



JOINT
COUNTERTERRORISM
ASSESSMENT
TEAM

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THE JOINT COUNTERTERRORISM ASSESSMENT TEAM (JCAT)
CONSISTS OF STATE, LOCAL, TRIBAL, AND TERRITORIAL
FIRST RESPONDERS FROM AROUND THE US AND FEDERAL
INTELLIGENCE ANALYSTS FROM THE DEPARTMENT OF
HOMELAND SECURITY (DHS), FEDERAL BUREAU OF

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INVESTIGATION (FBI), AND NATIONAL COUNTERTERRORISM
CENTER WORKING TO ENHANCE INFORMATION SHARING
BETWEEN FEDERAL, STATE, LOCAL, TRIBAL, TERRITORIAL,
AND PRIVATE-SECTOR PARTNERS AND IMPROVE PUBLIC
SAFETY. ADDITIONAL INFORMATION REGARDING THE JCAT
MAY BE FOUND ON WWW.NCTC.GOV.

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INTRODUCTION

Public safety personnel are often positioned to identify suspicious activity potentially related to terrorism, and in some cases, first responders who have reported this information have helped to disrupt terrorist plans or attacks in the US. **JCAT'S COUNTERTERRORISM GUIDE FOR PUBLIC SAFETY PERSONNEL** is designed to assist first responders in:

- **RECOGNIZING** and **REPORTING** suspicious activity that may be linked to terrorism, consistent with the Nationwide Suspicious Activity Reporting (SAR) Initiative;
- **SPOTTING** indicators of mobilization to violence; and,
- **RESPONDING** to and **MITIGATING** terrorist attacks.

THE GUIDE IS DERIVED FROM EXISTING
UNCLASSIFIED SOURCES.

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COUNTERTERRORISM PARTNERS = ENHANCED INFORMATION SHARING

JOINT TERRORISM TASK FORCES (JTTFs)

serve as the coordinated "action arms" for federal, state, and local government response to terrorism threats in specific US geographic regions. The FBI is the lead agency that oversees JTTFs. The benefits of a JTTF include:



- "One-stop shopping" for law enforcement information or investigation of suspected or real terrorist activities
- Use of a shared intelligence base
- Ability to prosecute cases in the jurisdiction that is most efficient and effective
- Task force member awareness of investigations within a jurisdiction and ability to assist in investigations in other jurisdictions
- Familiarity among agencies, investigators, and managers before a crisis occurs

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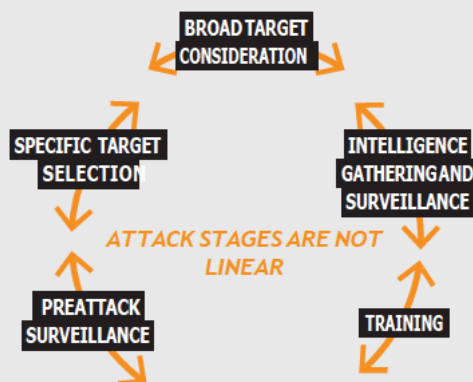
The mission of aJTTF is to leverage the collective resources of the member agencies for the prevention, preemption, deterrence, and investigation of terrorist acts that affect US interests, to disrupt and prevent terrorist acts, and to apprehend individuals who may commit or plan to commit such acts. To further this mission, aJTTF serves as a means to facilitate information sharing among JTTF members.

FUSION CENTERS are defined as a collaborative effort of two or more agencies that provide resources, expertise, and information to the center with the goal of maximizing the ability to detect, prevent, investigate, and respond to criminal and terrorism activity (*Fusion Center Guidelines, August 2006*). The fusion centers are owned and operated by state and local governments with support from federal partners. Although fusion centers predate the 9/11 terrorist attacks, the concept gained momentum and was promoted by state and local law enforcement and homeland security officials during post-9/11 discussions as a more effective way to protect their communities.

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TERRORIST ATTACK PLANNING CYCLE

Understanding the terrorist attack planning cycle can help first responders and public safety personnel recognize preoperational activities. Terrorists generally plan attacks in observable stages, although specific details, sequencing, and timing can vary greatly and change over time. Preattack surveillance, training, and dry runs are the stages of the planning cycle that are often observable and can offer opportunities to identify plots and prevent attacks.



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REPORTING SUSPICIOUS ACTIVITY

“WHETHER A PLAN FOR A TERRORIST ATTACK IS HOME GROWN OR ORIGINATES OVERSEAS, IMPORTANT KNOWLEDGE THAT MAY FOREWARN OF A FUTURE ATTACK MAY BE DERIVED FROM INFORMATION GATHERED BY STATE, LOCAL, AND TRIBAL GOVERNMENT PERSONNEL IN THE COURSE OF ROUTINE LAW ENFORCEMENT AND OTHER ACTIVITIES.”

NATIONAL STRATEGY FOR INFORMATION SHARING
OCTOBER 2007

THE NATIONWIDE SUSPICIOUS ACTIVITY REPORTING (SAR) INITIATIVE (NSI) is a joint collaborative effort by DHS, FBI, and state, local, tribal, and territorial law enforcement partners. This initiative provides law enforcement with another tool to help prevent terrorism and other related criminal activity by establishing a national capacity for gathering, documenting, processing, analyzing, and sharing SAR information.

Online SAR Training for Law Enforcement and Hometown Security Partners: the NSI training strategy is a multifaceted approach designed to increase the effectiveness of state, local, and tribal law enforcement and public safety professionals and other frontline partners in identifying, reporting, evaluating, and sharing preincident terrorism indicators to prevent acts of terrorism. The SAR Line Officer Training and each sector-specific

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SAR Hometown Security Partners Training discuss how to report identified suspicious activity to the proper authorities while maintaining the protection of citizens' privacy, civil rights, and civil liberties.

Online training is available on the NSI website (http://nsi.ncirc.gov/training_online.aspx) and includes:

- Scenarios that illustrate the benefit and importance of SAR
- Descriptions of SAR-related behaviors and indicators
- A certificate of completion

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INDICATORS OF SUSPICIOUS ACTIVITY

ONE OR MORE OF THESE INDICATORS COULD SIGNAL SUSPICIOUS ACTIVITY, ALTHOUGH EACH SITUATION MUST BE INDEPENDENTLY EVALUATED. WHEN THE BEHAVIOR OR ACTIVITY INVOLVES BEHAVIORS THAT MAY BE LAWFUL OR IS CONSTITUTIONALLY PROTECTED ACTIVITY, THE INVESTIGATING LAW ENFORCEMENT AGENCY WILL CAREFULLY ASSESS THE INFORMATION AND GATHER AS MUCH INFORMATION AS POSSIBLE BEFORE TAKING ANY ACTION, INCLUDING DOCUMENTING AND VALIDATING THE INFORMATION AS TERRORISM-RELATED AND SHARING IT WITH OTHER LAW ENFORCEMENT AGENCIES.

POTENTIAL CRIMINAL OR NONCRIMINAL ACTIVITIES REQUIRING ADDITIONAL INFORMATION DURING INVESTIGATION

ELICITING INFORMATION: Questioning individuals at a level beyond mere curiosity about particular facets of a facility's or building's purpose, operations, security procedures, etc., that would arouse suspicion in a reasonable person.

TESTING OF SECURITY: Interactions with or challenges to installations, personnel, or systems that reveal physical, personnel, or cyber security capabilities.

- Unscheduled deliveries of materials or equipment.

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- Unattended or unauthorized vessels or vehicles in unusual or restricted areas.
- Overt testing of security measures or emergency response.

RECRUITING: Building operations teams and contacts, personnel data, banking data, or travel data.

OBSERVATION/SURVEILLANCE: Demonstrating unusual attention to facilities, buildings, or infrastructure beyond mere casual or professional (e.g., engineers) interest such that a reasonable person would consider the activity suspicious. Examples include observation through binoculars, taking notes, or attempting to measure distances.

