distances:		
<b>O</b>	•	
Initiate public protection actions:		
O	Remove endangered victims from high-hazard areas.	
O	Establish safe refuge area (contaminated vs. uncontaminated).	
$\mathbf{c}$	Evacuate.	
0	Protect in place.	
	ntify appropriate PPE options prior to nmitting personnel.	
Dedicate emergency medical services needed for responders.		
Prepare for gross decontamination operations for responders. $\square$		
	ordinate with law enforcement to provide curity and control of perimeters.	

### Section II-4: Incident Site Management, Safety, and Security (cont.)

☐ Designate an emergency evacuation signal.

### Section II-5: Tactical Considerations

Life	e safety:
O	Isolate/secure and deny entry.
0	
$\mathbf{O}$	
0	Commit only essential personnel/minimize exposure.
0	Confine/contain all contaminated and exposed victims.
0	•
	scue considerations:
	Is the scene safe for operations?
	Can I make it safe to operate? Are victims viable?
	Are they ambulatory?
	Can they self-evacuate?
	Are they contaminated?
Ö	
O	
$\mathbf{O}$	Is specialized PPE required?

# Section II-5: Tactical Considerations (cont.)

- ☐ Incident stabilization (consider defensive operations):
  - O Water supply.
  - Exposure protection.
  - O Utility control.
  - O Fire suppression.
  - HazMat control.

## Section II-6: **Mass Decontamination** Position the decontamination area upwind and uphill. First responders wearing full structural gear and SCBA may approach the victims to provide direction and guidance. Avoid contact with any liquids on the ground, victims' clothing, or other surfaces. ☐ Remove contaminated/exposed victims from the high-hazard area. Isolate/secure them in a holding area at the outer periphery of the hot zone. 🕮 Evaluate signs/symptoms to determine the type of agent involved. NOTE

Signs or symptoms of exposure (depending on the agent) may include difficulty breathing; reddening, burning, and/or itching of the eyes and/or skin; irritation of the nose and throat; runny nose or salivation; coughing; pinpoint pupils; pain in the eyes or head; seizure-like activity or convulsions; vomiting; etc.

S	Secti	ion II-6:	Mass Dec (cont.)	contamina	tion
	Sep	parate the	victims into	groups of:	
	O O		natic and asy ory and nona	•	Ш
	hold anti	ding area	iders may ac to initiate tria d provide ba tocols.	age, adminis	ster
	dep sev	endent or	econtaminat n the numbe eir injuries, a	r of patients	, the
	hos	se line, wh	nts may be l ile numerou nass decont	s patients w	ill require
			ers of patient o use the "sic		

well as numerous showers to move multiple lines

of patients through the process.

Section II-6: Mass Decontamination (cont.)

Sym	ptomatic	<b>Patients</b>

•	gin emergency gross decontamination 🕮 mediately on victims who:
000	Are symptomatic. Have visible (liquid) product on their clothing Were in close proximity to the discharge.
	a mass casualty setting life safety takes cedence over containing runoff.
ded	t up decontamination in an area such that the contamination water will flow away from your eration and into the grass or soil, if possible.
	ovide privacy only if it will not delay the contamination process.
Re	move all of the victims' clothing.

S	Section II-6: Mass Decontamination (cont.)			
	Thoroughly wash/rinse the victims:			
	O For limited number of patients: use soap, soft brushes, and water from small hose lines at low pressure (30 psi fog).			
	O For multiple patients: engines parked side-to- side dispersing water at low pressures from discharges or multiple showers may be used.			
	NOTE			
min spir exit ens	ients should remain in the water for several utes and receive a thorough flushing (arms up, a around). Personnel should be positioned at the side of the corridor to manage the patients and ture they stay in the water for an adequate period me.			
	Separate lines may be required to process nonambulatory patients.			
	As resources become available, separate decontamination lines may be established for male and female patients, as well as families.			

S	Section II-6: Mass Decontamination (cont.)
	Provide emergency covering (i.e., emergency blankets and sheets for the victims)
	Transfer patients to EMS for triage/treatment
	ymptomatic Patients (Contaminated or posed)
	Process patients through the gross decontamination   showers with their clothes on.
	Have them proceed to separate holding areas by gender.
	Separate systems should be established for mal and female patients.
	Set up tents/shelters and provide showers or an improvised wash system.
	Patients should be numbered and bags should be used to store their personal effects.

