Emergency Response to Terrorism

Job Aid

FEMA

Edition 2.0

Emergency Response to Terrorism
Job Aid

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

The Federal Emergency Management Agency
United States Fire Administration
National Fire Programs Division

The Office of Justice Programs
Office for Domestic Preparedness (ODP)

And

United States Department of Justice
Office of Justice Programs

February 2003

Edition 2.0

Emergency Response to Terrorism
Job Aid

— I. Introduction

- Document Layout
- Instructions for Use of Job Aid
- Development/Use Assumptions

Section I. Introduction

Document Layout

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

- I. INTRODUCTION
    - Instructions for Use of Job Aid
    - Development/Use Assumptions
- II. OPERATIONAL CONSIDERATIONS
    - Assess Security—Response and Initial Approach
        - Indicators
            - If There Is One Indicator
            - If There Are Multiple Indicators
    - Command Considerations
    - On-Scene Size-Up
    - 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.)

■ III. INCIDENT-SPECIFIC ACTIONS (CBRNE)

- Chemical
  - General Information
  - Chemical Agent Reference Chart
    - Nerve Agents
    - Blister Agents/Vesicants
    - Blood Agents
    - Choking Agents
    - Riot Control/Irritant Agents
    - Response Recommendations
- Biological
  - General Information
  - Response Recommendations
  - Wet/Dry Agent from Point Source
  - Threat of Dry Agent Placed into HVAC System or Package with No Visible Evidence
  - Confirmed Agent Placed into HVAC System (Visible Fogger, Sprayer or Aerosolizing Device)
  - Biological Agent Reference Chart
- Radiological/Nuclear
  - General Information
  - Response Recommendations
- Explosives
  - General Information

- Response Recommendations
  - Unexploded Device/Pre-Blast Operations

Section I. Introduction (cont.)

  - Exploded Device/Post-Blast Operations

■ IV. AGENCY-RELATED ACTIONS

- Fire Department
  - As the Incident Progresses, Prepare to Initiate Unified Command System
- Emergency Medical Services
  - If First on Scene
  - If Command Has Been Established
  - Patient Care Mainstay Worksheet
- Law Enforcement
  - If First on Scene
  - If Command Has Been Established
- HazMat
- 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 (CBRNE) 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 responding unit or agency. The Job Aid is intended to be used by several different agencies and the first responders at an incident who will ultimately report their findings to the Incident Commander. To accomplish that goal the responsibility for different sections can be appropriately assigned to different personnel from different agencies if available.

II. OPERATIONAL CONSIDERATIONS

- Assess Security - Response and Initial Approach
- Indicators
  - If There Is One Indicator
  - If There Are Multiple Indicators
- Command Considerations
- On-Scene Size up
- Incident Site Management, Safety and Security
- Mass Decontamination
  - Symptomatic Patients
  - Asymptotic Patients (Contaminated or Exposed)
  - Remote Site Operations (i.e., Hospital Emergency Rooms)
- Evidence Preservation

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.)

If There Is One Indicator:

- ❑ Respond with a heightened level of awareness.

If There 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.
- ❑ 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.
- ❑ Response route considerations:
  - ❍ Approach cautiously, from uphill/upwind if possible.
  - ❍ Consider law enforcement escort.
  - ❍ Avoid choke points (i.e., congested areas).
  - ❍ 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

- ❑ Establish command.
- ❑ Isolate area/deny entry.
- ❑ Ensure scene security.
- ❑ Initiate on-scene size-up and hazard/risk assessment.
- ❑ Provide, identify, and designate safe staging location(s) for incoming units.
- ❑ Ensure the use of personal protective measures and shielding.
- ❑ Assess emergency egress routes:🕮
  - ❍ 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.).📖

- ❑ Consider the need for additional/specialized resources.

  - ❍ Fire.
  - ❍ EMS.
  - ❍ HazMat.
  - ❍ Law enforcement/explosive ordnance disposal (bomb squad).
  - ❍ Emergency management.
  - ❍ Public health.
  - ❍ Public works.
  - ❍ Environmental.
  - ❍ Others.