PHOTOGRAPHY: Taking photos or videos of facilities, buildings, or infrastructure in a questionable manner that would arouse suspicion in a reasonable person. Examples include taking pictures or video of infrequently used access points, personnel performing security functions (patrols, badge/vehicle checking), or security-related equipment (perimeter fencing, security cameras), etc. All reporting should be done within the totality of the circumstances.

MATERIALS ACQUISITION/STORAGE: Procurement of unusual quantities of possible precursor materials, such as cellphones, pagers, fuel, or timers, such that a reasonable person would suspect possible criminal activity.

- Hidden, disguised, or unusual storage of:
 - » Laboratory equipment—Bunsen burners, microscopes, and scientific glassware.
 - » Personal protective equipment—masks, goggles, and gloves.
 - » Household items—plant seeds, strainers, coffee grinders, and filters.
 - » Common household chemicals—acetone.
- Attempted purchase of controlled materials without proper credentials.
- Attempted purchase of controlled or hazardous materials in bulk quantities.
- Presence of potential precursors for chemical or biological agent production.
- Individual has little knowledge of intended purchase items.
- Possession of instructions to create potentially harmful devices, chemicals, or agents.

ACQUISITION OF EXPERTISE OR CAPABILITY: Attempts to obtain or conduct training in security concepts (military weapons or tactics) or other unusual capabilities that would arouse suspicion in a reasonable person.

- Interest in using or modifying technology for uses outside of intended purpose.

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WEAPONS DISCOVERY: Discovery of unusual amounts of weapons or explosives that would arouse suspicion in a reasonable person.

- Discovery of homemade explosive precursors.
- Discovery of chemical or biological precursors.
- Items found onsite that do not belong or otherwise seem out of place.
- Burn marks or discoloration on the walls or doors, presence of unusual odors or liquids.
- Unusual or unpleasant odors, chemical fires, brightly colored stains, or corroded or rusted metal fixtures in otherwise dry and weather-protected environments.
- Chemical burns on hands or body, chemical bleaching of skin or hair.
- Injuries or illness inconsistent with explanation.

SECTOR-SPECIFIC INCIDENT: Actions associated with a characteristic of unique concern to specific sectors (such as the public health sector) with regard to their personnel, facilities, systems, or functions.

BREACH/ATTEMPTED INTRUSION: Unauthorized personnel attempting to enter or actually entering a restricted area or protected site. Impersonation of authorized personnel (e.g., police/security, janitor).

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- Access badge sharing and "piggy backing" at security gates and doors.
- Seeking additional access to or encountered within restricted or controlled areas.
- Attempting to acquire official vehicles, uniforms, identification, and access cards.

MISREPRESENTATION: Presenting false or misusing insignia, documents, and/or identification to misrepresent one's affiliation to cover possible illicit activity.

- Refusal to provide all required information when completing paperwork.
- Forged or altered identification.
- Use of fraudulent documents (often referred to as "breeder" documents), which may be used to obtain official documents, including birth/death certificates, drivers licenses, and passports.

THEFT/LOSS/DIVERSION: Stealing or diverting something associated with a facility/infrastructure (e.g., badges, uniforms, identification, emergency vehicles, technology, or documents [classified or unclassified]) that are proprietary to the facility.

- Hazardous materials or controlled substances.

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SABOTAGE/TAMPERING/VANDALISM: Damaging, manipulating, or defacing part of a facility/infrastructure or protected site.

CYBER ATTACK: Compromising or attempting to compromise or disrupt an organization's information technology infrastructure.

EXPRESSED OR IMPLIED THREAT: Communicating a spoken or written threat to damage or compromise a facility/infrastructure.

- Against the US or individuals.

AVIATION ACTIVITY: Operation of an aircraft in a manner that reasonably may be interpreted as suspicious or posing a threat to people or property. This activity may or may not be in violation of Federal Aviation Regulations.

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PRECURSORS OF VIOLENT EXTREMISM

AT THE STATE AND LOCAL LEVEL, THE IMPORTANCE OF A WHOLE OF GOVERNMENT APPROACH TO STEMMING HOMEGROWN VIOLENT EXTREMISM, INCLUDES THE LOCAL COMMUNITY AND ITS FIRST RESPONDERS.

Communities are an integral part of the effort to prevent violent extremism and can assist law enforcement in identifying at-risk individuals. Awareness and vigilance are crucial to identify behaviors that can lead to a violent act. Several behaviors, when taken in context, can indicate radicalized individuals are mobilizing—preparing to engage in violence to advance their cause. These behaviors include seeking out training, building capability, and other preparatory behaviors. The below factors drive the mobilization process and may interact to mobilize individuals toward violence. A lack of access to some or all of these factors may cause some individuals to back away from violence or result in individuals changing their plans.

READINESS TO ACT: Individual motivation and intent that keeps the person engaged and moving toward his or her intended goal. Readiness to act can vary across time and be influenced by multiple factors—including personal will and competence, experiences while in training, and motivation gained or lost as a result of established relationships.

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OPPORTUNITY: Access to training and resources that provide individuals or groups the chance to take action. This can range from target practice at a local firing range to explosives training with terrorists overseas. Opportunity can also include having available time to engage in violent activities.

CAPABILITY: Training that has prepared an individual to follow through on his or her intentions. The individual's capability also includes his or her educational training and skill set acquired through life experiences.

TARGETS: Locations that the individual is familiar with because of where he or she lives or works or is interested in because of what they represent, such as supposed economic, political, or military dominance by the West.

FBI and DHS both maintain web portals which contain Countering Violent Extremism (CVE) training resources, hundreds of the most current CVE training materials, case studies, analytical products, and other resources, including preincident indicators.

For additional information, please visit DHS.GOV (<http://www.dhs.gov/topic/countering-violent-extremism>), or the FBI-Countering Violent Extremism Office (FBI-CVEO) special interest group on FBI's Law Enforcement Online (<http://www.leo.gov>), which house intelligence products, behavioral indicators, academic studies, and behavioral models to aid the understanding of violent extremism.

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TERRORIST TACTICS, TECHNIQUES, AND PROCEDURES (TTPs)

THE FOLLOWING LIST, WHILE NOT COMPREHENSIVE, PROVIDES AWARENESS OF SELECT TTPs THAT FIRST RESPONDERS MAY ENCOUNTER AS A PRETEXT TO, IN ADVANCE OF, OR DURING CALLS FOR SERVICE.

USE OF SECONDARY EXPLOSIVE DEVICES TO TARGET FIRST RESPONDERS AND ONLOOKERS:

SECONDARY EXPLOSIVE DEVICE ATTACK TACTICS:

- After an initial attack, terrorists may try to target first responders and onlookers by detonating a second explosive device.
- Terrorists can conduct secondary attacks by infiltrating suicide bombers into crowds of bystanders or by detonating preset bombs remotely through the use of timers, remote triggers, or motion sensors.
- These explosive devices may be concealed in innocuous items of various sizes, such as vehicles, backpacks, garbage cans, mail boxes, and planters.

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**CONSIDERATIONS FOR THE IDENTIFICATION OF THREATS,
EVACUATION OF HAZARDOUS AREAS, AND NOTIFICATION
OF THE BOMB SQUAD:**

- Secondary devices may be found in any configuration, not limited to the primary attack method.
- Maintain awareness of possible remote initiation or backup timer on any improvised explosive device.

TERRORIST IMPERSONATION OF FIRST RESPONDERS: Use of commandeered or fake Emergency Services Sector (ESS) Items could:

- Be used to gain access to secure sites.
- Be used to conduct a secondary attack.
- Create more victims, including first responders already on scene.
- Potentially affect response times and delay genuine emergency responders.
- Allow access for individuals to conduct surveillance or collect information.

SWATTING: Making a hoax 9-1-1 call to draw a response from first responders. Swatting includes spoofing or masking Caller ID information, which is legal, simple to use, and used by many businesses. There are no means available to quickly, accurately,

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and inexpensively identify swatting calls, so there is little choice but to dispatch resources.