S	Sect	ion II-6:	Mass Decontamination (cont.)
	Pro	ovide eme	rgency covering/clothing.
		ansfer pation.	ents to a holding area for medical
	mot om)		erations (i.e., Hospital Emergenc
	to I	oe establis	decontamination systems may have shed outside of hospital emergency tients who self-present at the
	O		h decontamination capabilities e dispatched to establish a system.
	O	Triage th	e patients and separate them into natic and asymptomatic groups.
	O	Patients	who are symptomatic or have visible
	$\circ$		on their clothes will be a priority.
	0		clothes and flush thoroughly.
	•		with the hospital staff to determine attents will be sent after
		decontan	

# Section II-7: Evidence Preservation Recognize potential evidence. Unexploded device(s). Portions of device(s). Clothing of victims. Containers. Dissemination device(s). Note location of potential evidence. Report findings to appropriate authority. Move potential evidence only for life safety/incident stabilization.

☐ Establish and maintain chain of custody for

evidence preservation.

S	Section III-1: Biological
Ge	neral Information
	Biological agents may produce delayed reactions.
	Unlike exposure to chemical agents, exposure to biological agents does not require immediate removal of victims' clothing or gross decontamination in the street.
	Inhalation is the primary route of entry.
	SCBA and structural firefighting clothing provides adequate protection for first responders.
	DOT-ERG #158 provides additional information.
Re	sponse Recommendations
	Position uphill and upwind and away from

Biological III-1-1

building exhaust systems.

☐ Isolate/secure the area. (DOT-ERG #158

recommends initial isolation distance of 80 feet.)

S	Section III-1: Biological (cont.)		
	Do not allow unprotected individuals to enter area.		
	Be alert for small explosive devices designed to disseminate the agent.		
	Gather information:		
	<ul> <li>Type and form of agent (liquid, powder, aerosol).</li> <li>Method of delivery.</li> <li>Location in structure.</li> </ul>		
Operational procedures are provided on the following pages for the following scenarios:			
	Wet/dry agent from a point source.		
	Threat of agent placed in HVAC system or package (with <i>no</i> physical evidence).		
	Confirmed agent placed into HVAC system (visible fogger, sprayer or aerosolizing device).		

Section III-1: Biological (c	ont.)
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Wet/Dry Agent from Point Source

•••	abiy rigone from Forme occioo
	Personnel entering area must wear full PPE, including SCBA.
	Avoid contact with puddles, wet surfaces, etc.
	Isolate area of building.
	Keep all potentially exposed individuals in close proximity, but out of the high-hazard area.
	Shut down HVAC system that services the area.
	If victims have visible agent on them:
	<ul> <li>Wash exposed skin with soap and water.</li> <li>If highly contaminated (i.e., splashed) and the facility is equipped with showers, the</li> </ul>

victims may take a shower and change

HazMat team may be able to conduct a bioassay field test (limited number of agents).

clothes as a precaution.

S	Section III-1: Biological (cont.)	
	If possible, a sample of the material maccollected for testing:	y be
	O If test results are positive, decontain	
	shower facility with warm water/soa  O Provide emergency covering/clothin	
	bag personal effects.	gana
	O Refer to medical community for trea	tment.
	reat of Dry Agent Placed into HVAC Syckage with No Physical Evidence	stem or
_		
	Isolate the building:	
	O Keep all potentially exposed victims	in the
	<ul><li>building.</li><li>Shut down all HVAC systems for the</li></ul>	e buildina
	Collect information regarding the threat,	
	any previous activity to gauge the credit the threat.	ollity of
	Initiate a search of the building.	
	Personnel entering area must wear full	PPE.
_	including SCBA.	,

S	Section III-1: Biological (cont.)
	Avoid contact with puddles, wet surfaces, etc.
	Investigate all HVAC intakes, returns, etc., for evidence of agent or dispersal equipment.
	If any evidence of an agent is found in/near the HVAC system, remove occupants from the building and isolate them in a secure and comfortable location.
	If a suspicious package is found, handle as a point source event.
	Contaminated victims should shower and change. No decontamination should take place unprotected and in the open. Tents or other sites should be used.
	Exposed victims may shower and change at their discretion.

Biological III-1-5

☐ Refer to medical community for treatment.

Section III-1: Biological (cont.
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Confirmed Agent Placed into HVAC System (Visible Fogger, Sprayer or Aerosolizing Device)		
Personnel entering must wear full PPE and SCBA.		
Avoid contact with puddles, wet surfaces, etc.		
Remove occupants from building/area, and isolate in a secure and comfortable location.		
Shut down HVAC system(s).		
HazMat team may be able to conduct a bioassay field test (limited number of agents).		
If possible, a sample of the material may be collected for testing.		
If test results are positive, contaminated victims should shower and change. No decontamination should take place unprotected and in the open. Tents or other sites should be used.		

Biological III-1-6

☐ Gather all decontaminated victims in a specific holding area for medical evaluation.

