



## **IAAM Safety and Security Task Force Best Practices Protocols Terrorism Response Planning for Venue Managers**



The September 11 terrorist attacks have placed new expectations on public assembly facility managers to develop security plans and emergency plans for terrorist attacks affecting their facilities. Contingency planning for terrorism has always been a consideration for venue managers. However, since 9/11 in the United States as well as other countries, government agencies have developed more sophisticated measures for evaluating terrorist threats and managing terrorist incidents. This document reviews highlights of new thinking promulgated by U.S. agencies such as the Office of Homeland Security and the Federal Emergency Management Agency (FEMA). IAAM's Safety & Security Task Force is attempting to gather similar information from other countries. Regardless of your locale, this fact sheet provides essential information on planning for terrorist attacks.

Throughout the U.S., state and local governmental agencies are developing and maintaining a Terrorist Incident Appendix (TIA) to an Emergency Operations Plan (EOP) for incidents involving terrorist-initiated weapons of mass destruction (WMD). State and local governments have primary responsibility in planning for and managing the consequences of a terrorist incident using available resources in the critical hours before Federal assistance can arrive. Similarly, venue management may be in critical roles of early assessment and emergency response operations if a terrorist attack occurs at or near their facilities.

Prior to 9/11, much government planning was focused on chemical and biological agents (CBAs) as the most likely weapon form to be used by terrorists. September 11 to some extent caught off guard our national emergency planning emphasis, reinforcing the basic principles that (1) forms of attack are unpredictable and (2) explosions from devices such as bombs (and hijacked aircraft that have become missiles) must remain as high priority threats. The following information is adapted from FEMA's *State and Local Guide for All-Hazard Emergency Operations Planning*.

Your city's emergency operations plan for terrorism will identify and discuss the nature of the WMD hazard(s), the hazard agents, and potential targets, as described below.

1. **Nature of the Hazard.** The hazard may be chemical, biological, nuclear/radiological, and/or explosive.
  - a. **Initial Warning.** While specific events may vary, the emergency response and the protocol followed should remain consistent. When an overt WMD incident has occurred, the initial call for help will likely come through the local 911 center. This caller probably will not identify the incident as a terrorist incident, but rather state that there was an explosion, a major “accident,” or a mass casualty event. Information relayed through the dispatcher prior to arrival of first responders on scene, as well as the initial assessment, will provide first responders with the basic data to begin responding to the incident. With increased awareness and training about WMD incidents, first responders should recognize that a WMD incident has occurred. The information provided in this document is relevant where it becomes obvious or strongly suspected that a terrorist incident has been intentionally perpetrated to harm people, compromise the public’s safety and well-being, disrupt essential government services, or damage the area’s economy or environment.
  - b. **Initial Detection.** The initial detection of a WMD terrorist attack will likely occur at the local level by either first responders or private entities (such as the venue management staff). Consequently, first responders, venue management and members of the medical community should be trained to identify hazardous agents and take appropriate actions. State and local health departments, as well as local emergency first responders, will be relied upon to identify unusual symptoms, patterns of symptom occurrence, and any additional cases of symptoms as the effects spread throughout the community and beyond. First responders must be protected from the hazard prior to treating victims. Appendix 1 contains an overview of first responder concerns and indicators related to chemical, biological, and nuclear/radiological WMDs.

The detection of a terrorism incident involving covert biological agents (as well as some chemical agents) will most likely occur through the recognition of similar symptoms or syndromes by clinicians in hospital or clinical settings. Detection of biological agents could occur days or weeks after exposed individuals have left the site of the release. Instead, the “scene” will shift to public health facilities receiving unusual numbers of patients, the majority of whom will self-transport.

- c. **Investigation and Containment of Hazards.** Local first responders will provide initial assessment or scene surveillance of a hazard caused by an act of WMD terrorism. The proper local, state, and Federal authorities capable of dealing with and containing the hazard should be alerted to a suspected WMD attack after state/local health departments recognize the

occurrence of symptoms that are highly unusual or of an unknown cause. Consequently, state and local emergency responders must be able to assess the situation and request assistance as quickly as possible

2. **Hazard Agents**

- a. **Chemical.** Chemical agents are intended to kill, seriously injure, or incapacitate people through physiological effects. A terrorist incident involving a chemical agent will demand immediate reaction from emergency responders—fire departments, police, hazardous materials (HazMat) teams, emergency medical services (EMS), and emergency room staff—who will need adequate training and equipment. Hazardous chemicals, including industrial chemicals and agents, can be introduced via aerosol devices (e.g., munitions, sprayers, or aerosol generators), breaking containers, or covert dissemination. Such an attack might involve the release of a chemical warfare agent, such as a nerve or blister agent or an industrial chemical, which may have serious consequences. Some indicators of the possible use of chemical agents are listed in Table 1. Early in an investigation, it may not be obvious whether an outbreak was caused by an infectious agent or a hazardous chemical; however, most chemical attacks will be localized, and their effects will be evident within a few minutes. There are both persistent and nonpersistent chemical agents. Persistent agents remain in the affected area for hours, days, or weeks. Nonpersistent agents have high evaporation rates, are lighter than air, and disperse rapidly, thereby losing their ability to cause casualties after 10 to 15 minutes, although they may be more persistent in small, unventilated areas.

**Table 1. General Indicators of Possible Chemical Agent Use**

<b>Stated Threat to Release a Chemical Agent</b>
<p><b>Unusual Occurrence of Dead or Dying Animals</b></p> <ul style="list-style-type: none"> <li>• For example, lack of insects, dead birds</li> </ul>
<p><b>Unexplained Casualties</b></p> <ul style="list-style-type: none"> <li>• Multiple victims</li> <li>• Surge of similar 911 calls</li> <li>• Serious illnesses</li> <li>• Nausea, disorientation, difficulty breathing, or convulsions</li> <li>• Definite casualty patterns</li> </ul>
<p><b>Unusual Liquid, Spray, or Vapor</b></p> <ul style="list-style-type: none"> <li>• Droplets, oily film</li> <li>• Unexplained odor</li> </ul>

<ul style="list-style-type: none"> <li>• Low-lying clouds/fog unrelated to weather</li> </ul>
<p><b>Suspicious Devices or Packages</b></p> <ul style="list-style-type: none"> <li>• Unusual metal debris</li> <li>• Abandoned spray devices</li> <li>• Unexplained munitions</li> </ul>

- b. **Biological.** Recognition of a biological hazard can occur through several methods, including identification of a credible threat, discovery of bioterrorism evidence (devices, agent, clandestine lab), diagnosis (identification of a disease caused by an agent identified as a possible bioterrorism agent), and detection (gathering and interpretation of public health surveillance data).