- ❑ Consider as a potential crime scene:

  - ❍ 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.
- ❑ Consider the need for advance/response of a regional, state, or national Incident Management Team.

Section II-3: On-Scene Size-Up

- ❑ Review dispatch information.

- ❑ Look for physical indicators and other outward warning signs (of biological, nuclear, incendiary, chemical and explosive events, including armed assault):

  - ❍ Debris field.
  - ❍ Mass casualty/fatality with minimal or no trauma.
  - ❍ Responder casualties.
  - ❍ Severe structural damage without an obvious cause.
  - ❍ Dead animals and vegetation.
  - ❍ System(s) disruptions (utilities, transportation, etc.).
  - ❍ Unusual odors, color of smoke, vapor clouds.

- ❑ Victims' signs and symptoms of hazardous substance exposure:

  - ❍ Are there unconscious victims with minimal or no trauma?
  - ❍ Are there victims exhibiting SLUDGEM signs/seizures? 🕮
  - ❍ Is there blistering, reddening of skin, discoloration or skin irritation?
  - ❍ Are victims having difficulty breathing?

Section II-3: On-Scene Size-Up (cont.)

- ❑ Identify apparent sign/symptom commonality.
- ❑ Interview victims and witnesses (if possible):
  - ❍ Is everyone accounted for?
  - ❍ What happened (information on delivery system)?
  - ❍ When did it happen?
  - ❍ Where did it happen?
  - ❍ Who was involved?
  - ❍ Did they smell, see, taste, hear, or feel anything (out of the ordinary)?
- ❑ Identify type of event(s):
  - ❍ Chemical.
  - ❍ Biological.
  - ❍ Radiological.
  - ❍ Nuclear.
  - ❍ Explosive.
  - ❍ Armed assault.
- ❑ Weather report considerations:
  - ❍ Downwind exposures.
  - ❍ Monitor forecast.

Section II-3: On-Scene Size-Up (cont.)

- ❑ Determine life safety threats:
  - ❍ Self.
  - ❍ Responders.
  - ❍ Victims.
  - ❍ Public.
- ❑ Determine mechanism(s) of injury (TRACEM-P)
  - ❍ Thermal.
  - ❍ Radiological.
  - ❍ Asphyxiant.
  - ❍ Chemical.
  - ❍ Etiological.
  - ❍ Mechanical.
  - ❍ Psychological.
- ❑ Estimate number of victims:
  - ❍ Ambulatory.
  - ❍ Nonambulatory.

Section II-3: On-Scene Size-Up (cont.)

- ❑ Identify damaged/affected surroundings:
  - ❍ Structural exposures.
  - ❍ Downwind exposures.
  - ❍ Environmental exposures.
  - ❍ Below-grade occupancies.
  - ❍ Below-grade utilities.
  - ❍ Aviation/air space hazards.
- ❑ Consider potential for secondary attack:
  - ❍ Chemical dispersal devices.
  - ❍ Secondary explosive devices.
  - ❍ Booby traps.
- ❑ Determine available and needed resources:
  - ❍ Fire.
  - ❍ EMS.
  - ❍ HazMat.
  - ❍ Law enforcement/explosive ordnance disposal (bomb squad).
  - ❍ Emergency management.
  - ❍ Public health.
  - ❍ Public works.
  - ❍ Environmental.
  - ❍ Others.

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

- ❑ Reassess initial isolation/standoff distances:
  - ❍ Establish an outer perimeter. 🕮
  - ❍ Establish an inner perimeter. 🕮
- ❑ Initiate public protection actions:
  - ❍ Remove endangered victims from high-hazard areas.
  - ❍ Establish safe refuge area (contaminated vs. uncontaminated). 🕮
  - ❍ Evacuate.
  - ❍ Protect in place.
- ❑ Identify appropriate PPE options prior to committing personnel.
- ❑ Dedicate emergency medical services needed for responders.
- ❑ Prepare for gross decontamination operations for responders. 🕮
- ❑ Coordinate with law enforcement to provide security and control of perimeters.
- ❑ Ensure Force Protection.

