

RECOGNIZING TERRORIST EVENTS

Emergency responders may be the targets of terrorism/weapons of mass destruction (WDM). Early identification of a potential threat is imperative. Once a potential or actual terrorist threat or incident is identified, precautions need to be implemented immediately to ensure that responders have the tactical advantage.

Normal response patterns should be adjusted based on the following criteria:

Tools for Recognition:

Type of Facility

- Occupancy.
- Symbolism/History.
- Public Assembly.
- Controversial Facility.
- Critical Infrastructure.
- Critical Facility.
- Vulnerable Facility.

Types of Events

- Bombing or Incendiary.
- Incidents Involving Firearms.
- Non-traumatic Mass Casualty Incident.
- Epidemiological Incidents.

Conditions

- Ideal Attack Weather Conditions.
 - Little Air Movement.
 - Inversions.
- Buildings, Subway.
- Situations that Place Victims in Choker Points.

Timing of Incident

- Timed for Maximum Casualties.
- Historic or Significant Dates.

Other Observations

- Unusual Casualty Patterns or Symptoms.
- Odors.
- Out-of-place Containers or Dissemination Devices.
- Units must avoid choke points and should identify and maintain an exit from the scene.

RESPONSE AND INITIAL APPROACH FOR ALL RESPONDERS

The following are included for consideration by all responders as they respond to and/or approach a suspected act of terrorism:

Indicators:

- Is the response to a terrorist target or event?
- Has there been a threat?
- Are there multiple victims of unknown illness?
- Are previous responders victims?
- Are there indicators of a hazardous substance?
- Has there been an explosion?
- Has there been a secondary attack, explosion or threat?

If One Positive Indicator:

- Respond with heightened level of awareness.

If Multiple Positive Indicators:

- Consider possibility of a terrorist incident.
- Initiate all response actions with extreme caution.
- Be alert for actions against responders.
- Evaluate and implement personal protective measures.
- Consider the need for maximum respiratory protection.
- Assure Law Enforcement is aware of the assessment.
- Response route considerations:
 1. Approach cautiously, from the uphill/upwind side if possible.
 2. Consider coordinated approach of Law Enforcement, EMS and Fire as a Task Force.
 3. Avoid areas where there is no easy escape route.
 4. Designate an area to re-group separate from a Staging Area.
 5. Identify safe staging locations for incoming units.

Command Considerations:

- Establish Command.
 1. First Command Officers to arrive establish Unified Command with all agencies having jurisdiction.
 2. Ensure common communications.
 3. Clear Text.
- Isolate Entry.
 1. Responding Law Enforcement should establish Perimeter Security Group.
 2. Establish scene security as part of this Group.
 3. Deny entry to and isolate non-requested responders.
 4. Do not mix non-requested resources with known/legitimately requested resources within the inner perimeter or near the Command Post.

- Initiate on-scene size-up and hazard risk assessment.
- Establish safe staging area early in a designated location staffed by qualified personnel and manager.
- Establish the Safety Officer.
 1. Authority over all agencies.
 2. Assure proper protection level for all responders.
 3. Establish emergency egress routes.
 4. Ensure accountability system is in place.
- Assure proper protection level for all responders.
- Establish emergency egress routes.
- Assess Command Post security.
- Evaluate the need for additional resources.
 1. Implement local/regional WDM Plan.
 2. Request activation of the Regional Domestic Security Task Force (RDSTF) Response Plan.
 3. Request regional mutual aid through the County EOC, for example RDSTF Response Plan and State Law Enforcement Mutual Aid.
 4. County EOC request additional necessary units from the State EOC in accordance with the RDSTF Response Plan.
 5. Assure that proper notifications have been made to:
 - The State Warning Point.
 - Local hospitals to receive MCI patients.
 - Utilities as needed.
 - Public and private citizens.