DIVERSION: Tactic used to draw first responders away from the intended primary target of an attack and may be used as part of a complex or multipronged attack:

POSSIBLE INDICATORS OF DIVERSION TACTICS:

- Similar responses or suspicious activities (e.g., hoax devices or bomb threats) in multiple locations throughout the jurisdiction that disperse assets.
- Multiple responses requiring specialized or technical equipment that reduces resources.
- A significant incident or several minor incidents that require a commitment of resources to investigate or mitigate.
- Unusually high number of calls for service or incidence of activities inconsistent with typical patterns within the area of responsibility.

BEST PRACTICES IN PROTECTING FROM DIVERSIONS:

- Establish dispatch policies designed to hold resources in reserve (tiered responses).
- Provide situational updates to first responders to enhance safety.

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- Ensure regular notifications to interagency partners and neighboring jurisdictions to provide shared operational picture of possible diversionary attacks.
- Plan and train for identified vulnerabilities.

USE OF STOLEN, CLONED, OR REPURPOSED VEHICLES:

Cloned vehicles have been modified to resemble an authentic vehicle, and repurposed vehicles are authentic vehicles that are no longer in official service. These vehicles are typically decommissioned by departments and are publicly available for purchase at auctions or on the Internet:

- The driver or vehicle destination and origin are inconsistent with the company or service being represented.
- The driver is not knowledgeable about the company or its service.
- The driver has no uniform or has one that is inconsistent with the vehicle's advertised business.
- Vehicle registration and insurance are in named individual instead of company.
- Vehicle make, model, and year may not match company's current fleet.
- Multiple or conflicting corporate names and logos appear on the same vehicle.

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- Visible identifiers, such as phone numbers, license plates, or call numbers that are inconsistent with the vehicle's operating area or mission.
- The time of day or location of vehicle that is inconsistent with its purpose.
- The vehicle appears to be heavily loaded, possibly beyond capacity.

MEDICAL DISCOVERY OF TERRORIST ACTIVITY AT THE SCENE

OFA REQUEST FOR SERVICE: First responder scene size up, when combined with the totality of information received from victims, witnesses, and bystanders, offers the chance to assess whether an incident is potentially related to terrorism. First responders should remain open minded while performing medical and trauma assessments. Hastily or expediently treated injuries may be an indicator of suspicious activity, as those injured may not seek immediate medical care or use efforts to obscure the true nature of the injury.

- Trauma assessments: Explosions can result in unique injury patterns involving penetrating wounds, blunt trauma, amputations/avulsions and burns, as well as the possibility of "blast-lung." Chemical burns from contact will vary depending on the chemical type and length of exposure, while inhalation and ingestion may present a rapid onset of signs and symptoms.

- Medical assessments: Small-scale or rudimentary production of biological warfare agents may result in inadvertent human exposures, particularly among poorly trained or novice scientists working with homemade laboratory equipment. Sudden onset of symptoms may assist in determining exposure to chemical or biological agents. Multiple patients with similar chemical/biological exposure symptoms at any incident may be an indicator of suspicious activity and unexpected infections with nonendemic agents without verifiable travel exposure or unusual clusters of cases should prompt further investigation.

ADDITIONAL REFERENCE MATERIAL

FOREIGN TERRORIST ORGANIZATIONS

AL-QA'IDA



SOUTHEAST ASIA, NORTH AFRICA, SOMALIA, MIDDLE EAST Usama Bin Ladin founded al-Qa'ida in 1988 with Arabs fighting in Afghanistan against the Soviet Union. Al-Qa'ida's goal is to establish a pan-Islamic caliphate throughout the Muslim

world by ousting Western influence and defeating Israel. On 11 September 2001, 19 al-Qa'ida suicide attackers hijacked and crashed four US commercial jets—two into the World Trade Center, one into the Pentagon, and one into a field in Shanksville, PA—leaving nearly 3,000 people dead.

AL-QA'IDA IN THE ARABIAN PENINSULA (AQAP)



SAUDI ARABIA, YEMEN AQAP is a Sunni extremist group based in Yemen that orchestrated numerous high profile terrorist attacks. Most notably, AQAP's deployment of a now-convicted Nigerian-born

operative to detonate an explosive device aboard a Northwest Airlines flight on 25 December 2009—the first attack inside the US by an al-Qa'ida-affiliated group since 11 September 2001.

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AL-QA'IDA IN THE LANDS OF THE ISLAMIC MAGHREB (AQIM)



NORTH AND WEST AFRICA AQIM is led by Abdelmalek Droukdel and was founded in 1998 as Groupe Salafiste pour la Prédication et la Combat (GSPC), which splintered from Groupe Islamique Armé (GIA). The group formally pledged loyalty in September 2006 to Bin Ladin, changed its name in 2007, and wages regional low-level guerilla insurgency.



AL-NUSRAH FRONT

SYRIA Al-Nusrah is one of the most dangerous and capable al-Qa'ida-affiliated groups operating in Syria and Lebanon. Since January 2012, the group announced its intentions to overthrow President Bashir al-Asad's regime and have mounted attacks against the regime and security targets in Syria and conducted suicide attacks against Lebanese Hizballah and Shia interests as well as security forces in Lebanon. The group's leader, Abu Muhammad al-Jawlani, in late September 2014 publicly called for retaliatory attacks against the US led military coalition for airstrikes in Syria.



AL-MURABITUN

NORTH AND WEST AFRICA Al-Murabitun is comprised of two former AQIM offshoots—veteran jihadist Mokhtar Belmokhtar's al Mulathamun Battalion and al-Tawhid wa al-Jihad in West Africa (TWJWA)—which merged in August 2013. The group, whose name means "the sentinels," maintains an aggressive anti-Western agenda and seeks to "unite all Muslims from the Nile River to the Atlantic Ocean in violent jihad against Westerners."

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AL-SHABAAB (HARAKAT SHABAAB AL-MUJAHIDIN)



SOMALIA Terrorist and insurgent group al-Shabaab since 2006 has worked to remove Western influence from Somalia and establish an Islamic state. Al-Shabaab leadership is affiliated with al-Qa'ida and some are believed to have trained and fought in Afghanistan. The merger of the two groups was publicly announced in February 2012 by the now-deceased amir of al-Shabaab and Ayman al-Zawahiri, the leader of al-Qa'ida. Most of the group's fighters are predominantly interested in the nationalistic battle against the Somali Federal Government and not supportive of global violent jihad. Since 2013, al-Shabaab has launched high-profile operations in neighboring countries, most notably the attack on the Westgate Mall in Nairobi in September 2013 and the attack against a restaurant in Djibouti popular with Westerners in May 2014.

ISLAMIC STATE OF IRAQ AND THE LEVANT (ISIL), FORMERLY KNOWN AS AL-QA'IDA IN IRAQ (AQI)



IRAQ, SYRIA, LEBANON Abu Mus'ab al-Zarqawi in 2004 announced the group's affiliation with Bin Laden; it was renamed AQI to reflect the connection. Following al-Zarqawi's death in 2006, Abu Ayyub al-Masri took over and attempted to create a political front by publicly subordinating the group to the Islamic State of Iraq (ISI). The convictions in 2013 of two AQI-affiliated Iraqi refugees in Kentucky highlight a potential threat to the US from veteran AQI/ISIL fighters. ISIL in August 2014 beheaded an American journalist in Syria. The group has used suicide attacks against Lebanese Hizballah and Shia interests and Lebanese security forces in Lebanon, and in August 2014 kidnapped 11 security personnel and beheaded two others.

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ABU SAYYAF GROUP (ASG)



SOUTHERN PHILIPPINES ASG is the most violent Islamic separatist group promoting the independent Islamic state in western Mindanao and the Sulu Archipelago. Split from the Moro

National Liberation Front in the early 1990s, ASG engages in bombings, assassinations, extortion, and kidnappings for ransom and has ties to Jemaah Islamiyah.

