



Weapons of Mass Destruction

Biological – Anthrax Scenario



**FEDERAL EMERGENCY MANAGEMENT AGENCY
EMERGENCY MANAGEMENT INSTITUTE**

Acknowledgement

This exercise was developed by the Emergency Management Institute (EMI) in partnership with the Exercise Division of the Preparedness, Training and Exercises Directorate (PT&E).

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Section 1 – Overview of the Course

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Overview of the Course

Introduction

The President of the United States has, through the issuance of Presidential Decision Directive 39 (PDD-39), assigned to the Federal Emergency Management Agency (FEMA) lead federal agency responsibility for consequence management of terrorism. As such, it is FEMA's responsibility to ensure that State and local response plans, procedures, policies, and capabilities are adequate and tested. The President's highest priority is to assist State and local government's efforts to develop effective capabilities for reducing and managing the consequences of terrorist use of weapons of mass destruction (WMD).

As part of its strategy to execute its mission, FEMA's Emergency Management Institute (EMI) has developed a series of courses, consisting of three sessions, which simulate the types of challenges faced by local communities following a WMD terrorist incident. The sessions are designed to help you analyze, discuss and identify your jurisdiction's needs. This course involves a biological terrorism incident.

Purpose

The primary purpose of this course is to improve the ability of local governments to prepare for, manage, and respond to mass casualty terrorism incidents involving the use of WMD – for this course, biological terrorism.

Rationale

Protecting the citizens in a jurisdiction is the primary responsibility of local government officials. The ability to fulfill this responsibility depends on the skills and abilities of local governments to apply their emergency management concept of operations in a timely and proficient manner when a WMD incident occurs.

Objectives

At the conclusion of this course, participants should be able to do the following:

- Exercise greater leadership in preparing for and managing response to WMD mass casualty terrorism incidents through a better understanding of their jurisdiction's response capabilities.
- Analyze the appropriateness of *plans, policies, procedures*, and other preparedness elements currently in place to respond to and recover from a mass casualty terrorist incident.
- Determine the adequacy of the level of *training* of jurisdictional disaster and emergency management staff.
- Determine the adequacy of the jurisdiction's *resources* (e.g., personnel, material, and personal protective and other equipment) for response to and recovery from a mass casualty incident.
- Identify the coordination requirements among local, State, and federal governments for response to WMD terrorist incidents.

Prerequisites for the Course

The course is designed with the following assumptions about participation:

1. The city or county conducting the course has an emergency operations plan (EOP) and standard operation procedures (SOPs).
2. The participants know and understand their roles and responsibilities, as defined by their EOP, are trained in their areas of expertise, and know their jurisdiction.

Target Audience

The following is a list of recommended participants, but it is not all-inclusive.

Recommended Audience for the Course	
<p>Core Recommended Audience</p> <ul style="list-style-type: none"> • Chief Elected/Appointed Official • Fire Chief • Sheriff, Police Chief • Director, Emergency Services • Director, Public Works • Director, Public Health and Safety • Public Information Officer • Chief Financial Officer • Legal Counsel • Chief Medical Examiner/Coroner • Communications Director <p>Other Potential Participants</p> <ul style="list-style-type: none"> • Transportation Authority (Port Authority, Airport Authority, and/or Area Transportation Authority, etc.)* • Evacuation Coordinator* • Mass Care Coordinator* • Resource Manager 	<ul style="list-style-type: none"> • Chief, Animal Care and Control Agency • Warning Coordinator • Coordinator of Volunteer Organizations • Director, Emergency Medical Service (EMS) • Director, Hazardous Materials Team (HMT)* • State and/or federal Representatives, as appropriate* • Area Military Representatives* • National Guard Representative • Department of Energy (DOE) Representative • Federal Bureau of Investigations (FBI) Representative* • Public Health Service Representative • Centers for Disease Control (CDC) Representative • Environmental Protection Agency (EPA) Representative • U.S. Coast Guard (USCG) Representative • Representatives of neighboring jurisdictions

* The target audience with an asterisk must be invited (if they are available).

Categories of Participants

The course has three categories of participants:

- **Instructor(s)** – the person or persons responsible for organizing the course, providing information to the participants before, during, and after the course, and conducting the actual course. The instructor should be skilled in facilitating meetings and have a general understanding of response requirements for WMD incidents. A skilled instructor who is knowledgeable of both the jurisdiction and WMD terrorism related issues would be ideally suited.

The instructor must have the full support of the jurisdiction's chief administrative officer and be authorized to ask assistance from staff members in preparing for the course.

- **Participants** – those carrying out the prescribed course tasks. The participants should include 10 to 15 local government senior staff members. Members of local political bodies and citizen organizations may also be invited to participate at the discretion of the jurisdiction.
- **Observers** – persons invited to learn from the course by watching or provide additional resources or advice. Allowing non-participants to observe the course is an effective way to spread the benefit; however, it is optional. The instructor and the participating jurisdiction would make the decision. Observers could be other staff members from participating departments, staff members from non-participating departments, elected or appointed local officials, and jurisdictional representatives. Staff members from other nearby jurisdictions might also be invited. By including observers, a jurisdiction would be increasing the impact of the course as a learning tool.

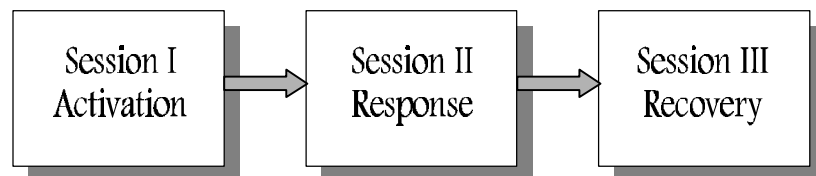
Overview of the Course

Experience demonstrates that preparing in advance improves performance when disaster strikes. This course provides you with an opportunity to identify the issues involved and problems you will face in responding to a WMD incident, specifically biological terrorism, so that you can take actions now to be better prepared should a real event occur.

This course simplifies, orders, and rationalizes events during a period of time characterized by incredible confusion and complexity, pressure to do everything at once, and intense emotions. However, each session does cover key elements that are likely to be encountered in responding to a WMD event. The incident is presented in three time-sequenced sessions to allow you to focus on immediate, mid- and long-term response and management issues.

The course scenarios are not designed to reflect your jurisdiction's political context, though you should consider how major political issues influence your actions and decisions. This course does not cover the technical details of responding to a terrorist incident involving biological agents. Economic and fiscal matters are only tangentially included, although they have a significant impact on the jurisdiction's ability to recover. A detailed discussion of FEMA disaster assistance programs and requirements are not incorporated into the course, mainly because it would take too long to adequately explain them. However, a list of resource materials that you can obtain for additional information is provided.

The course consists of the introduction and three sessions that are to be completed in sequence, as illustrated below.



Length and Schedule for the Course

This course is designed for completion over a three-day period, one-half day for each session, though it offers flexibility to jurisdictions. The following is a suggested content outline.

Content Outline

Day One (four to six hours)

Introduction

Welcome and Introductions

Review of Administrative Details

Course Purpose and Objectives

- Purpose
- Objectives
- Role of Participants
- Expected Outcomes

Growing Risks and Threats of WMD Terrorism-Related Incidents

- Definition of WMD Terrorism-Related Incidents
- Characteristics of WMD Terrorism-Related Incidents
- Risk and Threats of Exposure to WMD Terrorism-Related Incidents

Individual Needs Assessment

Session I: Notification, Activation and Assessment of the WMD Incident

Purpose of the Session

Objectives of the Session

- Instructions
- Scenario Background Information

Scenario

Facilitated Discussion

Debrief

Action-Planning Session

Wrap Up

Overview

Day Two (four to six hours)

Session II: Response to the WMD Incident (Anthrax)

Purpose of the Session

Objectives of the Session

- Instructions
- Scenario Background Information

Scenario

Facilitated Discussion

Debrief

Action-Planning Session

Wrap Up

Day Three (four to six hours)

Session III: Recovery from Biological Terrorism Incident

Purpose of the Session

Objectives of the Session

- Instructions
- Scenario Background Information

Scenario

Facilitated Discussion

Debrief

Wrap Up

Course Action-Planning Session

Summary and Conclusion

One-Day Plan

Jurisdictions have the option of conducting this course in a single day lasting between eight and ten hours. This option sacrifices much of the detailed validation and/or assessment of current plans and procedures and is not recommended. If this option is selected, the following is a suggested content outline for the course and includes a working level.

Content Outline

Single Day (eight to 10 hours)

Introduction

Welcome and Introductions

Review of Administrative Details

Course Purpose and Objectives

- Purpose
- Objectives
- Roles of Participants
- Expected Outcomes

Growing Risks and Threats of WMD Terrorism-Related Incidents

- Definition of WMD Terrorism-Related Incidents
- Characteristics of WMD Terrorism-Related Incidents
- Risk and Threats of Exposure to WMD Terrorism-Related Incidents

Individual Needs Assessment

Session I: Notification, Activation and Assessment of the WMD Incident

Introduction

Scenario

Facilitated Discussion

Transition and Wrap Up

Overview

Session II: Response to the WMD Incident (Anthrax)

Introduction

Scenario

Facilitated Discussion

Transition and Wrap Up

Session III: Recovery from Biological Terrorism Incident

Introduction

Scenario

Facilitated Discussion

Wrap Up of Scenario Discussions

Action-Planning Session

Summary and Conclusion

Section 2 – Conducting the Course

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Conducting the Course

Guidelines for Facilitating the Course

Instructor's Role

The key to an effective delivery is the instructor. The primary role of the instructor is as a facilitator, not as the fountain of all wisdom and the source of all knowledge. The goal is group discussion and participation.

Knowledge

To be effective, an instructor should be prepared with the following:

- An understanding of the course subject matter and the community
- A thorough understanding of emergency management and WMD issues
- Experience in developing, conducting, and participating in similar courses

Presentation Skills

Instruction is often identified with stand-up lectures. However, in this course the skills are learned through facilitation, rather than presentation. For this reason, “presentation skills,” take on a greater dimension. These skills can include any of the facilitator skills.

Set the Stage

- Establish a relaxed atmosphere
- State purpose and objectives
- Explain ground rules
- Present the narrative

Leading a Discussion

A discussion format is effective when class members have experience in emergency management. Draw from the participants and be prepared to add examples and explanations from your experience. You will discover that many of the participants will have a wealth of experience, which is a learning source for other participants. Discussions will also reveal knowledge and experience gaps.

The success of a discussion can be measured by how closely two criteria are met:

- Participants' understanding of the concepts, and
- Active participation

Following these general guidelines will increase the success of the discussion:

- Ask open-ended questions
- Push past simplistic solutions and encourage thinking “out of the box”
- Record issues/comments
- Add examples and discussions from your own experience
- Model good listening and response skills

Using Questions Skillfully

A good discussion often grows out of good questioning techniques. The following are some tips:

- Spread your questions around the group
- To ensure that everybody thinks about a question, first direct your question to the whole group and then wait a minute before directing it to an individual.
- Ask challenging or stimulating questions
- Ask open-ended questions

Conducting the Course

Training Methods

This course is performance-based. The emphasis is less on telling and more on assisting participants to do. The assumption is that participants come with knowledge and experience from which they can draw. To make this course as practical as possible, relate the concepts to participant experiences and problems. Your role as an instructor is to help them apply their experience and knowledge.

Creativity and flexibility are key words in this course. The course requires adaptation to individual needs.

The following is a partial list of requirements to ensure the success of the course:

- Remember to mail the participant checklist to the participants three weeks prior to the class.
- Circulate the class roster and have the participants sign-in.
- To be successful, this course requires a minimum of two instructors.
- The lead instructor must be well versed with emergency management issues and know the jurisdiction and its issues well.
- The secondary instructor must be knowledgeable and well versed in WMD issues.

Responsibilities

Lead Instructor

Must have a deep understanding of the course content and must assume primary responsibility for:

- Modifying the course to meet the unique needs of the jurisdiction
- Serving as the lead facilitator
- Managing and organizing the course
- Maintaining an appropriate pace

Secondary Instructor

The secondary instructor serves as an additional trainer with a firm knowledge of WMD terrorism. The responsibilities include

- Facilitation
- Facility arrangement
- Arranging for special course needs: audio visual equipment and materials, flip charts, newsprint, markers
- Dealing with special needs of participants

Guidelines for Delivery of the Course

1. For participants, select high-level staff persons from 10 to 15 departments to form a small working group in which each participant can interact freely with all others. Invite additional staff members to observe. Refer to the table of suggested participants for guidance (in Section 1).
2. The success of the course depends on total concentration of all participants throughout the course. If possible, arrange to conduct the course away from the normal work place to reduce chances for interruption.
3. Find a room that will display computer-generated presentations, if you are using Powerpoint slides. The room should be equipped with an overhead projector and screen if you are using overheads.
4. The room should contain a large table that will accommodate 10 to 15 individuals and the resource materials such as the map. The walls should allow for taping of flipcharts or pushpins.
5. Let participants know that they must be on time for the course and that they should not have any interruptions due to phone calls or urgent meetings. (Responses to actual disasters or emergencies will, of course, take precedence over course activities.)

Guidelines for Conducting the Sessions

The following are general guidelines for conducting each session during the course; specific guidance is provided in the instructor's introduction to each session.

- The sessions are in rough chronological order, but in reality, many activities would be occurring simultaneously.
- Each scenario is a realistic depiction of a WMD biological incident and is designed to accurately stress local response capabilities for the purpose of determining the strengths and weaknesses in the jurisdiction's preparedness program.
- The participants examine a single scenario in three distinct sessions, each examining a different phase of the scenario.
- The instructor introduces each session by highlighting the details.
- Following the introduction by the instructor, each participant reviews the sessions from the point of view of his/her role and responsibilities in the preparation for, management of, and response to the WMD incident.
- Following the review of the information presented in each session, the participants participate in a facilitated discussion to explore the strengths and weaknesses of their plans, procedures, policies, training, and resources.
- All the tasks can be accomplished using the local emergency operations plan, emergency action checklists, and knowledge of local policies and procedures, as indicated.
- At the conclusion of each session, the instructor will debrief participants. The instructor will ask participants to evaluate their jurisdiction's emergency procedures and list positive and negative points. From this list, participants will have materials to enhance their emergency operations plans and action plans.

Course Materials

To conduct the course, you will need to assemble some readily available supplies and standard local documents. Use the following checklists to prepare course materials.

Instructor Workplan

An important aspect of facilitating this course is taking the time to ensure that you are adequately prepared for each phase of the course: before, during, and after. The instructor checklists include specific timelines for completion of tasks. It is strongly recommended that you adhere to these guidelines. You will find instructor checklists at the end of this section.

Participant Checklists

The Participant Checklists should be sent to participants prior to the course. They are included following the instructor workplan. A Participant Roster is included so that you may record attendance.

Conducting the Course

Course Material Requirements

Exercise: Use the following checklist in preparing for the course.

Training Facilities

- A meeting room large enough to accommodate participants
- A table large enough to comfortably seat the invited participants
- Tables for supplies
- Extra seating for guests or observers
- Refreshment table (optional)

Materials and Supplies

- Instructor Guide and Student Manual developed
- Copies of all participants' materials, one per person – except where noted. Have a few extras of all materials just in case visitors or participants are added to the course at the last minute. (Refer to the Training Materials Checklist)
- Copies of all the overheads to be used in the program, arranged in order of use

Equipment and Supplies

- Overhead projector
- Computer and screen display equipment (if using Powerpoint slides)
- Projection Screen
- Two flipcharts, easels and paper
- Felt-tipped markers
- Several rolls of masking tape
- Name tents
- Pens, pencils, and writing pads for participants

Documents

- Jurisdiction's Emergency Operations Plan
- Standard Operating Procedures
- Zoning maps
- Base Maps*

*One or more copies of a base map of the jurisdiction are essential. The map should be the largest scale (most detailed) available that can fit in the room that is to be used for the course. It should show major properties, highways and streets, major facilities, and if available, parcel boundaries. If the jurisdiction is geographically large, a table-top-sized map probably will not show individual parcels. You may want to include pocket-sized maps of the transit system for each participant's use.

Instructor Workplan

Before (six weeks)

Design Phase

Note: Customize the course as appropriate. For example, if there is no transit system in the jurisdiction, adjust the scenario accordingly.

Week One – _____

- Review objectives of course.
- Identify and coordinate with local jurisdiction and State points of contact to establish liason.
- Determine composition of scenario development and conduct teams and assign responsibilities.
- Identify special local issues for discussion, if any exist. (Example: if responders from different agencies or departments do not have compatible communication systems, include the topic in the facilitated discussion.)
- Determine format and method of assessment to be used; e.g., report, presentation, etc.
- Develop detailed milestones for completion; i.e., enter dates on this workplan.

Development Phase

Week Two – _____

- Review instructor materials and research scenario specific information.
- Coordinate with local jurisdiction and/or State points of contact to receive copies of local plans, maps, procedures, etc.
- Coordinate with local point of contact to finalize the date, time, and location of WMD course.
- Confirm target audience (participants) for course and issue invitations/notifications.

Week Three – _____

- Review local information and materials, such as EOP, SOPs, maps, etc. (If there are glaring omissions in the EOP or SOPs, be prepared to include the topics in the facilitated discussion.)
- Develop list of site/location specific information necessary to complete the scenario.
- Draft agenda for course.
- Begin content development/scenario revision.
 - Look for items that appear in *italicized brackets []* within the scenario – these items should be changed so as to be site-specific.
- Coordinate with State training officer to develop a graphic depiction of the scenario if possible.
- Send a letter specifying prerequisites for the course, the agenda and draft, and *Participants' Checklist: Before the Course* (included at end of this section).

Conducting the Course

Instructor Workplan

Before (six weeks)

Week Four – _____

- Complete and review first draft of scenario.
- Review scenario based on team components/participants.
- Determine what additional facilitation aids will be required and begin development of materials.

Week Five – _____

- Finalize scenario.
- Review participant and instructor materials.
- Confirm number of participants and arrange for duplication/production of participant materials – sufficient numbers of binders are needed to provide one per participant.
- Request biographic summaries on each participant.

Week Six – _____

- Final review and approval of scenario, participant and instructor materials and other materials.
- Dry run for conduct.
- Assemble scenario packages for participants and instructors. Binders should include the following:
 - Binder cover page
 - Inside cover page
 - Agenda
 - Introduction
 - Objectives
 - Ground rules and tips for participants
 - Personal needs matrix
 - Session background and scenarios (these should be sealed – cover page, scenario info – plus any graphics as deemed appropriate and obtained from State or local points of contact, and questions).
 - Action-Planning Questions
 - Action-Planning Matrices
- Review biographic summary of each participant.