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

- ❑ Designate an emergency evacuation signal.

Section II-5: Tactical Considerations

- ❑ Life safety:
  - ❍ Isolate/secure and deny entry.
  - ❍ Public protection (evacuate/protect in place).
  - ❍ Implementation of self-protection measures.
  - ❍ Commit only essential personnel/minimize exposure.
  - ❍ Confine/contain all contaminated and exposed victims.
  - ❍ Establish gross decontamination capabilities.🕮

- ❑ Rescue 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?
  - ❍ Do they require extrication (bombing events)?
  - ❍ Is a search safe and possible?
  - ❍ Is specialized PPE required?

Section II-5: Tactical Considerations (cont.)

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

Section II-6: Mass Decontamination

- ❑ Position the decontamination area upwind and uphill.
- ❑ Use a hand held public address system to provide victims guidance and directions. First responders wearing full structural gear and SCBA may approach the victims if other methods are not suitable 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 (safe refuge area).📖
- ❑ 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.

Section II-6: Mass Decontamination **(cont.)**

- ❑ Separate the victims into groups of:
  - ❍ Symptomatic and asymptomatic.🕮
  - ❍ Ambulatory and nonambulatory.
- ❑ Properly Protected Medical Personnel may access the patients in the holding area to initiate triage, administer antidotes, and provide basic care in accordance with local protocols.
- ❑ The type of decontamination system is dependent on the number of patients, the severity of their injuries, and the resources available.
- ❑ Several patients may be handled with a single hose line, while numerous patients will require the use of a mass decontamination corridor.🕮
- ❑ Large numbers of patients may require engine companies to use the "side-by-side" system as well as numerous showers to move multiple lines of patients through the process.

Section II-6: Mass Decontamination (cont.)

Symptomatic Patients

- ❑ Begin emergency gross decontamination 🕮 immediately on victims who:
  - ❍ Are symptomatic.🕮
  - ❍ Have visible (liquid) product on their clothing.
  - ❍ Were in close proximity to the discharge.
- ❑ In a mass casualty setting life safety takes precedence over containing runoff.
- ❑ Set up decontamination in an area such that the decontamination water will flow away from your operation and into the grass or soil, if possible.
- ❑ Provide privacy only if it will not delay the decontamination process.
- ❑ Remove all of the victims' clothing down to their underwear.

Section II-6: Mass Decontamination (cont.)

- ❑ Thoroughly wash/rinse the victims:
  - ❍ For limited number of patients: use soap, soft brushes, and water from small hose lines at low pressure (30 psi fog).
  - ❍ For multiple patients: engines parked side-to-side dispersing water at 100 psi with wide fog nozzles or multiple showers may be used.

NOTE

Patients should remain in the water for several minutes and receive a thorough flushing under their arms, behind the knees and between legs (arms up, spin around). Personnel should be positioned at the exit side of the corridor to manage the patients and ensure they stay in the water for an adequate period of time.

- ❑ 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.

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

Asymptomatic Patients (Contaminated or Exposed)

- ❑ 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 male 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.

Section II-6: Mass Decontamination (cont.)

- ❑ Provide emergency covering/clothing.
- ❑ Transfer patients to a holding area for medical evaluation.

Remote Site Operations (i.e., Hospital Emergency Room)

- ❑ Stand-alone decontamination systems may have to be established outside of hospital emergency rooms for patients who self-present at the location:
  - ❍ Units with decontamination capabilities should be dispatched to establish a system.
  - ❍ Triage the patients and separate them into symptomatic and asymptomatic groups.

- Patients who are symptomatic or have visible product on their clothes will be a priority.📖
- Remove clothes and flush thoroughly.
- Liaison with the hospital staff to determine where patients will be sent after decontamination.