ANSAR BAYT AL-MAQDIS (ABM)



EGYPT ABM is the most active and capable terrorist group operating in Egypt. It rose to prominence after the Egyptian revolution in 2011 when it began claiming responsibility for

cross border and rocket attacks into Israel and gas pipeline attacks in the Sinai. Since July 2013, ABM has focused its increasingly sophisticated and lethal attacks on the Egyptian Government and security forces. The group publicly pledged its allegiance to ISIL in November 2014.



BOKO HARAM

NIGERIA Boko Haram has existed in various forms since the late 1990s and seeks to overthrow the Nigerian Government and replace it with

one based on Islamic law. Since 2011, Boko Haram has conducted multiple attacks against a wide range of targets to include Christians, Nigerian security and police forces, media, schools, and politicians. The group's unprecedented levels of violence—including the kidnapping of 276 schoolgirls in Nigeria in April 2014—have brought international condemnation as well as collaboration on security initiatives by the US, UK, France, and African partners.

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CONTINUITY IRISH REPUBLICAN ARMY (CIRA)

IRELAND Founded in 1986, CIRA is the oldest Irish Republican dissident group and the only group that did not join New IRA, a coalition of terrorist organizations formed in July 2012. British authorities in early 2009 estimated the organization had a few dozen members. The most recent attack was in March 2013 when a member killed an individual responsible for another member's death.

HAMAS



GAZA STRIP AND WEST BANK Hamas was established in the late 1980s during the first Palestinian uprising. The group maintains a military army, the Izz al-Din al-Qassam Brigades. HAMAS since July 2014 is at war with Israel.

IMIRAT KAVKAZ (IK OR CAUCASUS EMIRATE)



RUSSIA'S NORTH CAUCASUS Founded in late 2007 by now-deceased Chechen violent extremist Doku Umarov, the IK is an Islamist militant organization aimed at liberating perceived Muslim lands from Russia. The group regularly conducts attacks against Russian security forces, although attacks declined in 2014, IK-associated personnel are also active in Syria.

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JAISH-E-MOHAMMAD (JEM)



PAKISTAN Founded in 2000 by Masood Azhar following his prison release in India. JEM's aim is to unite Kashmir with Pakistan and expel foreign troops from Afghanistan. The group declared war against the US and operates openly in parts of Pakistan despite a ban on its activities in 2002.

JEMAAH ANSHORUT TAUHID (JAT)



INDONESIA Radical cleric Abu Bakar Bashir founded the group in July 2008 to establish a caliphate in Indonesia. JAT leadership has publicly stated that violence is religiously permissible when directed against perceived enemies of Islam—specifically Indonesian judges, prosecutors, and police. JAT is implicated in a series of attacks conducted in 2011.

JEMAAH ISLAMIYA (JI)



INDONESIA JI was formed in the early 1990s to establish an Islamic state in southern Thailand, Malaysia, Singapore, Indonesia, Brunei, and the southern Philippines. The group conducted a series of lethal bombings targeting Western interests in Indonesia and the Philippines during 2000-05, including attacks in 2002 against two nightclubs in Bali that killed 202 people, including seven Americans.

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**KURDISTAN PEOPLE'S CONGRESS
OR KONGRA-GEL (KGK)**



NORTHERN IRAQ AND SOUTHEASTERN TURKEY

Kurdish separatist group KGK is composed of mostly Turkish Kurds who in 1984 began a campaign of armed violence, including terrorism, resulting in more than 45,000 deaths. KGK has directed operatives to target security forces, government offices, and villagers who opposed it.

LASHKAR-E-TAYYIBA (LT)



KASHMIR, PAKISTAN LT is the military wing of the Pakistan-based Islamic fundamentalist missionary organization established in the 1990s to oppose Soviets in Afghanistan. The group is one

of the largest and most proficient Kashmir-focused militant groups. The Indian Government charged LT with the attacks in Mumbai in 2008, which killed more than 160 people. USPER David Coleman Headley admitted to attending LT training camps, pled guilty in March 2010 to surveying targets for LT attacks, and in January 2013 was sentenced to 35 years in prison.

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A - PIPE BOMB/PRESSURE COOKER

Mandatory evacuation distance: **70 feet**
Preferred evacuation distance: **1,200+ feet**

Severe injury/death



B - PERSON-BORNE IED SUICIDE VEST OR BRIEFCASE

Mandatory evacuation distance: **110 feet**
Preferred evacuation distance: **1,700 feet**

Possibility of building collapses, severe injury/death



C - VEHICLE-BORNE IED (CAR)

Mandatory evacuation distance: **320 feet**
Preferred evacuation distance: **1,900 feet**

Building collapses, severe injury/death

EXPLOSIVES

THREAT	EXPLOSIVES CAPACITY ¹ (TNT EQUIVALENT)	BUILDING EVACUATION DISTANCE ²	OUTDOOR EVACUATION DISTANCE ³
PIPE BOMB	5 LBS/2.3 KG	70 FT/21 M	850 FT/259 M
SUITCASE BOMB	50 LBS/23 KG	150 FT/46 M	1,850 FT/564 M
COMPACT SEDAN	500 LBS/227 KG	320 FT/98 M	1,500 FT/457 M
SEDAN	1,000 LBS/454 KG	400 FT/122 M	1,750 FT/533 M
PASSENGER/ CARGO VAN	4,000 LBS/1,814 KG	600 FT/183 M	2,750 FT/838 M
SMALL MOVING VAN/TRUCK	10,000 LBS/4,536 KG	860 FT/262 M	3,750 FT/1,143 M
MOVING VAN/ TANKER TRUCK	30,000 LBS/13,608 KG	1,240 FT/378 M	6,500 FT/1,981 M
SEMI-TRAILER	60,000 LBS/27,216 KG	1,500 FT/457 M	7,000 FT/2,134 M

This table is for general emergency planning only. A given building's vulnerability to explosions depends on its construction and composition. The data in these tables may not accurately reflect these variables. Some risk will remain for any persons closer than the Outdoor Evacuation Distance.

¹ BASED ON MAXIMUM VOLUME OR WEIGHT OF EXPLOSIVE (TNT EQUIVALENT) THAT COULD REASONABLY FIT IN A SUITCASE OR VEHICLE. ² GOVERNED BY THE ABILITY OF TYPICAL US COMMERCIAL CONSTRUCTION TO RESIST SEVERE DAMAGE OR COLLAPSE FOLLOWING A BLAST. PERFORMANCES CAN VARY SIGNIFICANTLY, HOWEVER, AND BUILDINGS SHOULD BE ANALYZED BY QUALIFIED PARTIES WHEN POSSIBLE.

³ GOVERNED BY THE GREATER OF FRAGMENT THROW DISTANCE OR GLASS BREAKAGE/FALLING GLASS HAZARD DISTANCE. NOTE THAT PIPE AND BRIECASE BOMBS ASSUME Cased CHARGES THAT THROW FRAGMENTS FARTHER THAN VEHICLE BOMBS.



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LIQUEFIED PETROLEUM GAS: LPG (BUTANE OR PROPANE)

THREAT	LPG MASS/ VOLUME ¹	FIREBALL DIAMETER ²	SAFE DISTANCE ³
SMALL LPG TANK	20 LBS/5 GAL 9 KG/19 L	40 FT/12 M	160 FT/48 M 
LARGE LPG TANK	100 LBS/25 GAL 45 KG/95 L	69 FT/21 M	276 FT/84 M 
COMMERCIAL/ RESIDENTIAL LPG TANK	2,000 LBS/500 GAL 907 KG/1,893 L	184 FT/56 M	736 FT/224 M 
SMALL LPG TRUCK	8,000 LBS/2,000 GAL 3,630 KG/7,570 L	292 FT/89 M	1,168 FT/356 M 
SEMI-TANKER LPG	40,000 LBS/10,000 GAL 18,144 KG/37,850 L	499 FT/152 M 	1,996 FT/608 M 

¹ BASED ON THE MAXIMUM AMOUNT OF MATERIAL THAT COULD REASONABLY FIT INTO A CONTAINER OR VEHICLE. VARIATIONS ARE POSSIBLE. ² ASSUMING EFFICIENT MIXING OF THE FLAMMABLE GAS WITH AMBIENT AIR. ³ DETERMINED BY US FIREFIGHTING PRACTICES WHEREIN SAFE DISTANCES ARE APPROXIMATELY FOUR TIMES THE FLAME HEIGHT. NOTE THAT AN LPG TANK FILLED WITH HIGH EXPLOSIVES WOULD REQUIRE A SIGNIFICANTLY GREATER STANDOFF DISTANCE THAN IF IT WERE FILLED WITH LPG.

