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Metro Boston Region FY2004 Homeland Security Plan*

II. OVERVIEW

The Metro Boston Homeland Security Regional Plan outlines the philosophy, framework and purpose for its membership in preparing and training for, responding to, and recovering from a chemical, biological, radiological, nuclear, and/or explosive weapon of mass destruction incident in the Metro Boston Homeland Security Region (MBSHR). This plan outlines the region's homeland security goals, objectives, projects and tasks for the nine communities that comprise it: Brookline, Boston, Cambridge, Chelsea, Everett, Quincy, Revere, Somerville, and Winthrop.

A. Development of the Regional Plan

In August/September 2003, representatives from the nine MBHSR communities and ten public safety and public service agencies met for a facilitated working session to develop a discipline specific strategy with formal goals, objectives and tasks in the areas of planning, organization, equipment, training and exercises. The output from these meetings, as well as data from an extensive capabilities, needs, threat and vulnerability assessment, became the Boston Urban Area Homeland Security Strategy - the cornerstone of the FFY2003 Urban Areas Security Initiative (UASI) Grant Program.

The Metro Boston Homeland Security Regional Plan uses the UASI strategy as a foundation; this plan is both regional and long-term. A great deal of work has been done over the past twelve months that amends, expands, and improves upon the UASI Strategy. Applying an "all hazards" approach, it is by far the most aggressive, comprehensive, and truly regional outline of what the nine MBHSR communities see as necessary to achieve to prevent, prepare for, respond to and recover from a terrorist and/or natural disaster in the years to come. Though this plan includes many comprehensive and detailed goals, it is important to point out that the tasks associated with them are ongoing and in no way can be completed in the short term. The Regional Plan serves as a guide, more than anything. A guide that provides the MBHSR partners with a vision to move toward. It is by all accounts a living document, and will be updated and amended as necessary. As required by all homeland security grant programs, progress reports will serve to document the status of these tasks as they are completed. It is at the direction of the regional partners to determine the criticality of tasks, the timeline they can realistically be completed, and the priority of each task against others.

We are confident, however, that moving towards these goals and the inroads we make as a region will ultimately increase our collective capacity to protect our residents, commuters, visitors and emergency response personnel from a catastrophic incident

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should one impact us the way September 11th, 2001 did for the residents of New York City, Washington D.C. and Pennsylvania.

B. MBHSR Structure and Regional Partners

Without the commitment, insight, operational knowledge, and coordination of the MBHSR's first preventers and first responders, from chief executive officers to line staff, this plan would not exist. The following section provides details of the MBHSR partners.

1. Mayor's/Metro Office of Homeland Security

The Commonwealth's Strategy requires development of a Homeland Security Executive Committee, who "will work in partnership with federal entities and local entities that will be organized into multi-disciplinary regional consortiums modeled in part on the metropolitan Boston Urban Area Security Initiative". The Mayor's/Metro Office of Homeland Security (OHS) serves this function. With funds from the federal Fiscal Year 2003 UASI Grant Program, the Department of Homeland Security's Office of Domestic Preparedness (ODP) approved the development of the OHS. To maintain continuity with the federal Fiscal Year 2003 UASI program and the each of the federal Fiscal Year 2004 homeland security programs (including UASI) the Metro-Boston Homeland Security Planning Region was aligned with the Metro-Boston UASI region, serving to ensure consistent management of Metro-Boston's homeland security projects *regionally* through these grant programs. The terms "Metro-Boston Urban Area", "Metro-Boston Homeland Security Planning Region," and Metro-Boston Homeland Security Region are, therefore, synonymous.

The OHS's charge is to work with neighboring communities and regional stakeholders to leverage MBHSR resources to enhance capacities in the areas of prevention of, preparedness for, response to, and recovery from Chemical, Biological, Radioactive, Nuclear and Explosive attacks across the Region.

Currently, OHS is staffed as follows: (1) Director who directs and oversees all aspects of OHS; (2) Assistant Directors who handle project development, management, and coordination for the MBHSR; (1) Finance Manager responsible for the fiscal tasks related to all regional homeland security grants; (1) consultant who assists in the development of OHS fiscal and administrative infrastructure; and (5) Discipline Coordinators who are tasked with coordinating planning and communication amongst their respective discipline committees/representatives (2 Discipline Coordinators remain to be hired).

- Carlo Boccia, Director
- David Bibo, Assistant Director
- Sara Phillips, Assistant Director

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- Nancy Nee, Finance Manager
- Daniel Adam, Consultant
- Michael Colanti, Fire Discipline Coordinator
- Timothy McDonald, Health Care Discipline Coordinator
- TBD, Law Enforcement Discipline Coordinator
- TBD, EMS Discipline Coordinator
- Liam Seward, Public Health Coordinator

The OHS relies heavily on the MBHSR's content and subject matter experts across the disciplines, which include government administration, emergency management, law enforcement, fire services, HAZMAT, public safety communications, public health, public works, health care/hospitals, and emergency medical services. In order to ensure that homeland security projects are in fact regional in scope and prioritized, OHS has established a structure where communication flows freely throughout the Region, and stakeholders are actively engaged in the regional decision making and prioritization that is necessary to implement strategic, homeland security goals and objectives. Those stakeholders are identified below.

2. Chief Executive Officers

In order to obtain coordination and buy-in from each of the MBHSR's communities, OHS has formal communication with the following Chief Executive Officers, and memorandums of agreement are formally in place with each City or Town:

- Tom Kelliher, Town Administrator, Brookline
- Mayor Thomas M. Menino, City of Boston
- Robert Healey, City Manager, City of Cambridge
- Jay Ash, City Manager, City of Chelsea
- Mayor David Ragucci, City of Everett
- Mayor William Phelan, City of Quincy
- Mayor Thomas Ambrosino, City of Revere
- Mayor Joseph Curtatone, City of Somerville
- Richard F. Di Mento Chairman of the Winthrop Board of Selectmen

3. Jurisdictional Point of Contacts

Each MBHSR chief executive appointed a representative from his community to serve as the MBHSR Jurisdiction Point of Contact (JPOC). This JPOC is responsible for ensuring open and clear communication amongst disciplines in their city or town and was also charged with representing their jurisdiction's disciplines at the MBHSR Working Group. The JPOCs below were appointed by the Chief Executive Officer of their respective jurisdiction:

- Daniel O'Leary, Chief, Brookline Police Department

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- Carlo Boccia, Director, Mayor's Office of Homeland Security
- Gerald Reardon, Chief, Cambridge Fire Department
- Allan Alpert, Director, Chelsea Emergency Management Agency
- David Butler, Chief, Everett Fire Department
- David Murphy, Director of Operations, Mayor's Office, Quincy
- Eugene Doherty, Chief, Revere Fire Department
- Thomas Graney, Deputy Chief, Somerville Fire Department
- Larry Powers, Chief, Winthrop Fire Department

Each JPOC is responsible for coordinating with: Office of Homeland Security (OHS); all discipline representatives (DR) within their respective jurisdiction; the Discipline Lead for the Region (committee chair); discipline coordinators (DC); and their jurisdiction Financial Point of Contact (FPOC).

Areas of Responsibility:

- Serves as the primary point of contact for the jurisdiction, including oversight of all disciplines within his or her jurisdiction, and oversees all activities on behalf of the jurisdiction's Chief Executive Officer;
- Identify Discipline Representatives within jurisdiction for Law Enforcement, Fire Services, Emergency Medical Services, Emergency Management, Public Health, and Healthcare;
- In concert with OHS, oversee development and implementation of homeland security programs and initiatives across disciplines within his or her jurisdiction and throughout the region;
- Communicate regularly with and provide briefings to the Jurisdiction Chief Executive Officer regarding all jurisdictional and regional homeland security initiatives and projects;
- Communicate to Boston OHS the jurisdiction's overall priorities and concerns regarding programs and initiatives, for all disciplines;
- Ensure coordination of the jurisdiction's Discipline Representatives among each other, as well as with their respective discipline counterparts throughout the region;
- Maintain consistent communication within jurisdiction, hold meetings and planning sessions as appropriate;
- Actively participate in Metro-Boston Homeland Security Region planning sessions and other meetings;
- Work with jurisdiction's Financial Point of Contact ensuring smooth reporting, asset management, inventory tracking, and auditing requirements.

4. Discipline Committees and Discipline Representatives

Building on the structure and work of the UASI discipline workgroups, Discipline Committees were formed. These Committees are comprised of at least one member of

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the respective discipline from each MBHSR jurisdiction. As such, there is a minimum of nine representatives sitting within each Committee. Discipline representatives are appointed by the JPOC, and their scope is both jurisdiction- and discipline-specific.

Each Discipline Representative (DR) is responsible for coordinating with: his or her JPOC; all DRs within their respective jurisdiction; the Discipline Lead for the Region (committee chair); discipline coordinators (DC); and his or her jurisdiction FPOC.

