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XVI. RESPONSE TO TERRORIST INCIDENTS

A. Introduction

- 1. Definition of Terrorism (FBI): "The unlawful use of force against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in the furtherance of political or social objectives." A terrorist incident is essentially a deliberate mass casualty event with the potential presence of hazardous materials and/or explosive devices, and is also an active and unsecured crime scene.
- 2. Potential threats may come from the harmful agent(s), dispersal device (i.e., explosive and/or incendiary hazard), or from the terrorist(s) themselves. Secondary devices intended to injure or kill emergency responders have been utilized and must also be considered. Additionally, exposure to contaminated victims who have exited the release site may pose an immediate health hazard to response personnel who have not had an opportunity to don full protective clothing with SCBA.
- 3. Terrorist incidents may be described by any of several acronyms, referring to the agents used or their effects. These include the following:
 - a. WMD (Weapons of Mass Destruction)
 - b. NBC (Nuclear, Biological, Chemical)
 - c. B-NICE (Biological, Nuclear, Incendiary, Chemical and/or Explosive)
 - d. COBRA (Chemical, Ordnance, Biological and/or Radiological)

B. <u>Initial Response Considerations</u>

A terrorist incident may take several different forms, depending primarily upon the type of agent and/or whether or not there is advance notice of the event. Some incidents, particularly those involving biological or radiological agents, may not become apparent until the effects are manifested following a latency or incubation period of several hours to days after the release. The response to such events may or may not involve Fire and Life Safety Services (FLSS) resources beyond a specialized multi-disciplinary group of individuals.

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The following considerations assume that a conventional emergency response has been initiated, either due to advance notice or intelligence and/or call(s) for assistance received by the Fire Communications Center.

- 1. Recognition that an incident is terrorist-related may occur at any point, from the call taken by dispatchers to the first responders who are already committed to the scene. The most important factor ensuring the safety of responders is early recognition. Indicators at the scene include, but are not limited to, the following:
 - a. Venue factors
 - 1) Large public assembly or tourist attraction
 - 2) Government building
 - 3) Site of historical or symbolic significance
 - 4) Mass transit area or conveyance
 - 5) Critical infrastructure hospital, telecommunications/utility center
 - 6) Site of controversial activities
 - 7) Major event with media coverage
 - 8) Dignitary visitation
 - b. Observation factors (from outside)
 - 1) Untimely exiting of large numbers of people from the venue
 - 2) Signs/symptoms of victims mass casualties without obvious trauma
 - 3) Apparent pattern of casualties with common symptoms
 - 4) Lack of recovery among victims after exit from impact area into fresh air
 - 5) Direct reports from contact person(s) at scene
 - 6) Report of explosion with little or no damage apparent (i.e., dispersal device)
 - 7) Any vehicle in proximity to the incident which appears out of place or unusual
 - 8) Package or other potential dispersion device (e.g., spraying apparatus) found near an HVAC fresh air intake or upwind of a public assembly area
 - 9) Visible vapors or smoke, structural damage or dead animals/insects
 - c. Observation factors (from inside or reported from others)
 - 1) Explosion or pressure release that appeared to have dispensed liquids, mists, dust or gas

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- 2) Explosion that appears to have only destroyed a package or device
- 3) Package or device found near an HVAC air return

2. First Responder Priorities

- a. Size-up
 - 1) Recognize incident as terrorist attack.
 - 2) Identify incident problem(s) rescue, mass casualty, fire suppression, Haz Mat, explosive device, structural collapse, criminal activity.
 - 3) Assess the vulnerability of your crew and consider relocating before allowing any members to leave the apparatus or enter the scene. All personnel should don full protective clothing including SCBA in operation.
 - 4) If the incident is recognized as being a potential terrorist event after first responders (operations level or "FRO") personnel have unknowingly entered a contaminated area, they should immediately retreat to a safe refuge area and request assistance for emergency decontamination prior to the removal of any PPE (keep SCBA in operation).
 - 5) Transmit a brief radio report describing the situation, your initial actions and make a request for additional resources. To communicate this as a potential terrorist incident, include the following statement: "San Diego, This is a CODE-T Incident." The initial resource request should include, but is not limited to:
 - a) Medical First Alarm
 - b) Hazardous Materials Incident Response Team (HIRT)
 - c) Explosive Device Team (EDT) / MAST
 - d) SDPD
 - e) FBI-San Diego
- b. Limited by their PPE and training, FRO personnel will be restricted to performing activities outside the exclusion (hot) zone throughout the duration of the incident.
- c. A significant challenge will be the likely confrontation with panicked citizens leaving the site who approach any emergency vehicle and demand

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help from the responders. To the extent possible, FRO personnel should limit their interaction with ambulatory victims who come to them. The public address (PA) system will be very useful in directing these citizens toward the area selected for Mass Casualty Decontamination.