When people are exposed to a pathogen such as anthrax or smallpox, they may not know that they have been exposed, and those who are infected, or subsequently become infected, may not feel sick for some time. This delay between exposure and onset of illness, or incubation period, is characteristic of infectious diseases. The incubation period may range from several hours to a few weeks, depending on the exposure and pathogen. Unlike acute incidents involving explosives or some hazardous chemicals, the initial response to a biological attack on civilians is likely to be made by direct patient care providers and the public health community.

Responders should be familiar with the characteristics of the biological agents of greatest concern for use in a bioterrorism event (see Tab C for resources). Unlike victims of exposure to chemical or radiological agents, victims of biological agent attack may serve as carriers of the disease with the capability of infecting others (e.g., smallpox, plague). Some indicators of biological attack are given in Table 2.

**Table 2. General Indicators of Possible Biological Agent Use**

<b>Stated Threat to Release a Biological Agent</b>
<b>Unusual Occurrence of Dead or Dying Animals</b>
<p><b>Unusual Casualties</b></p> <ul style="list-style-type: none"> <li>• Unusual illness for region/area</li> <li>• Definite pattern inconsistent with natural disease</li> </ul>
<p><b>Unusual Liquid, Spray, or Vapor</b></p> <ul style="list-style-type: none"> <li>• Spraying and suspicious devices or packages</li> </ul>

- c. **Nuclear/Radiological.** The difficulty of responding to a nuclear or radiological incident is compounded by the nature of radiation itself. In an explosion, the fact that radioactive material was involved may or may not be obvious, depending upon the nature of the explosive device used. Unless confirmed by radiological detection equipment, the presence of a radiation hazard is difficult to ascertain. Although many detection devices exist, most are designed to detect specific types and levels of radiation and may not be appropriate for measuring or ruling out the presence of radiological hazards. Table 3 lists some indicators of a radiological release.

**Table 3. General Indicators of Possible Nuclear Weapon/Radiological Agent Use**

<ul style="list-style-type: none"> <li>• A stated threat to deploy a nuclear or radiological device</li> </ul>
<ul style="list-style-type: none"> <li>• The presence of nuclear or radiological equipment (e.g., spent fuel canisters or nuclear transport vehicles)</li> </ul>
<ul style="list-style-type: none"> <li>• Nuclear placards or warning materials along with otherwise unexplained casualties</li> </ul>

The scenarios constituting an intentional nuclear/radiological emergency include the following:

- (1) Use of an **Improvised Nuclear Device (IND)** includes any explosive device designed to cause a nuclear yield. Depending on the type of trigger device used, either uranium or plutonium isotopes can fuel these devices. While “weapons-grade” material increases the efficiency of a given device, materials of less than weapons grade can still be used.
  - (2) Use of a **Radiological Dispersal Device (RDD)** includes any explosive device utilized to spread radioactive material upon detonation. Any improvised explosive device could be used by placing it in close proximity to radioactive material.
  - (3) Use of a **Simple RDD** that spreads radiological material without the use of an explosive. Any nuclear material (including medical isotopes or waste) can be used in this manner.
- d. **Conventional Explosive Devices.** The easiest to obtain and use of all weapons is still a conventional explosive device, or improvised bomb, which may be used to cause massive local destruction or to disperse chemical, biological, or radiological agents. The components are readily

available, as are detailed instructions to construct such a device. Improvised explosive devices are categorized as being explosive or incendiary, employing high or low filler explosive materials to explode and/or cause fires. Bombs and firebombs are cheap and easily constructed, involve low technology, and are the terrorist weapon most likely to be encountered. Large, powerful devices can be outfitted with timed or remotely triggered detonators and can be designed to be activated by light, pressure, movement, or radio transmission. The potential exists for single or multiple bombing incidents in single or multiple municipalities. **Historically, less than five percent of actual or attempted bombings were preceded by a threat.** Explosive materials can be employed covertly with little signature, and are not readily detectable. Secondary devices may be targeted against responders.

- e. **Combined Hazards.** WMD agents can be combined to achieve a synergistic effect—greater in total effect than the sum of their individual effects. They may be combined to achieve both immediate and delayed consequences. Mixed infections or intoxications may occur, thereby complicating or delaying diagnosis. Casualties of multiple agents may exist; casualties may also suffer from multiple effects, such as trauma and burns from an explosion, which exacerbate the likelihood of agent contamination. Attacks may be planned and executed so as to take advantage of the reduced effectiveness of protective measures produced by employment of an initial WMD agent. Finally, the potential exists for multiple incidents in single or multiple municipalities.

**Potential Targets.** In determining the risk areas within a jurisdiction (and in multiple jurisdiction areas participating in an emergency response), the vulnerabilities of potential targets should be identified, and the targets themselves should be prepared to respond to a WMD incident. FEMA identifies these risk factors in considering vulnerability. population, accessibility, criticality (to everyday life), economic impact, and symbolic value. Potential targets include recreation facilities, including sports arenas, theaters, malls, and special interest group facilities. Other targets on the FEMA list are traffic targets (e.g., such as bridges, tunnels, interchanges), trucking and transport activity (e.g., HazMat cargo loading/unloading areas), waterways (e.g., dams, ports), airports, trains/subways, government facilities, military installations, HazMat Facilities, Utilities, and Nuclear Facilities, and other facilities, such as shopping malls and financial and business districts.