On Scene Size-Up:

- What information was received by the Communications Center?
- What physical indicators and outward warning signs of biological, nuclear, incendiary, chemical and explosive events, including armed assault exist?
- How many critical trauma victims appear to be present?
- What is the debris field?
- Are there mass casualties/fatalities with minimal or no trauma?
- Are there any casualties among the emergency service personnel?
- Does any severe structural damage exist without an obvious cause?
- Are there dead animals and vegetation?
- Are there critical infrastructure system disruptions to systems such as utilities and transportation?
- Are there unusual odors, color of smoke, vapor clouds?
- Do the victims have signs and symptoms of hazardous substance exposure?
- Are there unconscious victims with no trauma?
- Are victims exhibiting SLUDGEM signs/symptoms?
- Are there victims with skin abnormalities?
- Are there a large number of victims in respiratory distress?
 1. Identify apparent sign/symptom commonality and interview victims and witnesses.
 2. Account for all victims.
 3. Gather information on delivery system of agents.

4. When did it happen?
 5. Where did it happen?
 6. Who was involved?
 7. Did they smell, hear, taste, feel, and/or see anything out of the ordinary?
- Identify potential types of events.
 1. Biological.
 2. Nuclear/radiological.
 3. Incendiary.
 4. Chemical.
 5. Explosive.
 6. Armed assault.
 7. Intentional emergency to a community infrastructure.
 - Weather conditions.
 1. Downwind exposure.
 2. Monitor forecast.
 3. Determine life safety threats to responders, victims and public.
 - Determine mechanisms of injury (TRACEM-P).
 1. Thermal.
 2. Radiological.
 3. Asphyxiates.
 4. Chemical.
 5. Etiological.
 6. Mechanical.
 7. Psychological.
 - Estimate number of victims.
 - Consider potential for secondary attacks.

Incident Site Management, Safety and Security:

- Reassess initial isolation / standoff distances.
 1. Establish an outer perimeter.
 2. Establish an inner perimeter.
- Initiate public protection actions.
 1. Remove endangered victims from the high hazard areas.
 2. Establish safe refuge area.
 3. Evacuate the threatened area.
 4. Protection in place.
- Identify appropriate PPE levels prior to committing personnel.
- Dedicate emergency medical services needed for responders.
- Prepare and establish process for gross decontamination capabilities.
- Coordinate with all agencies to provide security and control of perimeters.
- Designate a media briefing location.
- Designate an emergency evacuation signal which is common to ALL on-scene personnel and agencies.

Tactical Considerations:

- Life and safety.
 1. Isolate, secure and deny entry.

2. Assure public protection (evaluate / protect in place).
 3. Implement self protection measures.
 4. Commit only essential personnel to minimize exposure.
 5. Confine / contain all contaminated and exposed victims.
- Rescue considerations.
 1. Is the scene safe for operations?
 2. Can the scene be made safe for operations?
 3. Are the victims viable?
 4. Are the victims ambulatory?
 5. Can the victims self evacuate?
 6. Are the victims contaminated?
 7. Do the victims require extraction?
 8. Is a search safe and possible?
 9. Is specialized PPE required?
 - Incident stabilization.
 1. Does it need to be a defensive operation?
 2. Water supply.
 3. Exposure protection.
 4. Utility control.
 5. Fire Suppression.
 6. Hazardous Material control.

SPECIFIC AGENCY RELATED ACTIONS

The following are agency specific considerations as those disciplines approach an actual or suspected incident involving terrorism / WMD.

Law Enforcement (if first on the scene):

- Stop, look and listen.
- Identify immediate danger zone – notify other responders.
- Officer safety.
 1. Secondary devices.
 2. PPE.
 3. Time, distance, shielding.
 4. Isolate / secure scene and establish inner and outer control zones.
- First supervisor / additional officers on scene.
 1. Establish Unified Incident Command with all agencies having jurisdiction.
 2. Determine ICP location.
 3. Establish personnel accountability system and check-in.
 4. Determine safe area and set up outer perimeter.
 5. Establish ingress and egress.
 6. Consider staging areas.
 7. Use clear text for communications.
 8. Coordinate with other responding agencies.
 9. Continue to evaluate scene.