Instructor Workplan

During (one week)

Conduct Phase

Week Seven – _____

Days of Conduct

- Conduct the course.
- Evaluate performance and assess training value.
- Conduct action-planning sessions and “hotwash” debriefing sessions with participants and instructors.
- Distribute and collect participant evaluation form.

Week Seven – _____

Day after Conduct

- Debrief among instructors and evaluators.
- Assess design, development, conduct, and evaluation process.

Conducting the Course

Instructor Workplan

After (three weeks)

Evaluation Phase

Week Eight – _____

- Review participant comments
- Develop outline and begin drafting evaluation for report or presentation purposes.
- Formulate recommendations for modifications to policy, program, plan or procedures.
- Incorporate results of action planning session into course report.
- Complete draft of report/presentation.

Week Nine – _____

- Review evaluation report/presentation among instructors, evaluators, and state and local points of contact.

Week Ten – _____

- Incorporate comments as appropriate and revise final version.
- Present findings to appropriate managers and personnel.

Participants' Checklist

Instructions: Please use the following checklist and mark each item as you complete the task.

Before

- Locate and review a copy of your jurisdiction's Emergency Operations Plan (EOP).
- Be knowledgeable about the following Annexes (or their equivalent) in the EOP: Direction and Control, Activation and Notification, Public Warning and Public Information, Communications, Evacuations, Sheltering, Incident Command System (if used in your jurisdiction), Resource Management, Health and Medical, and Intergovernmental and Intragovernmental Liaisons.
- Locate and review a copy of your jurisdiction's Standard Operating Procedures (SOP) for emergencies, and policies and procedures related specifically to emergencies.
- Locate and review a copy of your roles and responsibilities during an emergency.
- If possible, bring a copy of relevant SOPs, and if available, the EOP to the course.
- Determine if your jurisdiction has a WMD or Terrorism Annex (if you do, bring it to the course).

During

- Participate fully in the course activities.
- Use this time to plan how you will work with your jurisdiction to improve your capability to respond effectively to a WMD incident.
- Respect your peers' opinions.
- Listen with an open mind.
- Don't monopolize the conversations.

After

- Use Action-Planning guides, worksheets, and checklists to initiate planning actions when you're back on the job.
- Assess your progress in meeting your projected tasks and actions in three and six month intervals.
- Review your EOP and SOPs at least annually to ensure their currency.
- Complete any evaluation or after-action reports that are required by your jurisdiction.

Conducting the Course

Participant Roster

Instructor (s):

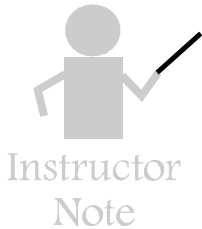
Date:

Time:

Location:

Participant Name	Department/Jurisdiction/Position
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
OTHER ATTENDEES:	

Emergency Action and EOP Assessment Checklists



Use the following checklist as a tool during the review of the local EOP.

The blank rows are provided to allow additional analysis and highlight any special innovations contained in the local EOP.

This checklist will provide you a basis for learning about the EOP, SOPs and other documents.

Provide a copy of this checklist (without your notes) to the participants during the final Action Planning Phase.

Conducting the Course

Emergency Action and EOP Assessment Checklist: The Early Stage

Description/Function	Adequate	Inadequate	Missing
Direction and Control			
Describes the command structure, specifying who will be in charge during emergency response operations.			
Specifies the authorities and limitations of key personnel.			
Identifies roles and responsibilities for key personnel during the initial stages of the WMD threat.			
Includes provisions for coordinating and communicating among all jurisdictions and agencies.			
Hazard Assessment			
Contains a hazard vulnerability assessment that looks into WMD incidents, including impact, risk areas, evacuation routes, response efforts, etc.			
Considers special needs for such an event, such as personal protective equipment and need for rapid response.			
References procedures for detection, monitoring, and sampling of WMD agents or materials.			
Notification and Activation			
Includes a formalized procedure for notifying key personnel through a current alert list, notification table, or cascade notification system.			
Specifies procedures for notification of key personnel of the threat.			
Includes current telephone numbers for key personnel.			

Emergency Action and EOP Assessment Checklist: The Early Stage

Description/Function	Adequate	Inadequate	Missing
Identifies special requirements or recommended notifications to State and or federal officials when dealing with a WMD incident.			
Specifies procedures for activation of the EOC.			

Communication Systems (External and Internal)

Specifies requirements for a backup system and monitors its implementation.			
Clearly defined reporting procedures and mechanisms for communicating across all agencies and for inter/intra jurisdictional communication.			

Warning and Emergency Public Notification

Includes written procedures for keeping key personnel's family members apprised of the situation and the status of their immediate family.			
Policy that states how information will be communicated to the public – when it has to be relayed immediately.			
Describes sources for disseminating public information (Emergency Alert System (EAS), television stations, radio stations, cable outlets, newspapers, etc.). Source listing includes telephone numbers.			
Describes back-up sources for disseminating information (vehicle-mounted public address systems, door-to-door, etc.).			
Describes resources for disseminating information to those with language barriers or disabilities (sight, hearing, etc.).			
Supplementation of the EAS (as appropriate).			

Conducting the Course

Emergency Action and EOP Assessment Checklist: The Early Stage

Description/Function	Adequate	Inadequate	Missing
Includes instructions on who should activate the emergency public information organization, notification procedures, and where personnel should report.			
Provides roles and responsibilities of the emergency management team and specifies the actions that should be taken.			
Has prewritten messages for the public in dealing with an unknown biological hazard.			
Authorities			
Indicates who has authority to open the EOC, declare an emergency, etc.			
Includes lines of succession in case an individual is out of town or dies.			
Immediate Actions			
Includes evacuation and/or sheltering procedures and procedure for determining the appropriate protective action.			
References procedures for first response medical response, e.g., self-aid, buddy-aid, and initial treatment in a contaminated environment.			
Includes protective action implementation procedures for special populations and facilities.			

Emergency Action and EOP Assessment Checklist: Response			
Description/Function	Adequate	Inadequate	Missing
Communication Systems			
Specifies methods for communicating between the EOC, field forces, control centers of emergency operations, radio/TV stations, hospitals, ambulance dispatch centers, adjacent jurisdictions and military installations, State EOC, etc.			
Has plans for augmentation of local capability by higher levels of government.			
Clearly specifies requirements for a backup telecommunications system.			
Identifies support groups for providing communications (Amateur Radio Emergency System (ARES), citizens band groups, taxi and transit companies, etc.).			
Identifies the type of equipment required for backup support and resources for obtaining it.			
Resource Management			
Describes the roles and responsibilities of those involved with resource management.			
Personnel and Equipment Resources			
Includes provisions for obtaining special protective gear and special medical supplies such as antidotes.			
Includes procedures for requesting assistance (be specific) and prioritizing needs.			

Conducting the Course

Emergency Action and EOP Assessment Checklist: Response			
Description/Function	Adequate	Inadequate	Missing
Public Affairs			
Provides guidance on how the jurisdiction should deal with media convergence.			
Provides guidance on obtaining credentials for media representatives and for coordinating with law enforcement regarding access to the scene.			
Includes a resource listing of sources that can provide accurate and timely information on a biological agent and the required protective actions.			
Provides guidance on how the core emergency management team staff will be augmented to handle a surge in the public's and media's demands for information.			
Authorities			
Specifies appropriate authorities as applicable to particular functions.			
Authorities specify types of emergency powers available and who has authority to enact them.			
Actions			
Includes rescue operation procedures.			
References medical facility plans or jurisdictional disaster health plan which addresses adequacy of facility and personnel, handling contaminated persons, a casualty-tracking system, handling contaminated human remains.			
Includes procedures for management of field response, including emergency worker exposure control, emergency worker decontamination, security and			

Emergency Action and EOP Assessment Checklist: Response			
Description/Function	Adequate	Inadequate	Missing
accountability, and supply/re-supply of WMD-unique materials.			
Includes procedures for continuing WMD hazard assessment.			
Includes procedures for traffic and access control.			

Conducting the Course

Emergency Action and EOP Assessment Checklist: Recovery Phase			
Description/Function	Adequate	Inadequate	Missing
Public Affairs			
Includes provisions for keeping families notified about the status of their loved ones.			
Specifies provisions for setting up a joint information center.			
Security and Control Issues			
Includes procedures for general security and property protection issues – martial law, use of National Guard, looters and gangs, etc.			
Personnel and Equipment Resources			
Includes a resource listing (database, SOP, or attachment to SOP) that identifies resources for personnel, communications equipment, vehicles, decontamination materials, potable water.			
Specifies procedures for financial (record keeping) and legal accountability.			
Includes procedures for distributing resources (goods and services).			
Includes rules and regulations regarding emergency procurement procedures.			
Provides directions for support facilities such as staging areas, warehouse and distribution centers, and mobilization centers.			
Applicable annexes specify procedures for obtaining augmentation personnel, including evidence of credential requirements, where needed.			
Includes procedures for requesting mutual aid teams from neighboring jurisdictions, from State sources,			

Emergency Action and EOP Assessment Checklist: Recovery Phase

Description/Function	Adequate	Inadequate	Missing
such as the State Guard, and from Federal sources, such as the military, Centers for Disease Control, and the National Disaster Medical System.			
Requests assistance according to the EOP and uses proper protocol			
Includes specifications about what to do with excess resources (during recovery).			
Includes provisions for 24-hour operations.			
Other Resources			
Includes specifications about how to manage volunteers and addresses liability issues concerning their use.			
Includes provisions for what to do with donations and how to manage them.			
Agreements			
Includes mutual aid agreements and/or intergovernmental agreements for the following: mortuary services, medical response teams, resources.			
Authorities			
Includes a reference to the Stafford Act and the authorities it conveys, including reporting structures and management of operations.			
Authorities provide for access to, use of, and			

Conducting the Course

Emergency Action and EOP Assessment Checklist: Recovery Phase			
Description/Function	Adequate	Inadequate	Missing
reimbursement for private sector resources in an emergency, and for emergency procurement procedures.			
Re-entry			
Includes procedures for certifying an area safe for evacuees to return to their homes or businesses.			
Restoration			
Includes guidance on developing a recovery/restoration plan to restore economic, political, and jurisdictional viability to areas impacted by WMD effects.			

Section 3 – Introduction to the Course

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Introduction to the Course

Purpose

The course introduction provides you with a sense of the structure of the course, what you will gain from participation, and your role in the course. This section also provides background information pertaining to WMD terrorism events.

Objectives

During this section, you will accomplish the following objectives:

1. Meet your fellow participants.
2. Become acquainted with the purpose and objectives of the course.
3. Learn expected outcomes from course participation.
4. Learn your role as a course participant.
5. Review course material requirements.
6. Learn the definition, characteristics, and risks, threats and exposure of WMD terrorism-related incidents.

Content Outline

The following is the recommended content outline, but you are encouraged to adapt it to suit your needs.

Introduction to the Course

Welcome and Introduction

Review of Administrative Details

Icebreaker

Background

Overview of the Course

- A. Purpose
- B. Objectives
- C. Expected Outcomes
- D. Role of Participants
- E. Course Materials
- F. Growing Risks and Threats of WMD Terrorism-Related Incidents

Individual Needs Assessment

Welcome and Introduction

Welcome the participants. Give the title of the course, its length, information on breaks. Briefly introduce yourself.

Review of Administrative Details

Announce pertinent administrative details such as the location of restrooms, how to get messages, etc. Emphasize that phone calls are discouraged.

Icebreaker

It is assumed that participants are acquainted with each other. In order for you to become acquainted with the participants, have them introduce themselves. Name tents should be used to assist the facilitation process.

Background

The President of the United States has, through the issuance of Presidential Decision Directive (PDD-39), assigned to the Federal Emergency Management Agency (FEMA) lead federal agency responsibility for consequence management of terrorism. As such, it is FEMA's responsibility to ensure that the State and local response plans, procedures, policies, and capabilities are adequate and tested. The President's highest priority is to assist State and local governments to develop effective capabilities for reducing and managing the consequences of terrorist use of weapons of mass destruction (WMD).

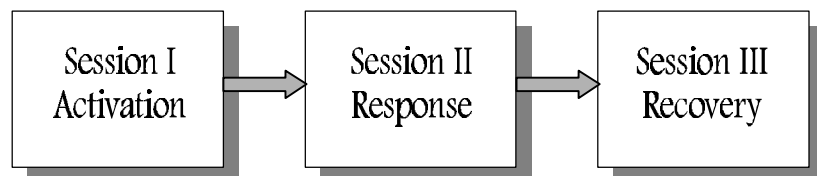
As part of its strategy to execute its mission, FEMA's Emergency Management Institute (EMI) has developed a course consisting of three sessions, each of which simulate the types of challenges faced by local communities following a WMD terrorist incident. The sessions are designed to help you analyze, discuss and identify your community's needs. This course involves a terrorist biological incident.

Main Points:

- Through PDD-39, the President has assigned FEMA lead federal agency responsibility for consequence management of terrorism.
- FEMA must ensure that the State and local response plans, procedures, policies, and capabilities are adequate and tested.
- Priority is placed on assisting State and local governments in developing effective capabilities for reducing and managing the consequences of the terrorist use of weapons of mass destruction.
- EMI has developed three sessions designed to help analyze, discuss, and identify community needs.

Overview of the Course

- This course provides an opportunity to identify the issues involved and problems you will face in responding to a WMD incident, specifically biological terrorism, so that you can take actions now to be better prepared should a real event occur.
- This course simplifies, orders, and rationalizes events during a period of time characterized by confusion and complexity, pressure to do everything at once, and intense emotions.
- Each session covers key elements that are likely to be encountered in responding to a WMD event. The incident is presented in three time-sequenced sessions to allow you to focus on immediate, mid- and long-term response and management issues.
- There are several areas that this course does not address because its scope does not include these issues. These include:
 - Course scenarios are not designed to reflect your community’s political context, though you should consider how political issues influence your actions and decisions
 - The course does not cover the technical details of responding to a terrorist incident involving a biological weapon.
 - Economic and fiscal matters are only tangentially included, although they have a significant impact on the jurisdiction’s ability to recover.
 - A detailed discussion of FEMA disaster assistance programs and requirements are not incorporated into the course.
- The course consists of the introduction and three sessions that are to be completed in sequence, as illustrated below.



A. Purpose

Purpose

Improve local government's ability to prepare for, manage, and respond to a mass-casualty biological terrorism incident

1

Show visual as you explain the purpose of this course.

The primary purpose of this course is to improve the ability of local governments to prepare for, manage, and respond to mass casualty terrorism incidents involving the use of WMD – for this course, biological terrorism.

B. Objectives

Objectives

At the conclusion of this course, you should be able to:

- Exercise greater leadership in preparing for and managing response to WMD terrorism
- Analyze plans, policies, procedures, and other preparedness elements currently in place

2

Show visuals as you review the objectives of the course.

At the conclusion of this course, participants should be able to do the following:

- Exercise greater leadership in preparing for and managing response to WMD mass casualty terrorism incidents through a better understanding of their jurisdiction's response capabilities.
- Analyze the appropriateness of *plans, policies, procedures*, and other preparedness elements currently in place to respond to and recover from a mass casualty terrorist incident.
- Determine the adequacy of the level of *training* of jurisdictional emergency management staff.
- Determine the adequacy of the community's *resources* (e.g., personnel, material, and personal protective equipment) for response and recovery from a mass casualty incident.
- Identify the coordination requirements among local, State, and federal governments for response to WMD terrorist incidents.

Objectives (con.)

- Determine the adequacy of jurisdictional emergency management staff training
- Determine the adequacy of the jurisdiction's resources
- Identify coordination requirements among local, State, and federal governments for response to WMD incidents

3

C. Expected Outcomes

Expected Outcomes

- Action plans that identify tasks, problems, issues
- Strengths and weaknesses of EOP, SOPs, policies
- Checklist that identifies EOP areas for improvement
- List of resource requirements and shortfalls

4

Show visual as you discuss the expected outcomes of the course.

At the end of this course you should have the following information to take back to your office and agency to begin the planning required for a successful response effort:

- Action plans that identify specific tasks, problems, and issues that need attention;
- Strengths and weaknesses of your existing EOP, SOPs, and policies;
- A checklist that identifies the areas of your EOP that require updating or more information; and
- Listing of resource requirements and shortfalls.

This course is not a success unless you go back to your office and follow-through. These tools are designed to put you on the right track.

D. Role of Participants

Role of Participants

- Participate fully
- Assume your normal responsibilities and duties that you perform in an emergency
- Be open-minded and flexible
- Be proactive in your actions
- Suspend judgment

5

Show visual as you review the role of the participants.

You have the following role in these activities.

- Participate fully.
- Assume your normal responsibilities and duties that you perform in an emergency.
- Be open-minded and flexible.
- Be proactive in your actions.
- Suspend judgment.

E. Course Materials

Course Materials

The student manual contains:

- instructions
- scenario information
- checklists
- references
- glossary

6

Show visual as you go over the course materials requirements.

The student manual is your primary source of information. It is designed as a workbook to use during the course. It includes all the instructions, scenario information, worksheets, references, and glossary. You are encouraged to follow along and take notes.

F. Growing Risks and Threats of WMD Terrorism-Related Incidents

Definition of WMD Terrorism-Related Incidents

Definition

WMD Terrorism-Related Incidents:

Use of nuclear weapons or biological, chemical, and radiological agents and/or materials by terrorists

7

Show visual as you define the WMD terrorism-related incidents.

Definition of WMD Terrorism-Related Incidents:

Weapons of Mass Destruction (WMD) Terrorism as defined by Presidential Decision Directive 39 (PDD-39) is the use of nuclear weapons or biological, chemical, and radiological agents and/or materials by terrorists.

Characteristics of WMD Terrorism-Related Incidents

Characteristics

WMD Terrorism-Related Incidents:

- May be no advance warning
- Agent often unknown
- A crime scene
- Rapid response time required
- Designed to maim, destroy and kill

8

Show visual as you talk about characteristics of WMD terrorism-related incidents.