## **Incident Operations**

1. **Direction and Control.** Local government emergency response organizations will respond to the incident scene(s) and make appropriate and rapid notifications to local and State authorities. Control of the incident scene(s) most likely will be established by local first responders from either fire or

police. The Incident Command System (ICS) that was initially established likely will transition into a Unified Command System (UCS) as mutual-aid partners and State and Federal responders arrive to augment the local responders. It is recommended that local, state, and Federal regional law enforcement officials develop consensus “rules of engagement” early in the planning process to smooth the transition from ICS to UCS. This UC structure will facilitate both crisis management and consequence management activities. The UC structure used at the scene will expand as support units and agency representatives arrive to support crisis and consequence management operations. The site of a terrorist incident is a crime scene as well as a disaster scene, although the protection of lives, health, and safety remains the top priority.

Local, State, and Federal interface with the FBI On-Scene Commander (OSC) is coordinated through the Joint Operations Center (JOC). FEMA (represented in the command group) will recommend joint operational priorities to the FBI based on consultation with the FEMA-led consequence management group in the JOC. The FBI, working with local and State officials in the command group at the JOC, will establish operational priorities.

Response to any terrorist event requires direction and control. The planner must consider the unique characteristics of the event, identify the likely stage at which coordinated resources will be required, and tailor the direction and control process to merge into the ongoing public health response.

2. **Communications.** In the event of a WMD incident, rapid and secure communication is crucial to ensure a prompt and coordinated response. Strengthening communications among first responders, clinicians, emergency rooms, hospitals, mass care providers, and emergency management personnel must be given top priority in planning.
3. **Warning.** Every incident is different. There may or may not be warning of a potential WMD incident. Factors involved range from intelligence gathered from various law enforcement or intelligence agency sources to an actual notification from the terrorist organization or individual. The EOP should have HazMat facilities and transportation routes already mapped, along with emergency procedures necessary to respond.
  - a. The warning or notification of a potential WMD terrorist incident could come from many sources; therefore, open communication among local, State, and Federal law enforcement agencies and emergency response officials is critical. The local FBI Field Office must be notified of any suspected terrorist threats or incidents.
  - b. **Threat Level.** IAAM’s Safety and Security Task Force has modeled its threat level’s for venues after the Office of Homeland Security’s system. The following chart described the relationship between the two schemes.

Exhibit 2 provides a more extensive explanation of the Homeland Security system.

GOV'T RATING	RISK LEVEL	VENUE THREAT	Situational Measures	ACTION STEPS
Severe	5	Cancel	Secured	"Lock-down" patrol of perimeter restricting all access.
High	4	Maximum	Gov't Control	National law officials / security agencies screen public and control.
Elevated	3	Extreme	Restrictive	May involve regional or local law officials with "bat-down" measures.
Guarded	2	Moderate	Protective	Limited Access to venue with screening precautions implemented.
Low	1	Minimum	Routine	No primary factors of concern exist outside normal routine measures.

- Emergency Public Information.** Accurate and expedited dissemination of information is critical when a WMD incident has occurred. Preservation of life and property may hinge on instructions and directions given by authorized officials. In the event of a terrorist attack, the public and the media must be provided with accurate and timely information on emergency operations. Establishing and maintaining an effective rumor control mechanism will help clarify emergency information for the public. Initial interaction with the media is likely to be implemented by an information officer, as directed by the Incident Commander. To facilitate the release of information, the FBI may establish a Joint Information Center (JIC) comprised of representatives from Federal, State, and local authorities for the purpose of managing the dissemination of information to the public, media, and businesses potentially affected by the incident. An act of terrorism is likely to cause widespread panic, and ongoing communication of accurate and up-to-date information will help calm fears and limit collateral effects of the attack.
- Protective Actions.** Evacuation may be required from inside the perimeter of the scene to guard against further casualties, either from contamination by an agent released or the possibility that additional WMD or secondary devices targeting emergency responders are present. "In-place sheltering" may be required if the area must be contained because of the need for quarantine or if it is determined to be safer for individuals to remain in place. The TIA should be flexible enough to accommodate either contingency. As with any emergency, State and local officials must be involved in making protective

action decisions. Multi-jurisdictional issues regarding mass care, sheltering, and evacuation should be pre-coordinated and included in the TIA.

6. **Mass Care.** The location of mass care facilities will be based partly on the hazard agent involved. Decontamination, if it is necessary, may need to precede sheltering and other needs of the victims to prevent further damage from the hazard agent, either to the victims themselves or to the care providers. The American Red Cross (the primary agency for mass care), the Department of Health and Human Services, and the Department of Veterans Affairs should be actively involved with the planning process to determine both in-place and mobile mass care systems for the TIA. A “mid-point” or intermediary station may be needed to move victims out of the way of immediate harm. This would allow responders to provide critical attention (e.g., decontamination and medical services) and general lifesaving support, then evacuate victims to a mass care location for further attention. General issues to consider for inclusion in the TIA are:
  - a. Location, setup, and equipment for decontamination stations, if any.
  - b. Mobile triage support and qualified personnel.
  - c. Supplies and personnel to support in-place sheltering.
  - d. Evacuation to an intermediary location to provide decontamination and medical attention.
  - e. Determination of safety perimeters (based on agent).
  
7. **Health and Medical.** The basic EOP should already contain a Health and Medical Annex. Issues that may be different during a WMD incident and that should be addressed in the TIA include decontamination, safety of victims and responders, in-place sheltering versus evacuation, and multihazard/multiagent triage. Planning should anticipate the need to handle large numbers of people who may or may not be contaminated but who are fearful about their medical well-being.

The response to a bioterrorism incident will require the active collaboration of the clinicians and local public health authorities responsible for disease monitoring and outbreak investigation. Their activities should be factored into the overall response process.
  