- Initiate public safety measures.
 1. Evacuate.
 2. Shelter in place.
- If Incident Commander has been established.
 1. Report to the IC.
 2. Insure common communications.
 3. Institute clear text.
 4. Stage incoming resources.
 5. Notify State Warning Point.
 6. Request additional resources as needed.
 7. Victim assistance / staging.
 8. Crime scene preservation.
- Unified Command Incident Commanders fill command and general staff positions as needed.
- Evaluate scene safety / security.
 1. Ongoing criminal activity.
 2. Consider victims to be possible terrorists.
 3. Consider secondary devices.
 4. Additional threats.
 5. Gather witness statements / observations and document.
 6. Initiate law enforcement notifications to FBI, ATF and Explosive Ordnance Division.
 7. Request additional resources if needed.
 8. Secure outer perimeter.
 9. Traffic control considerations.
 10. Staging areas.
 11. Entry / egress.
 12. Use appropriate self protection measures.
 13. Time, distance, shielding.
 14. Minimize number of personnel exposed to danger.
 15. Proper PPE.
 16. Initiate public safety measures.
 17. Evacuate.
 18. Protect in place.
 19. Assist with control / isolation of patients.

Fire / Rescue (if first on scene):

- Isolate / secure scene, deny entry, establish control zones.
- Establish Incident Command.
- First arriving officer establish Unified Command with other agencies having jurisdiction.
- Insure common communications.
- Use clear text.
- Evaluate scene safety.
- Gather information about the incident and number of victims.
- Establish ICS Command and General Staff positions as needed.
- Initiate notification.