### Section III-1: Biological (cont.)

### **Biological Agent Reference Chart**

Agent	Dissemination	Transmission (person to person)	Incubation	Lethality
Anthrax	Spores in aerosol	No (except cutaneous)	1–5 days	High
Cholera	Ingestion and aerosol	Rare	12 hours to 6 days	Low with treatment
Plague	Aerosol	High	1–3 days	High if untreated
Tularemia	Aerosol	No	1–10 days	Moderate if untreated
Q Fever	Ingestion and aerosol	Rare	14–16 days	Very low
Smallpox	Aerosol	High	10–12 days	Low
VEE	Aerosol and infected	Low	1–6 days	Low
Ebola	Contact and aerosol	Moderate	4–16 days	Moderate to high
Botulinum Toxin	Ingestion and aerosol	No	Hours to days	High
T-2 Mycotoxins	Ingestion and aerosol	No	2–4 hours	Moderate
Ricin	Ingestion and aerosol	No	Hours to days	High
Staphylococal Enterotoxin B	Ingestion and Aerosol	No	Hours	< 1%

### Section III-2: Nuclear/Radiological

<u>Ge</u>	General Information				
	Radiological agents may produce delayed reactions.				
	Unlike exposure to chemical agents, exposure to radiological agents does not require immediate removal of victims' clothing or gross decontamination in the street.				
	Inhalation is the primary route of entry for particulate radiation.				
	In most cases, SCBA and structural firefighting clothing provides adequate protection for first responders.				
	Alternately, gamma sources require minimizing exposure time and maintaining appropriate distance as the only protection.				
	Exposed/contaminated victims may not exhibit obvious injuries.				
	DOT-ERGs #163 & 164 provide additional information.				

### Section III-2: Nuclear/Radiological (cont.)

Res	sponse Recommendations
	Position upwind of any suspected event.
	Isolate/secure the area. DOT-ERG #163 recommends a minimum distance of 80 to 160 feet.
	Be alert for small explosive devices designed to disseminate radioactive agent(s).
	Use time, distance, and shielding as protective measures. □
	Use full PPE including SCBA.
	Avoid contact with agent. Stay out of any visible smoke or fumes.
	Establish background levels outside of suspected area.
	Monitor radiation levels.
	Remove victims from high-hazard area to a safe holding area.

### Section III-2: Nuclear/Radiological (cont.)

_	as appropriate.
	Detain or isolate uninjured persons or equipment. Delay decontamination for such persons/equipment until instructed by radiation authorities.

Use radiation detection devices, if possible, to determine if patients are contaminated with radiological material.

Section III-3:	Incendiary	

**General Information** 

Ч	Fire	e may present intense conditions:
	<b>O</b>	Rapid spread. High heat. Multiple fires. Chemical accelerant.
	Tei	rrorists may sabotage fire protection devices.
	Ве	alert for booby traps.

☐ Be aware of the possibility of multiple devices.

Incendiary III-3-1

Section III-4: Chemical
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### General Information

- Victims' signs and symptoms of hazardous substance exposure:Are there unconscious victims with minimal or no trauma?
  - Are there victims exhibiting SLUDGEM ☐ signs /seizures?
  - O Is there blistering, reddening of skin, discoloration or skin irritation?
  - O Are the victims having difficulty breathing?
- ☐ Look for physical indicators and other outward warning signs:
  - Medical mass casualty/fatality with minimal or no trauma.
  - O Responder casualties.
  - Dead animals and vegetation.
  - O Unusual odors, color of smoke, vapor clouds.

S	Sect	ion III-4: Chemical (cont.)
_	Dis	persal method(s):
	$\mathbf{O}$	Air handling system.
	$\mathbf{O}$	Misting or aerosolizing device.
	0	Sprayer.
	$\mathbf{O}$	Gas cylinder.
	$\mathbf{O}$	Dirty bomb.
_	DO	T-ERGs provide additional information:
	0	Nerve agents (Guide #153)
	0	= ago: ( = a =
		Blood agents (Guides #117,119,125)
		Choking agents (Guides #124,125)
	$\mathbf{O}$	Irritant agents (riot control) (Guides
		#153,159)

Section III-4: Chemical (cont.)

#### **Chemical Agent Reference Charts**

#### **Nerve Agents**

Common Name (Military Symbol)	Tabun (GA)	Sarin (GB)	Soman (GD)	vx
Volatility/ Persistency	Semi-persistent		Persistent	
Rate of Action	Rapid		Rapid	
Route of Entry	Respiratory and skin			
Odor	Fruity		Cam- phor	Sulfur
Signs/Symptoms	Headache, runny nose, salivation pinpointing of pupils, difficulty in tight chest, seizures/convulsions			in breathing,
Self-Protection	Respiratory and skin			
First Aid Remove from area Atropine and 2–Pa				otomatically
Decontamination	Remove agent Flush with warm water/soap			

Non-persistent = minutes—hours Semi-persistent = < 12 hours Persistent = > 12 hours

Section III-4: Chemical (cont.)