8. **Resources Management.** The following considerations are highly relevant to WMD incidents and should be addressed, if appropriate, in one or more appendixes to a resource management annex:

- a. Nuclear, biological, and chemical response resources that are available through interjurisdictional agreements (e.g., interstate pacts).
- b. Unique resources that are available through state authorities (e.g., National Guard units).
- c. Unique resources that are available to state and local jurisdictions through Federal authorities (e.g., the National Pharmaceutical Stockpile, a national asset providing delivery of antibiotics, antidotes, and medical supplies to the scene of a WMD incident).
- d. Unique expertise that may be available through academic, research, or private organizations.

## E. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

As with any hazard-specific emergency, the organization for management of local response may vary for a WMD incident and should therefore be defined in the TIA. The effects of a terrorist act involving a WMD have the potential to overwhelm local resources, which may require assistance from State or Federal governments. The following response roles and responsibilities should be articulated in the TIA.

1. **Local Emergency Responders.** Local fire departments, law enforcement personnel, HazMat teams, and EMS will be among the first to respond to a WMD incident. As response efforts escalate, the local emergency management agency and health department will help coordinate needed services.

*Primary Duties.* The duties of local departments, such as fire, law enforcement, and EMS, along with those of the local emergency management agency and health department should be addressed in their respective EOPs. Any special duties necessary to respond to a suspected terrorist WMD incident should be set forth in the local TIA.

2. **Interjurisdictional Responsibilities.** The formal arrangements and agreements for emergency response to a WMD incident among neighboring jurisdictions, State, Tribal, local, and neighboring States (and those jurisdictions physically located in those States) should be made **prior** to an incident. When coordinating and planning, the Risk Assessment and Risk Area sections of the TIA (areas where potential multiple jurisdictions could overlap and interplay) will be readily identifiable. Federal response is already predisposed for interagency and interdepartmental coordination.
3. **State Emergency Responders.** If requested by local officials, the State emergency management agency has capabilities to support local emergency management authorities and the Incident Commander (IC).

*Primary Duties.* The duties of all responding State agencies should be addressed in the State EOP. Any special duties necessary to respond to a WMD incident should be set forth in the State's TIA.

4. **Local Emergency Planning Committees (LEPCs), State Emergency Response Commissions (SERCs), and Tribal Emergency Response Commissions (TERCs).** These entities are established under the Superfund Amendments and Reauthorization Act of 1986 (SARA) Title III and the implementing regulations of the Environmental Protection Agency (EPA). LEPCs develop and maintain local hazardous material emergency plans and receive notifications of releases of hazardous substances. SERCs and TERCs supervise the operation of the LEPCs and administer the community right-to-know provisions of SARA Title III, including collection and distribution of information about facility inventories of hazardous substances, chemicals, and toxins. LEPCs will have detailed information about industrial chemicals within the community. It may be advisable for LEPCs, SERCs, and TERCs to establish Memoranda of Agreement (MOAs) with agencies and organizations to provide specialized resources and capabilities for response to WMD incidents.

*Primary Duties.* Any responsibilities germane to terrorism preparedness or response should be outlined in local, State and Tribal hazardous materials emergency response plans or the hazardous materials annex to the local emergency plan.

5. **Federal Emergency Responders.** Upon determination of a credible WMD threat, or if such an incident actually occurs, the Federal government may respond through the appropriate departments and agencies. These departments and agencies may include FEMA, the Department of Justice (DOJ) and FBI, the Department of Defense (DoD), the Department of Energy (DOE), the Department of Health and Human Services (HHS), the EPA, the Department of Agriculture (USDA), the Nuclear Regulatory Commission (NRC), and possibly the American Red Cross and Department of Veterans Affairs. The roles and responsibilities for Federal departments and agencies participating in both crisis management and consequence management are discussed in more detail in Tab B. See the United States Government Interagency Domestic Terrorism Concept of Operations Plan and the Terrorism Incident Annex to the Federal Response Plan for information on the roles and responsibilities of Federal departments and agencies responding to terrorism incidents involving WMD.

*Primary Duties.* Upon determining that a WMD terrorist incident is credible, the FBI Special Agent in Charge (SAC), through the FBI Headquarters, will initiate liaison with other Federal agencies to activate their operations centers. The responsible FEMA region(s) may activate a Regional Operations Center

(ROC) and deploy a representative(s) to the affected State(s). When the responsible FEMA region(s) activates a ROC, the region(s) will notify the responsible FBI Field Office(s) to request a liaison. If the FBI activates the Strategic Information and Operations Center (SIOC) at FBI Headquarters, then other Federal agencies, including FEMA, will deploy a representative(s) to the SIOC, as required. Once the FBI has determined the need to activate a Joint Operations Center (JOC) to support the incident site, Federal, State, and local agencies may be requested by FEMA to support the Consequence Management Group located at the JOC.

## F. ADMINISTRATION AND LOGISTICS

There are many factors that make response to a WMD terrorist incident unique. Unlike some natural disasters (e.g., hurricanes, floods, winter storms, drought, etc.), the administration and logistics for response to a WMD incident require special considerations. For example, there may be little or no forewarning, immediately obvious indicators, or WMD knowledge (lead time) available to officials and citizens. Because the release of a WMD may not be immediately apparent, caregivers, emergency response personnel, and first responders are in imminent danger themselves of becoming casualties before the actual identification of the crime can be made. Incidents could escalate quickly from one scene to multiple locations and jurisdictions.

### Exhibit I. Responses to a WMD Incident and the Participants Involved

Events	Participants
1. Incident occurs.	
2. 911 center receives calls, elicits information, dispatches first responders, relays information to first responders prior to their arrival on scene, makes notifications, and consults existing databases of chemical hazards in the community, as required.	911 Center, first responders.
3. First responders arrive on scene and make initial assessment. Establish Incident Command. Determine potential weapon of mass destruction (WMD) incident and possible terrorist involvement; warn additional responders to scene of potential secondary hazards/devices. Perform any obvious rescues as incident permits. Establish security perimeter. Determine needs for additional assistance. Begin triage and treatment of victims. Begin hazard agent identification.	Incident Command: Fire, Law Enforcement, Emergency Medical Services (EMS), and HazMat unit(s).
4. Incident Command manages incident response; notifies medical facility, emergency management (EM), and other local organizations outlined in Emergency Operations Plan; requests notification of Federal Bureau of Investigation (FBI) Field Office.	Incident Command.
5. Special Agent in Charge (SAC) assesses information, supports local law enforcement, and determines WMD terrorist incident has occurred. Notifies Strategic Information and Operations	FBI Field Office: SAC.

