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

The Federal Emergency Management Agency
United States Fire Administration
National Fire Academy

And

United States Department of Justice
Office of Justice Programs

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Section I. Introduction

Document Layout

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Instructions on the Use of This Job Aid

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

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

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

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

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

- The Job Aid is designed to assist the first responder from the fire, EMS, HazMat, and law enforcement disciplines. This includes both tactical and strategic issues that range from line personnel to unit officers and up to and including the initial incident commander (i.e., battalion chief, etc.).

- The document is not a training manual. It is expected that personnel already have appropriate training and experience to address the identified tactics. It should serve as a reminder for those who already have completed the appropriate level of tactical or strategic training, such as the Emergency Response to Terrorism courses developed for classroom and self-study.

- The document is designed to assist emergency response personnel in identifying a possible terrorist/WMD incident and implementing initial actions.

- The document identifies both strategic and tactical considerations that should be assessed within the first hour of an incident. Appropriate tactics would then be implemented as required.
Every incident is different. It is not possible to develop a document outlining a single chronology or sequence of actions. The order of operations depicted in this document may have to be altered to meet the situation. In some cases, various issues may have to be addressed simultaneously.

Terrorist/WMD incidents are complex by nature and rarely handled by a single first responder. The Job Aid is intended to be used by several different first responders simultaneously at the incident. It may be best that the responsibility for different sections be appropriately assigned to different personnel if available and addressed simultaneously.
Section II-1: Assess Security—Response and Initial Approach

Indicators

☐ Is the response to a target hazard or target event?

☐ Has there been a threat?

☐ Are there multiple (non–trauma related) victims?

☐ Are responders victims?

☐ Are hazardous substances involved?

☐ Has there been an explosion?

☐ Has there been a secondary attack/explosion?
Section II-1: Assess Security—Response and Initial Approach (cont.)

If There Is One Indicator:

- Respond with a heightened level of awareness.

If There Are Multiple Indicators:

- You may be on the scene of a terrorist incident.
- Initiate response operations with extreme caution.
- Be alert for actions against responders.
- Evaluate and implement personal protective measures.
- Consider the need for maximum respiratory protection.
Section II-1: Assess Security—Response and Initial Approach (cont.)

- Make immediate contact with law enforcement for coordination.

- Response route considerations:
  - Approach cautiously, from uphill/upwind if possible.
  - Consider law enforcement escort.
  - Avoid choke points (i.e., congested areas).
  - Designate rally points (i.e., regrouping areas—different from staging area—for responders).

- Identify safe staging location(s) for incoming units.
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Section II-2: Command Considerations

- Establish command.
- Isolate area/deny entry.
- Ensure scene security.
- Initiate on-scene size-up and hazard/risk assessment.
- Provide, identify, designate safe staging location(s) for incoming units.
- Ensure the use of personal protective measures and shielding.
- Assess emergency egress routes:
  - Position apparatus to facilitate rapid evacuation.
  - If you must use emergency egress, reassemble at designated rally point(s).
- Ensure personnel accountability.
- Designate incident safety officer.
- Assess command post security.
Section II-2: Command Considerations (cont.)

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

- Dispatch center (update situation report).
- Hospitals.
- Utilities.
- Law enforcement.
- State point of contact as appropriate.

Prepare for transition to Unified Command.

Ensure coordination of communications and identify needs.
Section II-3: On-Scene Size-Up

- Review dispatch information.

- Look for physical indicators and other outward warning signs (of biological, nuclear, incendiary, chemical and explosive events, including armed assault):
  - Debris field.
  - Mass casualty/fatality with minimal or no trauma.
  - Responder casualties.
  - Severe structural damage without an obvious cause.
  - Dead animals and vegetation.
  - System(s) disruptions (utilities, transportation, etc.).
  - Unusual odors, color of smoke, vapor clouds.

- Victims' signs and symptoms of hazardous substance exposure:
  - Are there unconscious victims with minimal or no trauma?
  - Are there victims exhibiting SLUDGEM signs/seizures? □
  - Is there blistering, reddening of skin, discoloration or skin irritation?
  - Are victims having difficulty breathing?
Section II-3: On-Scene Size-Up (cont.)

- Identify apparent sign/symptom commonality.

- Interview victims and witnesses (if possible):
  - Is everyone accounted for?
  - What happened (information on delivery system)?
  - When did it happen?
  - Where did it happen?
  - Who was involved?
  - Did they smell, see, taste, hear, or feel anything (out of the ordinary)?