Section III-7: Evidence Preservation

- ❑ Recognize potential evidence.
  - ❍ Unexploded device(s).
  - ❍ Portions of device(s).
  - ❍ Clothing of victims.
  - ❍ Containers.
  - ❍ Dissemination device(s).
  - ❍ The Victim(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.

III. INCIDENT SPECIFIC ACTIONS (CBRNE)

- **Chemical**
  - General Information
  - Chemical Agent Reference Chart
  - Nerve Agents
  - Blister Agents/Vesicants
  - Blood Agents
  - Choking Agents
  - Riot Control/Irritant Agents
  - Response Recommendations
- Biological
- Radiological/Nuclear
- Explosive

Section III-1: Chemical

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?
  - ❍ Is there blistering, reddening of skin, discoloration or skin irritation?
  - ❍ Are the victims having difficulty breathing?

- ❑ Look for physical indicators and other outward warning signs:
  - ❍ Medical mass casualty/fatality with minimal or no trauma.
  - ❍ Responder casualties.
  - ❍ Dead animals and vegetation.
  - ❍ Unusual odors, color of smoke, vapor clouds.

Section III-1: Chemical (cont.)

- ❑ Dispersal method(s):
  - ❍ Air handling system.
  - ❍ Misting or aerosolizing device.
  - ❍ Sprayer.
  - ❍ Gas cylinder.
  - ❍ Dirty bomb.
- ❑ DOT-ERGs provide additional information:
  - ❍ Nerve agents (Guide #153)
  - ❍ Blister agents (Guide #153)
  - ❍ Blood agents (Guides #117,119,125)
  - ❍ Choking agents (Guides #124,125)
  - ❍ Irritant agents (riot control) (Guides #153,159)

Section III-1: 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 breathing, tight chest, seizures/convulsions			
Self-Protection	Respiratory and skin			
First Aid	Remove from area, treat symptomatically Atropine and 2–Pam chloride			
Decontamination	Remove agent Flush with warm water/soap			
Non-persistent = minutes–hours Semi-persistent = < 12 hours Persistent = > 12 hours				

Section III-1: 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, inhalation, 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 Persistent = > 12 hours			

Section III-1: 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, skin, and eyes		
Odor	Burnt almonds or peach pits		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-1: Chemical (cont.)

Chemical Agent Reference Charts

Choking Agents

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		
First Aid	Remove from area, remove contaminated clothing, assist ventilations, rest		
Decontamination	Wash with copious amounts of water, aerate		
Non-persistent = minutes–hours Semi-persistent = < 12 hours Persistent = > 12 hours			

Section III-1: 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			

Section III-1: Chemical (cont.)

Response Recommendations

- ❑ Approach from uphill and upwind.
- ❑ **Victims exposed to chemical agents require immediate removal of clothing, gross 🕮 decontamination 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.

Section III-1: Chemical (cont.)

Response 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.🕮
- ❑ Symptomatic 🕮 patients should be segregated into one area and asymptomatic patients should be placed in another area.
- ❑ Law enforcement should establish an outer perimeter 🕮 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 self-present at the hospital.

Section III-1: Chemical (cont.)

Response 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 agent identification.
- ❑ Asymptomatic 🕮 patients should be decontaminated in a private area (tent or shelter) and then forwarded to a holding area for medical evaluation.

III. INCIDENT SPECIFIC ACTIONS (CBRNE)

- Chemical
- **Biological**
  - **General Information**
  - **Response Recommendations**
  - **Wet/Dry Agent from Point of Source**
  - **Threat of Dry Agent Placed into HVAC System (Visible Fogger, Sprayer or Aerosolizing Device)**
  - **Biological Agent Reference Chart**
- Radiological/Nuclear
- Explosive

Section III-2: Biological

General 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.

Response Recommendations

- ❑ Position uphill and upwind and away from building exhaust systems.
- ❑ Isolate/secure the area. (DOT-ERG #158 recommends initial isolation distance of 80 feet.)

Section III-2: Biological (cont.)