NPPD 002233

MAXIMUM RADIATION DOSE LIMITS

DOSE LIMIT (WHOLE BODY)	EMERGENCY ACTION DOSE GUIDELINES ACTIVITY PERFORMED
5 R	ALL ACTIVITIES
10 R	PROTECTING MAJOR PROPERTY
25 R	LIFESAVING OR PROTECTION OF LARGE POPULATIONS
>25 R	LIFESAVING OR PROTECTION OF LARGE POPULATIONS, ONLY BY VOLUNTEERS WHO UNDERSTAND THE RISKS.

The above chart summarizes the US Department of Health & Human Services/ National Council on Radiation Protection and Measurement (NCRP) recommended maximum dose limits.

AS LOW AS REASONABLY
ACHIEVABLE (ALARA)
PRINCIPLES SHOULD ALWAYS
BE FOLLOWED:

- ▶ MAXIMIZE DISTANCE
- ▶ MINIMIZE EXPOSURE TIME
- ▶ MAXIMIZE SHIELDING



1 REM (ROENTGEN EQUIVALENT
MAN) 1/1,000 REM =
1 MILLIREM (MREM)

NPPD 002234

IMPROVISED EXPLOSIVE THREAT GUIDE

OXIDIZERS	COMMONLY ASSOCIATED WITH OXIDIZERS	OXIDIZER COMPOUNDS
PERCHLORATE/ ClO_4	SODIUM/Na POTASSIUM/K BARIUM/Ba CALCIUM/Ca AMMONIUM/ NH_4 LITHIUM/Li STRONTIUM/Sr LEAD/Pb SILVER/Ag HYDROGEN/H	AMMONIUM PERCHLORATE = NH_4ClO_4
CHLORATE/ ClO_3		SODIUM CHLORATE = NaClO_3
HYPOCHLORITE/ ClO		CALCIUM HYPOCHLORITE = $\text{Ca}(\text{ClO})_2$
NITRATE/ NO_3		AMMONIUM NITRATE = NH_4NO_3 ; POTASSIUM NITRATE = KNO_3
PEROXIDE/ O_2		HYDROGEN PEROXIDE = H_2O_2 ; BARIUM PEROXIDE = BaO_2
PERMANGANATE/ MnO_4		POTASSIUM PERMANGANATE = KMnO_4
IODATE/ IO_3		LEAD IODATE = $\text{Pb}(\text{IO}_3)_2$
CHROMATE/ CrO_4		LITHIUM CHROMATE DIHYDRATE = $\text{Li}_2\text{CrO}_4 \cdot 2\text{H}_2\text{O}$
DICHROMATE/ Cr_2O_7		POTASSIUM DICHROMATE = $\text{K}_2\text{Cr}_2\text{O}_7$

Oxidizers serve as a source of oxygen to support a combustion-like reaction in improvised explosives.

1 CHLORATE AND PEROXIDES CAN PRODUCE VERY DANGEROUS EXPLOSIVE MIXTURES.



NPPD 002235

HYDROCARBONS	ENERGETIC HYDROCARBONS	ELEMENTAL "HOT" FUELS
--------------	---------------------------	-----------------------

• GAS • DIESEL (FO) • KEROSENE • NAPHTHA • CARBON BLACK • CHARCOAL • SUGAR • WAX/PARAFFIN • VASELINE • DEXTRIN • SHELLAC • ROSIN • SAWDUST • ALCOHOL • ETHYLENEGLYCOL	• NITROBENZENE (NB) • NITROMETHANE (NM) • NITROCELLULOSE (NC)	- POWDERED METALS • ALUMINUM (Al) • MAGNESIUM (Mg) • MAGNALIUM (Mg/Al-50/50) • COPPER (Cu) • PHOSPHORUS (P) • SULFUR (S) • ANTIMONY TRISULFIDE (Sb_2S_3)
---	---	--

Fuels consist of anything that can readily react with oxygen in a manner that produces heat. Elemental fuels can create very sensitive mixtures when mixed with oxidizers.

COMMON OXIDIZERS	NITRATE BLENDS	CHLORATE / PERCHLORATE BLENDS
- SODIUM CHLORATE: NaClO_3 - POTASSIUM CHLORATE: KClO_3 - AMMONIUM PERCHLORATE: NH_4ClO_4 - CALCIUM HYPOCHLORITE: $\text{Ca}(\text{ClO})_2$ - AMMONIUM NITRATE: NH_4NO_3 - POTASSIUM NITRATE (SALTPETER): KNO_3 - HYDROGEN PEROXIDE: H_2O_2 - BARIUM PEROXIDE: BaO_2 - POTASSIUM PERMANGANATE: KMnO_4 - NITRIC ACID: HNO_3	ANFO AMMONIUM NITRATE (AN) + DIESEL FUEL (FO) ANAI AMMONIUM NITRATE (AN) + ALUMINUM POWDER (AL) ANS AMMONIUM NITRATE + SULFUR POWDER ANIS AMMONIUM NITRATE + ICING SUGAR BLACK POWDER POTASSIUM NITRATE + CHARCOAL + SULFUR	FLASH POWDER POTASSIUM CHLORATE / PERCHLORATE + ALUMINUM POWDER + MAGNESIUM POWDER + SULFUR POOR MAN'S C-4 POTASSIUM CHLORATE + VASELINE ARMSTRONG'S MIXTURE POTASSIUM CHLORATE + RED PHOSPHORUS LIQUID BLEND AHELLHOFFITE + NITRIC ACID + NITROBENZENE (NB)

Oxidizers can be blended with a variety of fuels to produce explosive mixtures. Listed above are numerous common examples of these blended improvised explosives.

COMMON PRECURSORS	NITRATED EXPLOSIVES	PEROXIDE EXPLOSIVES
HYDROGEN PEROXIDE: H_2O_2	NITROGLYCERINE (NG) GLYCERINE + NITRIC ACID + SULFURIC ACID <i>MIXED ACID</i>	TRIAKETONE TRIPEROXIDE (TATP) ACETONE + HYDROGEN PEROXIDE + STRONG ACID
STRONG ACIDS - SULFURIC "BATTERY": H_2SO_4 - NITRIC: HNO_3 - HYDROCHLORIC "MURIATIC": HCl	ETHYLENE GLYCOL DINITRATE ETHYLENE GLYCOL + NITRIC ACID + SULFURIC ACID <i>(MIXED ACID)</i>	HEXAMETHYLENE TRIPEROXIDE DIAMINE (HMTD) HEXAMINE + HYDROGEN PEROXIDE + CITRIC ACID
- UREA (FERTILIZER 46-0-0) - METHYLETHYL KETONE (MEK) - ALCOHOL (ETHYL OR METHYL) - ETHYLENEGLYCOL (ANTIFREEZE) - GLYCERIN(E) (GLYCEROL) - HEXAMINE (CAMP STOVE TABLETS) - CITRIC ACID (SOUR SALT)	METHYL NITRATE METHYL ALCOHOL + NITRIC ACID + SULFURIC ACID <i>(MIXED ACID)</i>	METHYL ETHYL KETONE PEROXIDE (MEKP) METHYLETHYL KETONE + HYDROGEN PEROXIDE + STRONG ACID
	UREA NITRATE UREA + NITRIC ACID	INITIATING EXPLOSIVES
	NITROCOTTON (GUN COTTON) COTTON + NITRIC ACID + SULFURIC ACID <i>MIXED ACID</i>	
		MERCURY FULMINATE MERCURY + NITRIC ACID

A variety of chemical precursors can be reacted together to create explosives.