Characteristics of WMD Terrorism-Related Incidents:

- May be no advance warning
- Agent often unknown
- A crime scene
- Rapid response time required
- Designed to maim, destroy, and kill

A terrorist attack can take many forms, depending on the technological means available to the public, the nature of the

political issue motivating the attack, and the points of weakness of the terrorist's target. Bombings are the most frequently used method of attack.

Terrorism-related incidents are designed to maim, destroy, and kill with the hope of getting extensive media coverage and instilling fear and panic in the public. These incidents often occur without warning and the agent of destruction is often unknown. This poses problems for first responders in dealing with the incident.

Terrorist-related incidents become crime scenes and pose a new problem – that of preserving and collecting evidence. These incidents require rapid response time and can result in similar events occurring shortly after the first event.

Risks, Threats, and Exposure of WMD Terrorism-Related Incidents

Risks and Threats

- Possible wide dissemination
- Very short timeframe for lifesaving treatment
- Public may panic – causing confusion and chaos
- Mass casualties likely

Show visuals as you discuss the risks, threats, and exposure of WMD incidents.

Risks and Threats:

- Possible wide dissemination of effects
- Very short timeframe for lifesaving treatment
- Public will panic – causing confusion and chaos
- Mass casualties likely
- Could require unavailable antidote or treatment
- Local first responders unlikely to be trained
- The effects of biological agents may not be apparent for days

Risks and Threats (con.)

- Could require unavailable antidote or treatment
- Local first responders unlikely to be trained
- The effects of biological agents may not be apparent for days

WMD incidents pose numerous threats and risks for the public, law enforcement officials, first responders, and all others affected by the incident. Because there are many unknowns involved in these events, most local emergency management systems are not equipped to handle them. In the case of biological weapons, first responders may not recognize the agent or know its effects. Thus, they may not be adequately protected and may become victims themselves.

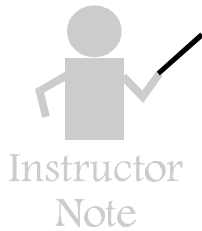
Some chemical agents can spread quickly through the air, ventilation systems, and vapors, thus potentially affecting a large

Introduction

number of individuals. With most chemical weapons, there is a need for decontamination, which often drains resources. In other situations, an antidote or other treatment may be needed in a short timeframe (minutes), resulting in more fatalities if it is not available or in insufficient quantity.

These are just some of the risks and threats posed from WMD. Each WMD will cause different effects. This course should help you to begin thinking about the implications of such an event for your agency and jurisdiction.

Individual Needs Assessment



As you begin the course, provide participants with the following worksheet (one copy for each session – if conducted over a three day period). Participants may use the sheet to record issues to be resolved or actions to be taken following this course. The worksheet is most helpful to provide needed details when the final action-planning phase begins.

Encourage participants to remove this sheet from their binders and use throughout the course as a note-taking device.

Transition to the first session: Activation and Assessment of the WMD Incident (Unknown Biological Agent).

Individual Needs Assessment

Instructions: Use this worksheet to record issues to be resolved or actions to be taken following this course.

Clarification Points

Planning/Procedure Needs

Training Needs

Resource Needs

Section 4 – Session I

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Session I – Day One

Notification, Activation and Assessment of the WMD Incident (Unidentified Agent)

Purpose

<p>Purpose</p> <hr/> <ul style="list-style-type: none">• Helps you focus on the immediate concerns following a WMD incident• Focuses on issues you will face in discovery, activation, notification and assessment <p>11</p>
--

The first session of this course provides an opportunity to focus on immediate concerns following the report of an unknown biological WMD incident. It deals with the issues you will face during the discovery, activation, notification, and assessment phases. It addresses the jurisdiction’s emergency management team and their role in managing the response activities at the incident site.

Objectives

<p>Objectives</p> <hr/> <p>Upon completion of this session, you will be able to:</p> <ul style="list-style-type: none">• Determine adequacies of authorities for dealing with the incident• Assess the overall validity of the jurisdiction’s EOP• Assess direction and control procedures <p>12</p>

Upon completion of this session, you will be able to:

1. Determine the adequacies of authorities in dealing with the incident, including whether there are specifications for lines of succession.
2. Assess the overall validity of the jurisdiction’s Emergency Operations Plan (EOP), Standard Operating Procedures (SOPs), and other documents for dealing with the incident.
3. Assess direction and control procedures.
4. Assess communication systems.
5. Assess notification and activation procedures.
6. Assess warning and emergency public information procedures.
7. Assess procedures for hazard assessment.

<p>Objectives (con.)</p> <hr/> <ul style="list-style-type: none">• Assess communication systems• Assess notification and activation procedures• Assess warning and emergency public information procedures• Assess procedures for hazard assessment <p>13</p>

Objectives (con.)

- Determine the jurisdiction's capabilities for an effective response
- Improve coordination among jurisdictional emergency management elements
- Determine resource and response requirements
- Determine staffing requirements
- Other objectives defined by the jurisdiction

8. Determine the jurisdiction's capabilities for an effective response.
9. Improve coordination among jurisdictional emergency management elements.
10. Determine resource and response requirements.
11. Determine staffing requirements.
12. Other objectives (as developed by the jurisdiction).

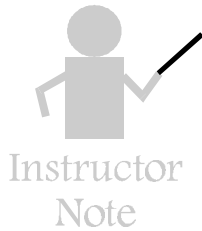
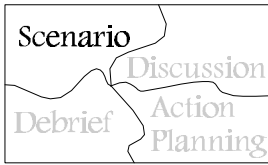
Content Outline

The following is the recommended content outline, but you are encouraged to adapt it to suit your needs.

Notification, Activation and Assessment of the WMD Incident

- Introduction
 - Scenario
 - Facilitated Discussion
 - Debrief
 - Action-Planning Session
 - Wrap Up
-

Scenario Background Information



Purpose

The scenario presents a realistic account of a WMD terrorist incident. It gives participants an opportunity to compare their response plans with the requirements of an actual incident.

Refer to *Instructor's Background Information* for information to help put the incident into perspective. Do not disclose this information to the participants – yet.

Show visuals as you highlight the key points of this scenario. The following information is generic information about the scenario. You are encouraged to add additional visuals or text to support any background information that you want to include. Use this information to set the scene, before you instruct participants to break seal on their scenarios.

The WMD Event Occurs

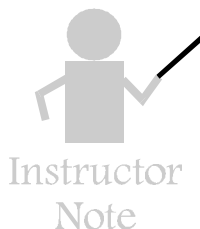
- Elderly woman collapses at airport – others become ill
- By the following morning, the illness has reached epidemic proportions
- Centers for Disease Control (CDC) is called in
- By day three, a biological weapons agent is suspected

15

Over the course of three days, a calamitous situation develops. Starting with an elderly woman collapsing at the airport, thousands of people in the area have died or become sick with a similar illness. Testing reveals that a biological weapon may be the cause. With a situation like this, you've got a lot of issues to attend to. Do you know where to start and what to do?

Scene I – The WMD Event Occurs

- An elderly woman collapses at the airport, several passengers also become ill
- By the following morning, the illness has reached epidemic levels
- The Centers for Disease Control (CDC) is called in
- By the third day, a biological weapons agent is suspected



Be sure to remove the following scenario and replace it with the one customized during the development phase of this course.

Presentation

1. Ask participants to open their scenarios and begin reading. Allow them 15 – 20 minutes to read the scenario and review/complete their questions. Questions should be answered individually.
2. Walk around the room and observe participant progress in order to determine the priority of issues to discuss.
3. Check with participants to see how many need more time prior to initiating the discussion.

Participant Background

This biological WMD terrorism scenario portrays an incident that your jurisdiction can use to evaluate coordination and response capabilities. You may also identify shortfalls in personnel or other resources that can be supplemented by State or federal sources. While this scenario portrays a single terrorism event, credible information indicates a probability for multiple events within a given area or other geographic locations. The scenario is intended to portray only the hypothetical technical features of a biological terrorism incident and does not represent an actual event.

For this and subsequent scenes the onset of some symptoms has been accelerated in order to allow discussion of critical response issues. (There have, however, been reports from the Armed Forces Medical Intelligence Command (AFMIC) that indicate that near the source of an Anthrax attack, some deaths could occur quickly due to the initial overwhelming shock to the system of some victims.)

Both standard and military times are used in the scenario; use the following chart to aid in converting times.

24-hour Clock	Standard Clock	24-hour Clock	Standard Clock
0001	12:01 a.m.	1201	12:01 p.m.
0100	1 a.m.	1300	1 p.m.
0200	2 a.m.	1400	2 p.m.
0300	3 a.m.	1500	3 p.m.
0400	4 a.m.	1600	4 p.m.
0500	5 a.m.	1700	5 p.m.
0600	6 a.m.	1800	6 p.m.
0700	7 a.m.	1900	7 p.m.
0800	8 a.m.	2000	8 p.m.
0900	9 a.m.	2100	9 p.m.
1000	10 a.m.	2200	10 p.m.
1100	11 a.m.	2300	11 p.m.
1200	12 p.m.	2400	midnight

Instructor's Background Information on the Incident – Scene I

This biological WMD terrorism scenario portrays an incident which local response groups and agencies can use to evaluate their coordination and response capabilities. They may also identify shortfalls in personnel or other resources that can be supplemented by State or federal sources. While this scenario portrays a single terrorism event, credible information indicates a probability for multiple events within a given area or other geographic locations. The scenario is intended to portray only the hypothetical technical features of a biological terrorism incident and does not represent an actual event.

This scenario takes place in *[name of city]*, *[name of State]*. *[Briefly describe the airport at which this incident occurs.]*

In this scenario, a terrorist obtains four aerosol containers (emitting particles one to five microns in size); each filled with 25 grams of freeze-dried genetically altered Anthrax spores. The aerosol containers are placed in airducts near baggage claim and ticketing areas within the airport.

Anthrax is a biological agent that enters the body through inhalation. Anthrax exposure can also occur via dermal exposure (although this is not likely in this scenario), especially through open wounds and sores. Anthrax is a persistent agent, capable of surviving one-to-two years in direct sunlight or decades if protected from direct sunlight. (Ancient Egyptians used Anthrax spores when closing off tombs. Workers blew spores through straws into the completed buildings; looters breaking into the tombs were exposed and subsequently died.)

Exposure effects normally appear within two-to-three days. Initial symptoms of Anthrax exposure are low-grade fever and aches and pains, resembling the early stages of the flu. The illness progresses over two-to-three days with the sudden development of severe respiratory distress, followed by shock and death within 24-36 hours in essentially all untreated cases. In most cases, if a victim exhibits symptoms, they do not survive.

There is normally no event to indicate the initial release of Anthrax. In this scenario, people standing in close proximity to one of the airducts where Anthrax is released suffer immediate symptoms and are brought to local hospitals.* Anthrax contamination is not immediately diagnosed. Indications of infection at its early stages can be confused with a wide variety of viral, bacterial, and fungal infections.

Anthrax is not part of the routine screens performed by hospitals. It is also difficult to detect through routine blood testing and cultures. Once a biological agent or Anthrax is suspected, Anthrax is easy to detect through more specific testing. Several tests specifically test for Anthrax exposure. Most of these require cultures, which can take in excess of 24 hours before obtaining results.

In this scenario it is not apparent that a biological agent was used. No terrorist organization called in a threat or claimed responsibility for the act. In fact, it is not until scene II that terrorism emerges as the cause of this incident.

The medics responding to the people in the airport do not suspect a terrorist attack and do not wear personal protective equipment (PPE). Responders to the false fire alarm at the high school also do not wear PPE and are exposed to the agent. The Anthrax contaminates the

Session I

Instructor's Background Information on the Incident – Scene I

hospital where the initial victims are taken for treatment. People passing through the airport or coming in contact with any of these people are also potentially exposed. The *[number of fire departments in the area]* fire departments within the area and the police department are contaminated within three-to-four hours of the initial release.

Responders are challenged to:

- Assess the incident,
- Initiate appropriate public health operations, and
- Arrange for fast medical treatment of victims.

At this time, the CDC is involved in the community health emergency (prompted by notification by doctors and hospitals in the scenario) and the EOC is activated. Many “command and control” issues are raised because this is initially treated as a community health emergency. These issues should be explored in session I. The integration of federal assets should be discussed briefly during session I, but also discussed in further detail during sessions II and III. It is not readily apparent that this is a terrorist-related incident. Once this is determined, during scene II, it requires FBI notification. The facilitator should explore how this notification takes place.

**As indicated in the participant background, some reports from the Armed Forces Medical Intelligence Command (AFMIC) indicate that victims near the point of an Anthrax attack could exhibit symptoms or die almost immediately due to the overwhelming shock to their systems caused by exposure.*

Information on the symptoms, signs, and diagnosis; etiology and epidemiology; and the prevention and treatment of Anthrax was gathered from a variety of sources. For additional technical background on Anthrax the following references are suggested:

- *The Merck Manual* web site at <http://www.merck.com>, Copyright 1996-1997 Merck & Co., Inc., Whitehouse Station, NJ, USA;
- *Medical Chemical and Biological Defense – Biological* web site at <http://mrmc-www.army.mil/biodef.html>, Department of the Army; and
- *Handbook on the Medical Aspects of NBC Defensive Operations FM8-9* web site at http://www.nbc-med.org/amedp6/PART_I/about.htm, Department of the Army, Washington, D.C., 1 February, 1996.

Scene I: The WMD Event Occurs

[Location of incident scenario – city, State], [date of exercise/incident scenario – day of week, date]. The weather forecast predicts [insert scenario weather forecast within the normal range for the date of the exercise – include temperature range, amount of cloud cover, wind speed and direction. Wind speed and direction should be manipulated to allow the plume to travel in the direction of the nearest school].

[Name of airport]

On *[date of exercise/incident scenario]*, at approximately 11 a.m. (1100), an elderly woman in the baggage claim area at the airport collapses near an air conditioning vent after suffering a severe, unexplained coughing fit. A passenger who sat next to her on the flight into *[name of airport]* reports the problem to airport security. Airport security and police respond to the scene and call an ambulance. Paramedics arrive and begin treating the woman. The passenger who discovered the woman did not notice anything unusual prior to her collapse. Police conduct interviews with other witnesses.

Just a few moments later, while police are still taking statements, six other passengers in the area become ill, demonstrating similar symptoms, and are taken to *[name of nearest major hospital or medical center]*. While police and Emergency Medical Services (EMS) personnel are on scene, three more people collapse; additional ambulances are dispatched.

At approximately 1 p.m. (1300) on the same day, an alarm is pulled at the *[name of high school closest to the airport]*. Fire and paramedic rescue teams are immediately dispatched to the site; police respond to the scene moments later. After thoroughly inspecting school grounds and finding no fire; fire and police officials determine the call is a false alarm and leave the scene.

Later in the day, at approximately 5 p.m. (1700), several airport workers complain of flu-like symptoms. Affected workers visit doctors and hospitals. Throughout the day, more and more workers complain of similar symptoms. The number of workers calling in sick or leaving work early due to illness increases dramatically. The emergency medical team, which responded to the call for the passengers in the baggage claim area, falls ill and is hospitalized.

By 9 a.m. (0900), *[day, date of 2nd day of scenario]*, over *[number equal to approximately 35% of airport personnel]* airport personnel call in sick, complaining of malaise, low-grade fever and chest pains. The number of illnesses causes concern among airport operators about the ability of remaining personnel to continue normal operations. The airport personnel office notes that many of the ill employees work in and around the ticketing and baggage claim areas. Doctors and hospitals notify the local health department, prompted by indications that the illness is reaching epidemic proportions. The State Health Department and the Centers for Disease Control (CDC) in Atlanta, GA, are also notified.

The local news media picks up the story and broadcasts it locally. Other major cities across the nation, *[names of two of the major destinations from airport]* especially, report scattered incidents of similar illnesses. City officials who responded to *[name of high school nearest airport]* yesterday fall ill. Approximately half of the students and faculty are also ill with flu-like symptoms. Some visit local doctors and hospitals.

Session I

Scene I: The WMD Event Occurs

By *[day, date of 3rd day of scenario]* at 9 a.m. (0900), local hospitals report approximately 30 airport workers are dead; these deaths are reported to the *[name of State Health Department]* and the CDC. Another 2,000 former passengers demonstrate flu-like symptoms and visit doctors and hospitals throughout the metropolitan area; several have died. These illnesses are also reported to the *[name of State Health Department]* and the CDC. The CDC deploys a research team to *[location of incident]* to continue its investigation and analysis.

The CDC investigation centers on the airport, because this area is a common denominator among illnesses and deaths. Due to the number of sick and dead victims, the CDC recommends the city quarantine the airport until the site is thoroughly evaluated for health risks. The airport is shut down completely; outgoing flights are canceled and incoming flights are diverted to other regional airports. Response personnel attempt to develop a strategy to track passengers and contact the families of passengers who may be infected; the CDC recommends that response personnel track all passengers passing through airport facilities in the past week. All personnel entering the airport after the quarantine was issued must wear biohazard protective gear. Epidemiological specimens are collected and processed at *[names of two nearest major hospitals or medical centers]*.

Shortly after 10 a.m. (1000), *[3rd Day of Scenario]*, epidemiological investigation reports released by the CDC suggest a biological weapons agent may be the cause of the rash of illnesses and deaths. The State Health Department notifies *[name of State]* Emergency Management Agency of the unfolding situation. *[Name of State]* EMA, in turn, notifies the FEMA Regional office and the FBI.

The Regional Operations Center (ROC), situated in *[location of ROC]* is activated.

By midday, the incident gains national media attention. The public inundates the airport and local hospitals with phone calls concerning potential contamination.

Reporters request information regarding the quarantine at the airport, its surrounding area and the city's response to the incident. A major cable news network requests an interview with a representative from the city. A Joint Information Center (JIC) is established in the operations center of the CDC and State Health Department.

Facilitated Discussion

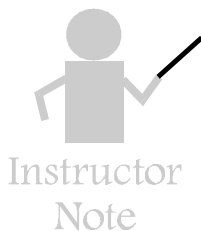


Purpose

This guided group discussion is designed to help participants understand the types of issues they will encounter and the conflicts across agencies and jurisdictions that can occur in coordinating, communicating, and responding to such an incident. It also gives participants an opportunity to assess their jurisdiction's ability to respond to such an incident.