- ❑ Do not allow unprotected individuals to enter area.
- ❑ Be alert for small explosive devices designed to disseminate the agent.
- ❑ Gather information:
  - ❍ Type and form of agent (liquid, powder, aerosol).
  - ❍ Method of delivery.
  - ❍ Location in structure.

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 *no* physical evidence).
- ❑ Confirmed agent placed into HVAC system (visible fogger, sprayer or aerosolizing device).

Section III-2: Biological (cont.)

Wet/Dry Agent from Point Source

- ❑ Personnel entering area must wear full PPE, including SCBA.
- ❑ Avoid contact with puddles, wet surfaces, powdery substances, etc.
- ❑ Isolate area.
- ❑ 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:
  - ❍ Wash exposed skin with soap and water.
  - ❍ If highly contaminated (i.e., splashed) and the facility is equipped with showers, the victims may take a shower and change clothes as a precaution.
  - ❍ HazMat team may be able to conduct a bioassay field test (limited number of agents).

Section III-2: Biological (cont.)

- ❑ If possible, a sample of the material may be collected for testing:
  - ❍ If test results are positive, decontaminate in shower facility with warm water/soap.
  - ❍ Provide emergency covering/clothing and bag personal effects.
  - ❍ Refer to medical community for treatment.

Threat of Dry Agent Placed into HVAC System or Package with No Physical Evidence

- ❑ Isolate the building:
  - ❍ Keep all potentially exposed victims in the building.
  - ❍ Shut down all HVAC systems for the building.
- ❑ Collect information regarding the threat, target or any previous activity to gauge the credibility of the threat.
- ❑ Initiate a search of the building.
- ❑ Personnel entering area must wear full PPE, including SCBA.

Section III-2: 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.
- ❑ Refer to medical community for treatment.

Section III-2: Biological (cont.)

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

Section III-2: 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 vectors	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
Staphylococcal Enterotoxin B	Ingestion and Aerosol	No	Hours	< 1%

III. INCIDENT SPECIFIC ACTIONS (CBRNE)

- Chemical
- Biological
- **Radiological/Nuclear**
  - General Information
  - Response Recommendations
- Explosive

Section III-3: Radiological/Nuclear

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-3: Radiological/Nuclear (cont.)

Response 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-3: Radiological/Nuclear (cont.)

- ❑ Triage, treat, and decontaminate trauma victims 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.

III. INCIDENT SPECIFIC ACTIONS (CBRNE)

- Chemical
- Biological
- Radiological/Nuclear
- **Explosive**
  - General Information
  - Response Recommendations
    - Unexploded Device/Pre Blast Operations
    - Exploded Device/Post Blast Operations

Section III-4: Explosives

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 the possibility of secondary devices

Section III-4: Explosives (cont.)

- Outward warning signs:
  - Oral or written threats.
  - 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-4: Explosives (cont.)

Response Recommendations

Unexploded Device/Pre-Blast Operations

- ❑ Command post should be located away from areas where improvised secondary devices may be placed, e.g., mailboxes, trashcans, 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-4: Explosives (cont.)

Response Recommendations (cont.)

Unexploded Device/Pre-Blast Operations

- ❑ Attempt to identify device characteristics:
  - ❍ Type of threat.
  - ❍ Location.
  - ❍ Time.
  - ❍ Package.
  - ❍ Device.
  - ❍ Associated history.
- ❑ Standoff distance should be commensurate with the size of the device:
  - ❍ Car bomb = 1500 ft. (increase distance for larger vehicles)
  - ❍ Package bomb (1–25 lbs.) = 1000 ft.
  - ❍ Pipe bomb = 500ft.
- ❑ 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 accordance with local protocols.

Section III-4: Explosives (cont.)

Response Recommendations (cont.)

Unexploded Device/Pre-Blast Operations

❑ Evaluate scene conditions:

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

Section III-4: Explosives (cont.)

Response Recommendations (cont.)