Areas of Responsibility:

- Represents the discipline on behalf of his or her jurisdiction to the Discipline Lead and discipline committee, participating in the development and implementation of homeland security programs and initiatives that impact the discipline across the region;
- Communicate regularly with and provide briefings to his or her respective discipline Chief Executive Officer (e.g., Public Health Director, Police Chief) regarding all jurisdictional and regional homeland security initiatives and projects;
- Communicate discipline-specific priorities and concerns regarding programs and initiatives to Discipline Lead and the Discipline Committee;
- Work with the Financial Point of Contact for the jurisdiction to facilitate reporting, asset management, inventory tracking, and auditing requirements.
- Actively participate in Metro-Boston Homeland Security planning sessions and other meetings.

The MBHSR Discipline Committees were established to bring together representatives from each discipline to discuss, coordinate, develop plans, and guide implementation of their jurisdiction's initiatives across the region. As such, their function is regional and discipline-specific (e.g., law enforcement officers from each of the nine communities make up the Law Enforcement Committee). Committees coordinate with the OHS, discipline-specific representatives across all jurisdictions, and their DC.

Areas of Responsibility:

- Body that represents the Discipline across all jurisdictions, in concert with OHS;
- Discuss, develop, coordinate and oversee homeland security programs and initiatives related to its respective discipline;
- Coordinate with other discipline subcommittees, when necessary, on homeland security programs and initiatives that may impact them or require multi-disciplinary coordination;
- Communicate regularly with and provide briefings to the OHS regarding all jurisdictional and regional discipline priorities and concerns, homeland security initiatives and projects;

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- Maintain consistent lines of communication within Discipline, hold meetings and planning sessions as necessary;
- Actively participate in Metro-Boston Homeland Security planning sessions and other meetings, as needed.

The following outlines representatives from each discipline:

Emergency Medical Services Discipline Representatives

- Chief John Green, Brookline Fire Department
- Deputy Superintendent Steve Lawlor, Boston Emergency Medical Services (EMS)
- Deputy Chief Herbert Fothergill, Chelsea Fire Department
- Mr. Bill Mergendahl, Chief Executive Officer, Professional Ambulance Service (serves the MBHSR city of Cambridge)
- Mr. Mark Olson, VP of Operations, Cataldo Ambulance Service (serves the MBHSR Cities of Somerville, Everett, Revere, Chelsea and Town of Winthrop)
- Mr. Sean Tyler, Chief Operating Officer, Fallon Ambulance Service (serves the MBHSR City of Quincy and Town of Brookline)

Law Enforcement Discipline Representatives

- Chief Daniel O'Leary, Brookline Police Department
- Lt. Robert Simmons, Brookline Police Department
- Capt. Frank Armstrong, Boston Police Department
- Sgt. Rick Riley, Cambridge Police Department
- Capt. Keith Houghton, Chelsea Police Department (Committee Chair)
- Chief Steven Mazzie, Everett Police Department
- Sgt. Rick Basteri, Everett Police Department
- Sgt. Robert Gillan, Quincy Police Department
- Chief Terrence Reardon, Revere Police Department
- Capt. James Guido, Revere Police Department
- Lt. Paul Upton, Somerville Police Department
- Chief David Goldstien, Winthrop Police Department
- Lt. Brian Perrin, Winthrop Police Department

Fire/HAZMAT Discipline Representatives

- Lt. Ron Cronin, Brookline Fire Department
- Chief Gerard Fontana, Boston Fire Department (Committee Chair)
- Lt. John Hardiman, Boston Fire Department
- Deputy Chief James Burns, Cambridge Fire Department
- Chief Joseph Siewko, Chelsea Fire Department
- Chief David Butler, Everett Fire Department
- Chief Paul O'Connell, Quincy Fire Department
- Chief Eugene Doherty, Revere Fire Department

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- Chief Kevin Kelleher, Somerville Fire Department
- Chief Larry Powers, Winthrop Fire Department
- Deputy Chief Larry Powers, Massport Fire Department

Public Health Discipline Representatives

- Dr. Alan Balsam, Brookline Health Department
- Mr. Tom Lyons, Office of Public Health Preparedness, Boston Public Health Commission
- Mr. Harold Cox, Cambridge Health Alliance
- Mr. Luis Prado, Chelsea Health and Human Services
- Mr. Kevin Curry, Everett Board of Health
- Mr. Drew Scheele, Quincy Public Health Department
- Mr. Nick Catinazzo, Revere Board of Health
- Ms. Elizabeth Quaratiello, Somerville Health Department
- Mr. Paul Frazier, Winthrop Department of Health

Government Administrative/Financial Representatives

- Mr. Mark Morgan, Captain of Records, Brookline Police Department
- Ms. Nancy Nee, Finance Manager, MOHS Boston
- Mr. Thomas Durkin, City Auditor, CFO, Chelsea Auditing Department
- Mr. Frank Coppola, City Auditor, Everett
- Ms. Laurie Allen, Chief Procurement Officer, Quincy
- Ms. Laurie Giardella, City Auditor, Revere
- Mr. John McGinn, CFO, City of Somerville
- Mr. Michael Bertino, Town Accountant, Winthrop

Emergency Management Representatives

- Michael Nigro, Deputy Director of Emergency Management, Everett Fire Department
- Mr. Allan Alpert, Director, Chelsea Emergency Management
- Deputy Chief Robert Calobrisi, Boston Emergency Management Agency
- Mr. Tom Gorman, Director, Quincy Emergency Management Agency
- Mr. David O'Connor, Director, Cambridge Emergency Management Agency

III. VULNERABILITIES AND POTENTIAL THREAT ELEMENTS

As required by ODP as part of the UASI Program, each of the nine MBHSR communities completed an extensive web-based assessment process which included: capabilities (training, equipment) needs (training, equipment); vulnerabilities; potential targets; threats; and assets. Assessment workshops were conducted and technical assistance was provided by both Boston and ODP. Meetings were held with both the jurisdictions and individual disciplines to inform the assessment process. Each jurisdiction and discipline group received the ODP assessment tools, either in the original bound form and/or CD-ROM, or photocopies as needed. A schedule was developed with formal deadlines for each assessment component (e.g., risk, vulnerabilities, and needs). Data entry was conducted at the Ritz Carlton Hotel in Boston in September 2003, sponsored by ODP and ODP's contractor, Texas A&M University.

All assessment reports have been aggregated and maintained by ODP. Access is restricted to MBHSR representatives and Executive Office of Public Safety homeland security personnel. Given the sheer volume of the assessment reports and their sensitivity, they have been omitted from this Plan. They may be accessed as needed pursuant to a request to EOPS or the Boston OHS.

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IV. FEDERAL FISCAL YEAR 2004 BUDGET SUMMARY

In order to be truly strategic in supporting the Metro Boston Homeland Security Region's homeland security needs, the Office of Homeland Security applies a project driven, "all funds" approach to all federal fiscal year 2004 (and 2005) funds. As such, the three grant program funds that make up the FFY2004 Homeland Security Grant Program will support a variety of projects, and in turn, the projects are supported with multiple funding streams according to the federal guidelines that determine allowable costs and expenses.

The following provides a brief narrative outlining the grant programs and the funds to be applied according to project.

A. State Homeland Security Grant Program

State Homeland Security Grant Program funding will support costs the following projects:

PROJECT A: To develop/enhance centralized and discipline specific infrastructure to oversee and coordinate successful implementation of homeland security programs.

Total SHSP allocation: \$268,208

PROJECT E: To develop/enhance a regional interoperable communication network for effective communications among disciplines in a CBRNE WMD incident; conduct trainings, and exercises, and leverage new technologies as they emerge.

Total SHSP allocation: \$2,000,000

PROJECT G: To develop and expand training opportunities and engagement methodologies for citizens and community groups in order to bolster awareness, prevention, preparedness, and response.

Total SHSP allocation: \$250,000

PROJECT K: To develop/enhance GIS resources across the Metro-Boston Homeland Security Region, ensuring interdisciplinary collaboration and component interoperability establish/enhance Geographic Information Systems (GIS) capabilities.

Total SHSP allocation: \$250,000

PROJECT M: To procure equipment necessary to meet the homeland security mission and effectively prevent, prepare for, respond to, and recover from a CBRNE/WMD incident.

Total SHSP allocation: \$3,739,912

TOTAL State Homeland Security Grant Program = \$6,508,120

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B. Law Enforcement Terrorism Prevention Program

Law Enforcement Terrorism Prevention Program funding will support costs the following projects:

PROJECT D: To develop/enhance a unified regional intelligence gathering and sharing capacity.

Total LETPP allocation: \$1,517,000

PROJECT F: To identify and assess the Metro-Boston Homeland Security Region's critical infrastructure and develop/enhance and implement comprehensive target-specific and regional measures to protect critical infrastructure and assets.

Total LETPP allocation: \$1,300,000

TOTAL Law Enforcement Terrorism Prevention Program = \$2,817,000

C. Citizen Corps Program

PROJECT G: To develop and expand training opportunities and engagement methodologies for citizens and community groups in order to bolster awareness, prevention, preparedness, and response.

Total CCP allocation: \$197,170

TOTAL Citizen Corps Program = \$197,170

Please Note: Projects A, B, C, H, I, J, K, L, M, N and O are additionally supported with federal Fiscal Year 2004 Urban Areas Security Initiative Grant Program funding. For further information concerning these allocations, please refer to the Initial Strategy Implementation Plan (ISIP) for FFY2004.