#### **Chemical Agent Reference Charts**

#### **Blister Agents/Vesicants**

Common Name (Military Symbol)	Mustard (H)	Lewisite (L)	Phosgene Oxime (CX)
Volatility/ Persistency	Persistent		
Rate of Action	Delayed	Rapid	
Route of Entry	Skin, inhala	ation, eyes	
Odor	Garlic	Geraniums	Irritating
Signs/Symptoms	Red, burning skin, blisters, sore throat, dry cough. Pulmonary edema, memory loss, coma/seizures. Some symptoms may be delayed from 2 to 24 hrs.		
Self-Protection	Respiratory and skin		
First Aid	Decontaminate with copious amount of water, remove clothing, support airway, treat symptomatically		
Decontamination	Remove from area Flush with warm water/soap		
Non-persistent = minutes-hours Semi-persistent = < 12 hours			

Chemical III-4-4

Persistent = > 12 hours

Section III-4: Chemical (cont.)

#### **Chemical Agent Reference Charts**

#### **Blood Agents**

Common Name (Military Symbol)	Hydrogen Cyanide (AC)	Cyanogen Chloride ( CK)	Arsine (SA)	
Volatility/ Persistency	Non-persistent			
Rate of Action	Rapid			
Route of Entry	Inhalation, sk	in, and eyes		
Odor	Burnt almonds or peach kernels Garlic			
Signs/Symptoms	Cherry red skin/lips, rapid breathing, dizziness, nausea, vomiting, convulsions, dilated pupils, excessive salivation, gastrointestinal hemorrhage, pulmonary edema, convulsions, respiratory arrest			
Self-Protection	Respiratory and skin			
First Aid	Remove from area, assist ventilations, treat symptomatically, administer cyanide kit			
Decontamination	Remove from area, remove wet clothing, flush with soap and water, aerate			
Non-persistent = minutes-hours Semi-persistent = < 12 hours Persistent = > 12 hours				

Section III-4: Chemical (cont.)

#### **Chemical Agent Reference Charts**

#### **Choking Agents**

Persistent = > 12 hours

Common Name (Military Symbol)	Chlorine (CL)	Phosgene (CG)	Diphosgene (DP)	
Volatility/ Persistency	Non-persistent Vapors may hang in low areas			
Rate of Action	Rapid in high concentration, up to 3 hours in low concentrations			
Route of Entry	Respiratory	and skin		
Odor	Bleach	Newly mown hay	Cut grass or green corn	
Signs/Symptoms	Eye and airway irritation, dizziness, tightness in chest, pulmonary edema, painful cough, nausea, headache			
Self-Protection	Respiratory and skin			
Remove from area, remove contaminated clothing, assist ventilations, rest				
Decontamination Wash with copious amounts of water aerate		ts of water,		
Non-persistent = minutes-hours Semi-persistent = < 12 hours				

Section III-4: Chemical (cont.)

#### **Chemical Agent Reference Charts**

#### **Riot Control/Irritant Agents**

Common Name (Military Symbol)	Tear Gas (CS & CR)	Mace (CN)	Pepper Spray (OC)		
Volatility/ Persistency	Low–High > 60 days on porous material	Low Varies depending upon surface			
Rate of Action	20–60 sec. Rapid				
Route of Entry	Respiration and skin				
Odor	Hair spray  Apple blossoms  Pepper or odor of propellant				
Signs/Symptoms	Tearing eyes, nose and throat irritation, coughing, shortness of breath, vomiting				
Self-Protection	Respiration and skin				
First Aid	Remove from area, support respirations, treat symptomatically, remove contaminated clothing				
Decontamination	Brush off material, use decon wipes, water, remove contaminated clothing				
Non-persistent = minutes-hours					

Semi-persistent = < 12 hours

Persistent = > 12 hours

Chemical 111-4-7

Section III-4: Chemical	(cont.)
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Re	sponse Recommendations
	Approach from uphill and upwind.
	Victims exposed to chemical agents require immediate removal of clothing, gross adecontamination and definitive medical care.
	Upon arrival, stage at a safe distance away from the site.
	Secure and isolate the area/deny entry.
	Complete a hazard and risk assessment to determine if it is acceptable to commit responders to the site.
	Be aware of larger secondary chemical devices.
	Personnel in structural PPE/SCBA should not enter areas of high concentration, unventilated areas, or below-grade areas for any reason.
	Personnel in structural PPE/SCBA may enter the hot zone near the perimeter (outside of areas of high concentration) to perform life-saving functions.

|--|

Res	sponse Recommendations (cont.)
	Move ambulatory patients away from the area of highest concentration or source.
	Confine all contaminated and exposed victims to a restricted/isolated area at the outer edge of the hot zone. $\square$
	Symptomatic patients should be segregated into one area and asymptomatic patients should be placed in another area.
	Law enforcement should establish an outer perimeter $\square$ to completely secure the scene.
	If a particular agent is known or suspected, this information should be forwarded to EMS personnel and hospitals so sufficient quantities of antidotes can be obtained.
	Hospitals should be notified immediately that contaminated victims of the attack may arrive or

Chemical III-4-9

self-present at the hospital.