Exploded Device/Post-Blast Operations

- ❑ Command post should be located away from areas where improvised secondary devices may be placed, e.g., mailboxes, trashcans, etc.
- ❑ Initial arriving unit(s):
  - ❍ Stage a safe distance from reported incident (or where you first encounter debris).
    - ❑ Away from line of sight of target area.
    - ❑ Away from buildings with large amounts of glass.
  - ❍ Utilize distant structural and/or natural barriers to assist with protection.

WARNING: Be aware of the possibility of secondary devices and their possible location.

- ❑ Stage incoming units at a greater distance. Consider using multiple staging sites.
- ❑ Debris field may contain unexploded bomb

material.

Section III-4: Explosives (cont.)

Response Recommendations (cont.)

Exploded Device/Post-Blast Operations

- ❑ Discontinue use of all radios, mobile data terminals (MDTs), and cell phones in accordance with local protocols.
- ❑ Remove all citizens and ambulatory victims from the affected area.
- ❑ Determine on-scene conditions and evaluate resource requirements:
  - ❍ Explosion.
  - ❍ Fire.
  - ❍ Structural collapse/unstable buildings.
  - ❍ Search/rescue (nonambulatory/trapped victims).
  - ❍ Exposures.
  - ❍ Utilities.
  - ❍ Number of patients and extent of injuries.
  - ❍ Other hazards.

Section III-4: Explosives (cont.)

Response Recommendations (cont.)

Exploded Device/Post-Blast Operations

- ❑ Make notifications (law enforcement, hospitals, emergency management) as appropriate:
  - ❍ Local.
  - ❍ State.
  - ❍ Federal.
- ❑ Complete hazard and risk assessment.

WARNING: If it is determined that entry/intervention must 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-4: Explosives (cont.)

Response Recommendations (cont.)

Exploded Device/Post-Blast Operations

- ❑ Limit number of personnel and minimize exposure time. Personnel entering the blast area should:
  - ❍ Wear full protective clothing, including SCBA.
  - ❍ Monitor atmosphere:
    - ❑ Radiation.
    - ❑ Flammability.
    - ❑ Toxicity.
    - ❑ Chemical.
    - ❑ pH.
- ❑ Establish emergency gross decontamination.

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

Section III-4: Explosives (cont.)

Response Recommendations (cont.)

Exploded Device/Post-Blast Operations

- ❑ Remove patients from the initial blast site to a safe refuge area.🕮
- ❑ Triage/treatment area established at the casualty collection point 🕮 (if established):
  - ❍ Notify hospitals.
  - ❍ Implement mass casualty plan.
- ❑ Do not allow rescuers to enter unsafe buildings or high-hazard areas.
- ❑ Control utilities and protect exposures from a defensive position.
- ❑ Preserve and maintain evidence.

IV. AGENCY-RELATED ACTIONS

- Fire Department
  - As the Incident Progresses, prepare to Initiate Unified Command System
- Emergency Medical Services
  - If First on Scene
  - If Command Has Been Established
  - Patient Care Mainstay Worksheet
- Law Enforcement
  - If First on Scene
  - If Command Has Been Established
- HazMat
- Assisting Agencies

Section IV-1: Fire Department

- ❑ In a terrorist incident where fire is present any fire may present intense conditions:
  - ❍ Rapid spread.
  - ❍ High heat.
  - ❍ Multiple fires.
  - ❍ Chemical accelerant.
- ❑ In a suspected terrorist incident be aware that:
  - ❍ Terrorists may sabotage fire protection devices.
  - ❍ Be alert for booby traps.
  - ❍ Be aware of the possibility of multiple devices.
- ❑ Isolate/secure the scene, deny entry, establish control zones.
- ❑ Establish command.
- ❑ Evaluate scene safety/security.
- ❑ Stage incoming units.
- ❑ Gather information regarding the incident, number of patients, etc.
- ❑ Assign ICS positions as needed.

Section IV-1: Fire Department (cont.)

- ❑ Initiate notifications (i.e., hospitals, law enforcement, state/federal agencies, etc.)
- ❑ Request additional resources.
- ❑ Use appropriate self-protective measures:
  - ❍ Proper PPE.
  - ❍ Time, distance, and shielding.🕮
  - ❍ Minimize number of personnel exposed to danger.