- d. Relocate to a suitable location and set up for Mass Casualty
 Decontamination evolution, directing incoming resources via safest route
 (wind direction a primary factor) to sustain this operation and to augment
 it at additional locations if needed. Activate Annex D (Multi-Casualty
 Incident Plan).
- e. Assess collateral hazards secondary device, potential for additional attack, possibility of suspect being among the victims.
- f. Deploy apparatus and personnel to maximize protection factors (i.e., minimize exposure).
 - 1) Time in affected area to be minimized.
 - 2) Distance from affected area lengthened to reduce direct involvement with casualties (position Upwind, Uphill and Away). Ensuring sufficient distance from the site may be the most important tactical consideration.
 - 3) Shielding from affected area (apparatus, other buildings, personal protective equipment)
- g. Identify locations for the Incident Command Post (ICP) and Staging. Incoming resources should be limited from coming directly into the unsecured scene until they are assigned.

C. <u>Command and Control</u>

- 1. Ensure notification and response by SDPD and FBI to the ICP.
- 2. Establish and declare "Unified Command" early, starting with the first law enforcement officer to report to the ICP. Anticipate the need to liaison with representatives from several agencies.
 - a. The FBI is designated as the lead federal agency for any incident recognized as being potentially terrorist-related, and will be the on-scene commander for the coordination of the U.S. Government response.

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b. Upon arrival at scene and after receiving a briefing from Command, the FBI has the authority to, and may, assume IC in a Unified Command structure with SDPD and SDF&LSS as well as representatives from other agencies.

3. Incident Command Post

It is recommended that the ICP and Staging not be in line of sight with the incident scene.

- 4. Security (provided/coordinated by SDPD or other jurisdictional law enforcement agency)
 - a. Ensure sweeps are conducted immediately of ICP, Staging and other areas of operation for any possible secondary devices, and that these sites are kept secure from unauthorized persons. If any suspicious objects are found, this becomes the priority issue and is the responsibility of EDT to evaluate and employ render-safe procedures as may be appropriate.
 - b. Ensure that perimeter lines are established, to keep onlookers out and also to keep those leaving the venue/affected area from leaving the scene. SDPD will endeavor to keep people, who intend to leave the controlled area, inside this perimeter. However, police will not use force unless authorized under a declaration of a "Public Health Emergency" by the county Health Officer.
 - c. Respiratory protection for all personnel in the ICP should be collected and maintained in a readily available location nearby. This may include SCBA and/or Air Purifying Respirators (APRs).
- 5. Ensure response by specialty teams, including HIRT, EDT, the county Metropolitan Medical Strike Team (MMST) and FBI-San Diego WMD Haz Mat Response Team.
- 6. Attempt to establish liaison with venue representative. Essential information to be obtained may include, but is not limited to the following:
 - a. Number of occupants; employees and visitors
 - b. Exit locations, considering flow of occupants and where large numbers of people are likely to congregate outside. Also consider best ingress/egress route(s) for entry/rescue teams

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- c. In-place features that could be utilized to advantage
 - 1) Public Address System; areas covered, location of microphones
 - (2) HVAC System air intake and exhaust locations; control options
 - (3) Video Surveillance System; areas covered, location of monitor(s)
- 7. Plan for sufficient area to conduct Mass Casualty Decontamination, Triage, Treatment and Transport.
- 8. Establish a Medical Branch and activate Annex D. Ensure the development of a Transportation Plan to allow for efficient staging, patient loading and transport out of the scene by ambulances.
- 9. Consider requesting through FCC that air space over the incident be closed by FAA. This will prevent an unintentional spread of any hazardous vapor plume, and will also reduce noise levels for entry operations requiring listening acuity.