Section III-4: Chemical	(cont.)
	()

Res	sponse Recommendations (cont.)
	Begin emergency gross decontamination procedures starting with the most severe symptomatic patients. Use soap-and-water decon.
	Decontamination capabilities should be provided at the hospital to assist with emergency gross decontamination prior to victims' entering the facility.
	If available, HazMat personnel in chemical PPE may be used for rescue, reconnaissance, and

☐ Asymptomatic ☐ patients should be decontaminated in a private area (tent or shelter) and then forwarded to FMS for evaluation.

agent identification.

#### **General Information**

Explosive devices may be designed to
disseminate chemical, biological, or radiological
agents.

- Explosives may produce secondary hazards, such as unstable structures, damaged utilities, hanging debris, void spaces, and other physical hazards.
- Devices may contain anti-personnel features such as nails, shrapnel, fragmentation design, or other material.

WARNING: Always be alert for potential secondary devices

\_\_\_\_\_

S	ection III-5: Explosives (cont.)	
	Outward warning signs:	

- O Oral or written threats.
  - O Container/vehicle that appears out of place.
  - Devices attached to compressed gas cylinders, flammable liquid containers, bulk storage containers, pipelines, and other chemical containers (dirty bomb).
  - Oversized packages with oily stains, chemical odors, excessive postage, protruding wires, excessive binding, no return address, etc.

□ DOT-ERGs #112 and 114 provide additional information.

Section	III-5:	<b>Explosives</b>	(cont)
OCCLIOII	O.	LADIOSIVOS	( COLIE. )

#### Response Recommendations

U	nexp	loded	Device/	Pre-B	last C	perat	<u>ions</u>

- ☐ Command post should be located away from areas where improvised secondary devices may be placed, e.g., mailboxes, trash cans, etc.
- Stage incoming units:
  - Away from line of sight of target area.
  - Away from buildings with large amounts of glass.
  - In such a way as to utilize distant structural and/or natural barriers to assist with protection.
- □ Isolate/deny entry.
- Secure perimeter based on the size of the device.

**WARNING:** Coordinate activities with law enforcement and be prepared for operations if the device activates.

Section III-5: Explosives (cor	ıt.)
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#### Response Recommendations (cont.)

Unexploded Device/Pre-Blast Operations	
Attempt to identify device characteristics:	
<ul> <li>Type of threat.</li> <li>Location.</li> <li>Time.</li> <li>Package.</li> <li>Device.</li> <li>Associated history.</li> </ul>	
Standoff distance should be commensurate with the size of the device:	l
<ul> <li>Car bomb = 1500 ft. (increase distance for larger vehicles)</li> <li>Package bomb (1–25 lbs.) = 1000 ft.</li> <li>Pipe bomb = 500ft.</li> </ul>	
Use extreme caution if caller identifies a time for detonation. It is very possible that the device will activate prior to the announced time.	
Discontinue use of all radios, mobile data terminals (MDTs), and cell phones in accordanc with local protocols.	е

Section III-5: Explosives (cont.)

#### Response Recommendations (cont.)

#### **Unexploded Device/Pre-Blast Operations**

- Evaluate scene conditions:
  - O Potential number of affected people.
  - O Exposure problems.
  - O Potential hazards: utilities, structures, fires, chemicals, etc.
  - O Water supply.
  - O Evaluate available resources (EMS, HazMat, Technical Rescue, etc.).
  - O Review pre-plans for affected buildings.
  - O Make appropriate notifications.
  - Develop action plan that identifies incident priorities, potential tactical assignments, and key positions in the ICS/Unified Command.

Section III-5:	Explosives (cont.)

#### Response Recommendations (cont.)

#### **Exploded Device/Post-Blast Operations**

Command post should be located away from

	eas where improvised secondary devices may placed, e.g., mailboxes, trash cans, etc.
Init	ial arriving unit(s):
•	<ul> <li>Stage a safe distance from reported incident (or where you first encounter debris).</li> <li>Away from line of sight of target area.</li> <li>Away from buildings with large amounts of glass.</li> </ul>
$\sim$	

O Utilize distant structural and/or natural barriers to assist with protection.

**WARNING:** Be aware of potential secondary devices and their potential location.

Stage incoming units at a greater distance.
Consider using multiple staging sites.

☐ Debris field may contain unexploded bomb material.

Section	III-5:	Exp	losives	(cont )
				(OOIIL.

#### Response Recommendations (cont.)

#### **Exploded Device/Post-Blast Operations**

teri	continue use of all radios, mobile data minals (MDTs), and cell phones in accordance n local protocols.
	move all citizens and ambulatory victims from affected area.
	termine on-scene conditions and evaluate ource requirements:
0 0 0	Explosion. Fire. Structural collapse/unstable buildings. Search/rescue (nonambulatory/trapped victims).
$\mathbf{O}$	Exposures.