- Identify type of event(s):
  - Biological.
  - Nuclear/radiological.
  - Incendiary.
  - Chemical.
  - Explosive.
  - Armed assault.

- Weather report considerations:
  - Downwind exposures.
  - Monitor forecast.
Determine life safety threats:

- Self.
- Responders.
- Victims.
- Public.

Determine mechanism(s) of injury (TRACEM-P):

- Thermal.
- Radiological.
- Asphyxiant.
- Chemical.
- Etiological.
- Mechanical.
- Psychological.

Estimate number of victims:

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

- Identify damaged/affected surroundings:
  - Structural exposures.
  - Downwind exposures.
  - Environmental exposures.
  - Below-grade occupancies.
  - Below-grade utilities.
  - Aviation/air space hazards.

- Consider potential for secondary attack:
  - Chemical dispersal devices.
  - Secondary explosive devices.
  - Booby traps.

- Determine available and needed resources:
  - Fire.
  - EMS.
  - HazMat.
  - Law enforcement/explosive ordnance disposal (bomb squad).
  - Emergency management.
  - Public works.
  - Public health.
  - Environmental.
  - Othe
<table>
<thead>
<tr>
<th>Section II-4: Incident Site Management, Safety, and Security</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Reassess initial isolation/standoff distances:</td>
</tr>
<tr>
<td>❑ Establish an outer perimeter.</td>
</tr>
<tr>
<td>❑ Establish an inner perimeter.</td>
</tr>
<tr>
<td>❑ Initiate public protection actions:</td>
</tr>
<tr>
<td>❑ Remove endangered victims from high-hazard areas.</td>
</tr>
<tr>
<td>❑ Establish safe refuge area (contaminated vs. uncontaminated).</td>
</tr>
<tr>
<td>❑ Evacuate.</td>
</tr>
<tr>
<td>❑ Protect in place.</td>
</tr>
<tr>
<td>❑ Identify appropriate PPE options prior to committing personnel.</td>
</tr>
<tr>
<td>❑ Dedicate emergency medical services needed for responders.</td>
</tr>
<tr>
<td>❑ Prepare for gross decontamination operations for responders.</td>
</tr>
<tr>
<td>❑ Coordinate with law enforcement to provide security and control of perimeters.</td>
</tr>
</tbody>
</table>
Designate an emergency evacuation signal.
Section II-5: Tactical Considerations

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

- **Rescue considerations:**
  - Is the scene safe for operations?
  - Can I make it safe to operate?
  - Are victims viable?
  - Are they ambulatory?
  - Can they self-evacuate?
  - Are they contaminated?
  - Do they require extrication (bombing events)?
  - Is a search safe and possible?
  - Is specialized PPE required?
Incident stabilization (consider defensive operations):

- Water supply.
- Exposure protection.
- Utility control.
- Fire suppression.
- HazMat control.
Section II-6: Mass Decontamination

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

NOTE

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

- Symptomatic and asymptomatic.
- Ambulatory and nonambulatory.

Medical providers may access the patients in the holding area to initiate triage, administer antidotes, and provide basic care in accordance with local protocols.

The type of decontamination system is dependent on the number of patients, the severity of their injuries, and the resources available.

Several patients may be handled with a single hose line, while numerous patients will require the use of a mass decontamination corridor.

Large numbers of patients may require engine companies to use the "side-by-side" system as well as numerous showers to move multiple lines of patients through the process.
Symptomatic Patients

- Begin emergency gross decontamination immediately on victims who:
  - Are symptomatic.
  - Have visible (liquid) product on their clothing.
  - Were in close proximity to the discharge.

- In a mass casualty setting life safety takes precedence over containing runoff.

- Set up decontamination in an area such that the decontamination water will flow away from your operation and into the grass or soil, if possible.

- Provide privacy only if it will not delay the decontamination process.

- Remove all of the victims’ clothing.
Section II-6: Mass Decontamination
(cont.)

☐ Thoroughly wash/rinse the victims:

  ☐ For limited number of patients: use soap, soft brushes, and water from small hose lines at low pressure (30 psi fog).
  ☐ For multiple patients: engines parked side-to-side dispersing water at low pressures from discharges or multiple showers may be used.

--- NOTE ---

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

☐ Separate lines may be required to process nonambulatory patients.

☐ As resources become available, separate decontamination lines may be established for male and female patients, as well as families.
Section II-6: Mass Decontamination (cont.)