NPPD 002238

BOMBINGS: INJURY PATTERNS AND CARE

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UNIVERSAL BLAST

BLAST EVENT

SCENE SAFETY

- Check in at staging area for safety briefing.
- Personnel safety
- PPE—Protective clothing, hard hats, eye protection, respiratory protection.
- Protection of uninvolved public and volunteers.
- Protection of injured.
- Be aware of secondary explosive devices.
- Be aware of multi-agent devices, e.g. chemical release, dirty bomb, etc.

TRIAGE CONSIDERATIONS

- Unique patterns, multiple and occult injuries.
- Death is often a result of combined blast, ballistic, and thermal effect injuries.
- Walking wounded and non-critical patients are time intensive.
- Hidden/internal injuries

NPPD 002239

- Overtriage can increase critical mortality— resulting from poor patient distribution from scene and self-referrals to hospitals.
- Up to 75% of victims self- refer to hospital.
- Do patients require decontamination?

INITIAL TRIAGE, TRAUMA RESUSCITATION, AND TRANSPORT SHOULD FOLLOW STANDARD PROTOCOLS FOR MULTIPLE INJURED PATIENTS OR MASS CASUALTIES.

FACTORS THAT CONTRIBUTE TO BLAST INJURY SEVERITY

ENVIRONMENT

- *Was the bombing in an open or closed space?* The effects of the blast wave are more intense in a confined space such as a building, bus or train.

AGENT

- Low-order Explosive
- High-order Explosive

OTHER FACTORS

- Device type—large (vehicle) or small (suitcase)
- Distance from device
- Protective barriers
- Delivery method

PRIMARY INJURIES

Unique to high-order explosives; results from the impact of the over-pressurization wave with body surfaces by the blast wave.

HEAD INJURIES

- May or may not include history of loss of consciousness.
- Headache, seizures, dizziness, memory problems.

NPPD 002241

- Gait/balance problems, nausea/vomiting, difficulty concentrating.
- Visual disturbances, tinnitus, slurred speech.
- Disoriented, irritability, confusion.
- Extremity weakness or numbness.

TYMPANIC MEMBRANE—EAR INJURIES

- Evaluate and resuscitate per standing protocols.
- Impaired hearing may complicate triage process.
- Secondary evaluation and examination to identify all blast-related injuries including perforated tympanic membranes.
- Serious blast injuries can occur in the absence or presence of tympanic membrane rupture.
- Stable patients without signs and symptoms of significant blast injury, may be discharged after 4 to 6 hours of observation despite the presence of TM rupture.
- Patients should have urgent consultation and follow up care with ENT specialist.
- Spontaneous healing occurs in 50-80% of all patients with perforations.

NPPD 002242

ABDOMINAL INJURIES

- Treatment follows established protocols.
- Perforations can be delayed and develop 24 to 48 hours post blast. Manifestations of peritonitis can occur hours or days after a blast.
- There is the possibility of missed injury, especially in semiconscious or unconscious patients.

Treatment follows established protocols, but it is important to remember that these injuries may be easily missed.

SECONDARY, TERTIARY, AND QUATERNARY INJURIES ARE COMMON IN BLAST EVENTS, AND LARGE MAJORITY ARE NOT CRITICAL.

IT IS UNLIKELY TO EXPERIENCE PATIENTS WITH INJURIES ISOLATED TO ONE CATEGORY. A MORE LIKELY SCENARIO WOULD BE TO EXPERIENCE PATIENTS WITH A COMBINATION OF ALL THE INJURIES LISTED BELOW.

TREATMENT FOR MOST OF THESE BLAST INJURIES FOLLOWS ESTABLISHED PROTOCOLS FOR THAT SPECIFIC INJURY.

SECONDARY INJURIES

Result from flying debris and bomb fragments causing shrapnel wounds.

COMMON INJURIES

- Trauma to the head, neck, chest, abdomen, and extremities in the form of penetrating and blunt trauma.
- Fractures
- Soft tissue injuries

TERTIARY INJURIES

Results from individuals being thrown by the blast wind.

COMMON INJURIES

- Head injuries
- Bone fractures
- Skull fractures

QUATERNARY INJURIES

All explosion-related injuries, illnesses, or diseases not due to primary, secondary, or tertiary mechanisms.

COMMON INJURIES

- Burns
- Exacerbation of pre-existing medical conditions
- Head injuries

NPPD 002244

CRUSH INJURIES—Go to Crush Injury Section

NPPD 002245

COMBINED INJURIES

- Avoid tunnel vision on one injury.
- Monitor fluid replacement amounts when treating blast lung with another injury to avoid fluid overload which can exacerbate blast lung injury.
- Airway management and oxygenation/ventilation are critical and performed with standard techniques.

BURN/BLAST INJURY

PREHOSPITAL

- Burn injury will require significant amounts of fluid resuscitation while avoiding fluid overload to prevent further pulmonary injury.
- Fluid resuscitation targeted to vital signs, to avoid hypotension; judicious fluid administration to maintain perfusion without volume overload.
- Transfer to a facility with specific expertise in both trauma and burn management, or at least the trauma management.

HOSPITAL

- Fluid resuscitation guided by urine output. Consider monitoring central venous pressure, and systematic vascular resistance when indicated.

NPPD 002246

CRUSH INJURY

BLAST EVENT

ENTRAPPED PATIENT TREATMENT

- Fluid resuscitation before extrication—1 L NS bolus, 1-1.5 L/hr infusion
- Limb Stabilization
- Minimize potential systemic effects of reperfusion (tourniquets)
- Consider alkalinization—1 ampule Sodium Bicarbonate (50 mEq) prior to extrication, followed by 1 ampule of Sodium Bicarbonate with each liter of NS infused at 1-1.5 L/hr. Maintain a second IV w/o Sodium Bicarbonate.

Vital signs, oxygen, EKG, IV – Additional treatment and transport

FIELD AMPUTATION INDICATED?

INDICATIONS

- Inability to safely extricate the patient.
- Continued environmental toxins that pose a hazard to victims or rescuers.
- When the extrication time would be long enough that it would endanger the patient's life without field amputation.

NPPD 002247

FIELD AMPUTATION

- Best performed by an appropriately trained physician, such as a trauma or orthopedic surgeon.
- Ensure adequate analgesia and anesthesia.

IS CRUSH SYNDROME OR COMPARTMENT SYNDROME SUSPECTED?

Areas commonly affected:

- Lower/ Upper extremities
- Pelvis
- Gluteal region
- Abdominal muscles

SIGNS AND PRESENTATION OF CRUSH SYNDROME

The general condition of a patient with crush injury is dictated by: (1) other injuries, (2) delay in extrication, and (3) environmental conditions.

Common presentations are:

- Hypothermia or hyperthermia dehydration/shock
- Mental status varies from alert to comatose

Clinical concerns:

- The systemic effects are due to rhabdomyolysis and reperfusion of hypoxic and damaged tissues.
- Reperfusion of body part results in the systemic effects of crush injury.

NPPD 002248

- Patients may appear well until extricated, and then precipitously decompensate.
- Skeletal muscle damage is greatest after reperfusion.

- Cardiovascular instability due to massive fluid shift, electrolyte abnormalities, and direct myocardial toxicity.