O Number of patients and extent of injuries.

O Utilities.

Other hazards.

Section	III-5:	<b>Explosives</b>	(cont.)

#### Response Recommendations (cont.)

#### **Exploded Device/Post-Blast Operations**

	_	<u> </u>
		ke notifications (law enforcement, hospitals, ergency management) as appropriate:
	_	Local. State. Federal.
	Co	mplete hazard and risk assessment.
	WAR mu:	NING: If it is determined that entry/intervention st occur (life safety), the following procedures should be implemented.
//	//	
	_	

Personnel should only be allowed to enter the blast area for life safety purposes.

☐ Remove viable patients to safe refuge area.

☐ Direct ambulatory patients to care.

Section	III-5:	<b>Explosives</b>	(cont.)	)
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#### Response Recommendations (cont.)

#### **Exploded Device/Post-Blast Operations**

_	exp	posure time. Personnel entering the blast area buld:
	<b>O</b>	Wear full protective clothing, including SCBA. Monitor atmosphere:

- Flammability.
- □ Toxicity.
- Radiation.
- Chemical.
- □ pH.
- Establish emergency gross decontamination.

WARNING: Area should be evacuated of all emergency responders if there is any indication of a secondary device

\_\_\_\_\_\_

#### Response Recommendations (cont.)

Exploded Device/Post-Blast Operations
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_	Remove patients from the initial blast site to a safe refuge area.		
	Triage/treatment area established at the casualty collection point (if established):		
	<ul><li>O Notify hospitals.</li><li>O Implement mass casualty plan.</li></ul>		
	Do not allow rescuers to enter unsafe buildings of high-hazard areas.		
	Control utilities and protect exposures from a defensive position.		
	Preserve and maintain evidence.		

or

S	Section IV-1: Fire Department			
	I Isolate/secure the scene, deny entry, establis control zones.			
	Establish command.			
_	Evaluate scene safety/security.			
_	Stage incoming units.			
<b>_</b>	Gather information regarding the incident, number of patients, etc.			
_	Assign ICS positions as needed.			
	Initiate notifications (i.e., hospitals, law enforcement, state/federal agencies, etc.)			
_	Request additional resources.			
<b>_</b>	Use appropriate self-protective measures:			
	<ul> <li>○ Proper PPE.</li> <li>○ Time, distance, and shielding.</li> <li>○ Minimize number of personnel exposed to</li> </ul>			

danger.

S	Sect	ion IV-1: Fire Department (cont.)
⊐	Init	iate public safety measures:
		Rescue. Evacuate. Protect in place.
	Est	ablish water supply:
	<b>O</b>	Suppression activities. Decontamination.
		ntrol and isolate patients (away from the zard, at the edge of the hot/warm zone).
	Со	ordinate activities with law enforcement.
		gin and/or assist with triage, administering idotes, and treatment.

■ Begin gross mass decontamination

operations.

#### Section IV-1: Fire Department (cont.)

# As the incident progresses, prepare to initiate Unified Command System

- ☐ Establish Unified Command ☐ post, including representatives from the following organizations:
  - Emergency Medical Services.
  - O Law enforcement.
  - O Hospitals/public health.
  - Emergency management.
  - O Public works.
  - Establish and maintain chain of custody for evidence protection.

### **Section IV-2: Emergency Medical Services**

<u>If F</u>	If First on Scene:		
	Isolate/secure the scene, establish control zones		
	Establish command.		
	Evaluate scene safety/security.		
	Stage incoming units		
If C	om	mand Has Been Established:	
	Report to and/or communicate with command post.		
	Ga	ther information regarding:	
	$\mathbf{c}$	Type of event. Number of patients. Severity of injuries. Signs and symptoms.	
		sign medical Incident Command positions as eded.	
	Notify hospitals.		

# Section IV-2: Emergency Medical Services (cont.)

Request additional resources as appropriate:	
O	Basic Life Support (BLS)/Advanced Life Support (ALS).
0	
O	
0	
O	National Medical Response Team (NMRT).
O	
0	Disaster Mortuary Response Team (DMORT).
Use	e appropriate self-protective measures:
000	
Initiate mass casualty procedure.	
Evaluate the need for casualty collection point (CCP)  (PSA).	
	ntrol and isolate patients (away from the zard, at the edge of the hot/warm zone 🚨 ).

# Section IV-2: Emergency Medical Services (cont.)

Ensure patients are decontaminated prior to being forwarded to the cold zone		
Triage, administer antidotes, treat and transporvictims.		
Evidence preservation/collection:		
<ul> <li>Recognize potential evidence.</li> <li>Report findings to appropriate authority.</li> <li>Consider embedded objects as possible evidence.</li> <li>Secure evidence found in ambulance or at hospital.</li> </ul>		
Establish and maintain chain of custody for evidence preservation.		
Ensure participation in Unified Command 🕮 system when implemented.		