V. FFY2004 REGIONAL HOMELAND SECURITY PROGRAM PROJECTS

The MBHSR Initial Strategy Implementation Plan (ISIP) outlines tasks for fifteen projects to be undertaken across the region during the next twelve to twenty four months and beyond. This plan is based upon the UASI strategy and the ISIP, and serves as a roadmap to the planned development, implementation, and/or enhancement of homeland security initiatives for the MBHSR's public safety and public service agencies. Each of the homeland security projects detailed in this plan cross multiple disciplines, as well as jurisdictions. These projects are in no way restrictive, where police and fire departments, EMS providers, public health agencies, public works divisions, government administrative entities, or emergency management agencies cannot achieve their homeland security goals and objectives in the immediate, short-, and long-term.

Each homeland security project includes the following information:

(1) Project Description

Each of the fifteen project descriptions detailed in the following pages provide general information concerning the project to be undertaken, as well as the corresponding goals and objectives outlined within the MBHSR Homeland Security Strategy (BUAS) and the Commonwealth of Massachusetts' State Homeland Security Strategy (COMS). The goals and objectives are further aligned with ODP's pre-defined project titles listed in the Initial Strategy Implementation Plan – a required element of the FFY2004 grant applications for each of the homeland security grant programs.

The strategic vision of both the Metro Boston Homeland Security Strategy and the Commonwealth's Strategy are very much aligned. As such, each of the projects presented in the following pages have the corresponding/related goal(s) and objective(s) from each of the strategies in parentheses and follow each project title, e.g., "COMS G1" refers to the Commonwealth of Massachusetts Strategy, Goal #1; and "BUAS G1-O1-IS#1" refers to the Metro Boston Homeland Security Region Strategy Goal #1-Objective #1-planning implementation step #1.

(2) Detailed Activity Plans

Each project has detailed activity plans that correspond to the specific goal and objective. Activities are discussed and organized according the following areas:

- a. *Planning tasks*
- b. *Organizing tasks*
- c. *Equipment tasks*
- d. *Training tasks*
- e. *Exercise tasks*

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Further, each task has general time frames associated with their implementation and completion: critical, short-term, and long term. As the Regional Plan serves as a living document, each task has an identified time frame associated with it, however the assigned time frame is a *best estimate*. It is anticipated that time lines will be amended as needed.

Lastly, each project task outlines the “disciplines” that are to be engaged. This includes: government administrative (GA); public works (PW); law enforcement (LE); fire services (FS); HAZMAT (HZ)¹; emergency management (EM); emergency medical services (EMS); public health (PH); health care/hospitals (HC); and public safety communications (PSC)².

(3) Project Budget

Many of the MBHSR’s projects are supported with multiple funding streams, in that Boston’s OHS applies an “all funds” approach to these initiatives. In order to ensure that the homeland security projects identified within this plan and in the future are strategically planned and implemented, careful attention has been and will continue to be paid to both federal and state guidelines concerning allowable grant expenditures. With this information available to the region in its development and execution of these initiatives, budgets are scrutinized internally to ensure that funds are made available in accordance with the guidelines.

Boston’s OHS continues to work closely with the City of Boston’s Auditor and Chief Financial Officer (CFO). Boston’s Auditor and CFO monitor all external funds, both public and private, and serve as checks and balances on all grant accounting. All budget and accounting issues, from budget development, account structure, financial reporting requirements, review of ongoing expenditures, and fiscal audits, are coordinated by OHS and fiscal staff. In order to effectively administer, implement and oversee the UASI, first funded under federal Fiscal Year 2003 appropriations, the OHS drafted and maintain memorandums of agreement with each of the communities comprise the MBHSR (Brookline, Cambridge, Chelsea, Everett, Quincy, Revere, Somerville and Winthrop). These MOA’s outline the roles and responsibilities for each jurisdiction, including Boston, specifically pertaining to participation, reporting, reimbursement,

¹ HAZMAT, though identified by the Department of Homeland Security as a unique and separate discipline from fire services, will often be the responsibility of the Region’s Fire Service agencies, as per their operational function as first responders to hazardous materials incidents. Should HAZMAT refer to any other discipline, such as law enforcement or emergency medical services, it will be noted within the project details and related tasks.

² Public Safety Communications discipline for the Metro Boston Homeland Security Region includes representatives from fire services, emergency management, emergency medical services, law enforcement and government administrative personnel (management and information systems technicians).

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and auditing issues. OHS will continue to utilize these MOA's in oversight and management of all homeland security funds allocated to the MBHSR.

PROJECT A

“Establish/enhance administrative and operational homeland security infrastructure within the Metro-Boston Homeland Security Region, including capacity for program evaluation” (COMS G3; BUAS G1-O1; G1-O2)³.

1. Project Description

Project A supports the infrastructure necessary to manage major initiatives and projects such as those being undertaken by MBHSR. The project addresses the formalizing of governmental and discipline specific “buy-in,” including memorandums of understanding among MBHSR jurisdictions and development and enhancement of centralized governance to oversee and coordinate successful implementation of homeland security projects. During the course of the development of regional governance throughout the MBHSR over the past year, it was made clear that the need still exists to continue to advance regionalization while to move forward with planning, training and equipping organizations to prevent, prepare for, respond to, and recover from CBRNE incidents.

Particular areas of focus for the MBHSR within Project A also include: (1) enhancement/expansion of memorandums of understanding across public/private agencies, disciplines and communities related to homeland security; (2) development/enhancement of inventory control systems within each jurisdiction; (3) development of plans addressing costs associated with maintenance of equipment. Further details are outlined below.

2. Detailed Activity Plans

a. Planning Tasks

1. Assess existing discipline specific and cross jurisdictional memorandums of understanding/agreement and examine the need for new and/or updated mutual aid agreements among different branches of responders across the region (SHORT TERM; ALL; G1-O1-aIS#1).
2. Encourage municipal officials throughout the MBHSR to coordinate regionally with planning, training and equipping their organizations to respond to CBRNE incidents (CRITICAL; GA; G1-O1-aIS #2).

³ Project A: COMS G3 “The Commonwealth will improve preparedness by enhancing regional coordination” (COMS p. 7). Metro Boston Strategy G1-O1 and G1-O2 “To develop and/or complete a regional preparedness & training strategy to endure the urban area is prepared to respond to a potential WMD incident”, further, to “Establish formal governmental and discipline specific “buy-in” and if applicable, memorandums of understanding among all Urban Area jurisdictions”, and further, to “Implement new and existing multi-discipline task forces to provide general oversight, cross coordination and decision making concerning each stage in a CBRNE WMD incident (prevention, response and recovery)” (BUAS, p.6, p. 11).

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3. The OHS will work with COBTH, Boston Metropolitan Medical Response System (MMRS), Boston Emergency Management Agency (BEMA) and the Boston Public Health Commission (BPHC), to encourage administrators to prioritize memorandums of understanding between each other, pairing hospital administrators together to promote mutual buy-ins. A starting point on this implementation step has been achieved with the representation and participation by the Conference of Boston Teaching Hospitals (COBTH) as a strategic partner throughout the Region (CRITICAL; PH, EMS, HC, GA; G1-O1-aIS#5).

b. Organizing Tasks

1. The OHS and regional points of contact will continue to provide assistance to each discipline in coordinating the development and/or enhancement of the newly formed regional agreements. Their role will include assisting in the creation of coordinated MOU's and ensuring that each plan is seen and understood by other agencies (LONG TERM; ALL; G1-O1-bIS#1).
2. Regional emergency management agencies will work to establish a formal, regional memorandum of agreement/mutual aid agreement (LONG TERM; EMA; G1-O1-bIS#2).
3. The MBHSR HAZMAT agencies will enhance, expand and formalize mutual aid agreements and cross-jurisdiction procedures in responding to a HAZMAT specific incident. The Boston and Cambridge HAZMAT squads will take the lead on this step, and will look to the existing mutual aid agreement that fire has, the Metro Fire Association, for technical assistance. A working group will be established to be tasked with developing a HAZMAT running card for mutual aid that will parallel and augment the existing running card for mutual aid. The preliminary content of the mutual aid agreement for HAZMAT would require two phases of response, normal and immediate/urgent. The "normal" response protocol would require that the incident commander immediately notify the MBHSR partners to alert them for readiness should assistance be needed, and should the incident increase in severity, the incident commander will then formally request assistance. The "immediate/urgent" response protocol would require an incident commander request immediate response from the MBHSR, where the region's partner HAZMAT squads respond immediately with a first round of equipment (which may be limited). The MBHSR will then follow up the first immediate response with more fully equipped units (CRITICAL; FS, HZ; G1-O1-bIS#3).
4. The MBHSR law enforcement agencies will continue to work to formalize mutual aid agreements among their discipline partners, as needed (LONG TERM; LE; G1-O1-bIS#4).
5. The MBHSR representatives will identify and assess existing standard operating procedures (SOP) and will work to create a *regional* standard operating procedure to have in place in the event of a CBRNE incident. This SOP will integrate and build

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upon those existing standard operating procedures from various disciplines throughout the Region's jurisdictions (LONG TERM; ALL; G1-O1-bIS#5).