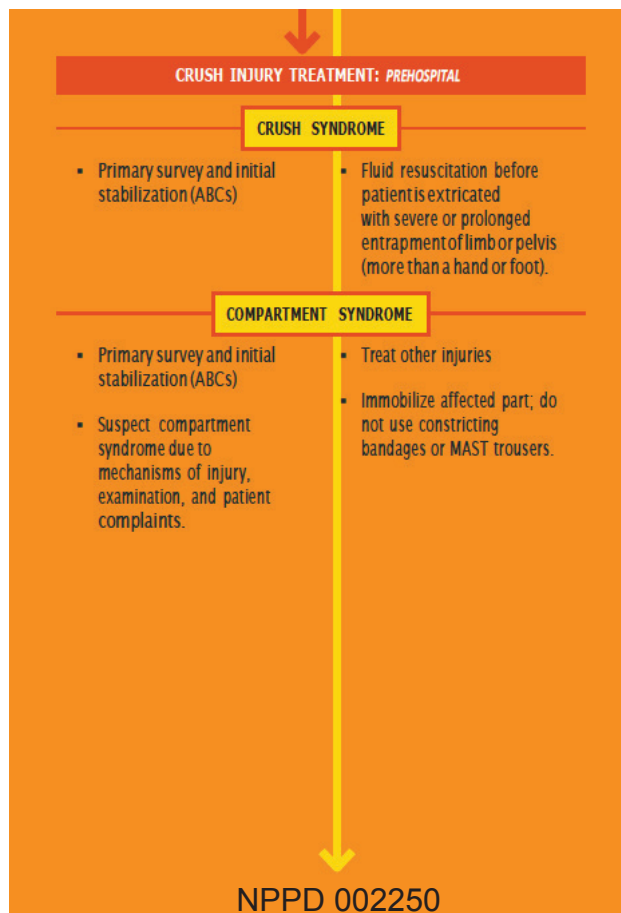
SIGNS OF COMPARTMENT SYNDROME

Pain, Pallor, Paresthesia, Paralysis, Pulselessness Progression of symptoms (the 6th P)

Clinical concerns:

- Bone fractures with extravasation of blood or edema within a closed compartment.
- High velocity penetrating injury to muscles in closed compartment with extensive tissue disruption.
- Can also occur in sub-acute fashion due to prolonged immobilization on hard surface.
- Compartment syndrome typically occurs in major muscle groups enclosed by inelastic, fibrous sheaths.
- Principal areas for compartment syndrome are upper extremities, including thenar and hypothenar eminences of hand, and lower extremities, including the foot.
- Untreated compartment syndrome will produce the same effects as a crush injury.

NPPD 002249





CRUSH INJURY TREATMENT: HOSPITAL

CRUSH SYNDROME

- Fluid resuscitation
- Diagnose and treat other metabolic derangements: Hyperkalemia; Hypocalcemia
- Brisk diuresis (2ml/kg/hr)
- Pain control
- Anxiolysis

COMPARTMENT SYNDROME

- Primary survey, stabilization and resuscitation, secondary survey
- Diagnose through examination and confirmation with compartment pressure measurements
- Treat systemic effects of compartment syndrome similar to crush injury
- If injury is open:
 - Antibiotics, tetanus, jet irrigation;
 - Debridement of nonviable tissues;
 - Early amputation for severely injured limbs may be required to reduce sepsis
- Fasciotomy

NPPD 002251

BLAST LUNG INJURY

BLAST EVENT

INITIAL TRIAGE, TRAUMA RESUSCITATION, AND TRANSPORT SHOULD FOLLOW STANDARD PROTOCOLS FOR MULTIPLE INJURED PATIENTS OR MASS CASUALTIES.

- *Was the bombing in an open or closed space?* There is a higher incidence of blast lung injury in enclosed spaces

SIGNS OR SYMPTOMS SUGGESTIVE OF BLI OR RESPIRATORY DISTRESS

NO

SIGNS

- Apnea, tachypnea or hypopnea, hypoxia and cyanosis, cough, wheezing, dullness to percussion, decreased breath sounds, or hemoptysis

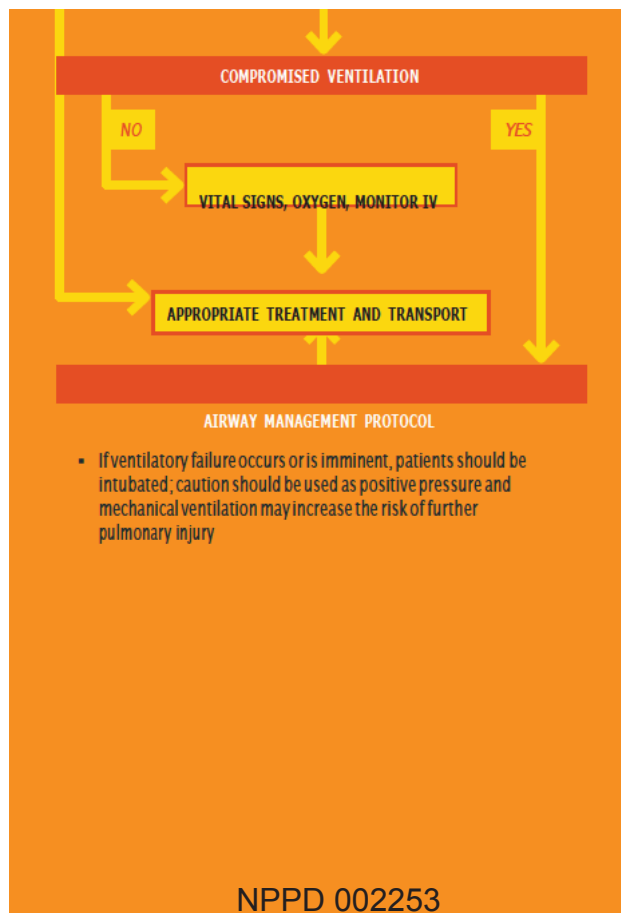
SYMPTOMS

- Dyspnea, hemoptysis, cough, and chest pain

CLINICAL CONCERNS

- Blast lung, hemothorax, pneumothorax, pulmonary contusion and hemorrhage, A-V fistulas (source of air embolism), penetrating chest trauma, and blunt chest trauma. Evaluate patient for > 10% BSA burns, skull fractures, and penetrating torso or head injuries

NPPD 002252



MANAGEMENT

OXYGENATION

- High flow O₂ sufficient to prevent hypoxemia via non-rebreather mask, CPAP, or endotracheal intubation.
- Hemothorax or Pneumothorax

CLOSE OBSERVATION

- Chest decompression for clinical presentation of tension pneumothorax.
- Provide enough fluid to ensure tissue perfusion but avoiding volume overload.
- Fluid administration

AIR EMBOLISM*

- Position in prone, semi-left lateral, or left lateral positions; transport to a facility with a hyperbaric chamber.

**Close observation for any patient suspected of BLI for the development of tension pneumothorax transported by air.*

HOSPITAL DIAGNOSTIC EVALUATION

- Chest radiography
- Arterial blood gases, computed tomography, and doppler ultrasound can be used to help diagnose BLI and air emboli
- Most lab and diagnostic testing conducted per resuscitation protocols—based upon nature of explosion (e.g. confined space, fire, etc.)

HOSPITAL DISPOSITION AND OUTCOME

- No definitive guidelines for observation, admission, or discharge following emergency department evaluation for patients with possible BLI following an explosion
- Patients diagnosed with BLI may require complex management and should be admitted to an intensive care unit. Patients with any complaints or findings suspicious for BLI should be observed in the hospital
- Discharge decisions will also depend on associated injuries; other issues related to the event, including the patient's current social situation
- In general, patients with normal chest radiographs, blood gases, and pulse oximetry who have no complaints suggesting a BLI, can be considered for discharge after 4-6 hours of observation
- Data on the short and long-term outcomes of patients with BLI is currently limited. However, one study conducted on survivors one year post injury, no patients had pulmonary complaints, all had

NPPD 002255

normal physical examinations and chest radiographs.

NPPD 002256

INCIDENT COMMAND COMPONENTS: OPERATIONAL CONSIDERATIONS/AWARENESS AND SAFETY

The Incident Command System (ICS) structure is meant to expand and contract as the scope of the incident requires. While not all of the ICS positions need to be active in each incident, those that are will need the same safety measures. In addition, not all ICS positions may be collocated with the incident commander, but all components of the ICS should take into account the operational considerations.