- Center (SIOC), activates Joint Operations Center (JOC), coordinates the crisis management aspects of WMD incident, and acts as the Federal on-scene manager for the U.S. government while FBI is Lead Federal Agency (LFA).
6. Local Emergency Operations Center (EOC) activated. Supports Incident Command, as required by Incident Commander (IC). Coordinates consequence management activities (e.g., mass care). Local authorities declare state of emergency. Coordinates with State EOC and State and Federal agencies, as required. Requests State and Federal assistance, as necessary. Local EOC: Local agencies, as identified in basic Emergency Operations Plan (EOP).
  7. Strategic local coordination of crisis management activities. Brief President, National Security Council (NSC), and Attorney General. Provide Headquarters support to JOC. Domestic Emergency Support Team (DEST) may be deployed. Notification of FEMA by FBI/SIOC triggers FEMA actions.<sup>3</sup> SIOC: FBI, Department of Justice (DOJ), Department of Energy (DOE), Federal Emergency Management Agency (FEMA), Department of Defense (DoD), Department of Health and Human Services (HHS), and Environmental Protection Agency (EPA).
  8. Manage criminal investigation. Establish Joint Information Center (JIC). State and local agencies and FEMA ensure coordination of consequence management activities. FBI; other Federal, State, and local law enforcement agencies. Local Emergency Management (EM) representatives. FEMA, DoD, DOE, HHS, EPA, and other Federal Response Plan (FRP) agencies, as required.
  9. State EMS support local consequence management. Brief Governor. Declare state of emergency. Develop/coordinate requests for Federal assistance through FEMA Regional Operations Center (ROC). Coordinate State request for Federal consequence management assistance. State EOC: State EMS and State agencies, as outlined in EOP.
  10. DEST provides assistance to FBI SAC. Merges into JOC, as appropriate. DEST: DoD, DOJ, HHS, FEMA, EPA, and DOE.

Events	Participants
11. FEMA representative coordinates Consequence Management Group. Expedites Federal consequence management activities and monitors crisis management response to advise on areas of decision that could impact consequence management response.	FBI, FEMA, EPA, DoD, DOE, HHS, and other FRP agencies.
12. Crisis management response activities to incident may continue.	FBI, Incident Command System (ICS), Special Operations, Hazardous Materials Response Unit (HMRU), Joint Technical Operations Team, Joint Inter-Agency Intelligence Support, and additional authorities, as needed.
13. Federal response efforts coordinated and mission assignments determined. A consequence management support team deploys to incident site. All EOCs coordinate.	ROC and regional-level agencies.
14. An Emergency Response Team - Advance Element (ERT-A) deploys to State EOC and incident site, as needed. Base installation sites identified for mobilization centers. Liaisons from WMD-related agencies requested for Emergency Support Team (EST) and ROC. Disaster Field Office (DFO) liaisons as needed (may be after extended response phase).	ERT-A: Regional-level FEMA and FRP primary support agencies, as needed.
15. A consequence management support team provides operational technical assistance to Unified Command.	FEMA, DOE, DoD, HHS, EPA, and FBI.
16. Recovery operations. Transition of LFA from FBI to FEMA.	

<sup>a</sup> FEMA may initiate FRP response prior to any FBI/SIOC notification.

## **EXHIBIT II**

## **Gov. Ridge Announces Homeland Security Advisory System**

The Homeland Security Advisory System will provide a comprehensive and effective means to disseminate information regarding the risk of terrorist attacks to Federal, State, and local authorities and to the American people.

As part of a series of initiatives to improve coordination and communication among all levels of government and the American public in the fight against terrorism, President Bush signed Homeland Security Presidential Directive 3, creating the Homeland Security Advisory System (HSAS). The advisory system will be the foundation for building a comprehensive and effective communications structure for the dissemination of information regarding the risk of terrorist attacks to all levels of government and the American people.

The Attorney General will be responsible for developing, implementing and managing the system. In conjunction with the development of this new system, the Attorney General will open a 45-day comment period in order to seek the views of officials at all levels of government, law enforcement and the American public. Ninety days after the conclusion of the comment period, the Attorney General in coordination with the Director of the Office of Homeland Security -- will present a final Homeland Security Advisory System to the President for approval. The Homeland Security Advisory System will provide the following:

### ***National framework for Federal, State, and local governments, private industry and the public.***

There are many federal alert systems in our country -- each tailored and unique to different sectors of our society: transportation, defense, agriculture, and weather, for example. These alert systems fill vital and specific requirements for a variety of situations in both the commercial and government sectors. The Homeland Security Advisory System will provide a national framework for these systems, allowing government officials and citizens to communicate the nature and degree of terrorist threats. This advisory system characterizes appropriate levels of vigilance, preparedness and readiness in a series of graduated Threat Conditions. The Protective Measures that correspond to each Threat Condition will help the government and citizens decide what action they take to help counter and respond to terrorist activity. Based on the threat level, Federal agencies will implement appropriate Protective Measures. States and localities will be encouraged to adopt compatible systems.

***Factors for assignment of Threat Conditions.*** The Homeland Security Advisory System will provide a framework for the Attorney General, in consultation with the Director of the Office of Homeland Security, to assign Threat Conditions, which can apply nationally, regionally, by sector or to a potential target. Cabinet Secretaries and other members of the Homeland Security Council will be consulted as appropriate. A variety of factors may be used to assess the threat. Among these:

- Is the threat credible?
- Is the threat corroborated?
- Is the threat specific and/or imminent?

- How grave is the threat?