6. The MBHSR SOP will identify and lay out key resources and sources of specified expertise, which may be needed to call upon in the event of a CBRNE incident (e.g., public health, hospitals), where these relationships will be formalize. General topics to be addressed in this SOP include: means of identifying potential threats, issues concerning the personal safety of first responders, measures to ensure the safety of the general public, employment issues raised by mutual aid during an incident, continuity of operations (COOP), continuity of government (COG), and training and exercises. The MBHSR looks to develop these integrated response procedures across responding agencies, including the public safety and public response organizations (CRITICAL; ALL; G1-O1-bIS#6).
7. The Health Care Committee seeks to enhance the existing capabilities of hospitals throughout the MBHSR, creating a greater degree of cross-agency collaboration among hospital and public health agencies. To do this, the Committee will assess the level, methods, and means of communication that exist between hospitals and other members of the public health and medical communities, and will coordinate these with the Massachusetts Department of Public Health (MDPH) and the Massachusetts Hospital Association (MHA). The Workgroup will request that COBTH and the Boston Public Health Commission (BPHC) act as coordinators and represent the health care discipline for this homeland security effort, as with other efforts. Also, each lead hospital representative will be directed to participate in all related WMD preparedness and planning, which will be tailored to the administration in each hospital in an effort to get buy-in/support using Hospital Emergency Incident Command System (HEICS) (CRITICAL; HC; G1-O1-bIS#7).
8. The MBHSR will continue discipline Committees, which were established to address specific issues concerning each discipline independently (CRITICAL; ALL; G1-O2-bIS#1).
9. The Health Care Committee will work to identify key participants and clarify roles for the homeland security planning and implementation process (of both before and during an incident). COBTH and BPHC will be tasked to continue leading hospital coordination during the planning and implementation process of these plans. The roles of these leaders will be clarified and a memorandum of understanding will be put in place. Effective methods for ongoing meeting and communication will be reviewed; using existing regional models as a guide, as well as existing mechanisms such as COBTH, Boston MMRS, Boston Emergency Management Agency (BEMA), and the region's Local Emergency Planning Committees (LEPC) (CRITICAL; HC; 1-O2-bIS#3).

c. Equipment Tasks

None identified at this time.

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d. Training Tasks

1. OHS and MBHSR jurisdiction CEOs will work to develop training for top executives, which will include familiarity with succession plans and the community's emergency management plan. To be considered is the implementation of an "emergency management" certification process for new chief executives and top staffers to ensure continuity of training/preparedness in times of government turnover (CRITICAL; GA; G1-O1-dIS#1).

e. Exercise Tasks

1. Develop and implement an exercise to test the procedures for enacting the cross jurisdiction memorandums of understanding, e.g., notification protocol, response procedures, reporting, and oversight issues (CRITICAL; ALL; G1-O1-eIS#1).
2. The nine MBHSR communities will plan and conduct tabletop exercises related to their continuity of government plans (LONG TERM; ALL; O1-eIS#1).

3. Project Budget

Further budget details are available under Project A in the Initial Strategy Implementation Plan (ISIP).

Please Note: Additional costs have been identified for the support of Project A, and are to be supported with FFY2004 UASI funds.

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PROJECT B

Establish/enhance a sustainable homeland security exercise program (COMS G3; BUA G1-O3 and G1-O7)⁴.

1. Project Description

Project B focuses on the planning, development and implementation of regional, interdisciplinary and discipline specific homeland security exercises, to effectively prepare responders for a CBRNE/WMD incident. The MBHSR will develop an exercise plan and structure based on existing capabilities and needs and will conduct exercises that address specific needs among staff from a variety of disciplines. Please note, that much of the exercises and development of such are closely coordinated with the regional training program, outlined in Project C.

MBHSR's public health and safety professionals must participate in exercises – be they table-top or full-scale – to apply their training, test their protocols, and identify areas for improvement in their response, communications, and information sharing. MBHSR will address this need through its development and execution of a comprehensive Homeland Security Exercise Program.

2. Detailed Activity Plans

a. Planning Tasks

1. OHS, with assistance from regional partners will plan and execute inter-disciplinary training and full-scale exercises on WMD incident preparedness available for the MBHSR, including targeted exercises for senior leadership and front-line staff. OHS will schedule one to two functional exercises per year, and three to four facilitated tabletop exercises per year (CRITICAL; EMA; G1-O3-aIS#6).
2. Each discipline will be responsible for developing a financial plan that prioritizes the training/exercises to be held, the specific number of staff required attending the trainings/exercises, and overtime cost estimates associated with the training/exercises (CRITICAL; ALL; G1-O7-aIS#3).

b. Organizing Tasks

None identified at this time

⁴ Project B: COMS G3 "The Commonwealth will improve preparedness by enhancing regional coordination" (COMS p. 7). Metro Boston Strategy G1-O3 and G1-O7 "To develop and/or complete a regional preparedness & training strategy to endure the urban area is prepared to respond to a potential WMD incident" further, to "Plan, develop and conduct interdisciplinary and discipline specific training and exercises to effectively prepare for and respond to a CBRNE/WMD incident" further, to "Coordinate fiscal plans for overtime costs associated with training costs and backfilling (BUAS, p. 12, p. 27).

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c. Equipment Tasks

None identified at this time.

d. Training Tasks

None identified at this time.

e. Exercise Tasks

1. Tabletop, function and full-scale exercises for the MBHSR disciplines (independently and together) will begin in 2005 and continue through 2007 (LONG TERM; ALL; G1-O3-eIS#1).
2. Hospitals will continue annual individual facility drills tailored to meet their individual training needs and regulatory requirements. Working with COBTH and MBHSR agencies, health care facilities will participate in multi-agency or community wide drills at least once per year. Tabletop and full-scale exercises will be scheduled in collaboration with OHS (LONG TERM; HC; G1-O3-dis#2).
3. By the third quarter of 2005, the MBHSR seeks to have a cross-disciplinary full-scale exercise with all ten disciplines participating (LONG TERM; ALL; G1-O3-eIS#4).
4. With support and oversight from OHS, Boston Emergency Management Agency, in conjunction with the Massachusetts Emergency Management Agency (MEMA), will conduct a regional Emergency Operation Center (EOC) exercise following the full equipping of the interim Boston EOC. This exercise will be conducted using a matrix of Senior Leaders regarding their role (CRITICAL; EMA; O3-cIS#5).

3. Project Budget

All costs associated with Project B are supported with funds from the FFY2004 UASI Grant Program. Further budget details are available under Project B of the Initial Strategy Implementation Plan (ISIP).

PROJECT C

Establish/enhance sustainable homeland security training program (COMS G3; BUA G1-O3, G1-O7)⁵.

1. Project Description

Project C focuses on the planning, development and implementation of interdisciplinary and discipline-specific homeland security training to effectively prepare responders for a CBRNE/WMD incident. The MBHSR will develop and execute a training plan and structure that capitalizes on existing capacities to conduct such training.

2. Detailed Activity Plans

a. Planning Tasks

1. The MBHSR will work towards developing a *training/exercise plan and structure* that reflects existing training capabilities and specific training needs among staff in their respective disciplines, the end result being an assessment of appropriate training for differing staff needs. Each discipline will be responsible for assessing existing training capabilities among their staff, utilizing the data submitted via the ODP collection tool as guidance. Questions to be considered include who will receive what type of training (with close consideration of whether their role requires such training), and when the training will take place. The MBHSR hopes to conduct much of it's training across disciplines, as appropriate, whereby a better understanding of what is expected of each discipline is more likely to be gained.

It should be noted that some discipline groups will have a greater challenge in identifying their respective training needs, including that of public works agencies and public safety communications group (as it includes representatives from fire, emergency medical services, emergency management and law enforcement) (CRITICAL; ALL; G1-O3-aIS#1).

2. An assessment will be conducted of hospital staff training and readiness for a CBRNE WMD incident, using a common assessment tool. The assessment will include identifying staffing numbers and necessary specialties to determine what staff needs basic awareness training versus specific, more technical training (SHORT TERM; HC; G1-O3-aIS#2).

⁵ Project C: COMS G3 "The Commonwealth will improve preparedness by enhancing regional coordination" (COMS p. 7). Metro Boston Strategy G1-O3 and G1-O7 "To develop and/or complete a regional preparedness & training strategy to ensure the urban area is prepared to respond to a potential WMD incident" further, to "Plan, develop and conduct interdisciplinary and discipline specific training and exercises to effectively prepare for and respond to a CBRNE/WMD incident" and further, to "Coordinate fiscal plans for overtime costs associated with training costs and backfilling (BUAS, p. 12, p. 27).