D. Command Transition

- 1. During the response phase of a terrorist incident, overall command and control generally resides with the Fire Incident Commander (FBI always retains authority to assume IC).
- 2. After all victims have been removed from danger (rescue, decontamination and field treatment) and hazards have been sufficiently abated, Unified Command will continue with the FBI-SAC (Special Agent in Charge) or designee assuming Command.

E. <u>Metropolitan Medical Strike Team (MMST)</u>

1. Overview

The MMST is a unique response asset specifically designed to address terrorist incidents involving WMD, primarily those where chemical and/or radiological agent(s) have been suspected of being used. It will augment existing field medical, law enforcement, Haz Mat, ordnance disposal and mass decontamination operations, and provide medical information and consultation to the IC and affected hospitals. The MMST will focus its efforts on:

- a. Exclusion Zone Reconnaissance
- b. Agent identification

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- c. Safe extraction and decontamination of non-ambulatory victims.

 Ambulatory victims remain the responsibility of the first responders (police, fire and EMS personnel) to control, decontaminate, triage and treat through a separate corridor of operations.
- d. Triage and primary treatment including antidote administration.

 Specialized medications are brought to the scene by the MMST, and will be distributed as indicated to EMS personnel at both treatment areas (ambulatory and non-ambulatory).
- e. Hospital coordination
- f. Site security (inner perimeter), evidence awareness and preservation

2. Composition

The MMST is a local (San Diego County Operational Area) resource organized into the five (5) ICS elements of Command/Management, Planning and Intelligence, Operations, Logistics and Finance. The MMST Operations Section has a Law Team, a Haz Mat Team and an EMS Team. Its members come from several agencies from throughout the county, including the on-duty resources of HIRT, EDT, STAR Medics and EMS Specialty Engine Company(ies).

There is no patient transport capability provided by the MMST. The local jurisdiction must provide ambulances or other alternative means of patient transport.

3. Integration into the incident

As many members of the MMST will likely be part of the initial response, a transition occurs as the incident progresses and the additional MMST staffing becomes assembled. Following a briefing from the IC, the MMST Task Force Leader (TFL) will be the supervisor of all elements within this team, and will report to the incident Operations Section Chief. Essentially, the MMST becomes a single resource under which all specialized operations (except technical/heavy rescue) are organized.

This transition requires a clear understanding of which resources will change their line of reporting from the IC or other subordinate leader to the MMST TFL. It may also necessitate the disengagement of specialized resources from existing assignments, requiring coordination to ensure continuity of operations. These

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resources include units from both SDF&LSS (HIRT, EDT and EMS [STAR medics and at least one EMS specialty engine company]) and SDPD (SWAT), requiring close liaison between fire and law in the Unified Command Post to facilitate this transition.

As the MMST becomes staffed and operational, it can reinforce and sustain hot zone entry activities (if any) that have been initiated by HIRT. Security concerns may preclude any such activities until a multi-disciplinary entry team approach can be assembled.

F. <u>Off-Site Consequences</u>

It is likely that significant numbers of people may leave the affected venue prior to the establishment of any scene control which would restrict their egress. Some may suffer delayed affects and become casualties, each requiring a response to a location remote from the original scene (roadway/freeway, home, etc.). Others may self-refer to hospitals covering a wide region. Any of these patients challenge response personnel and hospital emergency departments with the prospect of being potentially contaminated.

The capability of managing contaminated patients varies widely among these institutions. Depending upon the numbers of such patients, the perceived extent of possible contamination and the in-house capability at any given hospital, requests for assistance to these facilities may become a significant impact on FLSS resources.

G. Federal Response

All local government assets including the MMST are likely to be depleted before the incident is brought to a conclusion, with the potential for activities continuing beyond the first operational period (12 hours). Several federal assets are available to assist with the response and recovery phases of a terrorist incident.

The FBI is the single point of contact for accessing all federal assets. Due to the significant "reflex time" inherent to resource authorization, activation, mobilization and deployment of many of these assets, it is assumed the federal assets requested will not be on scene for at least several hours. Limited interim assistance may be made available from local military assets, subject to approval by each command at the time of need.