***Unified system for public announcements.*** Public announcements of threat advisories and alerts help deter terrorist activity, notify law enforcement and State and local government officials of threats, inform the public about government preparations, and provide them with the information necessary to respond to the threat. State and local officials will be informed in advance of national threat advisories when possible. The Attorney General will develop a system for conveying relevant information to Federal, State, and local officials, and the private sector expeditiously. Heightened Threat Conditions can be declared for the entire nation, or for a specific geographic area, functional or industrial sector. Changes in assigned Threat Conditions will be made when necessary.

***A tool to combat terrorism.*** Threat Conditions characterize the risk of terrorist attack. Protective Measures are the steps that will be taken by government and the private sector to reduce vulnerabilities. The HSAS establishes five Threat Conditions with associated suggested Protective Measures:

**Low Condition  
Green**

Low risk of terrorist attacks. The following Protective Measures may be applied:

- Refining and exercising preplanned Protective Measures
- Ensuring personnel receive training on HSAS, departmental, or agency-specific Protective Measures; and
- Regularly assessing facilities for vulnerabilities and taking measures to reduce them.

**Guarded Condition  
Blue**

General risk of terrorist attack. In addition to the previously outlined Protective Measures, the following may be applied:

- Checking communications with designated emergency response or command locations;
- Reviewing and updating emergency response procedures; and
- Providing the public with necessary information.

**Elevated Condition  
Yellow**

Significant risk of terrorist attacks. In addition to the previously outlined Protective Measures, the following may be applied:

- Increasing surveillance of critical locations;
- Coordinating emergency plans with nearby jurisdictions;
- Assessing further refinement of Protective Measures within the context of the current threat information; and
- Implementing, as appropriate, contingency and emergency response plans.

### **High Condition Orange**

High risk of terrorist attacks. In addition to the previously outlined Protective Measures, the following may be applied:

- Coordinating necessary security efforts with armed forces or law enforcement agencies;
- Taking additional precaution at public events;
- Preparing to work at an alternate site or with a dispersed workforce; and Restricting access to essential personnel only.

### **Severe Condition Red**

Severe risk of terrorist attacks. In addition to the previously outlined Protective Measures, the following may be applied:

- Assigning emergency response personnel and pre-positioning specially trained teams; Monitoring, redirecting or constraining transportation systems;
- Closing public and government facilities; and
- Increasing or redirecting personnel to address critical emergency needs.

Written comments may be sent to: Director, Federal Bureau of Investigation, Homeland Security Advisory System, Room 7222, 935 Pennsylvania Avenue, N.W. Washington, D.C. 20535.

Comments may also be submitted electronically to: [HSAScomments@fbi.gov](mailto:HSAScomments@fbi.gov)

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**Return to this article at:**

<http://www.whitehouse.gov/news/releases/2002/03/20020312-1.html>

### **Exhibit 3 Glossary of Terms**

**Aerosol** – Fine liquid or solid particles suspended in a gas, for example, fog or smoke.

**Biological Agents** – Living organisms or the materials derived from them that cause disease in or harm to humans, animals, or plants or cause deterioration of material. Biological agents may be used as liquid droplets, aerosols, or dry powders.

**Chemical Agent** – A chemical substance that is intended to kill, seriously injure, or incapacitate people through physiological effects. Generally separated by severity of effect: lethal, blister, and incapacitating.

**Consequence Management** – Measures to protect public health and safety, restore essential government services, and provide emergency relief to governments, businesses, and individuals affected by the consequences of terrorism. State and local governments exercise primary authority to respond to the consequences of terrorism. (Source: FRP Terrorism Incident Annex, page TI-2, April 1999). The Federal Emergency Management Agency (FEMA) has been designated the Lead Federal Agency (LFA) for consequence management to ensure that the Federal Response Plan is adequate to respond to terrorism. Additionally, FEMA supports the Federal Bureau of Investigation (FBI) in crisis management.

**Crisis Management** – This is the law enforcement aspect of an incident that involves measures to identify, acquire, and plan the resources needed to anticipate, prevent, and/or resolve a threat of terrorism. The FBI is the LFA for crisis management for such an incident. (Source: FBI) During crisis management, the FBI coordinates closely with local law enforcement authorities to provide successful law enforcement resolution to the incident. The FBI also coordinates with other Federal authorities, including FEMA. (Source: FRP Terrorism Incident Annex, April 1999)

**Decontamination** – The process of making people, objects, or areas safe by absorbing, destroying, neutralizing, making harmless, or removing the HazMat.

**Federal Response Plan (FRP)** – The FRP establishes a process and structure for the systematic, coordinated, and effective delivery of Federal assistance to address the consequences of any major disaster or emergency declared under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (42 U.S. Code [USC], et seq.). The FRP Terrorism Incident Annex defines the organizational structures used to coordinate crisis management with consequence management. (Source: FRP Terrorism Incident Annex, April 1999)

**Lead Agency** – The Federal department or agency assigned lead responsibility under U.S. law to manage and coordinate the Federal response in a specific functional area. The FBI is the lead agency for crisis management and FEMA is the lead agency for consequence management. Lead agencies support the overall Lead Federal Agency (LFA) during all phases of the response.

**Lead Federal Agency (LFA)** – The agency designated by the President to lead and coordinate the overall Federal response is referred to as the LFA and is determined by the type of emergency. In general, an LFA establishes operational structures and procedures to assemble and work with agencies providing direct support to the LFA in order to provide an initial assessment of the situation, develop an action plan, monitor and update operational

priorities, and ensure each agency exercises its concurrent and distinct authorities under U.S. law and supports the LFA in carrying out the President's relevant policy. Specific responsibilities of an LFA vary according to the agency's unique statutory authorities.

**Mitigation** – Those actions (including threat and vulnerability assessments) taken to reduce the exposure to and detrimental effects of a WMD incident.

**Nonpersistent Agent** – An agent that, upon release, loses its ability to cause casualties after 10 to 15 minutes. It has a high evaporation rate, is lighter than air, and will disperse rapidly. It is considered to be a short-term hazard; however, in small, unventilated areas, the agent will be more persistent.