- Provide emergency covering (i.e., emergency blankets and sheets for the victims)
- Transfer patients to EMS for triage/treatment

**Asymptomatic Patients (Contaminated or Exposed)**

- Process patients through the gross decontamination showers with their clothes on.
- Have them proceed to separate holding areas by gender.
- Separate systems should be established for male and female patients.
- Set up tents/shelters and provide showers or an improvised wash system.
- Patients should be numbered and bags should be used to store their personal effects.
Section II-6: Mass Decontamination (cont.)

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

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

- Stand-alone decontamination systems may have to be established outside of hospital emergency rooms for patients who self-present at the location:
  - Units with decontamination capabilities should be dispatched to establish a system.
  - Triage the patients and separate them into symptomatic and asymptomatic groups.
  - Patients who are symptomatic or have visible product on their clothes will be a priority.
  - Remove clothes and flush thoroughly.
  - Liaison with the hospital staff to determine where patients will be sent after decontamination.
Section II-7: Evidence Preservation

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

- Note location of potential evidence.

- Report findings to appropriate authority.

- Move potential evidence only for life safety/incident stabilization.

- Establish and maintain chain of custody for evidence preservation.
Section III-1: Biological

General Information

- Biological agents may produce delayed reactions.

- Unlike exposure to chemical agents, exposure to biological agents does not require immediate removal of victims’ clothing or gross decontamination in the street.

- Inhalation is the primary route of entry.

- SCBA and structural firefighting clothing provides adequate protection for first responders.

- DOT-ERG #158 provides additional information.

Response Recommendations

- Position uphill and upwind and away from building exhaust systems.

- Isolate/secure the area. (DOT-ERG #158 recommends initial isolation distance of 80 feet.)
Do not allow unprotected individuals to enter area.

Be alert for small explosive devices designed to disseminate the agent.

Gather information:
- Type and form of agent (liquid, powder, aerosol).
- Method of delivery.
- Location in structure.

Operational procedures are provided on the following pages for the following scenarios:

- Wet/dry agent from a point source.
- Threat of agent placed in HVAC system or package (with no physical evidence).
- Confirmed agent placed into HVAC system (visible fogger, sprayer or aerosolizing device).
Wet/Dry Agent from Point Source

- Personnel entering area must wear full PPE, including SCBA.
- Avoid contact with puddles, wet surfaces, etc.
- Isolate area of building.
- Keep all potentially exposed individuals in close proximity, but out of the high-hazard area.
- Shut down HVAC system that services the area.
- If victims have visible agent on them:
  - Wash exposed skin with soap and water.
  - If highly contaminated (i.e., splashed) and the facility is equipped with showers, the victims may take a shower and change clothes as a precaution.
  - HazMat team may be able to conduct a bioassay field test (limited number of agents).
If possible, a sample of the material may be collected for testing:

- If test results are positive, decontaminate in shower facility with warm water/soap.
- Provide emergency covering/clothing and bag personal effects.
- Refer to medical community for treatment.

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

- Isolate the building:
  - Keep all potentially exposed victims in the building.
  - Shut down all HVAC systems for the building.

- Collect information regarding the threat, target or any previous activity to gauge the credibility of the threat.

- Initiate a search of the building.

- Personnel entering area must wear full PPE, including SCBA.
Avoid contact with puddles, wet surfaces, etc.

Investigate all HVAC intakes, returns, etc., for evidence of agent or dispersal equipment.

If any evidence of an agent is found in/near the HVAC system, remove occupants from the building and isolate them in a secure and comfortable location.

If a suspicious package is found, handle as a point source event.

Contaminated victims should shower and change. No decontamination should take place unprotected and in the open. Tents or other sites should be used.

Exposed victims may shower and change at their discretion.

Refer to medical community for treatment.
Confirmed Agent Placed into HVAC System
(Visible Fogger, Sprayer or Aerosolizing Device)

- Personnel entering must wear full PPE and SCBA.
- Avoid contact with puddles, wet surfaces, etc.
- Remove occupants from building/area, and isolate in a secure and comfortable location.
- Shut down HVAC system(s).
- HazMat team may be able to conduct a bioassay field test (limited number of agents).
- If possible, a sample of the material may be collected for testing.
- If test results are positive, contaminated victims should shower and change. No decontamination should take place unprotected and in the open. Tents or other sites should be used.
- Gather all decontaminated victims in a specific holding area for medical evaluation.
## Biological Agent Reference Chart

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

General Information

- Radiological agents may produce delayed reactions.