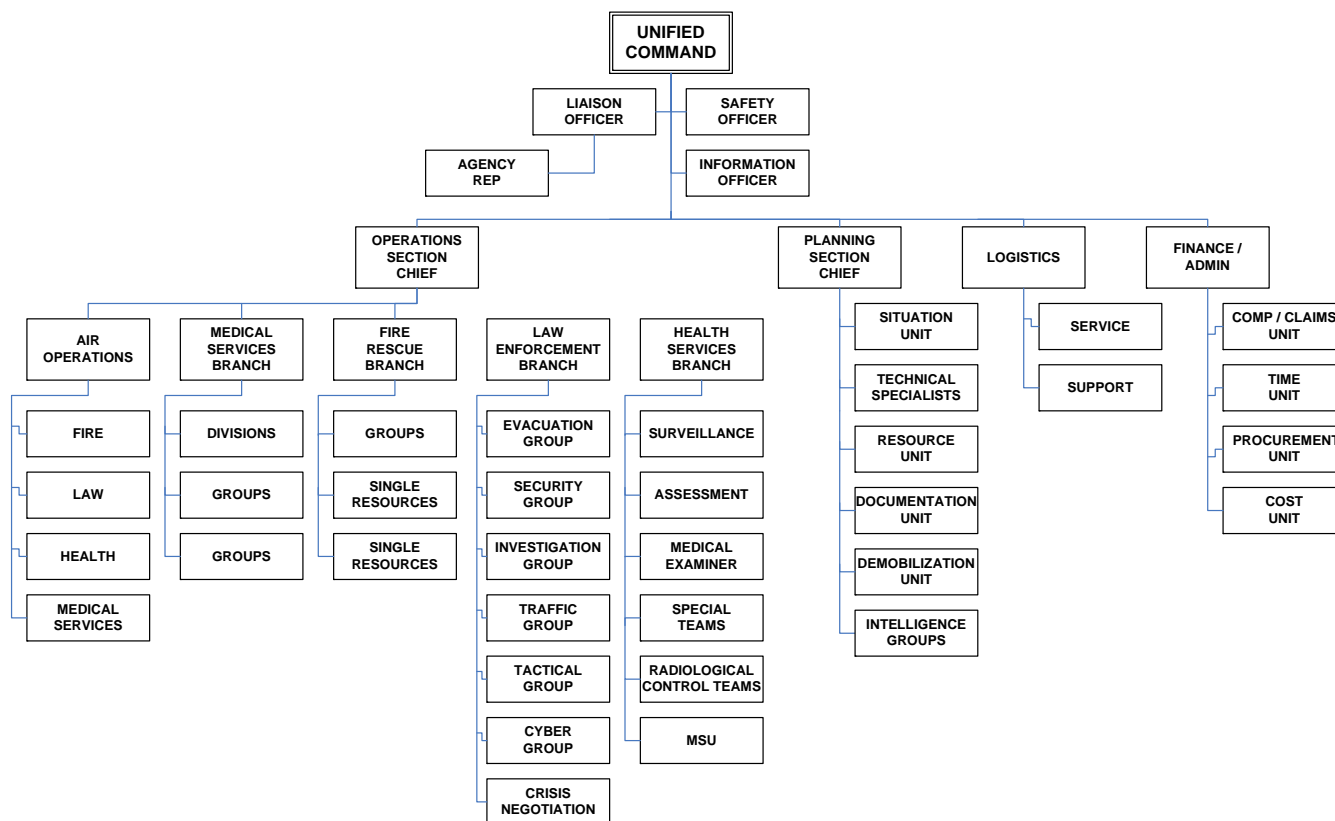
- Request additional positions if needed.
- Use appropriate self protection measures.
- Use proper PPE.
- Time, distance and shielding.
- Minimize number of personnel exposed to danger.
- Initiate public safety measures.
- Rescue.
- Evaluate.
- Protection in place.
- Establish water supply.
- Suppression activities.
- Decontamination.
- Control and isolate patients away from the hazards.
- Begin and / or assist with triage.
- Begin mass decontamination operation.
- Prepare to begin emergency decontaminations.
- Evidence preservation / collection.
- Recognize potential evidence.
- Report finds to IC or appropriate general staff.
- Consider embedded objects as potential evidence.
- Secure evidence found in ambulance or at a hospital.
- Establish and maintain chain of custody for evidence.

Emergency Medical Service / Health (if first on scene):

- First seven tasks are the same as listed for Fire and Rescue.
- If command has been established Report to the IC or designated area.
- Gather information:
 1. Type of incident.
 2. Number of patients.
 3. Severity of injuries.
 4. Signs and symptoms.
- Assign ICS positions as needed.
- Notify hospitals.
- Consider additional positions.
 1. Metropolitan Medical Response System (MMRS).
 2. National Disaster Medical Response Team (NDMS).
 3. Disaster Medical Assistance Team (DMAT).
 4. Disaster Mortuary Response Team (DMORT)
 5. National Pharmaceutical Stockpile.
- Use proper self protection measures.
 1. Proper PPE.
 2. Time, distance, shielding.
 3. Minimize number of personnel exposed to danger.
- Initiate Mass Casualty procedures.
 1. Evaluate the need for casualty collection point / patient staging area.

2. Control and isolate patients.
3. Ensure patients are decontaminated before entering cold zone.
4. Triage, administer antidote, treat, transport.
5. Evidence collection.
6. Recognize potential evidence.
7. Report findings to proper authority.
8. Consider embedded objects as possible evidence.
9. Secure evidence found in ambulance or at hospital.
10. Establish and maintain chain of custody for evidence.

The following depicts an Integrated Unified Command structure at a full-scale Terrorism Event. The next sections will describe the elements contained within the operational branches on such an event.