Presentation

1. Guide a group discussion by asking the numbered questions on the following pages. These questions are not all-inclusive – use them to develop additional questions. Develop additional questions as necessary. Some additional questions are included should there be a need to stimulate further discussion.
2. As key issues and gaps are discussed, capture the group consensus on flip chart #1. As a chart is filled, either tack or tape it to the wall.
3. If the group becomes overly engrossed in a particular issue or begins to address issues strongly associated with the later scenes, use the “parking lot” technique. (Record the point on flip chart #2 and place it in an area designated for the later scenes or in an area for discussion during the final action-planning session.)
4. Don't forget that good facilitators speak much less than the participants – this is an assessment activity, not a formal instructional class.
5. Encourage students to “think outside the box.”



Provide participants with a copy of the questions that does not include the answers to questions, additional questions, or the final note to the facilitator.

Be sure to touch on the following areas: Direction and Control; Notification and Activation; Communications; Warning and Emergency Public Information; Hazard Assessment; and Management of Field Response.

QUESTIONS – Scene I

Instructions: These questions serve to focus your thoughts on the issues associated with this portion of the scenario. Please review each question and answer as appropriate.

1. How will you learn of this WMD incident? What internal and external notifications should you make? Are you satisfied that the current notification process is timely and adequate? How does the delay in recognition of this event as a WMD incident affect your procedures?

- *Each jurisdiction and agency should have notification procedures outlined in their emergency operations plan (EOP). The EOP review completed by the facilitator during the development portion of this activity should provide adequate detail to support facilitated discussion. The following provides general guidance:*
 - *In many jurisdictions, the 911 dispatcher serves as the hub of the notification system and provides agency and/or individual notification. In the case of Anthrax and other delayed-effect biological agents, the activation and notification process would be more deliberate than normal. In many cases the EOC will become progressively staffed as the incident matures. By the time the event is recognized as a WMD incident, most of the staff may be on-site.*
 - *In most jurisdictions, the Police and Fire Departments have excellent internal notification systems; however, other agencies participating may not. Check this during the EOP review. During the discussion explore if or how the Police and Fire Departments could assist other agencies.*
 - *Walk participants through each step of the notification/activation process for an immediate effects incident, e.g. big bomb or chemical WMD. Let them estimate their estimated time of arrival (ETA) and where they will be reporting. Contrast that approach with the delays associated with knowing a biological incident has occurred.*

Additional Questions:

Does your jurisdiction have a policy that prevents full activation of the emergency management system when it is not needed? How does the slow-to-develop nature of this incident affect your procedures?

- *The screening process should be defined in local EOPs and often relies on the local Office of Emergency Management or the Emergency Operations Center (EOC) (if staffed 24-hours-a-day) to serve as the decision-maker.*

- *The slow-to-develop nature of this incident will affect their activation procedures dramatically. Use the EOP review to gain additional insight into how this issue will likely be addressed.*

Who handles State and federal notifications? Will the National Response Center (NRC) be notified in this scenario?

- *The responsibility for State and federal notifications should be clearly defined in the local plan. For an incident of this magnitude, once the terrorism link is established the NRC should be notified.*

If this incident occurs, how long will it take responders to arrive on the scene? Without indicators of widespread immediate effects, will an incident command (or other management) structure be established?

- *Each agency present should provide estimates, try to reach a consensus on the overall response time.*
- *Explore with the participants when or what staffing level constitutes a management structure that is operational.*

2. Do you and your agency have a clearly defined role during the response to and management of such a WMD incident? Does your EOP address such an incident?

- *The EOP concept of operations should define the role of each agency within the jurisdiction. Each agency or activity within a jurisdiction should have its own plan, preferably in the form of an annex (or other attachment) to the local EOP. Each agency represented should discuss their role in general terms. Capture each role briefly; pay close attention to overlaps and apparent needless duplications.*

3. What kind of training have your jurisdiction's responders received on WMD terrorism? What kind of training have you received?

- *The kind and amount of training that responders and participants receive on WMD terrorism varies nationwide. Most jurisdictions have received little or no significant training on dealing with dispersed biological hazards; however most should have training experience with mass casualty events.*
- *Revisit the group's training needs during each action-planning session.*

Session I

Additional Questions:

Is qualified staff within your agency certified in accordance with Occupational Safety and Health Administration (OSHA) regulations? What types of additional training are necessary and practicable to permit a safe and adequate response to a biological agent incident?

- *Allow each agency to discuss their training procedures.*
- *Determine whether the agencies feel the need to have someone on their staff who is trained for a biological incident. Assess their comfort in dealing with a delayed impact situation.*

4. How will identification of the presence of biological pathogens occur? How will confirmation of the type of biological hazard occur?

- *The EOP review should provide details on how “unknown agents” are identified. Most HAZMAT teams have received training sampling unknowns. Discuss with participants how biological agents would be identified.*

Additional Questions:

Will responders and/or HAZMAT units recognize the symptoms associated with biological materials? Will responders conduct monitoring operations before responding to a HAZMAT incident?

- *The answers to these questions should be indicated through the EOP review. Here, issues such as response, citizen protection and rescue vs. self-preservation and maintenance of response capability should be addressed (i.e., responders should not be used as detectors or allowed to become victims).*
- *Another topic for discussion at this point is the adequacy of the threat or risk assessment conducted by the local jurisdiction. The management team should be aware of the threats to their community and their awareness should be based upon a deliberate assessment.*

5. What protective equipment will responders take to an incident scene based on the information available initially? Will this equipment be sufficient for response to this biological terrorist incident?

- *A review of the EOP, completed during the development phase of this activity, should provide an indication of the types of equipment available in this jurisdiction. Following are general guidelines:*
 - *Most HAZMAT teams have the ability to respond to a maximum of two HAZMAT emergency sites simultaneously. Beyond that, responders will be equipped only with standard emergency response gear. Respiratory protection is an important requirement when working with biological agents, but since this incident is not readily identifiable as more than a HAZMAT emergency, teams may not be protected.*
 - *Once the presence of a biological agent is confirmed, the response teams should be able to employ Level A biohazard suits and self-contained breathing apparatuses. These will be particularly effective because Anthrax spores are relatively large particles.*
 - *Simple respiratory protection is adequate for many biological hazards. The members of the management team that have received specialized training for biological terrorism and/or warfare in the past may introduce the possibility of using cloth, surgical, or industrial masks. If this occurs, ensure the discussion addresses the associated risks.*

Additional Questions:

Will your jurisdiction's responders know how to protect themselves in this incident?

- *Each agency should describe what trained personnel are available to respond to a chemical or biological release if an incident is recognizable as a WMD event. Response personnel should possess expertise in general HAZMAT incidents.*
- *The qualifications of response personnel will likely be in standard HAZMAT response. Most plans address HAZMAT more within the context of transportation of these materials than intentional releases.*
- *Determine if medical first responders are immunized against Anthrax.*

Session I

6. What information, equipment and actions are required by your jurisdiction to conduct the initial assessment of the incident? How do you anticipate information to be distributed among responders?

- *Allow the group to brainstorm.*
- *Items discussed should include:*
 - *A method to determine identity of material,*
 - *A method to determine the extent or area of contamination,*
 - *A method to determine the decontamination requirements, and*
 - *Others, as reflected in the reference material provided at the end of this manual and developed during the plan review.*
- *The plan review should provide details on the method for sharing information with responders.*

7. What immediate protective action decisions should the jurisdiction make? How will they be implemented?

- *Protective action decision making is a critical issue and the participants should be allowed sufficient time to discuss the ramifications of their decision. The whole issue of evacuation vs. sheltering vs. quarantine should be explored. The EOP should provide a framework for making such decisions. In the case of delayed-effect biological agents, “the cat is most likely already out of the bag.” Sheltering at this point is not a viable option. The immediate area and adjacent buildings should be evacuated due to the risks associated with inhaling particles re-suspended in the air. Any evacuation must include the use of at least simple respiratory protection and should designate a medical screening area at the collection center. There will most likely be tremendous political pressure, especially from adjacent jurisdictions, to quarantine anyone who could have been exposed to a suspected biological agent. This should be considered a viable option because the specific agent has not been identified at this point of the scenario. Revisit this issue during the next scene after Anthrax has been identified because Anthrax is not normally considered contagious.*
- *Allow participants to discuss the issues of decontamination and triage strategies.*

Additional Questions:

Should the jurisdiction be concerned about the possibility of additional attacks?

- *This is always a possibility and the group should discuss what changes they will have to make to manage additional incidents of either a WMD terrorist event or more common emergencies (i.e., fire, auto accident, etc.).*

What medical facilities are victims/patients being sent to? What types of information should the Emergency Medical Services (EMS) units relay to the hospitals in the area to prepare them to receive patients potentially contaminated with an unknown hazardous material? Should any areas be quarantined?

- *These questions focus on the initial medical response. Allow the participants to discuss this topic, if they bring it up. If not initiated by the participants, these issues will be fully examined during the discussion associated with scene II.*

8. How will the incident site be secured to assure the “crime scene” is protected after such a significant time delay? What access and egress control procedures should be implemented?

- *The EOP should provide details on contamination control procedures and crime scene protection as part of its WMD annex if it exists.*
- *Allow the group to discuss their security procedures and how these relate to their overall response strategy.*
- *Access and egress control procedures should be included in the HAZMAT portion of the local plan. Determine the group’s understanding of the importance of this issue.*

9. Is the current number of trained, qualified personnel within your jurisdiction sufficient to respond to this incident? If not, where will you seek support to bridge these deficiencies?

- *A review of the EOP should provide an indication of the number of trained and qualified personnel.*
- *Mutual support agreements with other local and State governments should be discussed at this point.*
- *The National Strike Force, the Department of Defense, and the Public Health Service (PHS) are among the federal agencies with subject-matter expertise in this area.*

Session I

10. Is the amount of specialized equipment in your jurisdiction sufficient to respond to this incident? Do you have options to obtain this equipment immediately if needed for an emergency response? What additional resources will you request at this point?

- *A review of the EOP should be an excellent indicator as to the adequacy of local specialized equipment. There is actually a very limited amount of specialized equipment for biological agents. Most of what is available is dual-purpose chemical equipment.*
- *It is likely that resources will not be sufficient. An important part of this discussion is encouraging the participants to initiate the self-assessment process. They should determine how the jurisdiction could respond to such an incident using local assets and mutual support rather than relying on federal resources.*
- *The list of equipment that should be requested is long: Level 1 equipment (Level 1 Bio-Hazard protective gear consists of surgical mask and gloves), breathing apparatus, proper decontamination equipment, Level A suits, impermeable storage containers for contaminated items, etc.*

11. What does your jurisdiction's EOP rely on for expedited transport arrangements (e.g., commercial aviation, city/county/State supplied transport) for out-of-area support resources?

- *The details on emergency transportation of required emergency equipment and personnel should be provided in the local EOP.*

12. Will the city or county EOC be adequate for coordinating the response to this incident? Will a separate command center that is physically close to the incident site be required? What resources are available for outfitting this command center?

- *This information should be extracted from the EOP. It is assumed that an Incident Command System (ICS) will be used.*

Additional Questions

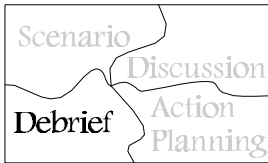
How long will it take to have an EOC activated and fully operational? What are the capabilities of the center? Are these capabilities adequate to respond to an incident of the magnitude presented here?

- *In this scenario, the command post should be at the local EOC, so the answer will depend on how long it will take to activate the EOC and staff it appropriately and if the local EOC is in the affected area. If so, the use of an alternate site should be discussed.*

- *The capabilities of the local EOC and alternate EOC should be apparent from the plan review.*

Note: These are not all-encompassing questions – this is a starting point. There are other issues that may arise that you must be capable of dealing with. If topics are brought up that are more closely associated with the following two scenes, then use the “parking lot” to table that discussion until the appropriate time.

Debrief

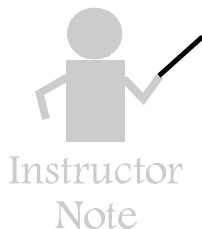


Purpose

This activity is designed to review the key concepts covered during the early stages of the WMD incident to help participants begin associating the concepts with specific needs. This activity serves as the debriefing for the session – prior to beginning the action-planning phase.

Presentation

1. Refer participants to the *Review and Action Log* in their participant guide.
2. Review the issues and gaps on the charts posted in the room. After reviewing, allow participants time to brainstorm to determine if additional issues should be included. Conduct a round-robin style discussion. Provide participants the opportunity to briefly discuss key issues.
3. Point out selected key issues that participants have mentioned.
4. After concluding the debriefing, tell participants to turn to the action-planning section.



Instructor
Note

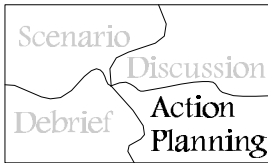
Use the log on the following pages as a facilitation tool during the brainstorming portion of the debriefing. Capture comments from each department, agency, or activity represented.

Review and Action Log	
Key Issues	How It Affects Me or My Agency: What Do I Need to Know or Do?
Notification is the trigger for this incident – the report of the incident by some source.	
The initial response time for such incidents could be very short – minutes – not hours.	
Emphasis is on isolating the site, protecting it, and controlling it (i.e., sizing up the situation).	
Responders must use extreme caution when dealing with an incident that involves biological agents. What injured/killed the victims can do the same to the responders. In addition, contaminated patients can contaminate the entire room. Specially trained and equipped HAZMAT teams should be called in to provide expertise and equipment.	
Mass casualties and loss of life due to hazardous materials are common consequences associated with biological incidents. Additionally, the type of agent is often not known, making the treatment of victims and selection of protective suits difficult.	
A critical consideration for all emergency responders when dealing with a biological attack is recognizing that the proximity of a potential target is not the only threat. The biological agents must be produced, packaged, and delivered to the intended place of use, broadening the area of potential contamination.	
The effective management of a criminal incident requires the coordination, participation, and support of agencies that have functional responsibilities (e.g., firefighters, police, emergency medical services (EMS), jurisdictional responsibilities (e.g. local, State, and federal governments)), or both.	
Managing a criminal incident response may be conducted in two general ways: <i>Single command</i> may be applied when there is no	

Session I

Review and Action Log	
<p>overlap of jurisdictional boundaries or when a Single Incident Commander is indicated in the EOP or local jurisdiction.</p> <p><i>Unified command</i> may be used when the incident is within one jurisdiction but two or more agencies share management responsibility.</p>	
<p>The concept of unified command is shared responsibility among the major stakeholders for overall incident management as a result of the multifunctional or multijurisdictional incident.</p>	
<p>Sites of non-natural incidents must be treated as scenes to be investigated.</p>	
<p>Non-law enforcement responders should not touch anything that is not necessary to touch to save a life. They should take the minimum amount of actions necessary to perform their responsibilities.</p> <p>Non-law enforcement responders can help to identify potential witnesses and perpetrators and serve as eyewitnesses through detailed observations, written records, and when possible, photographs.</p>	
<p>The minimum number of people necessary to complete the task should be sent to the incident site.</p>	
<p>Special equipment, supplies, and personnel may be required to handle this incident</p>	
<p>There must be designated individuals in charge – with clearly defined roles and responsibilities</p>	
<p>First responders should bring the proper equipment and personal protective equipment required for the incident in accordance with SOPs in the EOP. This may include: helmets, gloves, respirators, masks, etc.</p>	
<p>Coordination and control are important components of managing the incident.</p>	

Action Planning

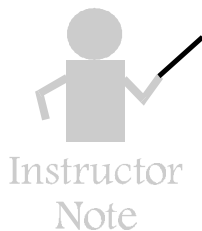


Purpose

The action-planning phase provides participants an opportunity to begin the planning process to ensure that their jurisdiction is prepared to respond to a biological WMD incident.

Presentation

1. Use the questions on the following page to stimulate participants' completion of their action-planning guides.
2. Use the *Action and Review Log* brainstorming of key issues (by category) as the basis for developing priorities.
3. Sort through the priorities and identify responsibilities for resolving them. Use flip chart #2 to develop a list of the top priorities among the issues and gaps listed. Sort the priorities by program/planning needs, training needs, and resource needs.
4. After the list of issues is sorted, encourage the group to assign responsibility for completing the action.
5. Encourage the responsible manager to set a time goal for completing the actions.



Use the *Action-Planning Guide* grid to capture the group consensus on needed actions. This list will be especially helpful during the final Action-Planning Session.

The Action-Planning Sessions are not conducted with Scenes I and II when the one-day schedule is used for this course.

Make copies of the *Action-Planning Guide* as necessary.

Session I

Action-Planning Questions

1. List the policies and procedures included in the EOP, SOPs, and checklists that you think should be further reviewed, supplemented, or developed. Which are the priorities?
2. What response capabilities are needed or should be implemented to ensure an effective response?
3. What resources and other tools are needed to ensure an effective response?
4. Identify the action steps you think should be taken to prevent, prepare for, respond to and recover effectively from the variety of possible crises that may confront the emergency response team.
5. What types of training do the community's managers need to more effectively manage situations of this type? What training should community first responders receive?
6. Describe the personal action steps you plan to take to improve your level of readiness.

Action-Planning Guide

Planning			Resources		
Issue		Action	Issue		Action

Personal Action Steps			Training		
Issue		Action	Issue		Action

Wrap Up

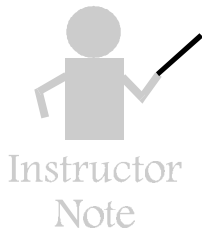


Purpose

The wrap up should conclude the day-one session and prepare for Session II.

Presentation

1. Thank participants for their active participation.
2. Highlight the accomplishments of the day.
3. Ensure participants know when and where the next session will be conducted.



Immediately following the departure of the participants, gather all written material to keep as references for course report.

- Ensure issues from “parking lot” are ready for discussion during the appropriate session.
- Debrief recorder/assistant instructor and record or review their observations and comments.

Section 5 – Session II

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Session II – Day Two

Response to the WMD Incident

Purpose

Purpose
<ul style="list-style-type: none">• Focuses on the period after agent identification, prior to State and federal augmentation• Raises awareness of emergency management activities associated with Anthrax• Focuses on issues related to operational management, community protection, resources
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This session of the course focuses on the period after you have defined the hazard (Anthrax) and prior to the arrival of State and federal augmentation. It is designed to help raise your awareness of emergency management activities associated with the defined hazard, i.e., Anthrax. It focuses on topics primarily related to operational management, community protection, and resources.