- Unlike exposure to chemical agents, exposure to radiological agents does not require immediate removal of victims’ clothing or gross decontamination in the street.

- Inhalation is the primary route of entry for particulate radiation.

- In most cases, SCBA and structural firefighting clothing provides adequate protection for first responders.

- Alternately, gamma sources require minimizing exposure time and maintaining appropriate distance as the only protection.

- Exposed/contaminated victims may not exhibit obvious injuries.

- DOT-ERGs #163 & 164 provide additional information.
Response Recommendations

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

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

Use radiation detection devices, if possible, to determine if patients are contaminated with radiological material.
Section III-3: Incendiary

General Information

- Fire may present intense conditions:
  - Rapid spread.
  - High heat.
  - Multiple fires.
  - Chemical accelerant.

- Terrorists may sabotage fire protection devices.

- Be alert for booby traps.

- Be aware of the possibility of multiple devices.
General Information

- Victims' signs and symptoms of hazardous substance exposure:
  - Are there unconscious victims with minimal or no trauma?
  - Are there victims exhibiting SLUDGEM signs /seizures?
  - Is there blistering, reddening of skin, discoloration or skin irritation?
  - Are the victims having difficulty breathing?

- Look for physical indicators and other outward warning signs:
  - Medical mass casualty/fatality with minimal or no trauma.
  - Responder casualties.
  - Dead animals and vegetation.
  - Unusual odors, color of smoke, vapor clouds.
Chemical III-4-2

Section III-4: Chemical (cont.)

- Dispersal method(s):
  - Air handling system.
  - Misting or aerosolizing device.
  - Sprayer.
  - Gas cylinder.
  - Dirty bomb.

- DOT-ERGs provide additional information:
  - Nerve agents (Guide #153)
  - Blister agents (Guide #153)
  - Blood agents (Guides #117,119,125)
  - Choking agents (Guides #124,125)
  - Irritant agents (riot control) (Guides #153,159)
## Section III-4: Chemical (cont.)

### Chemical Agent Reference Charts

**Nerve Agents**

<table>
<thead>
<tr>
<th>Common Name (Military Symbol)</th>
<th>Tabun (GA)</th>
<th>Sarin (GB)</th>
<th>Soman (GD)</th>
<th>VX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volatility/Persistency</td>
<td>Semi-persistent</td>
<td>Persistent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate of Action</td>
<td>Rapid</td>
<td>Rapid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Route of Entry</td>
<td>Respiratory and skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Odor</td>
<td>Fruity</td>
<td>Camphor</td>
<td>Sulfur</td>
<td></td>
</tr>
<tr>
<td>Signs/Symptoms</td>
<td>Headache, runny nose, salivation, pinpointing of pupils, difficulty in breathing, tight chest, seizures/convulsions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Protection</td>
<td>Respiratory and skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Aid</td>
<td>Remove from area, treat symptomatically Atropine and 2–Pam chloride</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decontamination</td>
<td>Remove agent Flush with warm water/soap</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Non-persistent = minutes–hours  
Semi-persistent = < 12 hours  
Persistent = > 12 hours
### Chemical Agent Reference Charts

#### Blister Agents/Vesicants

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

Non-persistent = minutes–hours
Semi-persistent = < 12 hours
Persistent = > 12 hours
### Chemical Agent Reference Charts

**Blood Agents**

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

**Non-persistent = minutes–hours**  
**Semi-persistent = < 12 hours**  
**Persistent = > 12 hours**
## Chemical Agent Reference Charts

### Choking Agents

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

Non-persistent = minutes–hours
Semi-persistent = < 12 hours
Persistent = > 12 hours
## Chemical Agent Reference Charts

### Riot Control/Irritant Agents

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

Non-persistent = minutes–hours
Semi-persistent = < 12 hours
Persistent = > 12 hours
Response Recommendations

- Approach from uphill and upwind.

- **Victims exposed to chemical agents require immediate removal of clothing, gross decontamination and definitive medical care.**

- Upon arrival, stage at a safe distance away from the site.

- Secure and isolate the area/deny entry.

- Complete a hazard and risk assessment to determine if it is acceptable to commit responders to the site.

- Be aware of larger secondary chemical devices.

- Personnel in structural PPE/SCBA should not enter areas of high concentration, unventilated areas, or below-grade areas for any reason.

- Personnel in structural PPE/SCBA may enter the hot zone near the perimeter (outside of areas of high concentration) to perform life-saving functions.
Response Recommendations (cont.)

- Move ambulatory patients away from the area of highest concentration or source.