UNIFIED COMMAND

Law Enforcement Branch

- Evacuation Group.
 1. Wear appropriate PPE.
 2. Determine the boundaries of hot, warm and cold zones.
 3. Monitor weather changes and their effect on perimeter control.
 4. Establish perimeter security in consultation with Haz Mat Team.

- Security Group.
 1. Wear appropriate PPE.
 2. Determine the boundaries of hot, warm and cold zones.
 3. Monitor weather changes and their effect on perimeter control.
 4. Establish perimeter security in consultation with Haz Mat Team.
 5. Secure victims' valuables in coordination with Decontamination Team.

- Investigation Group.
 1. Determine extent of crime scene.
 2. Identify crime scene personnel and procedures needed.
 3. Wear PPE.
 4. Limit number of personnel into the crime scene.
 5. Consider decontamination of collected evidence.
 6. Coordinate with Federal agencies.

- Tactical Group.
 1. No Tactical Teams shall enter a hot zone with chemical release until deemed safe by Haz Mat.
 2. SWAT members and EOD members shall wear appropriate PPE.
 3. SWAT members shall operate in stealth sight.
 4. SWAT members and EOD members shall coordinate with RDSTF Haz Mat Team.
 5. EOD sole purpose is to neutralize an explosive device.
 6. Limit time and exposure of personnel in the crime scene.
 7. Coordinate with Federal agencies.

- Traffic Group.
 1. Consider level of PPE to wear.
 2. Monitor weather changes and their effect on traffic officers.
 3. Consider contamination when establishing traffic routes.
 4. Coordinate with Perimeter Security.

- Aviation Group.
 1. Keep personnel and aircraft out of contaminated air space.
 2. Remember rotary aircraft can increase the spread of contamination.

- Cyber Group.
 1. Consider what level of PPE to wear.
 2. Consider decontamination of equipment seized.
- Crisis Negotiation Group.
 1. Consider what level of PPE to wear.
 2. Consider decontamination of persons released or seized.

Fire / Rescue Branch

- Hazardous Materials Group.
 1. Provide technical information/assistance to Branch Chief, Command, EMS providers, hospitals and law enforcement.
 2. Detect and monitor to identify the agent, determine concentrations and ensure proper control zones.
 3. Continually reassess control zones.
 4. Coordinate zones for perimeters with Perimeter Security Team.
 5. Wear proper level of PPE to perform rescues, product confirmation and reconnaissance.
 6. Improve hazardous environments by ventilation, the control of heat ventilation and air conditioning (HVAC) and control of utilities.
 7. Implement decontamination corridor for Haz Mat Team.
 8. Coordinate and assist with mass decontamination.
 9. Provide specialized equipment as needed.
 10. Assist law enforcement with evidence collection, preservation and decontamination.
- Consider the need for Mass Decontamination.
 1. Position the area for decontamination upwind and uphill and away from other victims.
 2. Avoid contact with any liquids.
 3. Remove contaminated/exposed victims from the high hazard areas.
 4. Isolate/secure victims in a holding area at the outer perimeter of the hot zone.
 5. Evaluate signs/symbols to determine the type of agent involved.
 6. Separate victims into groups of:
 - Symptomatic and asymptomatic.
 - Ambulatory and non-ambulatory.
 7. Medical providers in appropriate PPE may access patients in the holding area to initiate triage, administer antidotes and provide basic care in accordance with local protocols.
 8. The type of decontamination system is dependent upon the number of patients, severity of their injuries and available resources.
 9. Several patients may be handled with a single hose line, while numerous patients will require the use of mass decontamination corridors.