Section IV-1: Fire Department (cont.)

- ❑ Initiate public safety measures:
  - ❍ Rescue.
  - ❍ Evacuate.
  - ❍ Protect in place.
- ❑ Establish water supply:
  - ❍ Suppression activities.
  - ❍ Decontamination.
- ❑ Control and isolate patients (away from the hazard, at the edge of the hot/warm zone).🕮
- ❑ Coordinate activities with law enforcement.
- ❑ Begin and/or assist with triage, administering antidotes, 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.
  - ❍ Law enforcement.
  - ❍ Hospitals/public health.
  - ❍ Emergency management.
  - ❍ Public works.
- ❑ Establish and maintain chain of custody for evidence protection.

Section IV-2: Emergency Medical Services

If First on Scene:

- ❑ Isolate/secure the scene, establish control zones.
- ❑ Establish command.
- ❑ Evaluate scene safety/security.
- ❑ Stage incoming units

If Command Has Been Established:

- ❑ Report to and/or communicate with command post.
- ❑ Gather information regarding:
  - ❍ Type of event.
  - ❍ Number of patients.
  - ❍ Severity of injuries.
  - ❍ Signs and symptoms.
- ❑ Establish the EMS Group within the Incident Command System (ICS).
- ❑ Notify hospitals.

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

- ❑ Request additional resources as appropriate:
  - ❍ Basic Life Support (BLS)/Advanced Life Support (ALS).
  - ❍ Medivac helicopter (trauma/burn only).
  - ❍ Medical equipment and supply caches.
  - ❍ Metropolitan Medical Response System (MMRS).
  - ❍ National Medical Response Team (NMRT).
  - ❍ Disaster Medical Assistance Team (DMAT).
  - ❍ Disaster Mortuary Response Team (DMORT).
- ❑ Use appropriate self-protective measures:
  - ❍ Proper PPE.
  - ❍ Time, distance, and shielding.
  - ❍ Minimize number of personnel exposed to danger.
- ❑ Initiate mass casualty procedure.
- ❑ Evaluate the need for casualty collection point (CCP) for ambulatory (walking wounded) patients 🕮 and a patient treatment area.

- ❑ Control and isolate patients (away from the hazard, 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 transport victims.
- ❑ Evidence preservation/collection:
  - ❍ Recognize potential evidence.
  - ❍ Report findings to appropriate authority.
  - ❍ Consider embedded objects as possible evidence.
  - ❍ Secure evidence found in ambulance or at hospital.
- ❑ 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 PROTECTIVE MEASURES FOR EMS PERSONNEL	
DURING DECONTAMINATION	AFTER DECONTAMINATION
PATIENT EXPOSURE CONSIDERATIONS	
SUPPORTIVE CARE CONSIDERATIONS	
DECONTAMINATION CONSIDERATIONS	

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

PATIENT CARE MAINSTAYS WORKSHEET (cont.)

PERSONAL PROTECTION CONSIDERATIONS (Potential infectious diseases or secondary contamination)	
MEDICAL INTERVENTION	
BLS TREATMENT	ALS TREATMENT
PATIENT TRANSPORT AND TRANSFER CONSIDERATIONS	

Section IV-3: Law Enforcement

If First on Scene:

- ❑ Isolate/secure the scene, establish control zones.
- ❑ Establish command.
- ❑ Stage incoming units.

If Command Has Been Established:

- ❑ Report to command post.
- ❑ Evaluate scene safety/security:
  - ❍ Ongoing criminal activity.
  - ❍ Consider victims to be possible terrorists.
  - ❍ Secondary devices.
  - ❍ Additional threats.
- ❑ Gather witness statements/observations and document.
- ❑ Initiate law enforcement notifications:
  - ❍ Federal Bureau of Investigation (FBI).
  - ❍ Bureau of Alcohol, Tobacco, and Firearms (ATF).
  - ❍ Explosive Ordnance Disposal (EOD)/bomb squad.
  - ❍ State Police Agecy.