- INCIDENT COMMAND PROXIMITY TO EVENT
- WHO IS RESPONDING TO HELP?
 1. Identification of personnel (other jurisdictions)
 2. Uniform variations (mutual aid)
 3. Verifiable credentials
- PROTECTION
 1. Secure perimeter (ASAP)
 2. Single point of entry
 3. Control ingress/egress-vehicle, pedestrian
- SECONDARY SCREENING OF AREA
 1. EOD screening
 2. Unattended vehicles
 3. Bystanders

NPPD 002257

INFORMATION AND INTELLIGENCE ARE IMPORTANT
ELEMENTS OF ICS

Information and intelligence can include classified material, risk assessments, medical intelligence, weather information, geospatial data, structural designs, toxic contaminant level, and utilities/public works data, and may come from a variety of sources.

- Depending on the needs of an incident, the information/intelligence functions can be assigned within the Command Staff, as a unit within the Planning Section, as a branch within the Operations Section, or as a separate General Staff Section.
- Initial set-up considerations:
 1. Collect and evaluate information while responding to the incident scene
 2. Obtain a comprehensive briefing regarding the incident
 3. Confer with Incident Commander or Unit Chief to determine those intelligence or investigative agencies that are involved in the incident—*involvement of some agencies may be required by law*

NPPD 002258

WEAPONS OF MASS DESTRUCTION (WMD) QUICK REFERENCE GUIDE

BIOLOGICAL AGENTS

BACTERIA			
AGENT	INCUBATION	SYMPTOMS	TRANSMISSION
ANTHRAX (INHALATIONAL) (CUTANEOUS)	1-6 DAYS	<i>Fever/chills, malaise, fatigue, cough</i> LATE: <i>Severe respiratory distress, shock, rash, fluid-filled vesicle, dead tissue</i>	AEROSOL, DIRECT
BRUCELLOSIS	1-2 MONTHS	<i>Fever/chills, headache, malaise, joint pain, muscle pain</i>	AEROSOL
PLAGUE (INHALATIONAL)	2-3 DAYS	<i>Fever/chills, headache, coughing blood, toxemia. LATE:</i> <i>Respiratory failure, shock DIC</i>	AEROSOL PERSON-TO- PERSON TRANSMISSION
TULAREMIA (INHALATIONAL)	3-5 DAYS	<i>Fever/chills, headache, malaise</i>	AEROSOL
Q FEVER	2-40 DAYS	<i>Fever/chills, cough, pleuritic chest pain, GI symptoms</i>	AEROSOL



VIRUSES			
AGENT	INCUBATION	SYMPTOMS	TRANSMISSION
SMALLPOX	10-12 DAYS	Fever/chills, headache, malaise, backache	AEROSOL PERSON-TO- PERSON TRANSMISSION
VIRAL HEMORRHAGIC FEVERS	4-21 DAYS	Fever/chills, headache, malaise, muscle pain LATE: Bleeding, petechiae, hypotension, shock	AEROSOL PERSON-TO- PERSON TRANSMISSION, DIRECT

TOXINS			
AGENT	INCUBATION	SYMPTOMS	TRANSMISSION
BOTULINUM (INHALATIONAL)	S/S BEGINS 12-72 HOURS	<i>Drooping eyelids, progressive, descending bulbar, muscular and respiratory weakness; LATE: Respiratory failure</i>	AEROSOL, PO
STAPHYLOCOCCAL ENTEROTOXIN B (AEROSOL)	S/S BEGINS 3-12 HOURS	<i>Fever/chills, headache, myalgia, cough</i>	AEROSOL, PO
RICIN (INHALATIONAL)	S/S BEGINS 4-8 HOURS	<i>Fever/chills, cough, malaise, dyspnea LATE: Pulmonary Edema, respiratory failure</i>	AEROSOL
TRICOTHECENE MYCOTOXINS (T2)	S/S BEGINS 2-4 HOURS	<i>Necrosis and sloughing of affected tissues LATE: Prostration, collapse, shock</i>	AEROSOL, PO, DERMAL, EYE

NPPD 002261

CHEMICAL AGENTS

NERVE AGENTS

AGENT	SYMPTOM	DECONTAMINATION
TABUN (GA)	Salivation Lacrimation (tearing) Urination Defecation Gastric disturbances Emesis (vomiting)	<i>LATE: Remove and isolate contaminated clothing</i> <i>Flush patients with soap and water solution</i>
	<i>ONSET: Vapor: seconds Liquid: minutes - hours</i>	<i>Flush objects with large amounts of 10 percent bleach solution</i>

VESICANTS (BLISTER AGENTS)

AGENT	SYMPTOM	DECONTAMINATION
SULFUR MUSTARD (H)	Acts first as a cell irritant, then as a cell poison	<i>Remove and isolate contaminated clothing</i>
	Conjunctivitis, reddened skin, blisters, nasal irritation, inflammation of throat and lungs	<i>Flush patients with soap and water solution</i>
		<i>Flush objects with large amounts of 10 percent bleach solution</i>
LEWISITE (L)	Immediate pain with blisters	
PHOSGENE OXIME (CX)	Immediate pain with blisters later - necrosis equivalent to second- and third-degree burns	

NPPD 002262

CHEMICAL ASPHYXIANTS (BLOOD AGENTS)

AGENT	SYMPTOM	DECONTAMINATION
HYDROGEN CYANIDE (AC)	-30 percent cyanosis	<i>Remove and isolate contaminated clothing</i>
	Patients may appear to be gasping for air	<i>Flush patients with soap and water solution</i>
	Seizures prior to death	<i>Flush objects with large amounts of 10 percent bleach solution</i>
	Effect is similar to asphyxiation, but is more sudden	



NPPD 002263

POSTBLAST BUILDING ASSESSMENT

CONDITION	YES	NO	ASSESS
▪ Collapse, partial collapse, or building off foundation	☐	☐	☐
▪ Building/story noticeably leaning	☐	☐	☐
▪ Severe cracking of walls, obvious severe damage and distress	☐	☐	☐
▪ Ceilings, light fixtures, or other nonstructural hazards	☐	☐	☐
▪ HazMat spills	☐	☐	☐
▪ Stress fracture	☐	☐	☐
▪ Bulging walls	☐	☐	☐
▪ Sagging ceilings	☐	☐	☐
▪ Other hazard present	☐	☐	☐

RECOMMENDATIONS

☐ Other hazard present

☐ Detailed evaluation required

☐ STRUCTURAL ☐ HAZMAT

☐ OTHER

NPPD 002264

POSTBLAST BUILDING ASSESSMENT

[] Barricades needed in the following areas: _____

[] Other: _____

WARNING: Do not enter any building structure unless fully trained and equipped for postblast hazards.

NPPD-002265

ADDITIONAL INFORMATION

Fusion Center: _____

JTTF: _____

FBI Explosive Unit: (703) 632-7626 (8:00am–5:00pm EST)
(202) 323-3300 (after hours)

HSIN: <https://hsin.dhs.gov>

LEEP (LEO): <https://cjis.gov>

State Department—Passport Office: (877) 487-2778

First responder agencies receiving citizen reports of lost or stolen passports should strongly encourage the reporting citizen to notify the US State Department of the missing passport so that the documents are not able to be used illicitly. Note that unless the State Department is notified by the person named on the passport, it will not be flagged/cancelled. The State Department will not accept third-party notifications, such as from the police agency taking the theft report.

Further information can be found at travel.state.gov.

NPPD 002266

NPPD 002267

IF YOU HAVE ANY QUESTIONS OR COMMENTS ABOUT THIS
GUIDE, OR WOULD LIKE FURTHER INFORMATION ABOUT THE
JOINT COUNTERTERRORISM ASSESSMENT TEAM (JCAT),
PLEASE CONTACT JCAT@NCTC.GOV

NPPD 002269



NPPD 002270