Objectives

Objectives
Upon completion of this session, you will be able to:
<ul style="list-style-type: none">• Identify issues and concerns to be addressed during the response phase• Identify problems and issues you are dealing with in this situation
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Upon completion of this session, you will be able to:

1. Identify issues and concerns that must be addressed during the response phase.
2. Identify problems and issues you are dealing with in this situation.
3. Identify the primary personnel that will be involved in handling this situation.
4. Establish your role during this time period.

Objectives (con.)
<ul style="list-style-type: none">• Identify the primary personnel that will be involved in handling this situation• Establish your role during this situation
18

Content Outline

The following is the recommended content outline, but you are encouraged to adapt it to suit your needs.

Response to the WMD Incident (Anthrax)

Introduction

Scenario

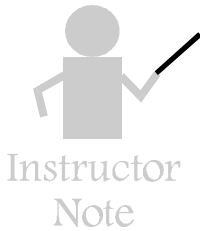
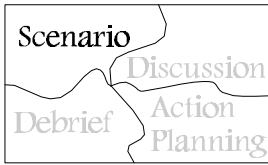
Facilitated Discussion

Debrief

Action-Planning Session

Wrap Up

Scenario Background Information



Purpose

The scenario presents a realistic account of a WMD terrorist incident. It gives participants an opportunity to compare their response plans with the requirements of an actual incident.

Refer to *Instructor's Background Information* for information to help put the incident into perspective. Do not disclose this information to the participants – yet.

Show visuals as you highlight the key points of this scenario. The following information is generic information about the scenario. You are encouraged to add additional visuals or text to support any background information that you want to include. Use this information to set the scene, before you instruct participants to break seal on their scenarios.

Chaos in the City

- Anthrax release confirmed
- Crime scene – FBI involvement
- Thousands of deaths are expected
- Disaster declaration
- A large portion of the city is found to be contaminated with Anthrax

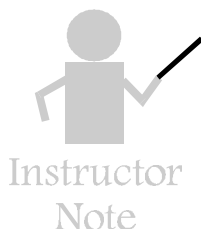
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The presence of a biological agent, Anthrax, has been confirmed, and the FBI has become involved because the incident is now a criminal incident and a crime scene. A disaster has been declared the CDC estimates that there will be thousands of deaths.

Available supplies and decontamination are pressing issues. What are you going to do? Are you prepared to do it? Do you know what to do? These are just some of the issues that will probably concern you.

Scene II – Chaos in the City

- Anthrax release confirmed
- FBI on scene
- Thousands of deaths are expected
- Disaster declaration
- A large portion of the city is found to be contaminated with Anthrax



Be sure to remove the following scenario and replace it with the one customized during the development phase of this course.

Presentation

1. Ask participants to open their scenarios and begin reading. Allow them 15 – 20 minutes to read the scenario and review/complete their questions. Questions should be answered individually.
2. Walk around the room and observe participant progress in order to determine the priority of issues to discuss.
3. Check with participants to see how many need more time prior to initiating the discussion.

Participant Background

This biological WMD terrorism scenario portrays an incident that your jurisdiction can use to evaluate coordination and response capabilities. You may also identify shortfalls in personnel or other resources that can be supplemented by State or federal sources. While this scenario portrays a single terrorism event, credible information indicates a probability for multiple events within a given area or other geographic locations. The scenario is intended to portray only the hypothetical technical features of a biological terrorism incident and does not represent an actual event.

Both standard and military times are used in the scenario; use the following chart to aid in converting times.

24-hour Clock	Standard Clock	24-hour Clock	Standard Clock
0001	12:01 a.m.	1201	12:01 p.m.
0100	1 a.m.	1300	1 p.m.
0200	2 a.m.	1400	2 p.m.
0300	3 a.m.	1500	3 p.m.
0400	4 a.m.	1600	4 p.m.
0500	5 a.m.	1700	5 p.m.
0600	6 a.m.	1800	6 p.m.
0700	7 a.m.	1900	7 p.m.
0800	8 a.m.	2000	8 p.m.
0900	9 a.m.	2100	9 p.m.
1000	10 a.m.	2200	10 p.m.
1100	11 a.m.	2300	11 p.m.
1200	12 p.m.	2400	midnight

This page is not included with Scenes II and III when this course is conducted using the one-day schedule.

Instructor's Background Information on the Incident – Scene II

It is now approximately 55 hours after the initial release of Anthrax into the airducts at *[location of incident]* International Airport. At this point, the FBI is called to respond to the suspected terrorist attack. President *[name of President]* has not issued a Stafford Act Disaster Declaration; hence the Federal Response Plan (FRP) is not activated. At T+ 56 hours, the President issues a disaster declaration for the State. The FBI is already on scene, but FEMA is not. FBI initiates the structure for Crisis Management (C^RM). When FEMA arrives, the structure changes to reflect the need for FEMA to take the lead for Consequence Management (C^OM) under the Terrorism Annex of the FRP. *Because the Terrorism Annex is a new addition to the FRP, it is likely that participants in this exercise will not be familiar with the differences in these structures. Some additional guidance may be necessary in these areas.*

The presence of Anthrax is first suspected at T+ 55.75 hours, although not confirmed through lab testing until T+ 72 hours. The persistence of Anthrax creates major problems as it can be spread to other locations – carried on persons or equipment contaminated at the original site.

Thousands of travelers are stranded because of the quarantine on the airport; international and domestic flights are re-routed to other airports, increasing air traffic and causing delays in those areas. Airports to which flights are diverted are: *[provide a list of regional and local airports to which traffic for the area could be diverted.]* Many passengers who were contaminated at the airport continued their travels to other parts of the country and the world. Consider the difficulties associated with decontaminating all these individuals and consider the consequences of failing to do so.

The huge number of casualties in this scenario quickly exhausts the limited supply of medicines such as broad-spectrum antibiotics. Triage may be conducted as part of an actual response effort; the emphasis is placed on saving as many as possible – which means the worst-off individuals likely to die are lower in treatment priority than individuals who can be saved. It is important to note, however, that almost all cases of inhalation Anthrax in which treatment begins after patients are symptomatic are fatal.

The vast majority of Anthrax strains are sensitive *in vitro* to penicillin. Penicillin-resistant strains exist naturally and it is not difficult to induce resistance to penicillin, tetracycline, erythromycin, and many other antibiotics through laboratory manipulation of organisms. All naturally occurring strains tested to date are sensitive to erythromycin, chloramphenicol, gentamicin, and ciprofloxacin. In the absence of information concerning antibiotic sensitivity, treatment should be instituted at the earliest signs of disease with oral ciprofloxacin, twice daily, or intravenous doxycycline every 12 hours. Supportive therapy for shock, fluid volume deficit, and adequacy of airway may all be needed. In cases where of a biological weapons attack, prophylaxis with ciprofloxacin or doxycycline is recommended.*

Vehicular access to the airport area is crowded and great confusion exists. Approximately *[provide the approximately number of people that travel through the airport each day]* travel through the airport each day, a total of *[number per day times two]* people traveled through the airport before the quarantine was ordered. Once a biological weapon agent is suspected,

Session II

Instructor's Background Information on the Incident – Scene II

response to the scene changes dramatically. Decontamination needs to be performed on persons (and their personal belongings, i.e., clothing, baggage, etc.) inside the airport and its immediate vicinity – including passengers, airline/airport workers and response personnel already on the scene. Self-contained breathing apparatuses (SCBA) need to be procured and used – although a filtering mask may be sufficient (most fire departments carry SCBA at all times, it is unlikely that they have enough equipment to supply the level of response necessary for this incident.) Protective clothing needs to be procured and worn by rescue personnel. Hot, warm and safe zones need to be defined.

Prevailing winds are now out of the *[pick direction based upon creating the greatest effect on the city.]* In session II, quarantines for surrounding areas are ordered, as stated in the scenario.

Upon discontinuation of antibiotics, patients should be closely observed; if clinical signs of Anthrax occur, patients should be treated as indicated above. If vaccine is not available, antibiotics should be continued beyond four weeks until the patient can be closely observed upon discontinuation of therapy.

Vaccination at this point would be ineffectual in preventing infection by the spores. Individuals must be exposed to a series of vaccinations over a period of several months before the vaccine can take full effect. A licensed, alum-precipitated preparation of purified B. Anthracis protective antigen (PA) is effective in preventing or significantly reducing the incidence of inhalation Anthrax. Limited human data suggest that after completion of the first three doses of the recommended six-dose primary series (0,2,4 weeks, then 6,12,18 months), protection against both cutaneous (absorption through skin) and inhalation Anthrax is afforded. Studies indicate that two doses in humans are protective, but there is too little information to draw firm conclusions. At least three doses of the vaccine (at 0,2,4 weeks) are recommended for prophylaxis against inhalation Anthrax. Contraindications for use are sensitivity to vaccine components (formalin, alum, benzethonium chloride) and/or history of clinical Anthrax. Reactogenicity is mild to moderate: up to 72 hours (tenderness, erythema, edema, pruritus), while a smaller proportion (< 1%) experience more severe local reactions (anaphylaxis, which precludes additional vaccination). The vaccine should be stored at refrigerator temperature (not frozen).

Hospitals in the area that serve patients contaminated with Anthrax are: *[list hospitals and medical centers with the capability of treating mass casualties]*. Hospitals outside the immediate area that serve as back up are: *[list near-regional medical facilities, which could be used, especially any facilities that have mutual support agreements with local facilities]*.

The primary focus of this session should be the recognition that federal assistance, whether requested or not, is on the way. The scenario is designed to overwhelm the local response capabilities. The challenge is integrating local response with federal and State interests. The criminal investigation, coordinated by the FBI, has the potential to conflict with the humanitarian aspects of the response. This conflict was demonstrated in the TWA Flight 800 incident – families wanted the priority placed on body recovery, thus slowing down the investigation.

Instructor's Background Information on the Incident – Scene II

The facilitator should pursue the transition from Incident Command System (ICS) initially established at the scene to the larger “unified” command that encompasses all agencies. If the group’s assumptions about how this works appear inaccurate, the facilitator must keep them on track.

There are a host of federal agencies potentially involved. They include the Environmental Protection Agency (EPA), Health and Human Services (HHS), Department of Transportation (DOT) and, most importantly, the DoD, because the Army has the greatest experience in dealing with biological weapons agents treatment and documentation. (U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID), located in Fort Detrick, MD, can be used as a resource in this type of scenario. They have specialists dedicated to the development of vaccines for biological agents, such as Anthrax. They also have a deployable team of experts qualified to direct the clean-up efforts of an incident such as this.) Sorting through the agencies is a challenge in a real incident. A very important non-federal agency is the American Red Cross (ARC), offering invaluable assistance in dealing with family notification and re-unification issues, as well as assisting stranded travelers. ARC will have difficulties assigning volunteers because of the ease at which Anthrax is spread; volunteers (and contracted responders) may refuse to service the area/victims for fear of becoming contaminated.

The resources most likely required from the State are National Guard resources, both for transportation and for biological warfare expertise/resources.

**Information on the symptoms, signs, and diagnosis; etiology and epidemiology; and the prevention and treatment of Anthrax was gathered from a variety of sources. For additional technical background on Anthrax the following references are suggested:*

- *The Merck Manual* web site at <http://www.merck.com>, Copyright 1996-1997 Merck & Co., Inc., Whitehouse Station, NJ, USA;
- *Medical Chemical and Biological Defense – Biological* web site at <http://mrmc-www.army.mil/biodef.html>, Department of the Army; and
- *Handbook on the Medical Aspects of NBC Defensive Operations FM8-9* web site at http://www.nbc-med.org/amedp6/PART_I/about.htm, Department of the Army, Washington, D.C., 1 February, 1996.

Session II

Scene II: Chaos in the City

It is still *[date of 3rd day of the exercise/incident scenario – day of week, date]* in *[location of incident scenario – city, State]*. The weather remains *[repeat previous forecast, with the wind direction changed, if necessary, to produce the greatest impact on the community]*. The temperature is currently *[scenario forecasted mid-day temperature in ° Fahrenheit]* with an expected high of *[scenario forecasted high temperature in ° Fahrenheit]*.

It is *[date of 3rd day]*, at 4 p.m. (1600). Hospitals and local clinics note that people complaining of flu-like symptoms and others in more advanced stages of infection continue arriving at epidemic levels. Most have either passed through the airport or come into contact with someone who has. The CDC and the State Health Department quarantine the neighborhoods of *[list impacted neighborhoods]*, due to reports of serious illnesses within these communities.

Suspicious of the presence of a biohazard causes local authorities to keep the airport closed. Local response agencies are overwhelmed with the numbers of exposed persons quarantined at the airport, potentially infected rescue personnel and an increase in media interest in the incident. The Governor declares a state of emergency and immediately requests a Presidential Disaster Declaration.

At 4:45 p.m. (1645) on the same day, the CDC considers the first diagnosis of Anthrax. The FBI arrives and is informed that this incident may be a terrorist action. A CDC investigative team arrives and begins lab processing to confirm the diagnosis of Anthrax. An autopsy on the original victim reveals that respiratory arrest precipitated death. No cause is determined, although signs that the woman suffered from advanced stages of pneumonia are detected. The six victims taken to *[name of largest hospital in the area]* all died. Autopsies on these victims also confirmed respiratory arrest as the cause of death. Due to the suspected use of Anthrax, cultures for the biological agent are requested. Results from the cultures are not available from the CDC for at least another 24 hours. The CDC scales back the tracking of passengers to those travelling through the airport within the past 72 hours.

Airport personnel estimate that between the time of the first reported incidents and the subsequent quarantine and closure of the airport facilities *[develop estimates based upon actual average passenger rates at the airport]*:

- *[estimated number]* passengers continued through the airport to other destinations; and
- *[estimated number]* remained in the metro area.

Reports regarding significant numbers of similar types of deaths from *[names of four largest metropolitan destinations from the airport site of the incident]* metropolitan areas are broadcast over a major cable news network. It is anticipated that *[appropriate % of total number]* of passengers and *[appropriate %]* of airport workers may be infected with the agent.

The number of potentially infected metro area residents is not known. However, the CDC estimates thousands of deaths may be anticipated within the next 15 hours if Anthrax is confirmed.

Airport officials conducting an investigation determine that most of the more seriously ill

Scene II: Chaos in the City

airport workers and those that were initially sick work in the check-in and baggage claim areas. The FBI sends an investigative team to each area in an attempt to locate the origin of the incident.

On the same day, at 5 p.m. (1700), President *[name of the President]* issues a Stafford Act Disaster Declaration, activating the Federal Response Plan (FRP). The FBI Joint Operations Center, as described in the FRP Terrorism Annex, is established and the Domestic Emergency Support Team (DEST) is dispatched to *[location of the incident]*. One of the National Emergency Response Teams (ERT-N) is flown in from FEMA headquarters. All regional Emergency Support Functions (ESFs) lead agencies are notified to assemble their teams for deployment to the Disaster Field Office (DFO) once designated. The DFO, with additional federal resources, should be fully staffed and equipped in approximately 24 hours.

Traffic congestion from the self-evacuation of some neighborhoods interferes with response operations. The American Red Cross (ARC) reports a shortage of shelter volunteers – most fear contacting contaminated residents and becoming infected.

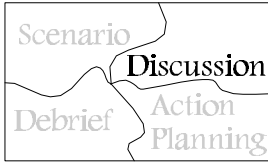
Hospitals, clinics and doctor's offices in the area are overwhelmed with people who fear they may have been exposed to Anthrax. Hospitals still wait for supplies of antibiotics. Additional fire, police and EMS personnel exhibit symptoms of exposure to Anthrax. They are taken to local hospitals for treatment.

On *[date of 4th day of the scenario]*, at 9 a.m. (0900), laboratory analyses conducted by the CDC confirm that Anthrax is the infectious agent causing the epidemic. The CDC notifies State and local response agencies. They also report that the quantities suggest intentional dispersion by a terrorist group. Information on the symptoms, decontamination procedures and treatment for Anthrax are disseminated to hospitals and to local, State and federal response agencies as they arrive on the scene. Due to the vast number of infected people, the CDC and the State Health Department estimate that contamination of the airport began three days ago.

Samples collected and sent to laboratories for testing indicate that a large portion of the city is contaminated to some extent. DoD plume-plotting confirms that areas surrounding the *[list key city features that are within the area affected by the contamination plume]* are contaminated to varying degrees.

In a statement to the press, President *[name of the President]* condemns the vile act of terrorism and vows to apply the full force of the government to punish the culprits.

Facilitated Discussion

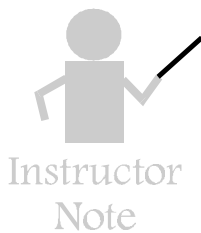


Purpose

This guided group discussion is designed to help participants understand the types of issues they will encounter and the conflicts across agencies and jurisdictions that can occur in coordinating, communicating, and responding to such an incident. It also gives participants an opportunity to assess their jurisdiction’s ability to respond to such an incident.

Presentation

1. Guide a group discussion by asking the numbered questions on the following pages. These questions are not all-inclusive – use them to develop additional questions. Develop additional questions as necessary. Some additional questions are included should there be a need to stimulate further discussion.
2. As key issues and gaps are discussed, capture the group consensus on flip chart #1. As a chart is filled, either tack or tape it to the wall.
3. If the group becomes overly engrossed in a particular issue or begins to address issues strongly associated with the later scenes, use the “parking lot” technique. (Record the point on flip chart #2 and place it in an area designated for the later scenes or in an area for discussion during the final action-planning session.)
4. Don’t forget that good facilitators speak much less than the participants – this is an assessment activity, not a formal instructional class.
5. Encourage students to “think outside the box.”



Provide participants with a copy of the questions that does not include the answers to questions, additional questions, or the final note to the facilitator.

Be sure to touch on the following areas: Direction and Control; Communications; Health and Medical Resources; Resource Management; Public Affairs; Field Response; Decontamination; Search and Rescue; Incident Site Control; and Secondary Hazards.

QUESTIONS – Scene II

Instructions: These questions serve to focus your thoughts on the issues associated with this portion of the scenario. Please review each question and answer as appropriate.