**Persistent Agent** – An agent that, upon release, retains its casualty-producing effects for an extended period of time, usually anywhere from 30 minutes to several days. A persistent agent usually has a low evaporation rate and its vapor is heavier than air; therefore, its vapor cloud tends to hug the ground. It is considered to be a long-term hazard. Although inhalation hazards are still a concern, extreme caution should be taken to avoid skin contact as well.

**Plume** – Airborne material spreading from a particular source; the dispersal of particles, gases, vapors, and aerosols into the atmosphere.

**Preparedness** – Establishing the plans, training, exercises, and resources necessary to achieve readiness for all hazards, including WMD incidents.

**Radiation** – High-energy particles or gamma rays that are emitted by an atom as the substance undergoes radioactive decay. Particles can be either charged alpha or beta particles or neutral neutron or gamma rays.

**Recovery** – Recovery, in this document, includes all types of emergency actions dedicated to the continued protection of the public or promoting the resumption of normal activities in the affected area.

**Response** – Executing the plan and resources identified to perform those duties and services to preserve and protect life and property as well as provide services to the surviving population.

**Terrorism** – The unlawful use of force or violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives. Domestic terrorism involves groups or individuals who are based and operate entirely within the United States and U.S. territories without foreign direction and whose acts are directed at elements of the U.S. government or population.

**Toxicity** – A measure of the harmful effects produced by a given amount of a toxin on a living organism.

**Weapons-Grade Material** – Nuclear material considered most suitable for a nuclear weapon. It usually connotes uranium enriched to above 90 percent uranium-235 or plutonium with greater than about 90 percent plutonium-239.

**Weapons of Mass Destruction** – Any explosive, incendiary, or poison gas, bomb, grenade, rocket having a propellant charge of more than 4 ounces, or a missile having an explosive incendiary charge of more than 0.25 ounce, or mine or device similar to the above; poison gas; weapon involving a disease organism; or weapon that is designed to release radiation or radioactivity at a level dangerous to human life.

#### **Exhibit 4 – Terrorism Hotlines and Online Resources**

##### **A. TELEPHONE HOTLINES**

Domestic Preparedness Chemical/Biological HelpLine (phone: 800-368-6498, fax: 410-612-0715, Web: <http://www.nbc-prepare.org> or <http://dp.sbcom.army.mil>, e-mail: [cbhelp@sbcom.apgea.army.mil](mailto:cbhelp@sbcom.apgea.army.mil)) This service provides technical assistance during business hours to eligible State and local emergency responders and their organizations.

National Response Center Hotline (800-424-8802) A service that receives reports of oil, chemical, biological, and radiological releases and actual or potential domestic terrorism; provides technical assistance to emergency responders; and connects callers with appropriate Federal resources. The hotline operates 24 hours a day, 365 days a year.

Nuclear Regulatory Commission Operations Center (301-816-5100, collect calls accepted) Accepts reports of accidents involving radiological materials.

##### **B. INTERNET REFERENCE ADDRESSES**

Army Training Support Center (<http://www.atsc.army.mil>) Provides a digital library with approved training and doctrine information. Files include Field Manuals, Mission Training Plans, Soldier Training Pubs, and more.

Centers for Disease Control and Prevention (CDC) (<http://www.bt.cdc.gov>) Information regarding infectious diseases.

Soldier and Biological Chemical Command (SBCCOM) (<http://www.apgea.army.mil>) Information on chemical/biological defense equipment and chemical agents.

CBIAC: Chemical and Biological Defense Information and Analysis Center  
(<http://www.cbiac.apgea.army.mil>) Collects, reviews, analyzes, and summarizes chemical warfare/contraband detection (CW/CBD) information.

Chemical and Biological Warfare – Health and Safety  
(<http://www.ntis.gov/health/health.html>) Department of Commerce National Technical Information Service (NTIS) site has information on chemical and biological agents, Government research, detoxification and decontamination studies, developing immunizations, and drug theories.

Chemical Emergency Preparedness and Prevention Office (CEPPO)  
(<http://www.epa.gov/ceppo/>) Information on the CEPPO office, upcoming events, publications, legislation and regulations, and links to outside resources. Also contains information on accident prevention and risk management planning.

Chemical Transportation Emergency Center (CHEMTREC) (<http://www.cmahq.com>).  
Source of technical assistance from chemical product safety specialists, emergency response coordinators, toxicologists and other hazardous materials (HazMat) specialists.

Disaster Management Central Resource (DMCR)  
(<http://206.39.77.2/DMCR/dmrhome.html>) Lackland Air Force Base (AFB) site with information on civilian support resources, triage of mass casualty situations, medicine and terrorism, terrorism injuries, and WMD medical library.

FEMA – Bio, Toxic Agents, and Epidemic Hazards Reference ([www.fema.gov/emi/edu/biblo11.html](http://www.fema.gov/emi/edu/biblo11.html)) Emergency management-related bibliography on biological, toxic agents, and epidemic hazards.

FEMA – Emergency Management – Related Bibliography  
(<http://www.fema.gov/emi/edu/biblo12.htm>) Currently 35 links to various emergency management-related bibliographies. At least 10 of these relate to WMD.

Federal Radiological Emergency Response Plan  
(<http://www.nrc.gov/NRC/AEOD/FRERP/downld.html>)

U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM)  
(<http://chppm-www.apgea.army.mil>) Home Page providing links especially requests for CHPPM services. Links connect to Directorates of Environmental Health Engineering, Health Promotion and Wellness, Laboratory Sciences, Occupational Health, and Toxicology.

U.S. Army Medical Research and Development (R&D) Command (<http://MRMC-www.army.mil>) Links include military infectious disease, chemical and biological links, scientific and technical reports, and Web site links.

U.S. Army Medical Research Institute of Chemical Defense (<http://chemdef.apgea.army.mil>) Provides data links to open literature for medical management of chemical casualties and assay techniques for chemical agents.