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3. The MBHSR will coordinate with each Committee Chair to ensure that all training meets ODP regulatory requirements. To achieve this planning objective, groups will inventory federal, state, and facility regulations and build regulations into trainings, as needed (LONG TERM; ALL; G1-O3-aIS#3).
4. The OHS, with assistance from the DelValle Institute for Emergency Preparedness, will plan standardized Level I (basic awareness) training for municipal employees, and provided as an available training option to the MBHSR communities. The standardized basic awareness training will be implemented to adhere to current ODP guidelines. The training will be provided to staff as part of new employee orientation. A shorter training program will be identified to better attract involvement from top executives and other senior leadership in the MBHSR communities (CRITICAL; GA; G1-O3-aIS#4).
5. The MBHSR, with assistance from emergency management personnel, will assess current training capabilities, and develop a core curriculum for each training, including incident command, National Incident Management System (NIMS), and WMD Level I response for emergency management staff. The training will adhere to current ODP guidelines (LONG TERM; EMA; G1-O3-aIS#5).
6. The Law Enforcement Committee will identify a training plan for law enforcement officers responding to WMD threats. The training will identify common issues concerning a CBRNE WMD event, such as traffic and crowd control, perimeter containment for different types of threats, personal safety, recognition of WMD threats (*see also Organizing Task #2*), call/contact protocol, and the roles of various agencies and different levels of government. Also to be considered is identifying the personnel to be trained (currently the focus is on line officers) (CRITICAL; LE; G1-O3-aIS#7).
7. In an effort to provide public works agencies with better tools to prepare for and respond to a CBRNE incident, the MBHSR will identify existing regional and national training opportunities and materials designed for public works agencies in particular. Specifically, from previous communication with public works administrators, special attention has been focused on identifying a training vehicle that will simulate a WMD incident that requires a regional response for public works departments, as opposed to those geared for traditional emergency responders. Existing training opportunities will be sought that may be able to be formatted for the public works agencies specific needs.

The public works training is advantageous on three counts. First, it provides first hand training on CBRNE WMD response for non-traditional emergency responder agencies that previously had small roles in response. Second, it helps to define the roles that each public works agency may have in a CBRNE incident, and lastly, as these roles are defined, each agency will be able to better ascertain where the gaps are in their response protocol, equipment, and overall awareness of potential CBRNE WMD events. Public Works administrators will also develop a plan to

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provide training for public works staff regarding computer and software skills, personal protective equipment training, necessary decontamination equipment, and basic CBRNE Awareness Training (CRITICAL; PW; G1-O3-aIS#8).

8. Central training for staff in the public health sector, local hospital staff, and EMS exists in the Boston Public Health Commission's DelValle Institute for Emergency Preparedness. Support will continue to be provided, as needed, for the expanded role of the DelValle Institute and Boston MMRS (CRITICAL; EMS, PH; G1-O3-aIS#9).
9. The MBHSR, via each discipline committee and their respective jurisdiction's budget and grants offices, will work to develop a long-term financial plan to address adequately covering the costs for all overtime and backfilling costs associated with training and exercises. This includes significantly increasing available funding to provide for staff to attend training occurring beyond their regularly scheduling shift (CRITICAL; ALL; G1-O7-aIS#1).
10. Each discipline committee will be tasked to develop creative and cost-effective training approaches, with the goal of reducing the overall costs for the necessary multi-discipline training and exercises. The groups will explore effective training models such as "train-the-trainer", interactive CD's, and on-line based training, like those provided by the Office of Domestic Preparedness (CRITICAL; ALL; G1-O7-aIS#2).

b. Organizing Tasks

1. The Health Care Committee looks to leverage and expand the training currently provided to healthcare, public health, and EMS professionals across MBHSR jurisdictions at the Boston Public Health Commission's DelValle Institute for Emergency Preparedness, specifically, to make available the common curriculum and training format/structure in the MBHSR that already exists (CRITICAL; PH; G1-O3-bIS#1).
2. The Law Enforcement Committee will continue to identify a law enforcement specific training curriculum to improve each individual jurisdiction's ability to recognize WMD threats. The objectives of the Level I training curriculum will address baseline training on WMD threats, (e.g., what to look for), WMD components, personal safety of first responders, etc. Key personnel to be trained, and to what level, will be identified, while assessing the availability of cross-training opportunities with other agencies such as Massport, INS, and public health (for biological attack surveillance). This Level I training began in Spring 2003 (CRITICAL; LE; G1-O3-bIS#2).
3. The Law Enforcement Committee will identify a law enforcement specific training curriculum to improve each individual jurisdiction's ability to respond WMD threats (Level II training). The objectives of the Level II training curriculum will address responder operations during a WMD incident. Key personnel to be trained, and to what level, will be identified, while assessing the availability of cross-training

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opportunities with other agencies such as Massport, INS, and public health (for biomedical threat awareness). Level II training began in Spring 2003 (SHORT TERM; LE; G1-O3-bIS#3).

4. Tapping from Boston Emergency Medical Services (BEMS) and private EMS training resources, Boston EMS seeks to develop a system of initial and ongoing training designed to enable all public and private EMS personnel throughout the MBHSR to achieve minimum WMD-related training standards (further training specifications provided under the "Training" section) (CRITICAL; EMS; G1-O3-bIS#4).

c. Equipment Tasks

None identified at this time.

d. Training Tasks

1. Emergency management representatives will work to enhance the MBHSR leadership's knowledge concerning the role of emergency management, articulating the "big picture" to include all disciplines' collectively, through training and education (CRITICAL; EMA; G1-O1-dIS#2).
2. Representatives from the emergency management discipline will use existing relationships with regional emergency management agencies, such as Massachusetts Emergency Management Agency (MEMA) and the Federal Emergency Management Agency (FEMA) to maximize training resources, e.g., academies, for the MBHSR emergency responder disciplines (emergency management, law enforcement, fire, EMS). They will further identify regional staff and available training facilities, and meet with representatives of EMA training coordinators to establish availability of regional and coordinated training opportunities, including ODP trainings (CRITICAL; EMA; G1-O1-dIS#3).
3. Related to *Planning Task #4* (p. 21), the MBHSR will look to conduct basic level one awareness training for all municipal employees identified as needing said training (SHORT TERM; GA; G1-O3-dIS#1).
4. Up to 40 Boston EMS personnel at a time will be trained to 24-hour Operations Level training, 4-hour Mass Casualty Incident (MCI) training, and mass-prophylaxis distribution training (SHORT TERM; EMS; G1-O3-dIS#2).
5. The MBHSR Committees, with coordination support from OHS, will engage regional stakeholders in inter-agency, multi-disciplinary Incident Command System (ICS) training and planning for NIMS compliance. All front-line public safety and public health emergency first responders (EFRs) will be trained to the ICS-100 level. All front-line public safety and public health officials in supervisory positions will be trained to the ICS-300 level. All public safety and public health officials in command-level and senior staff positions will be trained to the ICS-400 level. Public safety and public health executives may be trained in ICS-400 and/or ICS for Executives. Special arrangements will also be made to train key Mayoral cabinet

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and staff members in the principles of ICS and incident management (CRITICAL TO SHORT TERM; EMA; G1-O3-dIS#3).

6. A yearly 8-hour HAZMAT refresher course (including ICS 100) will be provided for all Boston EMS personnel (SHORT TERM; HZ; G1-O3-dIS#4).
7. All paramedics and EMS medical directors will be trained to WMD EMS Technician level. Medical control physicians will also be encouraged to attend (CRITICAL; EMS; G1-O3-dIS#5).
8. Via the Boston Public Health Commission's DelValle Institute for Emergency Preparedness, a quarterly academy will be established for new public and private EMS recruits (SHORT TERM; PH, EMS; G1-O3-dIS#6).
9. Medical Reserve Corps personnel will be provided with 8-hours of WMD training (LONG TERM; PH; G1-O3-dIS#7).
10. Train all fire personnel to Level II plus training in Level A personal protective equipment for rescue and extraction in two phases. Phase I will train all fire personnel in chemical protective clothing equipment, a 6-hour training course. Phase II will train all fire personnel to Level 2 certification (24 hour training), achieving as many Level 2 certified personnel by July 2005 as possible (CRITICAL; FS; G1-O3-dIS#9).
11. Select and train at least 16 fire personnel in each MBHSR community to Level 3 certification (HAZMAT Tech Level), totaling approximately 100 fire personnel (CRITICAL; FS/HZ; G1-O3-dIS#10).
12. Establish four, 6-week regional Level 3 training sessions for Boston Fire personnel totaling approximately 160 hours. Each training cycle will train 25 personnel, achieving 100 Level 3 certified personnel in the MBHSR (SHORT TERM; FS; G1-O3-dIS#11).
13. Treatment/response training for health care staff will be provided, and will relate to decontamination procedures, communication systems, safety, clean up, and crowd control in and around public health and hospital areas. The health care training will be organized and conducted at three different levels, (1) awareness for all; (2) hazardous materials operations for staff designated to respond; and (3) disaster management training for leadership and management. This training should go forward utilizing a tiered approach, beginning in the spring of 2004 (CRITICAL; PH; G1-O3-dIS#12).
14. The Health Care Committee will look to expand available decontamination training for Levels B&C, utilizing the curriculum and resources currently available through the Boston Public Health Commission's DelValle Institute for Emergency Preparedness (CRITICAL; HC; G2-O1-dIS#1).

e. Exercise Tasks

None identified at this time.

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3. Project Budget

All costs associated with Project C are supported with funds from the FFY2004 UASI Grant Program. Further budget details are available under Project C of the Initial Strategy Implementation Plan (ISIP).