- Confine all contaminated and exposed victims to a restricted/isolated area at the outer edge of the hot zone.

- Symptomatic patients should be segregated into one area and asymptomatic patients should be placed in another area.

- Law enforcement should establish an outer perimeter to completely secure the scene.

- If a particular agent is known or suspected, this information should be forwarded to EMS personnel and hospitals so sufficient quantities of antidotes can be obtained.

- Hospitals should be notified immediately that contaminated victims of the attack may arrive or self-present at the hospital.
Response Recommendations (cont.)

- Begin emergency gross decontamination procedures starting with the most severe symptomatic patients. Use soap-and-water decon.

- Decontamination capabilities should be provided at the hospital to assist with emergency gross decontamination prior to victims’ entering the facility.

- If available, HazMat personnel in chemical PPE may be used for rescue, reconnaissance, and agent identification.

- Asymptomatic patients should be decontaminated in a private area (tent or shelter) and then forwarded to EMS for evaluation.
Section III-5: Explosives

General Information

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

- Explosives may produce secondary hazards, such as unstable structures, damaged utilities, hanging debris, void spaces, and other physical hazards.

- Devices may contain anti-personnel features such as nails, shrapnel, fragmentation design, or other material.

**WARNING:** Always be alert for potential secondary devices
Outward warning signs:
- Oral or written threats.
- Container/vehicle that appears out of place.
- Devices attached to compressed gas cylinders, flammable liquid containers, bulk storage containers, pipelines, and other chemical containers (dirty bomb).
- Oversized packages with oily stains, chemical odors, excessive postage, protruding wires, excessive binding, no return address, etc.

DOT-ERGs #112 and 114 provide additional information.
Response Recommendations

**Unexploded Device/Pre-Blast Operations**

- Command post should be located away from areas where improvised secondary devices may be placed, e.g., mailboxes, trash cans, etc.

- Stage incoming units:
  - Away from line of sight of target area.
  - Away from buildings with large amounts of glass.
  - In such a way as to utilize distant structural and/or natural barriers to assist with protection.

- Isolate/deny entry.

- Secure perimeter based on the size of the device.

**WARNING:** Coordinate activities with law enforcement and be prepared for operations if the device activates.
Response Recommendations (cont.)

Unexploded Device/Pre-Blast Operations

☐ Attempt to identify device characteristics:
  - Type of threat.
  - Location.
  - Time.
  - Package.
  - Device.
  - Associated history.

☐ Standoff distance should be commensurate with the size of the device:
  - Car bomb = 1500 ft. (increase distance for larger vehicles)
  - Package bomb (1–25 lbs.) = 1000 ft.
  - Pipe bomb = 500 ft.

☐ Use extreme caution if caller identifies a time for detonation. It is very possible that the device will activate prior to the announced time.

☐ Discontinue use of all radios, mobile data terminals (MDTs), and cell phones in accordance with local protocols.
Response Recommendations (cont.)

**Unexploded Device/Pre-Blast Operations**

- Evaluate scene conditions:
  - Potential number of affected people.
  - Exposure problems.
  - Potential hazards: utilities, structures, fires, chemicals, etc.
  - Water supply.
  - Evaluate available resources (EMS, HazMat, Technical Rescue, etc.).
  - Review pre-plans for affected buildings.
  - Make appropriate notifications.
  - Develop action plan that identifies incident priorities, potential tactical assignments, and key positions in the ICS/Unified Command.
Section III-5: Explosives (cont.)

Response Recommendations (cont.)

**Exploded Device/Post-Blast Operations**

- Command post should be located away from areas where improvised secondary devices may be placed, e.g., mailboxes, trash cans, etc.

- Initial arriving unit(s):
  - Stage a safe distance from reported incident (or where you first encounter debris).
    - Away from line of sight of target area.
    - Away from buildings with large amounts of glass.
  - Utilize distant structural and/or natural barriers to assist with protection.

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

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

- Debris field may contain unexploded bomb material.
Response Recommendations (cont.)

Exploded Device/Post-Blast Operations

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

Exploded Device/Post-Blast Operations

☐ Make notifications (law enforcement, hospitals, emergency management) as appropriate:
  ☑ Local.
  ☑ State.
  ☑ Federal.

☐ Complete hazard and risk assessment.

**WARNING:** If it is determined that entry/intervention must occur (life safety), the following procedures should be implemented.

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

☐ Remove viable patients to safe refuge area.

☐ Direct ambulatory patients to care.
Response Recommendations (cont.)