10. 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
- Symptomatic Patients.
 1. Begin emergency gross decontamination immediately on victims who:
 - Are symptomatic.
 - Exhibit SLUDGEM signs/symptoms.
 - Have visible liquid on their clothing.
 - Were in close proximity to the discharge.
 2. In a mass casualty setting life safety takes precedence over all else.
 3. Ensure that decontamination water flows away from the operation.
 4. Provide privacy only if it will not delay decontamination process.
 5. Remove each victim's clothing.
 6. Thoroughly wash/rinse the victims.
 7. Separate lines may be required for non ambulatory patients.
 8. Use separate decontamination lines for male and female patients.
 9. Provide emergency blankets for victims.
 10. Transfer patients to EMS for triage/treatment.
 - Asymptomatic Patients (Contaminated or Exposed).
 1. Process patients through decontamination showers in their clothes.
 2. Have patients proceed to separate holding areas by gender.
 3. Set up tents/shelter and provide showers.
 4. Use numbered bags to store patients' personal effects.
 5. Provide emergency clothing/covering.
 6. Transfer patients to holding areas for medical evaluation.
 - Field Decontamination of Mass Casualties.
 1. *Crowd emergency decontamination:* Use of existing fire department resources to achieve goal of stripping and flushing patients. Handlines or master streams using fog patterns of 30 to 50 psi nozzle pressure to surround and flush patients. Placing apparatus side by side will provide the patients with logical direction and some modesty. Elevated streams may be useful.
 2. *Two-Corridor Decontamination:* Provides greater level of protection of patients from elements and observation. This permits a corridor for ambulatory and non-ambulatory patients.
 3. *Three-Corridor Decontamination:* Provides an additional corridor so males and females can be separate for additional modesty. This may sound excessive but the more modesty that can be provided the better chance that decontamination will occur.

- Remote Site Operations (Hospital Emergency Room).
 1. Stand alone decontamination systems may have to be established outside of hospital emergency rooms for patients who self-present at the location.
 2. Units with decontamination capabilities should be dispatched to the area.
 3. Triage patients and separate them into symptomatic and asymptomatic groups.
 4. Patients who are symptomatic or have visible product on their clothes will be a priority.
 5. Remove clothing and flush thoroughly.
 6. Liaison with hospital staff to determine where patients will be sent after decontamination.

- Hazardous Materials Supervisor: Responsible for the implementation of the phases of the Incident Action Plan dealing with hazardous materials operations.

- Entry: Responsible for the overall entry operations of assigned personnel within the exclusion zone.

- Decontamination: Responsible for the operations of the decontamination element, providing decontamination as required by the Incident Action Plan.

- Site Access: Responsible for the control of the movement of all people and equipment through access routes at the hazard site and ensures that contaminants are controlled and records are maintained.

- Technical Specialists: This position provides technical information and assistance to the Hazardous Material Group using various reference sources such as computer databases, technical journals, CHEMTREC and telephone contact with facility representatives.

- Safe Refuge: Responsible for evaluating and prioritizing victims for treatment, collecting information from victims and preventing the spread of contamination by victims.

Emergency Medical Service / Health Branch

- Disaster Medical Assistance Team (DMAT).
 1. MASH type unit, self-contained.
 2. Assist with initial long-term triage, treatment and transport.

- Metropolitan Medical Response System.
 1. Medical system is included in all levels of response.
 2. Specialized equipment and training.

- Medical Examiner.
 1. Mutual aid from other districts.
 2. Activation of Disaster Mortuary Response Team (DMORT).
- Radiological Control Group.
 1. Specialized resources and trained members.
 2. Deals with monitoring and handling of radiological exposure.
- Surveillance.
 1. Monitoring health facilities for patients who show signs of contamination long after the incident.
 2. Monitoring long distances away from the original incident.
 3. Assessment.
 4. Dispatching health assessment teams to neighborhoods to conduct initial assessments.
 5. Conducting door-to-door health assessments in neighborhoods adjacent to the original incident.
- Health Assessment Teams monitor the general public and identify trends and conditions.
- Special Teams identify the need for teams with specific technological expertise or that have specific knowledge of the contaminant. The specialist may be in Operations or Planning.
- Laboratory Group has fixed or mobile facilities to aid in identifying hazards.
- Management Support Group is a mobile command and logistics group.