PROJECT D

Establish/enhance a terrorism intelligence/early warning system, center, or task force (COMS G2; BUA G1-O4)⁶.

1. Project Description

Within Project D, the Metro Boston Homeland Security Region will enhance its terrorism intelligence gathering system, as well as the development of a centralized database for regional information gathering and exchange. As outlined in the Commonwealth's Strategy, it is critical to the success of this project to partner with the region's state and federal agencies.

2. Detailed Activity Plans

a. Planning Tasks

1. The MBHSR, with direction and guidance from the Law Enforcement Committee will work to develop a formal plan for intelligence sharing on WMD threats across MBHSR communities and disciplines, improving upon existing organizational relationships between local, state and federal government. Currently, there is limited lateral information sharing, where most information flows vertically, between each local agency and the federal agencies. This plan will investigate and implement methods for improving intelligence sharing with state and federal law enforcement agencies, including the Massachusetts State Police Criminal Investigation Division, the MSP Fusion Center, the Massachusetts Port Authority and the Immigration and Naturalization Service (INS), and incorporate formalizing each jurisdiction's relationship with the Federal Bureau of Investigation's Joint Terrorism Task Force and the US Attorney's Anti-Terrorism Advisory Committee (ATAC).

Specifically, the Law Enforcement Committee will continue to build upon the regional process of intelligence gathering and information sharing, focusing on prevention, preparedness and operational procedures pertaining to intelligence sharing. Issues to be addressed include: identifying new members of the existing intelligence community (including the Federal Bureau of Investigation's Joint Terrorism Task Force); examining the potential of expanding the Boston Police Department's secure web site for intelligence gathering and sharing; revising and adding names to a distribution list for intelligence information; and establishing

⁶ Project D: COMS G2 "The Commonwealth will improve its ability to collect, analyze, disseminate and manage key information" (COMS, p. 6). Metro Boston Strategy G1-O4 "To develop and/or complete a regional preparedness & training strategy to endure the urban area is prepared to respond to a potential WMD incident" further, to "Develop centralized databases for Urban Area information gathering and exchange" (BUAS, p. 19).

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classification procedures and methods to maximize timeliness of the information being shared (SHORT TERM; LE; G1-O4-aIS#1).

2. With project and administrative support from the OHS, the Regional Intelligence Initiative (RII) is to provide a centralized and integrated intelligence gathering network in order to provide awareness of, prevent and disrupt possible attacks against critical infrastructure and potential targets. The RII will build upon existing intelligence collection systems, training programs, and will provide a centralized location for regional intelligence collected from multi-disciplinary first preventers, civic groups, and business associations. Currently, the MBHSR has limited mechanisms to collect "street level" intelligence regionally, and moreover, does not have a centralized repository for this information to be stored (SHORT TERM; LE; G1-O4-aIS#1a).
3. The MBHSR's HAZMAT representatives, seeks to incorporate a HAZMAT focus into the existing cross-community Fire Investigation Unit (FIU) for intelligence sharing and prevention purposes, specifically, the development of HAZMAT "bulletins" to be distributed via an e- list server to FIU members after each event. Providing these notices e-mail on the Department of Public Health's communication system will also be considered (SHORT TERM; HZ; G1-O4-aIS#1b).
4. Regional emergency medical services and public health agencies will develop an information dissemination and documentation system for WMD or CBRNE intelligence sharing. Specifically, an email list-serve will be developed for appropriate public and private agency personnel to routinely share information and documentation related to current threat information and details; unusual or suspicious medical cases; and potential targets (SHORT TERM; EMS; G1-O4-aIS#2).
5. With coordination among all ten disciplines, the MBHSR will establish a system to track victims during and after a CBRNE WMD incident. Ideally, the development of this prospective tracking system will be incorporated with the current and ongoing Mass Casualty Incident planning process. Boston EMS and the Boston Public Health Commission Legal Counsel's Office will be tasked to determine legal issues surrounding the tracking and sharing of information related to victims/patients during and after a WMD event (LONG TERM; ALL; G1-O4-aIS#3).

b. Organizing Tasks

None identified at this time

c. Equipment Tasks

To be determined as needed. Please refer to Project M.

d. Training Tasks

None identified at this time

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e. Exercise Tasks

1. The Law Enforcement Committee will seek to develop and conduct a tabletop exercise on intelligence activities (e.g., deficiencies in current information flow, knowledge gaps) with representatives from each of the MBHSR's law enforcement agency (CRITICAL; LE; G1-O4-eIS#1).

3. Project Budget

Budget details are available under Project D in the Initial Strategy Implementation Plan (ISIP).

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PROJECT E & K

Develop/enhance interoperable communications systems (COMS G4; BUA G1-O5)⁷ and to **Establish/enhance Geographic Information Systems (GIS) capabilities** (COMS G2; BUA G1-O2 and G1-O4)⁸.

1. Project Description

Under Project E, MBHSR will enhance its interoperable communications capacities to ensure efficient communications amongst disciplines in a CBRNE WMD incident, while leveraging new technologies as they emerge. Resources will be applied to support planning (including research, coordination and communication networking), training, exercises, and equipment across the MBHSR. Related to Project E, Project K serves to develop/enhance GIS resources across the MBHSR, ensuring interdisciplinary collaboration and component interoperability.

2. Detailed Activity Plans

a. Planning Tasks

1. The MBHSR will convene an Interoperability Committee to oversee planning and implementation of Interoperable Communications projects and initiatives. The Committee will be comprised of representatives from the MBHSR jurisdictions and, where possible, private ambulance services; the Massachusetts State Police; Massachusetts Bay Transportation Authority (MBTA); Massachusetts Port Authority (MassPort); local college/university public safety agencies; and possible private security firms (SHORT TERM; PSC; O5-aIS#2).
2. The MBHSR's Interoperability Committee will work to develop inter-disciplinary and cross jurisdictional interoperable communications solutions. The development of this system will be coordinated by OHS. Additional input is to be provided by respective discipline committees (e.g., fire, EMS, police) concerning their specific interoperability concerns. (SHORT TERM; PSC; G1-O5-aIS#1).

⁷ Project E: COMS G4 "The Commonwealth will improve the ability of first responders to communicate at the scene of a terrorist attack or other critical incident" (COMS p. 9). Metro Boston Strategy G1-O5 "To develop and/or complete a regional preparedness & training strategy to ensure the urban area is prepared to respond to a potential WMD incident" further, the "development of an enhanced interoperable communications network to provide efficient communications between disciplines in a CBRNE WMD incident, leveraging new technologies as they emerge" (BUAS, p. 21).

⁸ Project K: COMS G2 "The Commonwealth will improve its ability to collect, analyze, disseminate and manage key information" (COMS, p. 6). Metro Boston Strategy G1-O2 and G1-O4 "To develop and/or complete a regional preparedness & training strategy to ensure the urban area is prepared to respond to a potential WMD incident", further, to "Implement new and existing multi-discipline task forces to provide general oversight, cross coordination and decision making concerning each stage in a CBRNE WMD incident (prevention, response and recovery)", and further, to "Develop centralized databases for Urban Area gathering and exchange" (BUAS, p. 11, p. 19).

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3. Plans for a regional back up center with back-up dispatch and communication systems will be developed, to prepare for any event where communications facilities or frequencies are interrupted and/or destroyed due to a CBRNE WMD incident. The plan will address such things as the goal of the center, the number of communities to be backed up, and the location of the center. It will also include a back-up technology plan in the case that land phone lines and cell phones will be disabled (LONG TERM; PSC; G1-O5-aIS#3).
4. Public safety communications personnel and administrators will work to develop individual back up plans for dispatch communications centers and systems. Technical assistance will be provided where necessary to achieve this step (LONG TERM; PSC; G1-O5-aIS#4).
5. The Interoperability Committee will ensure that each community's municipal chief executives have access to government emergency phone services and satellite phones as needed (LONG TERM; GA, PSC; G1-O5-aIS#5).
6. The MBHSR will work with Public Health and Health Care representatives to develop a plan for effective communication among public health agencies and officials across the MBHSR. In order to achieve this task, technical assistance will be provided as needed, so that public health and health care can assess existing communications capabilities and needs among public health officials and health care workers, as well as other relevant medical response officials (LONG TERM; PH, PSC; G1-O5-aIS#6).
7. MBHSR public safety communications staff will review the need for additional staffing, dedicated to the overall research, coordination and communication networking, as needed (CRITICAL; PSC; G1-O7-aIS#4).

b. Organizing Tasks

None identified at this time.

c. Equipment Tasks

1. The MBHSR public safety communications discipline will undertake procurement of equipment in order to achieve its goals and objectives. (LONG TERM; PSC; G1-O5-cIS#1).
2. The MBHSR seeks to procure adequate hardware and software to support regional GIS capabilities for management and information systems, as needed (LONG TERM; GA; G1-O7-cIS#1).

d. Training Tasks

1. The Interoperability Committee will develop training programs for dispatch center staff regarding suspicious substances. In developing this training, staff will research existing training tools, such as videos, texts, etc. to assist (SHORT TERM; PSC; G1-O5-dIS#1).
2. MBHSR emergency management representatives will conduct training on

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communication systems for EMA. These communication systems include: Five (5) radio control stations that support the Boston Police, Boston Fire, Boston Emergency Medical Services, Boston Public Health Commission, and Boston Basic City Services representatives; an 800 MHz portable radio system that will be distributed to senior agency personnel in Boston Basic City Services, Transportation, Public Works, Parks, Emergency Management and Inspectional Services Departments, thus expanding the number of agency's on the Interoperability Channel during an emergency, or special event (SHORT TERM; EMA; O5-dIS#2).

e. Exercise Tasks

1. MBHSR public works personnel will engage in an exercise on coordinating function, communication equipment including the entire list of public/ private resources. Computer compatibility and access to lists (note firewall obstacles)" (LONG TERM; PW; G2-O1-eIS#2).