**Exploded Device/Post-Blast Operations**

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

- Establish emergency gross decontamination.

**WARNING:** Area should be evacuated of all emergency responders if there is any indication of a secondary device.
As per your request, here is the plain text representation of the document:

**Response Recommendations (cont.)**

**Exploded Device/Post-Blast Operations**

- Remove patients from the initial blast site to a safe refuge area.

- Triage/treatment area established at the casualty collection point (if established):
  - Notify hospitals.
  - Implement mass casualty plan.

- Do not allow rescuers to enter unsafe buildings or high-hazard areas.

- Control utilities and protect exposures from a defensive position.

- Preserve and maintain evidence.
Emergency Response to Terrorism
Job Aid

Section IV-1: Fire Department

- Isolate/secure the scene, deny entry, establish control zones.
- Establish command.
- Evaluate scene safety/security.
- Stage incoming units.
- Gather information regarding the incident, number of patients, etc.
- Assign ICS positions as needed.
- Initiate notifications (i.e., hospitals, law enforcement, state/federal agencies, etc.)
- Request additional resources.
- Use appropriate self-protective measures:
  - Proper PPE.
  - Time, distance, and shielding.
  - Minimize number of personnel exposed to danger.
Emergency Response to Terrorism
Job Aid

Section IV-1: Fire Department (cont.)

- Initiate public safety measures:
  - Rescue.
  - Evacuate.
  - Protect in place.

- Establish water supply:
  - Suppression activities.
  - Decontamination.

- Control and isolate patients (away from the hazard, at the edge of the hot/warm zone).

- Coordinate activities with law enforcement.

- Begin and/or assist with triage, administering antidotes, and treatment.

- Begin gross mass decontamination operations.
As the incident progresses, prepare to initiate Unified Command system.

- Establish Unified Command post, including representatives from the following organizations:
  - Emergency Medical Services.
  - Law enforcement.
  - Hospitals/public health.
  - Emergency management.
  - Public works.

- Establish and maintain chain of custody for evidence protection.
Section IV-2: Emergency Medical Services

If First on Scene:

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

If Command Has Been Established:

- Report to and/or communicate with command post.

- Gather information regarding:
  - Type of event.
  - Number of patients.
  - Severity of injuries.
  - Signs and symptoms.

- Assign medical Incident Command positions as needed.

- Notify hospitals.
Request additional resources as appropriate:

- Basic Life Support (BLS)/Advanced Life Support (ALS).
- Medivac helicopter (trauma/burn only).
- Medical equipment and supply caches.
- Metropolitan Medical Response System (MMRS).
- National Medical Response Team (NMRT).
- Disaster Medical Assistance Team (DMAT).
- Disaster Mortuary Response Team (DMORT).

Use appropriate self-protective measures:

- Proper PPE.
- Time, distance, and shielding.
- Minimize number of personnel exposed to danger.

Initiate mass casualty procedure.

Evaluate the need for casualty collection point (CCP) /patient staging area (PSA).

Control and isolate patients (away from the hazard, at the edge of the hot/warm zone).
Section IV-2: Emergency Medical Services (cont.)

- Ensure patients are decontaminated prior to being forwarded to the cold zone.

- Triage, administer antidotes, treat and transport victims.

- Evidence preservation/collection:
  - Recognize potential evidence.
  - Report findings to appropriate authority.
  - Consider embedded objects as possible evidence.
  - Secure evidence found in ambulance or at hospital.

- Establish and maintain chain of custody for evidence preservation.

- Ensure participation in Unified Command system when implemented.
### Section IV-2: Emergency Medical Services (cont.)

**PATIENT CARE MAINSTAYS WORKSHEET**

<table>
<thead>
<tr>
<th>APPROPRIATE PROTECTIVE MEASURES FOR EMS PERSONNEL</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DURING DECONTAMINATION</strong></td>
<td><strong>AFTER DECONTAMINATION</strong></td>
</tr>
<tr>
<td>PREVENT FURTHER EXPOSURE OF PATIENTS</td>
<td></td>
</tr>
<tr>
<td>PROVIDE SUPPORTIVE CARE</td>
<td></td>
</tr>
<tr>
<td>DECONTAMINATION</td>
<td></td>
</tr>
</tbody>
</table>
**PATIENT CARE MAINSTAYS WORKSHEET**

(Cont.)