U.S. Army Medical Research Institute of Infectious Diseases (<http://www.usamriid.army.mil>) Provides links to Medical Command (MEDCOM), Ebola site, outbreak reporting site, CDC, Defense Technical Information Center (DTIC), U.S. Army, and more.

## C. CROSS-REFERENCE WEB SITES

### 1. Federal Departments/Agencies

#### a. Environmental Protection Agency (EPA)

- (1) EPA's Chemical Emergency and Prevention Office (CEPPO). CEPPO provides leadership, advocacy, and assistance to prevent and prepare for chemical emergencies, respond to environmental crises, and inform the public about chemical hazards in their community. <http://www.epa.gov/ceppo/>
- (2) EPA's Environmental Response Team (ERT). The ERT is a group of skilled experts in environmental emergencies who provide on-scene assistance on a "round-the-clock" basis to deal with environmental disasters. <http://www.ert.org/>
- (3) EPA's Role in Counterterrorism. This Web site describes EPA's counterterrorism efforts and shares relevant counterterrorism information and resources. <http://www.epa.gov/ceppo/counter.html>

#### b. Department of Defense (DoD)

- (1) DoD's Chemical and Biological Defense Information Analysis Center. This Web site is DoD's focal point for chemical and biological warfare information. <http://www.cbiac.apgea.army.mil>
- (2) DoD's Counterproliferation: Chem Bio Defense. This is a DoD "webnetwork" on nuclear, biological, and chemical (NBC) defense. <http://www.acq.osd.mil/cp/>

- (3) DoD's Hazardous Technical Information Services (HTIS). HTIS is a service of the Defense Logistics Agency, located in Richmond, Virginia. <http://www.dscr.dla.mil/htis/htis.htm>
- (4) DoD's Medical (Army Surgeon General). This Web site contains extensive medical documents, training materials, audiovisual clips, a search engine, and links to other sites. <http://www.nbc-med.org>

**c. Department of Justice (DOJ)**

- (1) Federal Bureau of Investigation (FBI)
  - (a) Awareness of National Security Issues and Response Program (ANSIR). The ANSIR is the "public voice" of the FBI for espionage, cyber and physical infrastructure protection. <http://www.fbi.gov/hq/nsd/ansir/ansir.htm>
  - (b) National Domestic Preparedness Office (NDPO). The NDPO Web site provides a location for information regarding the available Federal training and programs intended to enhance the capabilities of the public safety community in dealing with weapons of mass destruction (WMD). The NDPO mission, members, services, newsletter, and recommended links are contained on this site. <http://www.ndpo.gov>
- (2) Office for State and Local Domestic Preparedness Support (OSLDPS). OSLDPS provides technical assistance to States and local jurisdictions to enhance their ability to develop, plan, and implement a program for WMD preparedness. <http://www.ojp.usdoj.gov/osldps/>

**d. Federal Emergency Management Agency (FEMA)**

- (1) Backgrounder: Terrorism. This FEMA Web site provides basic background information on terrorism-related issues. <http://www.fema.gov/library/terror.htm>
- (2) Terrorism Annex to the Federal Response Plan. The site includes the full text of the Annex in PDF format that can be downloaded and reproduced. <http://www.fema.gov/r-n-r/frp/frpterr.pdf>
- (3) United States Government Interagency Domestic Terrorism Concept of Operations Plan. The link provides the full text of the plan, which is designed to provide information to Federal, State, and local agencies on how the Federal government will respond to potential or actual terrorism threats. The document is in PDF

format and can be downloaded and reproduced.

<http://www.fema.gov/r-n-r/conplan/>

- (4) FEMA's Rapid Response Information System (RRIS). This Web site provides descriptions and links to eight major chemical and biological agent resources.  
<http://www.fema.gov/rris/reflib2.htm#chembio>
- (5) National Fire Academy. The National Fire Academy homepage provides links to the course catalog and to specific courses and job aids relating to terrorism preparedness.  
<http://www.usfa.fema.gov/nfa/>
- (6) FEMA's Emergency Response to Terrorism Self-Study Course. This Web site provides a link to a self-study course designed to provide basic awareness training to prepare first responders to respond safely and effectively to incidents of terrorism.  
[http://www.usfa.fema.gov/nfa/tr\\_ertss1.htm](http://www.usfa.fema.gov/nfa/tr_ertss1.htm)

e. **Department of Health and Human Services**

- (1) Office of Emergency Preparedness / National Disaster Medical System – The website provides information on current and previous disaster responses, counter terrorism programs and links to other Federal sites. <http://www.oep-ndms.dhhs.gov>
- (2) Centers for Disease Control and Prevention, Bioterrorism Preparedness and Response Program – The website provides information on bioterrorism preparedness issues, response planning and recent publications related to bioterrorism.  
<http://www.bt.cdc.gov>

The Centers for Disease Control and Prevention (CDC) also provide helpful (though not comprehensive) lists of chemical and biological agents that might be used by terrorists. These lists are included in "Biological and Chemical Terrorism: Strategic Plan for Preparedness and Response," in CDC's *Morbidity and Mortality Weekly Report*, April 21, 2000 (Vol. 49, No. RR-4), available at [http://www.cdc.gov/mmwr/mmwr\\_rr.html](http://www.cdc.gov/mmwr/mmwr_rr.html).

- (3) Metropolitan Medical Response System (MMRS) – Although the MMRS program is locally controlled, this website provides information which will assist any local, State or Federal planner or responder working with domestic preparedness issues.  
<http://www.mmrs.hhs.gov>

## 2. Other Resources

- a. Critical Infrastructure Assurance Office. This Web site provides information on the Administration's current initiatives in critical infrastructure protection. *<http://www.ciao.gov>*
- b. DOE's Radiation-Related Web sites. This Web site is maintained by DOE's Office of Civilian Radiation Waste Management. *<http://www.rw.doe.gov/>*
- c. National Response Team (NRT). The NRT Web site contains information about standing NRT committees, the Regional Response Teams (RRTs), upcoming events, and NRT publications. *<http://www.nrt.org/>*