1. **What are your priorities at this point?**
 - *Priorities and strategy will vary by department, agency, or activity. They may include:*
 - *Treating the victims*
 - *Limiting contamination*
 - *Bringing the perpetrators to justice*
 - *Preventing additional terrorist attacks*
 - *Extinguishing the fires*
 - *Allowing evacuated citizens to return to their homes*
 - *Give each department, agency, or activity present a chance to present their answer. Obtain a group consensus on what their jurisdiction's priorities will be.*

2. **What will your jurisdiction's overall strategy be for managing the consequences of this incident? What tactics are available to carry out this strategy?**
 - *The EOP should provide the framework for developing the strategy for response management.*
 - *Encourage the participants to establish priorities for implementing the tactical elements of their strategy. That they are discussing strategy at least 55 hours after the event has occurred may make some participants uncomfortable. Discuss with them the realities of managing biological incidents, especially the consequences associated with their delayed manifestations.*

Session II

3. **Who is in charge of the incident site? How will your agency's actions be coordinated with the actions of other agencies? What conflicts could arise from the need to simultaneously conduct extensive criminal investigatory and response functions? What conflicts may be anticipated between the overlapping federal/State/local jurisdictions?**

- *Explore the federal definitions of crisis (C^RM) and consequence (C^OM) management. At the federal level, the FBI has authority over the incident site and is responsible for crisis management. FEMA has federal authority for consequence management, but must conform to the direction of the FBI to protect as much of the “crime scene” as possible while providing the needed rescue and relief to protect citizens. PHS and the CDC both have significant consequence management roles when the response involves biological agents. It is anticipated that most jurisdictions will follow this delineation of responsibilities.*
- *Determine who is in charge of the local response for both consequence and crisis management and explore the role of the health department.*
- *Determine the command or management structure to be used by the jurisdiction. The incident command system (ICS) has been adapted by many jurisdictions as their command structure during response operations. Explore the specifics of the local system during this discussion. A review of the EOP should have provided details on the structure of the command structure.*
- *Conflicts will likely be related to the jurisdiction's attempt to balance protecting evidence and protecting people. Overlapping conflicts can occur as State and federal responders arrive on-scene and the transition to a unified, joint, or coordinated command or management structure begins. During a health emergency the additional authority granted the health department is also a source of potential conflict.*

4. **What emergency operations need to be implemented to respond to the current needs of citizens and responders?**

- *Contamination control and decontamination operations are two of the perceived primary needs. Because Anthrax has a persistency of years, decontamination and contamination control are major concerns during this phase of operations. During the recovery phase (scene III) revisit decontamination, disposal, and certification for safe entry.*

Additional Questions:

How will responder's requests for additional equipment be prioritized? Does your jurisdiction have a system in place that allows the management team to anticipate the needs of responders?

- *Prioritization of requests should be addressed in the EOP. In most incidents, the priority should go to life saving and protecting activities.*
- *Explore with the group methods of anticipating needs so the management team does not remain in a reactive mode, but can transition into a proactive management of the situation.*

5. Will your jurisdiction's response personnel have the necessary technical information to implement appropriate protective actions?

- *The EOP review and the discussion during the last scene about the kinds of training responders had received should provide the background to support this discussion.*
- *Allow the participants to address the local procedures for implementing the tactical actions they discussed as part of questions one and two of this scene.*
- *Revisit the issues associated with quarantine with the health department representatives in the group.*

6. How will you manage public fear once the public is informed that a biological terrorism incident has occurred?

- *The group should address the management of public perception and fear during this portion of the discussion.*
- *There are several potential avenues to approach this problem. The EOP review should reveal the planned public relations response to this type of situation.*

Session II

7. What community health planning has been completed? Have privately owned hospitals, home-care agencies, long-term care facilities, and clinics been incorporated into the EOP and included in the planning process? Has your community conducted joint exercises for this type, or any type of mass casualty situation?

- *The EOP review should indicate the preparedness of the community health program to address mass casualty situations and the involvement of all local health care assets in the planning process.*
- *Most jurisdictions should have been involved in joint mass casualty exercises because these are an accreditation requirement for most health care organizations, especially hospitals.*

Additional Questions:

What community medical operations might be necessary?

- *This issue should be addressed in the community health plan as is it exists. The priorities at the scene should be gross triage and screening at some type of collection or screening point. Transportation of potentially affected citizens is another operational issue that should be addressed.*

Will triage stations be established? Where will these be established?

- *The discussion of triage should focus on managing the flow of casualties through the community health system. The community health plan should address this issue.*
- *Triage protocols at both collection and delivery points should also be part of the plan. Basic requirements dictate triage be performed at both locations. This may be a good point to address the differences between standard emergency room triage and mass casualty triage in most WMD incidents. Contrast the immediate life-saving needs associated with threats such as chemical agents and the more deliberate, supportive approach associated with biological agents.*

What specific assistance do you need from the State and federal government? How will these resources be integrated into the response operations?

- *State and federal plans provide for mobilizing these types of resources in disaster situations. It is important for the group to realize that there may be a significant time delay before those resources are available.*

What type of epidemiological surveillance program does your community have in-place? How well defined are the linkages between the community health program and plan and your consequence management infrastructure?

- *Epidemiological surveillance is important in determining the number of citizens that were exposed to the biological agent. Community health planning should account for locating personnel within the incident area that may be asymptomatic at this point, especially in light of the potential delayed and long-term health effects.*
- *The community should consider establishing a database to track the health of those members of the community, including responders that may have been exposed to Anthrax.*
- *The EOP should define the linkage between the community health program and the emergency operations management structure and a representative of the community health agency or EMS should be on the management team.*

8. How will vital out-of-area resources be transported in a timely manner to the scene where they are needed?

- *Transportation and acquisition of emergency supplies and equipment should be addressed in the EOP.*
- *Allow the participants to discuss whether transportation sources other than DoD and DOT have been considered in their plans.*
- *Determine whether the participants' expectations of federal assistance are realistic. Due to the slowly developing nature of this scenario, many federal assets may already be on-site. Contrast for the group the delays normally associated with response before federal assistance arrives.*

9. How will immediate needs for food, water, sanitation, and shelter be provided for potentially thousands of displaced citizens?

- *The sheltering portion of the local emergency operations plan should address meeting these needs. The American Red Cross (ARC) is chartered by Congress and has a Memorandum of Understanding (MOU) with FEMA. ARC generally provides human needs during a major disaster. Most communities have identified shelters and evacuation routes in their plans.*
- *Determine if the group feels it can accommodate these needs with locally available resources, or if outside assistance from State and/or federal assets will be needed.*
- *One of the continuing concerns related to biological emergencies is the potential contamination of food and water. The group may wish to address the techniques used to ensure the safety of those consumables.*

Session II

10. What immediate public relations and media concerns must be anticipated? How will these concerns be addressed? Who will serve as your jurisdiction's spokesperson in this incident?

- *The Joint Information Center (JIC) should be established following the arrival of State and federal assets and serves as the source of public information after that point. The plan should identify who will serve as local spokesperson prior to the establishment of the JIC.*
- *Most EOPs assign the management of public affairs issues to the management team located in the EOC. Determine participants' familiarity with public affairs procedures. Anticipating that public panic and extreme fear are likely to exist, the group should discuss how to diffuse the issue without denigrating the seriousness of the situation. Determine if the participants understand the importance of a multimedia approach and the development of themes.*

Additional Questions

Does the communications system meet the multilingual needs of the area?

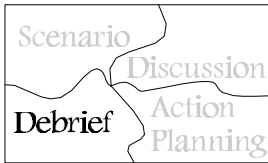
- *The EOP review should identify multilingual needs and procedures for the community.*

11. What are the internal and external communications requirements for this response? Who is responsible for ensuring that the necessary systems are available? What problems may be anticipated?

- *The EOP should address internal and external communications requirements and assign responsibility for maintaining a viable system. Communications support equipment is normally located in or adjacent to the EOC.*
- *Internal communications issues focus on the ability of jurisdictions to communicate with responders from different agencies (e.g., fire departments talking to police). Determine what system is in place to facilitate such coordination or if coordination must be accomplished face-to-face, through dispatchers, or the EOC.*
- *External communications issues should focus on the procedures for providing essential information to State and federal responders and managers who are en route to the incident site.*
- *Solutions relying on public hard lines or cellular telephone systems should be discouraged in light of the numerous demands that will be made on those systems, unless the plan review revealed that a priority override system for emergency communications is in place with local phone service providers.*

Note: These are not all-encompassing questions – this is a starting point. There are other issues that may arise that you must be capable of dealing with. If topics are brought up that are more closely associated with the following scene, then use the “parking lot” to table that discussion until the appropriate time.

Debrief

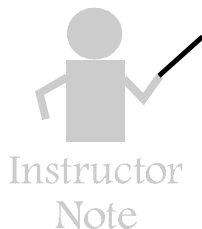


Purpose

This activity is designed to review the key concepts covered during the assessment of the response stage of the WMD incident to help participants begin associating the concepts with specific needs. This activity serves as the debriefing for the session – prior to beginning the action-planning phase.

Presentation

1. Refer participants to the *Review and Action Log* in their participant guide.
2. Review the issues and gaps on the charts posted in the room. After reviewing, allow participants time to brainstorm to determine if additional issues should be included. Conduct a round-robin style discussion. Provide participants the opportunity to briefly discuss key issues.
3. Point out selected key issues that participants have mentioned.
4. After concluding the debriefing, tell participants to turn to the action-planning section.

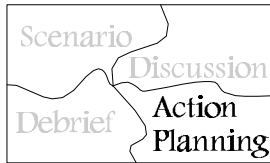


Use the log on the following pages as a facilitation tool during the brainstorming portion of the debriefing. Capture comments from each department, agency, or activity represented.

Review and Action Log

Key Issues	How It Affects Me or My Agency: What Do I Need to Know or Do?
Responders will be faced with a potentially huge number of dead, dying, and injured victims.	
Speaking with a unified voice and having everyone express the same message to the public is crucial during a criminal incident.	
You will need to coordinate with the State for deployment of State personnel and resources.	
Need a centralized voice and location to control rumors.	
Isolation of the incident site and decontamination must be considered.	

Action Planning

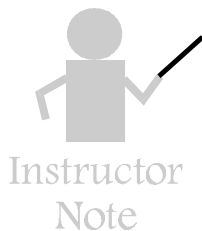


Purpose

The action-planning phase provides participants an opportunity to begin the planning process to ensure that their jurisdiction is prepared to respond to a biological WMD incident.

Presentation

1. Use the questions on the following page to stimulate participants' completion of their action-planning guides.
2. Use the *Action and Review Log* brainstorming of key issues (by category) as the basis for developing priorities.
3. Sort through the priorities and identify responsibilities for resolving them. Use flip chart #2 to develop a list of the top priorities among the issues and gaps listed. Sort the priorities by program/planning needs, training needs, and resource needs.
4. After the list of issues is sorted, encourage the group to assign responsibility for completing the action.
5. Encourage the responsible manager to set a time goal for completing the actions.



Use the *Action-Planning Guide* grid to capture the group consensus on needed actions. This list will be especially helpful during the final Action-Planning Session.

The Action-Planning Sessions are not conducted with Scenes I and II when the one-day schedule is used for this course.

Make copies of the *Action-Planning Guide* as necessary.

Action-Planning Questions

1. List the policies and procedures included in the EOP, SOPs, and checklists that you think should be further reviewed, supplemented, or developed. Which are the priorities?
2. What response capabilities are needed or should be implemented to ensure an effective response?
3. What resources and other tools are needed to ensure an effective response?
4. Identify the action steps you think should be taken to prevent, prepare for, respond to and recover effectively from the variety of possible crises that may confront the emergency response team.
5. What types of training do the community's managers need to more effectively manage situations of this type? What training should community first responders receive?
6. Describe the personal action steps you plan to take to improve your level of readiness.

Wrap Up



Purpose

The wrap up should conclude the day-two session and prepare for Session III.

Presentation

1. Thank participants for their active participation.
2. Highlight the accomplishments of the day.
3. Ensure participants know when and where the next session will be conducted.



Immediately following the departure of the participants, gather all written material to keep as references for course report.

- Ensure issues from “parking lot” are ready for discussion during the appropriate session.
- Debrief recorder/assistant instructor and record or review their observations and comments.

Section 6 – Session III

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Session III – Day Three

Recovery from Biological Terrorism Incident

Purpose

Purpose

- Raise awareness of emergency management activities associated with a maturing situation
- Focus on issues you will face during the recovery phase:
 - period of continued operations,
 - augmentation and mutual aid,
 - recovery planning, and
 - preparation to integrate State and federal responders

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This session is designed to help raise your awareness of emergency management activities associated with the maturing situation. It focuses on concerns that you will be faced with during the recovery phase of the incident which includes the period of continued operations, augmentation and mutual aid, recovery planning, and the preparation for integrating State and federal responders.

Objectives

Objectives

Upon completion of this session, you will be able to:

- Assess direction and control procedures
- Assess communication systems
- Assess notification system
- Assess procedures for addressing public affairs issues

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Upon completion of this session, you will be able to:

1. Assess direction and control procedures
2. Assess communication systems
3. Assess notification system, including notification of families
4. Assess procedures for addressing public affairs issues, including the importance of public information in terrorist events
5. Assess ability to conduct extended operations
6. Assess current time requirements for coordinating augmentation of resources from State and federal agencies (i.e., human and material)
7. Identify specific types of federal assistance for which you need to ask
8. Identify the adequacy of authorities for dealing with the event

Objectives (con.)

- Assess ability to conduct extended operations
- Assess current time requirements for coordinating augmentation of resources
- Identify specific types of federal assistance for which you need to ask
- Identify the adequacy of authorities for dealing with this event

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Content Outline

The following is the recommended content outline, but you are encouraged to adapt it to suit your needs.

Recovery from Biological Terrorism Incident

Introduction

Scenario

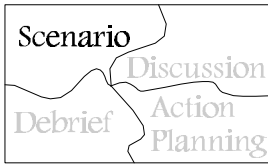
Facilitated Discussion

Debrief

Action-Planning Session

Wrap Up

Scenario Background Information



Purpose

The scenario presents a realistic account of a WMD terrorist incident. It gives participants an opportunity to compare their response plans with the requirements of an actual incident.

Show visuals as you highlight the key points of this scenario. The following information is generic information about the scenario. You are encouraged to add additional visuals or text to support any background information that you want to include. Use this information to set the scene, before you instruct participants to break seal on their scenarios.

The Immediate Threat Wanes

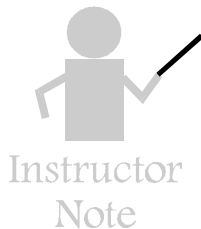
- Common antibiotics are ineffectual
- Disposal of bodies a major problem
- Worldwide media attention focuses on the incident

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This scene centers on the waning aspects of the immediate threat – in the case of Anthrax contamination, these aspects are of vital importance. The use of standard antibiotics is found to be ineffectual in treating Anthrax exposed patients. The disposal of contaminated bodies becomes a major concern.

Scene III – The Immediate Threat Wanes

- Common antibiotics are ineffectual
- Disposal of bodies a major concern
- Worldwide media attention focuses on the incident



Be sure to remove the following scenario and replace it with the one customized during the development phase of this course.

Presentation

1. Ask participants to open their scenarios and begin reading. Allow them 15 – 20 minutes to read the scenario and review/complete their questions. Questions should be answered individually.
2. Walk around the room and observe participant progress in order to determine the priority of issues to discuss.
3. Check with participants to see how many need more time prior to initiating the discussion.

Participant Background

This biological WMD terrorism scenario portrays an incident that your jurisdiction can use to evaluate coordination and response capabilities. You may also identify shortfalls in personnel or other resources that can be supplemented by State or federal sources. While this scenario portrays a single terrorism event, credible information indicates a probability for multiple events within a given area or other geographic locations. The scenario is intended to portray only the hypothetical technical features of a biological terrorism incident and does not represent an actual event.

Both standard and military times are used in the scenario; use the following chart to aid in converting times.

24-hour Clock	Standard Clock	24-hour Clock	Standard Clock
0001	12:01 a.m.	1201	12:01 p.m.
0100	1 a.m.	1300	1 p.m.
0200	2 a.m.	1400	2 p.m.
0300	3 a.m.	1500	3 p.m.
0400	4 a.m.	1600	4 p.m.
0500	5 a.m.	1700	5 p.m.
0600	6 a.m.	1800	6 p.m.
0700	7 a.m.	1900	7 p.m.
0800	8 a.m.	2000	8 p.m.
0900	9 a.m.	2100	9 p.m.
1000	10 a.m.	2200	10 p.m.
1100	11 a.m.	2300	11 p.m.
1200	12 p.m.	2400	midnight

This page is not included with Scenes II and III when this course is conducted using the one-day schedule.

Instructor's Background Information on the Incident – Scene III

It is now 72 hours after the release of Anthrax spores at the airport. At this point, the FBI has effectively established control of the situation for C^RM purposes. The casualty figures could be horrendous. The potential for further spread of the spores to areas outside of the quarantined areas exists (however, levels of contamination outside the identified areas may be so low that no further deaths may be reported due to the additional spread). The CDC is actively involved in supporting C^OM. Adequate amounts of antibiotics are rushed to the scene and to treatment centers.*

The response required all of the city's emergency response forces and most of those available from the county and other nearby cities. The stress and trauma of dealing with death on such a large scale impacts many responders at the scene.

Crew relief schedules should be discussed in this session. Decontamination is expected to last at least a few weeks and no decision is made yet about airport operations.

The extended use of police and security forces can lead to problems in other areas of the city. In addition, the overload on the city's telephone system makes it nearly impossible to call anywhere in the area.

The ineffectual response of some patients to treatment is an indication that the strain of Anthrax employed during this incident may have been genetically manipulated to increase its resistance to antibiotics.

**Information on the symptoms, signs, and diagnosis; etiology and epidemiology; and the prevention and treatment of Anthrax was gathered from a variety of sources. For additional technical background on Anthrax the following references are suggested:*

- *The Merck Manual* web site at <http://www.merck.com>, Copyright 1996-1997 Merck & Co., Inc., Whitehouse Station, NJ, USA;
- *Medical Chemical and Biological Defense – Biological* web site at <http://mrmc-www.army.mil/biodef.html>, Department of the Army; and
- *Handbook on the Medical Aspects of NBC Defensive Operations FM8-9* web site at http://www.nbc-med.org/amedp6/PART_I/about.htm, Department of the Army, Washington, D.C., 1 February, 1996.

Session III

Scene III: The Immediate Threat Wanes

It is 9 p.m. (1700) on *[date of 4th day of exercise/incident scenario – day of week, date]* in *[location of incident scenario – city, State]*.

Additional medical supplies arrive on the scene and at local hospitals, including supplies of penicillin, erythromycin and tetracycline. Decontamination procedures at local hospitals and *ad hoc* treatment facilities are initiated for all incoming patients.