- Private security forces.

Section IV-3: Law Enforcement (cont.)

- ❑ Request additional resources.
- ❑ Secure outer perimeter.🕮
- ❑ Traffic control considerations:
  - Staging areas.
  - Entry/egress.
- ❑ Use appropriate self-protective measures:
  - Time, distance, and shielding.🕮
  - Minimize number of personnel exposed to danger.
  - Proper PPE (if provided).
- ❑ Initiate public safety measures:
  - Evacuate.
  - Protect in place.
- ❑ Assist with control/isolation of patients.
- ❑ Coordinate activities with other response agencies.

Section IV-3: Law Enforcement (cont.)

- ❑ Evidence preservation:
  - ❍ Diagram the area.
  - ❍ Photograph the area.
  - ❍ Prepare a narrative description.
  - ❍ Maintain an evidence log.
- ❑ Participate in a Unified Command System 🕮 with:
  - ❍ Fire/rescue services.
  - ❍ Emergency Medical Services.
  - ❍ Hospitals/public health.
  - ❍ Emergency management.
  - ❍ Public works.

Section IV-4: HazMat (cont.)

- ❑ Establish the HazMat group within the ICS.
- ❑ Provide technical information/assistance to:
  - ❍ 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:
  - ❍ Ventilation.
  - ❍ Control HVAC.
  - ❍ Control utilities.

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.

Section IV-5: Assisting Agencies

- ❑ Federal Bureau of Investigation (FBI)
  - ❍ WMD Coordinator
  - ❍ HazMat Response Unit (HMRU)
- ❑ US Army Medical Research Institute of Chemical Defense (USAMRICD)
- ❑ US Army Medical Research Institute of Infectious Disease (USAMRIID)
- ❑ **US** Army Medical Research Institute of Chemical Causality Care Division (USAMRICD)
- ❑ US Army Tech Escort Unit (TEU)
- ❑ Soldier and Biological Chemical Command (SBCCOM)
- ❑ Public works
- ❑ Public health
- ❑ 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

Section IV-5: Assisting Agencies (cont.)

- ❑ Assorted state agencies (Local Law Enforcement, State Police, etc.)

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: _____

Section V-1: Glossary of Terms

Asymptomatic	Exposed persons who are *not* exhibiting signs/symptoms of exposure.
B-NICE	Pertaining to biological, nuclear, incendiary, chemical, or explosives.
CBRNE	Pertaining to chemical, biological, radiological, nuclear, and explosive.
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.
Cold (Support) Zone	Clean area outside the inner 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 CBRNE 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.)

MRS	Metropolitan Response System
MMRS	Metropolitan Medical Response Team
NMRT	National Medical Response Team
Outer Perimeter	Outermost area from hazard that is secure.
Patient Staging Area (PSA)	Area where patients may receive 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 concern, take extreme caution to avoid skin contact as well.

POC	Point of Contact

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

Point Source	Letter, package, or dispersal area of agent.
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 Area (SRA)	An area within the contamination 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

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

SLUDGEM	Acronym for salivation, lacrimation, urination, defecation, gastric distress, emesis and miosis.
Symptomatic	Exhibiting signs/symptoms of exposure.
Time, Distance and Shielding (TDS)	Three types of protective measures commonly associated with hazardous materials training.
TRACEM-P	The acronym used to identify the six types of harm one may encounter at a terrorist incident: thermal, radioactive, asphyxiation, chemical, etiological, mechanical and psychological. Note: Some sources use the acronym TEAM CPR, which stands for thermal, etiological, asphyxiation, mechanical, chemical, psychological, and radioactive.

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

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, responsibility or accountability.
VEE	Venezuelan equine encephalitis

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

Weapon of Mass Destruction (WMD)	1) 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 one-quarter ounce, or mine or device similar to the above. 2) Poison gas. 3) Any weapon involving a disease organism. 4) Any weapon designed to release radiation at a level dangerous to human life.