3. Project Budget

Budget details are available under Project E and Project K, respectively, in the Initial Strategy Implementation Plan (ISIP).

Please Note: Additional costs have been identified for the support of Project K, and are to be supported with FFY2004 UASI funds.

PROJECT F

Assess the vulnerability of and harden critical infrastructure (COMS G1; BUA G1-O6)⁹.

1. Project Description

Based on the comprehensive assessment conducted in September 2003 and intelligence information, Project F concentrates on developing, enhancing and implementing comprehensive target-specific and regional measures to protect the Metro Boston Homeland Security Region's critical infrastructure, potential targets, and assets. Plans will focus on continuity of government, cyber security, and resource inventories, including equipment and personnel. As detailed in the Commonwealth's Homeland Security Strategy, "A key component of the Commonwealth's homeland security efforts will be the state's ability to work with local, regional, federal and private sector partners to identify the parts of the state's critical infrastructure that are most at risk and taking steps to 'mitigate those risks.'" The Metro Boston Homeland Security Region's Project F assists the State in this goal. Project F also focuses on the Metro Boston Homeland Security Region's development of new, and enhancement of existing intranet system security, as well as the development of contingency plans to reconstitute services and revive public confidence following a CBRNE WMD incident.

2. Detailed Activity Plans

a. Planning Tasks

1. MBHSR will work to develop a uniform system to secure each discipline's respective agency infrastructure, vehicles, and personnel equipment. The system will include security credentialing for public and private agency personnel who will be involved in responding to a CBRNE WMD incidents. Upon completion, MBHSR Committees will review its development and usage in considering its voluntary application to other disciplines (SHORT TERM; ALL; O6-aIS#4).
2. The MBHSR EMS committee will have in place a database or master list of MBHSR EMS assets and specialized personnel. To assist in this initiative, Boston CMED will evaluate and inventory all available public and private EMS assets in the MBHSR during a major incident. An EMS subcommittee will be tasked to examine equipment, assets, and resources for compatibility and interoperability. The database will be aligned with database or master list of MBHSR and specialized personnel (LONG TERM; EMS; G1-O6-aIS#5).

⁹ Project F: COMS G1 "The Commonwealth will enhance its ability to assess risk and prevent future terrorist attacks or critical incidents" (COMS, p. 4). Metro Boston Strategy G1-O6 "To develop and/or complete a regional preparedness & training strategy to endure the urban area is prepared to respond to a potential WMD incident" further, to "Establish resource inventories, including equipment and personnel, and begin the process of standardizing future equipment" (BUAS, p. 24).

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3. The MBHSR will continue collating a "library" of floor plans of key buildings and structures in each community (such as the John Hancock Tower, Harvard University, nuclear medicine facilities at area hospitals, tunnels, etc.). These plans will be made available to all MBHSR communities to effectively respond to a CBRNE incident, and will be contained both as hard copies and online (if possible) for dispatchers and ground personnel responding to an incident (e.g., should a particular structure/building have been targeted) (CRITICAL; GA, LE, FS; G2-O1-aIS#11).
4. The MBHSR agencies will create an inventory of the public utility infrastructure. This inventory will collate details of significant infrastructure pieces, including vulnerability issues (maximum weight height limits, etc.), identify emergency access points (for example, in tunnels), and maintain emergency contact information for those sites (LONG TERM; EMA, LE, FS, PW; G2-O1-aIS#12).
5. MBHSR public works personnel will develop a Public Works Infrastructure Plan. The plan will integrate all utilities works plan, assessing the necessary people, equipment and training, licensure, major contractual services, equipment, rolling Stock, communications equipment, etc. Specifically, the group will integrate into the plan specific response roles according to jurisdictional boundaries (including State agencies), identifying ownership/ responsibility of large MBHSR infrastructures such as the Leonard Zakim Bridge and area tunnels. Also identified in the plan will be information on access and egress- road closures, and locations for potential staging areas (LONG TERM; PW; G2-O1-aIS#13).

b. Organizing Tasks

1. The Health Care Committee seeks to identify and engage an expert to conduct a site review of the MBHSR hospitals and recommend equipment and procedures. In planning this, experts will be identified to conduct this assessment in hospitals across the region, where site visits are conducted to evaluate each site's standard procedures for equipment needs. Following the assessments, MBHSR hospitals will receive and review recommendations for improving equipment management and protocols, to improve response capabilities in the event of a CBRNE WMD threat or attack. Follow up site visits will be encouraged to evaluate progress and further needs (SHORT TERM; HC; G1-O6-bIS#4).

c. Equipment Tasks

1. The Healthcare Workgroup seeks to acquire support for enhancing isolation capacity in hospitals and healthcare sites (LONG TERM; HC; G1-O6-cIS#3).
2. The MBHSR seeks to acquire equipment necessary to make building and structural floor plans electronic, thereby having the plans online for public safety communication dispatchers when responding to calls (SHORT TERM; PSC; G2-O1-cIS#1).

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3. With technical support from OHS, a regional fire vessel will be sought to provide increased security and response in the Port of Boston, serving as, but not limited to: an on scene command platform and dive platform; a supplemental water supply; a mobile triage center; and hazardous materials spill containment vessel (SHORT TERM; FS; G2-O1-cIS#4).

d. Training Tasks

1. Each MBHSR discipline committee will identify and collect all current training material relating to existing equipment, which will be compiled as a central resource for the region (CRITICAL; ALL; G1-O6-dIS#1).
2. Corresponding with Planning Task #3 and Equipment Task #2, communications dispatchers will be provided training on the floor plan system when responding to calls (SHORT TERM; PSC; G2-O1-dIS#4).

e. Exercise Tasks

None identified at this time.

3. Project Budget

Budget details are available under Project F in the Initial Strategy Implementation Plan (ISIP). Additional funds to support Project F will be provided with funds from the FFY2004 UASI Grant Program, as deemed necessary.

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PROJECT G & L

Establish/enhance Citizen Corps Councils (COMS G1; BUAS G1-O3)¹⁰ and to Establish/enhance a regional, unified, coordinated risk communication and public awareness strategy (COMS G1; BUAS G2-O1)¹¹.

1. Project Description

Under Project G, the Metro Boston Homeland Security Region will develop and expand training opportunities for residents and community groups in order to improve awareness, preparedness and emergency response in the event of a terrorist/CBRNE WMD event. Project L will seek to develop an integrated risk communication and public awareness strategy for the entire Metro-Boston region. Utilization of programs new and existing programs like Citizen Corps and the medical reserve corps will train and equip volunteers with an emphasis on personal safety.

2. Detailed Activity Plans

a. Planning Tasks

1. As part of the collective interest in engaging the community, the MBHRS seeks to develop a Community Outreach and Awareness Campaign concerning homeland security and anti-terrorism. We see this prospective awareness training as a means to provide community residents with tips on how to identify unusual/suspicious behavior and incidents (and how those things are defined), serving to protect their community, and down the road, a central means to report such information which does not require immediate law enforcement response (i.e., 911). This campaign will be ultimately tied into Project D, in that the information that may be reported by residents, community/civic association members and, in the future, the business community, will be culled and processed via a regional intelligence network.

In order to establish an awareness training that is effective, fiscally sound, and realistic in its reach, our approach is one that respects these existing networks, though seeks to streamline those components that are already in place that can be applied to a homeland security and anti-terrorism element. Specifically we seek to:

¹⁰ Project G: COMS G1 "The Commonwealth will enhance its ability to assess risk and prevent future terrorist attacks or critical incidents" (COMS, p. 4). Metro Boston Strategy G1-O3 "To develop and/or complete a regional preparedness & training strategy to ensure the urban area is prepared to respond to a potential WMD incident" further, to "Plan, develop and conduct interdisciplinary and discipline specific training and exercises to effectively prepare for and respond to a CBRNE/WMD incident" (BUAS, p. 12).

¹¹ Project L: COMS G1 "The Commonwealth will enhance its ability to assess risk and prevent future terrorist attacks or critical incidents" (COMS, p.4). Metro Boston Strategy BUAS G2-O1 "To develop a regional response capability to ensure appropriate, efficient incident response coverage", and further, to "Develop regional response plans to effectively prepare (and respond to) a CBRNE/WMD incident" (BUAS, p. 29).