Standard antibiotics are ineffectual in fighting Anthrax infection among victims. Further studies conducted by the CDC indicate that the strain of Anthrax used in the release may have been biologically manipulated to resist treatment and initiate symptoms much faster than normal. Hospitals seek additional information from the CDC as to what other courses of treatment may be used to combat Anthrax infection.

The DFO is established at *[location of DFO]* and is fully staffed and equipped by the morning *[5th day of the scenario]*.

There are concerns about disposal of the victims' bodies. The number of victims and fear of spreading Anthrax spores creates problems with storage of the remains. The number of bodies collected overwhelms the city morgue and surrounding morgues. The total death count is more than 1,000. Hundreds of more deaths are anticipated. Families of the victims call local hospitals to arrange for retrieval of their loved ones' bodies for burial.

The CDC continues to collect samples from the quarantined areas.

On the morning of *[date of 5th day of the scenario]*, at approximately 9 a.m. (0900), airlines contact the CDC and the State Health Department with questions about testing for Anthrax contamination on aircraft, equipment and other potentially contaminated areas. They want to know what decontamination procedures will ensure the safety of their aircraft. Aircraft operators also ask if and when the airport will be safe to resume normal business.

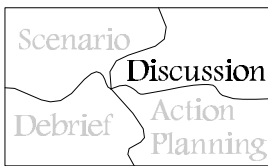
The CDC and the State Health Department continue to generate detailed information on appropriate clean-up methods for Anthrax contamination. Information on long-term clean-up of the airport and affected areas indicates that thorough cleaning of the airport and surrounding areas must be completed before the quarantine may be lifted and areas can be re-opened for normal business. President *[name of the President]* has already made it clear to the public that the airport will not re-open until laboratory testing confirms that it is free of Anthrax contamination.

Later that morning, FBI investigative teams locate the canisters used to spread the Anthrax in air-ducts of the baggage claim and ticketing areas. There are no leads to the perpetrator(s) of the attack at this time. However, the FBI announces that this incident is a terrorist incident.

Media interest in the incident captures worldwide attention as the total victim count is confirmed. The incident sends shockwaves through the country. People nationwide cancel flights and opt for alternate modes of transportation.

Media representatives transmit live interviews from the city reporting that residents are reluctant to return to their homes in spite of assurances that designated areas are safe to re-enter.

Facilitated Discussion

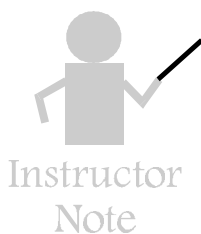


Purpose

This guided group discussion is designed to help participants understand the types of issues they will encounter and the conflicts across agencies and jurisdictions that can occur in coordinating, communicating, and responding to such an incident. It also gives participants an opportunity to assess their jurisdiction's ability to respond to such an incident.

Presentation

1. Guide a group discussion by asking the numbered questions on the following pages. These questions are not all-inclusive – use them to develop additional questions. Develop additional questions as necessary. Some additional questions are included should there be a need to stimulate further discussion.
2. As key issues and gaps are discussed, capture the group consensus on flip chart #1. As a chart is filled, either tack or tape it to the wall.
3. If the group becomes overly engrossed in a particular issue or begins to address issues strongly associated with the previous scenes, use the “parking lot” technique. (Record the point on flip chart #2 and place it in an area designated for discussion during the final action-planning session.)
4. Don't forget that good facilitators speak much less than the participants – this is an assessment activity, not a formal instructional class.
5. Encourage students to “think outside the box.”



Provide participants with a copy of the questions that does not include the answers to questions, additional questions, or the final note to the facilitator.

Be sure to touch on the following areas: Direction and Control; Communications; Public Affairs; Extended Operations; Transition Operations; and other topics such as Community and Business Recovery.

QUESTIONS – Scene III

Instructions: These questions serve to focus your thoughts on the issues associated with this portion of the scenario. Please review each question and answer as appropriate.

1. What are your priorities and response concerns at this point? Do you need to revise your agency’s strategy? What tactics are available to carry out this new strategy?

- *Using the results of action-planning sessions one and two, ask participants to develop a list of anticipated needs and concerns, as well as anticipated resource shortfalls.*
- *At this point, participants should be concerned with integrating the State and federal response as a Disaster Field Office (DFO) is established and certain management responsibilities are shared.*
- *Among the priorities that should also be considered:*
 - *Re-entry, restoration, and recovery; and*
 - *Continuing medical surveillance and general community health response.*

Additional Questions

What response concerns are based on resource shortfalls? How will you meet (or fill) these critical needs?

- *Resource shortfalls will include personnel, equipment and supplies. The review of the EOP should indicate what types of resources are available through immediate assets or mutual support at the start of the incident. At this point, most of the local assets will be exhausted or committed.*
- *Participants should list anticipated sources of resources by category. Expect some to point to State and federal sources.*

2. How will you conduct extended response operations? Are local personnel and equipment resources adequate for the extended operations required?

- *The EOP should account for round-the-clock operations. Many jurisdictions plan to send a portion of the EOC staff home after the initial incident assessment reveals the need for extended operations. Determine who will be responsible for each function on multiple shifts.*

- *Each agency will likely be overwhelmed. The real question is how much State, federal or National Guard support is needed.*

3. Based on the information presented, what staffing levels do you foresee your agency contributing to the response effort over the next 24 hours? What problems do you anticipate?

- *Discuss the staffing pattern for the management team. The length of shifts, number of personnel, etc. should be detailed in the EOP, but should be reviewed at this time. Review the staffing plan and ensure the staff is optimally utilized during active periods.*

4. What are your procedures for integrating State and federal resources into your management organization?

- *The EOP should outline the procedures for State and federal integration.*
- *State and federal assistance is supplementary to the local response and as the Disaster Field Office (DFO) is established the Federal Coordinating Officer (FCO) and State Coordinating Officer (SCO) will coordinate activities of the State and local governments, ARC, the Salvation Army, and other relief and disaster assistance organizations.*

Additional Questions

How will your agency coordinate its action with other agencies (federal, State and local) and public interest groups?

- *The FCO is the primary federal coordinating authority for consequence management; the FBI handles crisis management.*

With the arrival of State and federal assistance and the formation of a Joint Information Center (JIC), how will media inquiries be handled? Who in your jurisdiction is responsible for authoring media releases?

- *Media releases must be coordinated with the FBI, FEMA, and State and local authorities once the JIC has been established.*
- *The EOP should provide a detailed communications/public relations plan.*

Session III

5. How do you anticipate disposing of large amounts of contaminated waste generated during the response and decontamination phases? How will these materials be safely transported? By whom? To what locations?

- *The emergency operations plan should account for disposal of hazardous waste, including biological waste.*
- *Regulations exist for the safe transportation of these materials. The bigger question may be which landfills or incinerators will be willing to accept the materials given the persistent nature of Anthrax and the ease with which it is spread.*

6. When will the response phase be over? When will the recovery (cleanup/remediation) phase be over?

- *The EOP should provide guidance on concurrent activity response and recovery.*
- *The recovery phase will continue until the recovery plan has been fully implemented and completed (remember, “putting things back the way they were,” is not always the best answer).*

7. What continuing assessments should be enacted when the cleanup phase is complete? Who will make these determinations?

- *Long-range health issues are of great concern.*
- *The EOP should provide an overview of how continuing assessments and long-term monitoring are accomplished. Allow the group to discuss their areas of concern and propose priorities.*

8. What are the environmental concerns related to this incident?

- *HAZMATs used during the response to support decontamination operations will continue to present hazards until neutralized.*

Additional Questions

What steps will be taken by your agency to ensure adequate sanitation measures throughout the affected area?

- *The local HAZMAT plan should identify sanitation procedures related to biological operations.*

What local requirements exist for re-entry to an evacuated area due to a HAZMAT incident?

- *The HAZMAT annex to the EOP should outline re-entry procedures.*
- *Following the use of an especially persistent biological agent such as Anthrax, the local emergency management team should consider the need for “safe certification.” That is, having a “third party” lab verify the area as free from contamination.*

9. Within your jurisdiction, what psychological traumas may be anticipated? How will your agency deal with these traumas?

- *Many agencies have teams already designated to assist in such cases. In most instances, the teams will not have the capacity to handle the expected cases in an incident of this magnitude.*
- *Discuss the availability of crisis counseling. Also, refer participants to Section 416 of the Stafford Act.*

Additional Questions

How will your agency participate in death notification of civilians and your colleagues? Are personnel in your agency adequately trained in the process of death notification?

- *Death notification is always a difficult issue. The EOP should provide guidance to managers. However, at a minimum someone in the supervisory chain should be involved with the actual notification.*

10. What will you propose as a course of action to meet the resource shortfalls identified in this scenario?

- *Let the group propose a course and record what they say. The jurisdiction can later address the adequacy or feasibility of the response. As instructors, we are not providing information on the solution to these needs.*

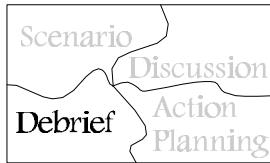
11. Are your jurisdiction’s current plans, policies and procedures adequate for response to this phase of the incident? What steps will be necessary to upgrade these plans to an adequate level?

- *This question serves to wrap-up the day’s discussions as well as the overall three-day session. The responses should serve as the basis for the summary to be presented at the conclusion of this activity.*

Session III

Note: These are not all-encompassing questions – this is a starting point. There are other issues that may arise which you must be prepared to address.

Debrief

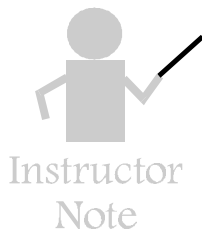


Purpose

This activity is designed to review the key concepts covered during the assessment of the recovery phase of the WMD incident to help participants begin associating the concepts with specific needs. This activity serves as the debriefing for the session – prior to beginning the action-planning phase.

Presentation

1. Refer participants to the *Review and Action Log* in their participant guide.
2. Review the issues and gaps on the charts posted in the room. After reviewing, allow participants time to brainstorm to determine if additional issues should be included. Conduct a round-robin style discussion. Provide participants the opportunity to briefly discuss key issues.
3. Point out selected key issues that participants have mentioned.
4. After concluding the debriefing, tell participants to turn to the action-planning section.



Use the log on the following pages as a facilitation tool during the brainstorming portion of the debriefing. Capture comments from each department, agency, or activity represented.

Session III

Review and Action Log	
Key Issues	How It Affects Me or My Agency: What Do I Need to Know or Do
Biological terrorism causes little physical damage to property, therefore recovery will focus on decontamination of the facility and monitoring to ensure the facility is safe for public use. Analysis of the attack for the purpose of improving response capability is essential. After-action reports are good sources of information.	
You must become familiar with your State's roles and responsibilities in a WMD incident.	
The FBI is designated as lead agency for crisis management response to terrorist incidents by Presidential Directive. This Directive and other statutes give the FBI the lead role in law enforcement response throughout the investigation.	
WMD incidents can easily grow into long-duration events due to the complexities that are faced. The planning process is a critical element in preparing to deal with WMD incidents.	
Federal disaster assistance is made available through the Robert T. Stafford Disaster Relief and Emergency Act. Through this Act, aid is generally available on a 75/25 Federal-State/local match.	
Traditional disaster assistance programs can supplement a long-term recovery program, but do not replace the local government's responsibility.	
Deploying resources will be just one of your problems; another problem will be dealing with the overabundance of people who offer their services.	
You may encounter a situation of "no movement" because of too much help. Be aware that these issues exist, and plan accordingly.	

Wrap Up



Purpose

The wrap up should conclude day-three session and prepare for final action-planning phase.

Presentation

1. Thank participants for their active participation.
2. Highlight the accomplishments of the day.
3. Transition to Final Action-Planning Session.

Section 7 – Course Action-Planning Session

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Course Action-Planning Session

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Purpose

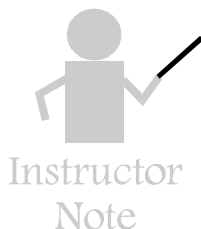
- Designed to provide an opportunity to review the action planning steps and establish an overall program enhancement plan

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This session is designed to provide participants with an opportunity to review the action planning steps developed during the action planning sessions and establish an overall program enhancement plan.

Presentation

1. Use the 30 previously identified actions as the basis for this discussion and prioritization.
2. Develop in advance and provide as both student handouts and wall charts the twenty priority actions developed during the first two sessions.
3. Using facilitated discussion, review the 30 actions identified during the previous discussion sessions. Attempt to develop a group consensus using the “majority rules” method and create a list ranking these needed actions. (*Note:* In most jurisdictions the Chief Executive or elected official has veto/approval authority and opinions must consider this.)
4. Unlike the previous action planning sessions, do not attempt to sort the issues by program, training, or resources.
5. After the list has been ranked, review the assigned responsibilities with the group. If any one agency has an inequitable share of the actions, confirm with the group that that division of labor is appropriate.



This list of actions and responsible parties forms the foundation of the activity report.

Use a round-robin discussion to ensure each member of the group participates in the prioritization.

Course Action Planning

Action-Planning Guide					
Action/Task/ Follow-Up	Individual or Agency Responsibility	People Who Should Be Involved	Resources and Possible Sources	Timeline	
				Short Term	Long Term

Section 8 – Summary and Conclusion

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Summary and Conclusion

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Purpose

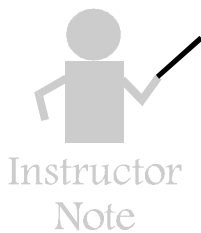
- Provides an opportunity to review the course
- Gives participants the chance to provide comments on the course

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This session provides participants with the opportunity to review the course. This session also gives participants the opportunity to provide comments on the course.

Presentation

1. Provide concluding remarks on course/workshop. Provide highlights of lessons learned throughout the course.
2. Review objectives and outcomes of the course.
3. Stress the importance of implementing the action plan developed during the last lesson.
4. Provide time for the participants to complete the course evaluation tool found in the student manual.
5. Graduation – distribute certificates of completion/training.



Because class members will be ready to leave and return to their offices or home, keep the concluding lesson brief.

If participants seem willing to provide detailed comments, allow time. Don't put on any pressure, however.

Congratulate the participants on their performance and thank them for their efforts.

Immediately following the departure of the participants, gather all written material to keep as references for course report.

- Debrief recorder/assistant instructor and record or review their observations and comments.

Section 9 – References

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Background Information on WMD Incidents

What is Terrorism?

For the purposes of this course, terrorism is the use of force or violence against persons or property in violation of the criminal laws of the United States for purposes of intimidation, coercion, or ransom.

What is Weapons of Mass Destruction Terrorism?

Weapons of Mass Destruction (WMD) Terrorism as defined by Presidential Decision Directive 39 (PDD-39) is the use of nuclear weapons or biological, chemical, and radiological agents and/or materials by terrorists.

Facts on Terrorism

- On February 29, 1993, a bombing in the parking garage of the World Trade Center in New York City resulted in the deaths of five people and injuries to thousands. The bomb left a crater 200 by 100 feet wide and five stories deep. The World Trade Center is the second largest building in the world and houses 100,000 workers and visitors each day.
- In the Centennial Olympic Park-Olympic Games Bombing in Atlanta, Georgia, in 1996, there were two deaths and 110 injuries.
- The Department of Defense (DoD) estimates that as many as 26 nations may possess chemical agents and/or weapons and an additional 12 may be seeking to develop them.
- In recent years, the largest number of terrorist strikes have occurred in the Western United States and Puerto Rico. Attacks in Puerto Rico accounted for about 60 percent of all terrorist incidents that occurred on United States territory between 1983 and 1991.
- The Central Intelligence Agency (CIA) reports that at least 10 countries are believed to possess or be conducting research on biological-agent weapons.
- In the United States, most terrorist incidents have involved small extremist groups who use terrorism to achieve a designated objective. Local, State and federal law enforcement officials monitor suspected terrorist groups and try to prevent or protect against a suspected attack.
- A terrorist attack can take several forms, depending on the technological means available to the terrorist, the nature of the political issue motivating the attack, and the points of weakness of the terrorist's target. Bombings are the most frequently used terrorist method in the United States. Other possibilities include an attack at transportation facilities, an attack against utilities or their public services or an incident involving chemical or biological events.

Responding to a WMD Incident: Things You Should Know

- There is an increased concern about how to deal with the threats posed by weapons of mass destruction. A WMD incident challenges the confidence of emergency response personnel and the capacity of the health care system.
- Most local emergency management systems require an enhanced capability to manage a WMD threat. They require a capability for agent identification, personal protection, decontamination, and effective initial and definitive treatment modalities.
- Health systems for response to WMD require the following: agent identification, safe extraction and antidote administration; victim decontamination, triage and primary care; emergency medical transportation; local and regional definitive medical care; forward movement of victims for further care; appropriate disposition of the deceased; and decontamination of the incident site.
- Close cooperation with other emergency response groups, agencies, and individuals is essential; that is at the federal level, interdepartmental, interagency; then a federal/State/local government cooperative effort; and then a public/private effort.
- Responding to criminal incidents involves many tasks and can become very complex. No one response agency can handle the breadth and depth of tasks that must be done.
- Teamwork and an appreciation for the roles of other responders are crucial to effective working relationships.
- Good working relationships will help increase the probability of successful safe operations for:
 - rescue and treatment of victims;
 - gathering of physical evidence;
 - restoration of uninterrupted utilities;
 - prosecution of perpetrator(s); and
 - continued relationships for the future.
- You must consider the political context in your community. Elected officials will experience anger and frustration from the public's feeling of helplessness.
- You must also plan for the unexpected. Key staff people may be out of town or unable to handle the pressure, or adverse weather may delay help.
- The public is likely to panic due to their unfamiliarity with the event. It is important to have accurate health-related information available. You don't want to risk the public's perception that you don't know what you are talking about. Remember the Midwest flood, "Cannot even tell us how long to boil water, how can we trust them on vaccination?"

Key Factors to Consider When Developing a WMD Terrorism Annex to the EOP

The following are some key factors that you should consider when developing your WMD Terrorism Annex.

Nature of the Hazard

Describe the WMD agents of primary concern, including information on chemical and physical properties of these agents that have a direct bearing on emergency planning and response – i.e., the agent's volatility; behavior in fires, and persistence in the environment; makeup, symptoms and characteristics; and the short-term and long-term effects.