Section IV-2: Emergency Medical Services (cont.)

#### **PATIENT CARE MAINSTAYS WORKSHEET**

APPROPRIATE PROTECT PERSO	
DURING	AFTER
DECONTAMINATION	DECONTAMINATION
PREVENT FURTHER EX	POSURE OF PATIENTS
DBOVIDE CURI	OODTIVE CARE
PROVIDE SUPF	ORTIVE CARE
DECONTA	MINATION

Section IV-2: Emergency Medical Services (cont.)

# PATIENT CARE MAINSTAYS WORKSHEET (cont.)

MAINTAIN PERSONAL PROTECTION		
(Assess for potential contagious diseases or secondary contamination)		
	,	
MEDICAL INT	ERVENTION	
BLS TREATMENT	ALS TREATMENT	
PATIENT TRANSPORT AND T	RANSEER CONSIDERATIONS	
FATILITY TRANSPORT AND T	KANSI EK CONSIDERATIONS	

#### **Section IV-3: Law Enforcement**

<u>If F</u>	irst	on Scene:	
	Isolate/secure the scene, establish control zones. Establish command. Stage incoming units.		
If C	om	mand Has Been Established:	
	Report to command post.		
	Evaluate scene safety/security:		
	O C	Ongoing criminal activity. Consider victims to be possible terrorists. Secondary devices. Additional threats.	
	Gather witness statements/observations and document.		
	Initiate law enforcement notifications:		
	O O	Federal Bureau of Investigation (FBI). Bureau of Alcohol, Tobacco, and Firearms (ATF).	
		Explosive Ordnance Disposal (EOD)/bomb squad.	
	O	Private security forces.	

S	Section IV-3: Law Enforcement (cont.)		
	Re	quest additional resources.	
	Se	cure outer perimeter.	
_	Tra	offic control considerations:	
		Staging areas. Entry/egress.	
_	Us	e appropriate self-protective measures:	
	<b>O</b>	Minimize number of personnel exposed to	
	0	danger. Proper PPE (if provided).	
<b>_</b>	Init	iate public safety measures:	
	_	Evacuate. Protect in place.	
<b></b>	Ass	sist with control/isolation of patients.	

Coordinate activities with other response

agencies.

### Section IV-3: Law Enforcement (cont.)

Evi	dence preservation:
0000	Diagram the area. Photograph the area. Prepare a narrative description. Maintain an evidence log.
Pai witl	rticipate in a Unified Command 🕮 system n:
0	Fire/rescue services.
$\mathbf{O}$	Emergency Medical Services.
$\mathbf{O}$	Hospitals/public health.
0	Emergency management.
$\mathbf{O}$	Public works.

Section IV-4: HazMat				
	Establish the HazMat group.			
	Provide technical information/assistance to:			
	O O	Command. EMS providers. Hospitals. Law enforcement.		
	Detect/monitor to identify the agent, determine concentrations and ensure proper control zones.			
	Continually reassess control zones.			
	Enter the hot zone (chemical PPE) to perform rescue, product confirmation, and reconnaissance.			
	Product control/mitigation may be implemented in conjunction with expert technical guidance.			
	Improve hazardous environments:			
	O	Ventilation. Control HVAC. Control utilities.		

HazMat IV-4-1

Section IV-4: HazMat (cont.)				
	Implement a technical decontamination corridor for Hazardous Materials Response Team (HMRT) personnel.			
	Coordinate and assist with mass decontamination.			
	Provide specialized equipment as necessary, such as tents for operations, shelter, etc.			
	Assist law enforcement personnel with evidence preservation/collection, decontamination, etc.			

HazMat IV-4-2

### Section IV-5: Assisting Agencies

	Federal Bureau of Investigation (FBI)  WMD Coordinator		
	HazMat Response Unit (HMRU)		
	, , , ,		
	Chemical and Biological Defense Command		
_	(CBDCOM)		
	,		
	Centers for Disease Control and Prevention		
	(CDC)		
	Agency for Toxic Substance Disease Registry		
	(ATSDR)		
	Federal Emergency Management Agency		
_	(FEMA)		
	Disaster Medical Assistance Team (DMAT)		
	Disaster Mortuary Response Team (DMORT)		
	Chemical/Biological Incident Response Force		
	(CBIRF)		
	Bureau of Alcohol, Tobacco, and Firearms (ATF)		
	Department of Energy (DOE)		
	Nuclear Emergency Search Team (NEST)		
	Local emergency managers		
	Assorted state agencies		

This list is not all encompassing. Different types of incidents will generate different responses by assisting agencies. Supplement this list with local/state resources as needed.