<table>
<thead>
<tr>
<th>MAINTAIN PERSONAL PROTECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Assess for potential contagious diseases or secondary contamination)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS TREATMENT</td>
</tr>
<tr>
<td>ALS TREATMENT</td>
</tr>
</tbody>
</table>

| PATIENT TRANSPORT AND TRANSFER CONSIDERATIONS |
If First on Scene:

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

If Command Has Been Established:

- Report to command post.

- Evaluate scene safety/security:
  - Ongoing criminal activity.
  - Consider victims to be possible terrorists.
  - Secondary devices.
  - Additional threats.

- Gather witness statements/observations and document.

- Initiate law enforcement notifications:
  - Federal Bureau of Investigation (FBI).
  - Bureau of Alcohol, Tobacco, and Firearms (ATF).
  - Explosive Ordnance Disposal (EOD)/bomb squad.
  - Private security forces.
Request additional resources.

Secure outer perimeter.

Traffic control considerations:
- Staging areas.
- Entry/egress.

Use appropriate self-protective measures:
- Time, distance, and shielding.
- Minimize number of personnel exposed to danger.
- Proper PPE (if provided).

Initiate public safety measures:
- Evacuate.
- Protect in place.

Assist with control/isolation of patients.

Coordinate activities with other response agencies.
Evidence preservation:

- Diagram the area.
- Photograph the area.
- Prepare a narrative description.
- Maintain an evidence log.

Participate in a Unified Command system with:

- Fire/rescue services.
- Emergency Medical Services.
- Hospitals/public health.
- Emergency management.
- Public works.
Establish the HazMat group.

Provide technical information/assistance to:

- Command.
- EMS providers.
- Hospitals.
- Law enforcement.

Detect/monitor to identify the agent, determine concentrations and ensure proper control zones.

Continually reassess control zones.

Enter the hot zone (chemical PPE) to perform rescue, product confirmation, and reconnaissance.

Product control/mitigation may be implemented in conjunction with expert technical guidance.

Improve hazardous environments:

- Ventilation.
- Control HVAC.
- Control utilities.
Implement a technical decontamination corridor for Hazardous Materials Response Team (HMRT) personnel.

Coordinate and assist with mass decontamination.

Provide specialized equipment as necessary, such as tents for operations, shelter, etc.

Assist law enforcement personnel with evidence preservation/collection, decontamination, etc.
Section IV-5: Assisting Agencies

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

This list is not all encompassing. Different types of incidents will generate different responses by assisting agencies. Supplement this list with local/state resources as needed.
Local Law Enforcement: ________________
FBI Area Office WMD Coordinator: __________
Local Emergency Management
Point of Contact: ________________________

Public Health/Medical Representative: ________
Public Works: ____________________________
Utilities:
  Gas: ____________________________
  Electric: ________________________
  Water: _________________________
  Sewer: _________________________
  Telephone Service Provider: ________