Risk Area

Emergency response plans must reflect the fact that a WMD incident will affect different areas in different ways and at different times. Areas near the point of release are likely to experience relatively high concentrations of agent very quickly, while areas farther away are likely to experience lower agent concentrations after a period of time. The plans should provide for the most rapid and effective protective actions possible. For locations farther away, but still possible within the risk zone of contamination by the hazard, plan for public protective actions, including the possibility of having time to evacuate the public in an orderly fashion. Also, plan for the possibility of sheltering populations who can not be evacuated in time. Consider consequence management plans for those not in the immediate area of the contaminant.

Response Actions – Things to Think About

Direction and Control

Who's In Charge? How will your agency's actions be coordinated with the actions of other agencies? What conflicts may be anticipated due to the need to simultaneously conduct extensive criminal investigatory and response functions? What conflicts may be anticipated between the overlapping federal, State, city, and local jurisdictions? What written policies provide guidance on these issues?

What will be the effect of a WMD incident on your integrated command structure? How will it change?

What support will you receive from other agencies?

Do you know who has coordination responsibilities for this effort? Where are these duties specified?

Emergency Operations (Evacuation and Sheltering)

What policies do you have in place regarding evacuation, specifically the following: (emergency powers, safe routes, assist the special populations (elderly, handicapped, special needs), security for evacuated properties?)

What areas will you evacuate? How long do you think it will take?

Where will you send these evacuated people? What routes will you designate?

Who can order an evacuation?

Who will manage the traffic and designate traffic routes to prevent traffic congestion?

What plans and procedures do you have in place for temporary shelters? Do you know who is responsible for coordinating shelter arrangements? Do you have sufficient shelters pre-arranged for use?

Do you have areas designated for shelters?

Public's Needs

Do you have arrangements in place to meet the public's immediate needs for food and water?

The Medical Response Effort

The public will think they have been exposed – and may overload hospitals. In Japan, there were a reported 5,500 casualties (12 deaths, 17 critical patients, 37 severe, and 984 moderate, with another 4,000 casualties who seemingly had nothing wrong with them, but who reported to medical facilities). How are you going to handle the influx of people who have not been exposed – but think they have? You are going to have to deal with these people quickly – in order to find and deal with the people who have been exposed.

What about drug treatments? Will they only be available for use in a medical facility? Will you have access to the required antidotes? How will you get the vaccine quickly?

Resource Requirements (Equipment, Supplies)

- Respirators
- Biological protective clothing and suits
- Gloves
- Boots
- Goggles

References

Response Actions – Things to Think About

- Face shields
- Hard hats
- Hoods
- Safety glasses
- Must be trained to use equipment and must be maintained
- All personal protective equipment (PPE) must be approved

Will you have adequate supplies for decontamination efforts?

What resource shortfalls do you anticipate? What specific assistance will you need from the State government?

Decontamination

Who will alert you if internal protective actions are required?

How will you be notified of contaminated or exposed patients?

What is the level of field decontamination that patients will receive?

What arrangements will you need to make for extensive decontamination at the scene?

How will you monitor the scene to control the spread of the contaminant? Do you have written procedures to address this?

How Prepared Are You and Your Agency to Deal with Recovery Issues?

Things to Think About

Resource Requirements (Equipment, Supplies, Personnel)

Do you have procedures in place to specify how extended operations should be conducted?

Do you have alternates to meet resource requirements when you experience a shortfall? Do you have these arrangements in writing?

What plans will you consult regarding ongoing staffing requirements?

Clean-up, Debris Disposal and Decontamination

Who is responsible for the disposal of contaminated clothing, articles, and dead bodies?

How will these materials be safely transported? Does your EOP/SOP specify waste disposal locations and identify who will do it?

Do you know if your locality and State has promulgated regulations regarding hazardous waste disposal?

Do you have mechanisms in place to quickly remove the contaminant so that businesses can reopen quickly?

Economic Recovery

Do you have plans in place to retain businesses during the recovery phase?

Mental and Physical Health

How will your agency deal with psychological traumas? Does your agency have arrangements or agreements with agencies to perform critical stress incident counseling? Do you know how to obtain federal assistance for this service?

Do you know what type of medical surveillance, if any, will be required?

References

Presidential Decision Directive 39 (PDD-39) Unclassified

U.S. POLICY ON COUNTERTERRORISM

1. General. Terrorism is both a threat to our national security as well as a criminal act. The Administration has stated that it is the policy of the United States to use all appropriate means to deter, defeat, and respond to all terrorist attacks on our territory and resources, both people and facilities, wherever they occur. In support of these efforts, the United States will:

- Employ efforts to deter, preempt, apprehend and prosecute terrorists.
- Work closely with other governments to carry out our counterterrorism policy and combat terrorist threats against them.
- Identify sponsors of terrorists, isolate them, and ensure they pay for their actions.
- Make no concessions to terrorists.

2. Measures to Combat Terrorism. To ensure that the United States is prepared to combat terrorism in all its forms, a number of measures have been directed. These include reducing vulnerabilities to terrorism, deterring and responding to terrorist acts, and having capabilities to prevent and manage the consequences of terrorist use of nuclear, biological, and chemical (NBC) weapons, including those of mass destruction.

a. Reduce Vulnerabilities. In order to reduce our vulnerabilities to terrorism, both at home and abroad, all department/agency heads have been directed to ensure that their personnel and facilities are fully protected against terrorism. Specific efforts that will be conducted to ensure our security against terrorist acts include the following:

- Review the vulnerability of government facilities and critical national infrastructure.
- Expand the program of counterterrorism.
- Reduce vulnerabilities affecting civilian personnel/facilities abroad and military personnel/facilities.
- Reduce vulnerabilities affecting U.S. airports, aircraft/passengers and shipping, and provide appropriate security measures for other modes of transportation.
- Exclude/deport persons who pose a terrorist threat. Prevent unlawful traffic in firearms and explosives, and protect the President and other officials against terrorist attack.
- Reduce U.S. vulnerabilities to international terrorism through intelligence collection/analysis, counterintelligence and covert action.

b. Deter. To deter terrorism, it is necessary to provide a clear public position that our policies will not be affected by terrorist acts and we will vigorously deal with terrorist/sponsors to reduce terrorist capabilities and support. In this regard, we must make it clear that we will not allow terrorism to succeed and that the pursuit arrest and prosecution of terrorists is of the highest priority. Our goals include the disruption of terrorist-sponsored activity including termination-of financial support, arrest and punishment of terrorists as criminals, application of U.S laws and new legislation to prevent terrorist groups from operating in the United States, and

application of extraterritorial statutes to counter acts of terrorism and apprehend terrorists outside of the United States. Return of terrorists overseas, who are wanted for violation of U.S. law, is of the highest priority and a central issue in bilateral relations with any State that harbors or assists them.

c. Respond. To respond to terrorism, we must have a rapid and decisive capability to protect Americans, defeat or arrest terrorists, respond against terrorist sponsors, and provide relief to the victims of terrorists. The goal during the immediate response phase of an incident is to terminate terrorist attacks so that the terrorists do not accomplish their objectives or maintain their freedom, while seeking to minimize damage and loss of life and provide emergency assistance. After an incident has occurred, a rapidly deployable interagency Emergency Support Team (EST) will provide required capabilities on scene: a Foreign Emergency Support Team (FEST) for foreign incidents and a Domestic Emergency Support Team (DEST) for domestic incidents. DEST membership will be limited to those agencies required to respond to the specific incident. Both teams will include elements for specific types of incidents such as nuclear, biological, or chemical threats.

The Director, FEMA, will ensure that the Federal Response Plan is adequate for consequence management activities in response to terrorist attacks against large U.S. populations, including those where weapons of mass destruction are involved. FEMA will also ensure that State response plans and capabilities are adequate and tested. FEMA, supported by all Federal Response Plan signatories, will assume the Lead Agency role for consequence management in Washington, D.C. and on scene. If large-scale casualties and infrastructure damage occur, the President may appoint a Personal Representative for Consequence management as the on scene Federal authority during recovery. A roster of senior and former government officials willing to perform these functions will be created and the rostered individuals will be provided training and information necessary to allow them to be called upon on short notice.

Agencies will bear the costs of their participation in terrorist incidents and counterterrorist operations, unless otherwise directed.

d. NBC Consequence Management. The development of effective capabilities for preventing and managing the consequences of terrorist use of nuclear, biological or chemical (NBC) materials or weapons is of the highest priority. Terrorist acquisition of weapons of mass destruction is not acceptable and there is no higher priority than preventing the acquisition of such materials/weapons or removing this capability from terrorist groups. FEMA will review the Federal Response plan on an urgent basis, in coordination with supporting agencies, to determine its adequacy in responding to an NBC-related terrorist incident; identify and remedy any shortfalls in stockpiles, capabilities or g; and report on the status of these efforts in 180 days.

References

Robert T. Stafford Disaster Assistance and Emergency Relief Act, Section 416

{§ 416}

§ 5183. Crisis counseling assistance and training

The President is authorized to provide professional counseling services, including financial assistance to State or local agencies or private mental health organizations to provide such services or training of disaster workers, to victims of major disasters in order to relieve mental health problems caused or aggravated by such major disaster or its aftermath.

ACRONYMS

ACOM	Atlantic Command
AEM	Area Emergency Manager
AID	Agency for International Development
AMC	Army Materiel Command
AMS	Atmospheric Monitoring System
ARAC	Atmospheric Release Advisory Capability
ATSDR	Agency for Toxic Substance and Disease Registry (PHS)
BSI	Base Support Installation
CAT	Crisis Action Team (DOMS)
CBRDT	Chemical/Biological Rapid Deployment Team
CDC	Center for Disease Control
CDRG	Catastrophic Disaster Response Group
CERCLA	Comprehensive Environmental Response Compensation and Liability Act
C ^O M	Consequence Management
C ^R M	Crisis Management
CRTF	Commander, Response Task Force
DALO	Disaster Area Liaison Officer
DEST	Domestic Emergency Support Team
DFO	Disaster Field Office
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Team
DOE	Department of Energy
DOJ	Department of Justice
EAS	Emergency Alert System
ECC	Emergency Command Center
EICC	Emergency Information and Coordination Center
EMP	electromagnetic pulse
EMS	Emergency Medical Service
EOC	Emergency Operations Center
EOD	Explosives Ordnance Detachment
EOT	Emergency Operations Team
EPA	Environmental Protection Agency
EPSP	Emergency Pharmaceutical Support Plan
ERAMS	Environmental Radiation Ambient Monitoring System
ERT	Emergency Response Team
ERT-A	Emergency Response Team-Advance Element
ERT-N	National Emergency Response Team
ESF	Emergency Support Function
EST	Emergency Support Team

References

ETA	Estimated Time of Arrival
FAST	Federal Agency Support Team
FCO	Federal Coordinating Officer
FECC	Federal Emergency Communications Coordinator
FEMA	Federal Emergency Management Agency
FOSC	Federal On-Scene Coordinator
FRERP	Federal Radiological Emergency Response Plan
FRMAC	Federal Radiological Monitoring and Assessment Center
FRP	Federal Response Plan
g	grams
GIS	Geographic Information System
HA	Hazards Assessment
HAZMAT	Hazardous Materials
HHS	Department of Health and Human Services
HIT	Hazardous Incident Team
HMT	Hazardous Materials Team
IC	Incident Commander
ICS/UC	Incident Command System/Unified Command
IND	Improvised Nuclear Device
IMA	Individual Mobilization Augmenter
IRR	Initial Response Resources
IRT	Incident Response Team
JCSE	Joint Communications Support Element
JIC	Joint Information Center
JNACC	Joint Nuclear Accident Coordination Center
JOC	Joint Operations Center
km	kilometer
kt	kiloton
LFA	Lead Federal Agency
LSC	Life Support Center
MACC	Multi-Agency Coordination Center
MATTS	Mobile Air Transportable Telecommunications System
MERRT	Medical Emergency Radiological Response Team
MERS	Mobile Emergency Response Support
MHC	Mobile Health Clinics
MKT	Mobile Kitchen Trailer
MOB Center	Mobilization Center
MOU	Memorandum of Understanding

MSA	Mine Safety Association
MSU	Management Support Unit
NAOC	National Airborne Operations Center
NASA	National Aeronautical and Space Administration
NBC	Nuclear, Biological, or Chemical
NCC	National Coordination Center
NCP	National Contingency Plan
NCR	National Capital Region
NDMS	National Disaster Medical System
NECC	National Emergency Coordination Center
NICT	National Incident Coordination Team
NIFC	National Interagency Fire Center
NMDS	National Disaster Medical System
NOK	next of kin
NRC	Nuclear Regulatory Commission
NRC	National Response Center
NRS	National Response System
NRT	National Response Team
NSC	National Security Council
OEMP	Office of Emergency Planning
OEP	Office of Emergency Preparedness
OSC	On-Scene Coordinator
OES	Office of Emergency Services
PHS	Public Health Service
PPE	Personal Protective Equipment
PSN	Public Switched Network
psi	pounds per square inch
Pu	Plutonium
RAP	Radiological Assistance Program
RDD	Radiological Dispersion Device
REAC/TS	Radiological Emergency Assistance Center/Training Site
RECC	Regional Emergency Communications Center
REM	Roentgen Equivalent Man
REOC	Regional Emergency Operations Center
RFA	Request for Assistance
RICT	Regional Incident Coordination Team
ROC	Regional Operations Center
RPM	Radiological Program Managers
RRC	Regional Response Center
RRT	Regional Response Team
RTF	Regional Task Force

References

SCO	State Coordinating Officer
SIOC	Strategic Information and Operations Center
SITREP	Situation Report
TERMM	Transportable Emergency Response Monitoring Module
TEU	Technical Escort Unit
TSP	Telecommunications Service Priority
U	Uranium
US&R	Urban Search and Rescue
USCG	United States Coast Guard
uCi/m ²	microcuries per square meter
VA	Department of Veterans Affairs
VANTS	VA National Telecommunications System

DEFINITIONS

Access – Close physical proximity to a biological agent, container or munitions, under circumstances that could provide an opportunity to acquire, release, tamper with, damage, or come in direct contact with the chemical agent.

Biological Event Site – The geographical location of the biological event.

Consequence Management (C^OM) – Involves measures to alleviate the damage, loss, hardship, or suffering caused by emergencies. It includes measures to restore essential government services, protect public health and safety, and provide emergency relief to affected governments, businesses, and individuals.

Contamination – The deposit and/or absorption of biological agents on and by structures, personnel, or objects.

Crisis Management (C^RM) – Involves measures to resolve the hostile situation, investigate, and prepare a criminal case for prosecution under federal law.

Decontamination – The process of decreasing the amount of biological agent on any person, object, or area by absorbing, destroying, ventilating, or removing biological agents.

Marshaling Area – An area used to store resources when the capability to provide transportation directly from the point of origin to the Mobilization Center into the affected area is restricted.

Staging Area – The facility at the local jurisdictional level near the disaster site where personnel and equipment are assembled for immediate deployment to an operational site within the disaster area (local or State control AKA final staging area).

RESOURCES

For Chemical or Biological Response:

U.S. Army Technical Escort Unit
Chemical Biological Defense Command
Aberdeen Proving Ground, MD 21020
Phone: (410) 671-4383 during business hours (EST)
(410) 671-2773 after business hours, weekends, holidays

Note: The Technical Escort Unit (TEU) will provide a technical assessment to determine if the threat is credible. Requests for deployment of the Technical Escort Unit must be made by the FBI through the Director of Military Operations (DOMS).

For Chemical or Biological Equipment Training:

U.S. Army Chemical School
Contingency Support Detachment (Chemical Defense Training Facility)
Fort McClellan, AL
Phone: (205) 848-4615

Chemical Biological Counterterrorism Course

For Biological Agent Medical Management information and training:

U.S. Army Medical Research Institute of Infectious Diseases
Operational Medicine Department
Fort Detrick, Frederick, MD 21702

Note: The Medical Research Institute of Infectious Diseases works closely with the Centers for Disease Control.

Centers for Disease Control Contact:
Emergency Response Coordination Group
4770 Buford Highway
Atlanta, GA 30341-3724
Phone: (770) 488-7100 – 24-hour phone line
Fax: (770) 488-7107

Weapons of Mass Destruction – Evaluation Form

*Federal Emergency Management Agency
Emergency Management Institute*

Directions: Your comments are an integral part of course design. Please assess the effectiveness of this training activity by answering the following questions.

Name _____
Title/Position _____
Agency/Organization _____
Jurisdiction (City, County, State) _____
Date of Course _____

1. Scenario Used

(check one – if multiple scenarios are conducted, complete a separate evaluation form for each)

- Biological – Anthrax (persistent biological agent)
- Chemical – Sarin (non-persistent nerve agent)
- Chemical – VX (persistent nerve agent)
- Nuclear (improvised nuclear device)
- Radiological (radiological dispersion device)

2. What was the timeframe used for conducting the course?

- One day
- Three days
- Other: _____

3. Based on the facilitated discussion and action-planning session(s), identify the functional areas in your jurisdiction that require further planning, training or resources in emergency management and response with regard to a terrorist incident involving weapons of mass destruction. (Check all that apply.)

Planning	Training	Resources	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Management Infrastructure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elected/Appointed Officials
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Department
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Law Enforcement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials Team
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Works
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Health and Safety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer Organizations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neighboring Jurisdictions (mutual support)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State Agencies within Jurisdiction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regional Federal Agencies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Military Representatives within Jurisdiction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe):

4. Based on the action-planning session, list the top three priorities for follow-up. Include the following information: the action and or task, what agency is responsible, point of contact, and the timeframe within which this action should be completed.

Item	Action	Responsible Agency	Point of Contact	Timeframe
1				
2				
3				

5. Having completed this course, do you have a better understanding of how to manage and respond to a WMD terrorism situation such as that described in the scenario? Why or why not?

6. Rate the following with regard to the course materials:

Rank the following according to this scale:

Content	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Was clear and well organized	5	4	3	2	1
Was relevant to course objectives	5	4	3	2	1
Activities were useful	5	4	3	2	1
Was technically accurate and current	5	4	3	2	1
The length of the course was appropriate	5	4	3	2	1
Course Materials					
Were well organized	5	4	3	2	1
Were helpful	5	4	3	2	1
Visuals were effective	5	4	3	2	1
Activities were challenging	5	4	3	2	1
Will be used in the field	5	4	3	2	1

7. How could the course be improved?

8. What were the strengths and weaknesses of the course?