#### Section IV-5: Assisting Agencies (cont.)

Local Law Enforcement:  FBI Area Office WMD Coordinator:  Local Emergency Management  Point of Contact:			
Public Health/Medical Representative:Public Works:			
Utilities:			
Gas:			
Electric:			
Water:			
Sewer:			
Telephone Service Provider:			
National Response Center: 1-800-424-8800			
Center for Disease Control:1-800-311-3435 Hospital Contacts:			
·			

Asymptomatic Exposed persons who are *not* 

exhibiting signs/symptoms of

exposure.

B-NICE Pertaining to biological, nuclear,

incendiary, chemical, or

explosives.

Casualty
Collection Point

(CCP)

Predefined location at which patients are collected, triaged, and provided with initial medical

care.

Choke Point Natural or man-made area that

may present congestion hazard.

Clean area outside the inner

Cold (Support)

7one

perimeter where command and support functions take place. Special protective clothing is not

required in this area.

CST National Guard WMD

Civil Support Team

DMAT Disaster Medical Assistance

Team

DMORT Disaster Mortuary Response

Team

DOT-ERG DOT Emergency Response

Guide

Section V-1:	Glossary of Terms (cont.)
Egress	Designated exit area.
EOD	Explosive Ordnance Disposal
Gross Decontamination	Initial decontamination to remove large amounts of decontaminants.
HMRT	Hazardous Materials Response Team
Hot (Exclusion) Zone	Area immediately around the incident where serious threat of harm exists. It should extend far enough to prevent adverse effects from B-NICE agents to personnel outside the zone. Entry into the hot zone requires appropriately trained personnel and use of proper personal protective equipment.
HVAC	Heating, Ventilating and Air Conditioning
ICS	Incident Command System
Inner Perimeter	Secured inner area of operations.
Mass Decontamination	Decontamination process used on large number of contaminated victims.

Section V-1: Glossary of Terms (cont.)

**MMRS** Metropolitan Medical Response

System

NMRT National Medical Response Team

Outermost area from hazard that Outer Perimeter

is secure.

Patient Staging Area where patients may receive Area (PSA)

continued medical treatment.

Persistent Agent An agent that upon release

retains its casualty-producing effects for an extended period of time, usually anywhere from 30 minutes to several days. A persistent agent usually has a low evaporation rate and its vapor is heavier than air. Therefore, its vapor cloud tends to hug the ground. It is considered to be a long-term hazard. Although inhalation hazards are still a

avoid skin contact as well.

concern, take extreme caution to

Point of Contact POC

Point Source Letter, package, or dispersal area

of agent.

Section V-1: Glossary of Terms (cont.)

PPE Personal Protective Equipment

Protect In Place Method of protecting public by

limiting exposure.

Rally Point A predetermined location to which

all persons evacuate in an emergency. In industry, facilities are evacuated and a rally point is usually predetermined. It is at this

rally point that resources can regroup and a revised plan can

be established.

Safe Refuge An area within the contamination

Area (SRA) reduction zone for assembling individuals who are witnesses to

the incident. This assemblage will provide for the separation of contaminated persons from non-

contaminated persons.

SCBA Self-Contained Breathing

**Apparatus** 

SLUDGEM Acronym for salivation,

lacrimation, urination, defecation,

gastric distress, emesis and

miosis.

#### Section V-1: Glossary of Terms (cont.)

Symptomatic Ex

Exhibiting signs/symptoms of

exposure.

Time, Distance and Shielding (TDS) Three types of protective measures commonly associated with hazardous materials training.

TRACEM

The acronym used to identify the six types of harm one may encounter at a terrorist incident: thermal, radioactive, asphyxiation, chemical, etiological, and mechanical. Note: Some sources use the acronym TEAM CPR, which stands for thermal, etiological, asphyxiation, mechanical, chemical, psychological, and radioactive.

Unified Command

In ICS, Unified Command is a unified team effort which allows all agencies with responsibility for the incident to establish a common set of incident objectives and strategies. This is accomplished without losing or abdicating agency authority.

VEE

Venezuelan equine encephalitis

responsibility or accountability.

#### Section V-1: Glossary of Terms (cont.)

#### Warm Zone

A buffer area between the hot and cold zones. Personnel in this area are removed from immediate threat, but are not considered completely safe from harm. In HazMat incidents, this zone is also the contamination reduction zone where initial decontamination activities occur. This zone requires the use of proper personal protective equipment once contaminated people or equipment enter the zone

#### Weapon of Mass Destruction (WMD)

- Any explosive, incendiary, poison gas, bomb, grenade, or rocket having a propellant charge of more than four ounces, missile having an explosive or incendiary charge of more than onequarter ounce, or mine or device similar to the above.
- 2) Poison gas.
- 3) Any weapon involving a disease organism.
- Any weapon designed to release radiation at a level dangerous to human life.