National Response Center: 1-800-424-8800
Center for Disease Control: 1-800-311-3435
Hospital Contacts: ________________________
                      ________________________
                      ________________________
### Section V-1: Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asymptomatic</td>
<td>Exposed persons who are <em>not</em> exhibiting signs/symptoms of exposure.</td>
</tr>
<tr>
<td>B-NICE</td>
<td>Pertaining to biological, nuclear, incendiary, chemical, or explosives.</td>
</tr>
<tr>
<td>Casualty Collection Point (CCP)</td>
<td>Predefined location at which patients are collected, triaged, and provided with initial medical care.</td>
</tr>
<tr>
<td>Choke Point</td>
<td>Natural or man-made area that may present congestion hazard.</td>
</tr>
<tr>
<td>Cold (Support) Zone</td>
<td>Clean area outside the inner perimeter where command and support functions take place. Special protective clothing is not required in this area.</td>
</tr>
<tr>
<td>CST</td>
<td>National Guard WMD Civil Support Team</td>
</tr>
<tr>
<td>DMAT</td>
<td>Disaster Medical Assistance Team</td>
</tr>
<tr>
<td>DMORT</td>
<td>Disaster Mortuary Response Team</td>
</tr>
<tr>
<td>DOT-ERG</td>
<td>DOT Emergency Response Guide</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Egress</td>
<td>Designated exit area.</td>
</tr>
<tr>
<td>EOD</td>
<td>Explosive Ordnance Disposal</td>
</tr>
<tr>
<td>Gross Decontamination</td>
<td>Initial decontamination to remove large amounts of decontaminants.</td>
</tr>
<tr>
<td>HMRT</td>
<td>Hazardous Materials Response Team</td>
</tr>
<tr>
<td>Hot (Exclusion) Zone</td>
<td>Area immediately around the incident where serious threat of harm exists. It should extend far enough to prevent adverse effects from B-NICE agents to personnel outside the zone. Entry into the hot zone requires appropriately trained personnel and use of proper personal protective equipment.</td>
</tr>
<tr>
<td>HVAC</td>
<td>Heating, Ventilating and Air Conditioning</td>
</tr>
<tr>
<td>ICS</td>
<td>Incident Command System</td>
</tr>
<tr>
<td>Inner Perimeter</td>
<td>Secured inner area of operations.</td>
</tr>
<tr>
<td>Mass Decontamination</td>
<td>Decontamination process used on large number of contaminated victims.</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>MMRS</td>
<td>Metropolitan Medical Response System</td>
</tr>
<tr>
<td>NMRT</td>
<td>National Medical Response Team</td>
</tr>
<tr>
<td>Outer Perimeter</td>
<td>Outermost area from hazard that is secure.</td>
</tr>
<tr>
<td>PSA</td>
<td>Area where patients may receive continued medical treatment.</td>
</tr>
<tr>
<td>Persistent Agent</td>
<td>An agent that upon release retains its casualty-producing effects for an extended period of time, usually anywhere from 30 minutes to several days. A persistent agent usually has a low evaporation rate and its vapor is heavier than air. Therefore, its vapor cloud tends to hug the ground. It is considered to be a long-term hazard. Although inhalation hazards are still a concern, take extreme caution to avoid skin contact as well.</td>
</tr>
<tr>
<td>POC</td>
<td>Point of Contact</td>
</tr>
<tr>
<td>Point Source</td>
<td>Letter, package, or dispersal area of agent.</td>
</tr>
</tbody>
</table>
### Section V-1: Glossary of Terms (cont.)

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>Protect In Place</td>
<td>Method of protecting public by limiting exposure.</td>
</tr>
<tr>
<td>Rally Point</td>
<td>A predetermined location to which all persons evacuate in an emergency. In industry, facilities are evacuated and a rally point is usually predetermined. It is at this rally point that resources can regroup and a revised plan can be established.</td>
</tr>
<tr>
<td>Safe Refuge Area (SRA)</td>
<td>An area within the contamination reduction zone for assembling individuals who are witnesses to the incident. This assemblage will provide for the separation of contaminated persons from non-contaminated persons.</td>
</tr>
<tr>
<td>SCBA</td>
<td>Self-Contained Breathing Apparatus</td>
</tr>
<tr>
<td>SLUDGEM</td>
<td>Acronym for salivation, lacrimation, urination, defecation, gastric distress, emesis and miosis.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Symptomatic</td>
<td>Exhibiting signs/symptoms of exposure.</td>
</tr>
<tr>
<td>Time, Distance and Shielding (TDS)</td>
<td>Three types of protective measures commonly associated with hazardous materials training.</td>
</tr>
<tr>
<td>TRACEM</td>
<td>The acronym used to identify the six types of harm one may encounter at a terrorist incident: thermal, radioactive, asphyxiation, chemical, etiological, and mechanical. Note: Some sources use the acronym TEAM CPR, which stands for thermal, etiological, asphyxiation, mechanical, chemical, psychological, and radioactive.</td>
</tr>
<tr>
<td>Unified Command</td>
<td>In ICS, Unified Command is a unified team effort which allows all agencies with responsibility for the incident to establish a common set of incident objectives and strategies. This is accomplished without losing or abdicating agency authority, responsibility or accountability.</td>
</tr>
<tr>
<td>VEE</td>
<td>Venezuelan equine encephalitis</td>
</tr>
<tr>
<td>Glossary of Terms</td>
<td>Section V-1: Glossary of Terms (cont.)</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Warm Zone</td>
<td>A buffer area between the hot and cold zones. Personnel in this area are removed from immediate threat, but are not considered completely safe from harm. In HazMat incidents, this zone is also the contamination reduction zone where initial decontamination activities occur. This zone requires the use of proper personal protective equipment once contaminated people or equipment enter the zone.</td>
</tr>
</tbody>
</table>
| Weapon of Mass Destruction (WMD) | 1) Any explosive, incendiary, poison gas, bomb, grenade, or rocket having a propellant charge of more than four ounces, missile having an explosive or incendiary charge of more than one-quarter ounce, or mine or device similar to the above.  
2) Poison gas.  
3) Any weapon involving a disease organism.  
4) Any weapon designed to release radiation at a level dangerous to human life. |