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- a. Identify existing homeland security related awareness and training capabilities (trainings, information dissemination, etc.) that are currently being made available throughout the region;
 - b. Augment those services;
 - c. Identify where gaps exist and fill them; and
 - d. Provide a comprehensive awareness/training program throughout the city and the region.
2. The Law Enforcement Committee will develop public education strategies for key groups to support preparedness and prevention efforts. Key groups will be identified, such as landlords, business community representatives, and existing crime watch and neighborhood groups with whom law enforcement agencies have existing relationships). The public awareness/education will focus on how to provide the public with the tools to recognize suspicious or unusual activity. The Workgroup will review existing community education curriculums, like that of the CATS Eye community program. Once a training curriculum is selected, the Workgroup will work to implement ongoing public education activities across the MBHSR (LONG TERM; LE; G1-O3-aIS#10).
 3. The MBHSR will develop and expand training opportunities for residents and community groups in order to improve preparedness and emergency response. Utilization of programs new and existing programs like Citizen Corps and the medical reserve corps will train and equip volunteers with an emphasis on personal safety (LONG TERM; ALL; G1-O3-aIS#11).
 4. MBHSR seeks to develop a public communication/unified media response for all affected communities in the MBHSR to effectively communicate with the public immediately following a CBRNE WMD event, including communicating in different languages as needed in each community.

Building on existing public emergency response systems, the MBHSR will collectively review updated emergency alert systems, coordination with the television media, and coordinating status reports to the public. Existing public awareness materials will be examined concerning the management of public anxiety and fears through media and other communications, and a review of lessons learned from previous incidents such as anthrax and the World Trade Center attack will be conducted. The OHS will also coordinate with and organize press office staff across the region to assist in this initiative.

The OHS will assess local resources to assist in the development of this plan, including media, and agency representatives with special expertise such as infectious disease specialists. In an effort to complete this task expeditiously, MBHSR partners will create the capacity to meet via conference calls, listservs, and email exchanges (CRITICAL; ALL; G2-O1-bIS#4).

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b. Organizing Tasks

1. Public Health Committee will examine strategies for effective risk communication (public notice of existing risks) to the general public, incorporating lessons learned from recent experiences such as West Nile Virus, SARS and the 2001 anthrax attacks (including availability of call centers for communicating with the public) (SHORT TERM; PH; G2-O1-bIS#5).
2. The Boston Public Health Commission will upgrade and expand its secure web site for health care providers which is used to communicate fluctuations in volume of disease as well as notify providers about unusual occurrences; and will expand its multi-lingual website designed to disseminate information to the general public regarding emergency preparedness issues (CRITICAL; PH; G2-O1-bIS#6).

c. Equipment Tasks

None identified at this time.

d. Training Tasks

None identified at this time.

e. Exercise Tasks

None identified at this time.

3. Project Budget

All costs associated with Project L are supported with funds from the FFY2004 UASI Grant Program, and will be made available, as needed, for Project G. Further budget details are available under Project G and Project L, respectively, in the Initial Strategy Implementation Plan (ISIP).

PROJECT H

Establish/enhance emergency operations center (COMS G4; BUA G2-O1)¹².

1. Project Description

The overall goal of Project H is to enhance emergency operations centers regionally, formalize policies in support of emergency operations, and conduct training and exercises on EOC mobilization and management. Top executives from the MBHSR will establish clear lines of responsibility by formalizing policies in support of emergency operations. MBHSR will also institute an executive training program to educate top executives regarding EOC mobilization and their role during same. Concurrently, the MBHSR will collectively assess current training capabilities, and develop a core curriculum for each training, including incident command and National Incident Management System, and WMD Level I response for emergency management staff. The training will adhere to current ODP guidelines.

2. Detailed Activity Plans

a. Planning Tasks

1. MBHSR JPOCs will identify key roles in each discipline and develop a formal, unified response plans. Each jurisdiction will define operational responsibilities and protocols for their respective disciplines during CRBRNE WMD incidents (with attention to emergency operations centers and existing or planned mutual aid agreements). The overall response plan will establish basic principles, a planning and command structure across the MBHSR, communication procedures, and protocols for sharing of resources across communities. The plan will include use of common terminology within disciplines, and will integrate this language in developing regional Standard Operating Procedures, as needed, across disciplines and use state cross training to instruct on revised language (LONG TERM; ALL; G2-O1-aIS#1).
2. Using the ODP Tasks By Discipline Assessment report as a baseline, the MBHSR will assess existing plans and procedures and will complete all partial plans (LONG TERM; ALL; G2-O1-aIS#2).
3. MBHSR will task each discipline to identify existing and/or develop new protocols and procedures for requesting assistance from other MBHSR communities (this corresponds with the development of mutual aid agreements/memorandums of agreement detailed under Preparedness Objective #1) (LONG TERM; ALL; G2-O1-aIS#3).

¹² Project H: COMS G4 "The Commonwealth will enhance its ability to assess risk and prevent future terrorist attacks or critical incidents" (COMS, p. 4). Metro Boston Strategy G2-O1 "To develop a regional response capability to ensure appropriate, efficient incident response coverage", and further, to "Develop regional response plans to effectively prepare (and respond to) a CBRNE/WMD incident" (BUAS, p. 29).

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4. MBHSR will develop contingency plans to reconstitute services and revive public confidence following a CBRNE WMD incident (CRITICAL; ALL; G2-O1-aIS#4).
5. A working group directed by Boston EMS with representation from private EMS providers will enhance and expand upon written contingency plans and procedures for the emergency medical services agencies in responding to a CBRNE event. These plans will include, but are not limited to: managing backlog of non-incident-related emergent EMS calls immediately following a CBRNE WMD incident as well as addressing non-emergent transport needs; verification of decontamination; warm-zone treatment and triage protocols (communicating with hospitals and HAZMAT on this); tracking of patients from incident to tertiary care sites; necessity and set-up of field medical stations; verification of safety of cold-zone treatment areas; replacing affected personnel; changing shift schedules and staffing allocations; integration of Medical Reserve Corps and Community Emergency Response Team volunteer assets; ensuring presence of necessary medical supplies through local stockpiling and utilization of federal assets through the strategic national stockpile and other resources such as Vendor Managed Inventory, Chem-Pak, and Event-Pak; re-establishing supply chain; and personnel and supply cost recovery. Once completed, these contingency plans will be documented for accountability purposes and incorporated into all personnel and service contracts (LONG TERM; EMS; G2-O1-aIS#5).
6. The Health Care Committee has identified the need for a centralized communication resource regarding hazardous materials incidents by expanding the regional Central Medical Emergency Direction (CMED) system already in place and by investigating web-based options (SHORT TERM; HC; G2-O1-aIS#7).
7. Healthcare agencies, COBTH and regional public health agencies will remain actively involved in surge planning with throughout the region (CRITICAL; PH, HC; G2-O1-aIS#8).
8. MBHSR emergency management representatives will work to develop a regional CBRNE- WMD Terrorism Incident Annex that will encompass information from all regional communities (SHORT TERM; EMA; G2-O1-aIS#10).

b. Organizing Tasks

1. MBHSR jurisdictional points of contact will identify a lead point of contact to coordinate the public works response during the response and recovery phases of a CBRNE incident (CRITICAL; PW; G2-O1-bIS#1).
2. MBHSR public works personnel will assess the viability of a regional Public Works Operations Center in order to effectively coordinate resources and distribute tasks immediately following a CBRNE event in the short term and during the recovery period in the long term (CRITICAL; PW; G2-O1-bIS#2).
3. MBHSR committees will develop discipline specific plans concerning staffing needs during/ following a CBRNE WMD incident, including defining the minimum necessary amount of staff to effectively respond to a variety of incidents. The

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staffing plans will include plans to replace affected personnel and making changes to hours of work and staffing allocations, integrating CERT and Medical Reserve Corps assets (LONG TERM; ALL; G2-O1-bIS#3).

4. The MBHSR will look to develop a plan for temporarily relocating resources and personnel during a CBRNE event, and identify potential relocation facilities (SHORT TERM; ALL; G2-O1-bIS#7).
5. Regional emergency management agency representatives will build across disciplines for staffing the EMA structure (LONG TERM; EMA; G1-O7-bIS#1).

c. Equipment Tasks

None identified at this time.

d. Training Tasks

None identified at this time.

e. Exercise Tasks

None identified at this time.

3. Project Budget

All costs associated with Project H are supported with funds from the FFY2004 UASI Grant Program. Further budget details are available under Project H in the Initial Strategy Implementation Plan (ISIP).

PROJECT I & J

Establish/enhance regional response teams (COMS G3; BUA G2-O1 and G2-O2)¹³ and to Establish/enhance public-private emergency preparedness program (COMS G1; BUA G1-O1 and G1-O2)¹⁴.

1. Project Description

Project I focuses on plans to develop/enhance regional *response and recovery teams*, responsible for formalizing plans to effectively prepare for (and respond to) a CBRNE/WMD incident. Further, Project J concentrates on the development of regional emergency plans, including a regional medical services plan to effectively prepare for (and respond to) a CBRNE/WMD incident. The MBHSR will enhance the existing capabilities of hospitals throughout the region creating a greater degree of cross-agency collaboration among hospital and public health agencies. Emergency plans will be assessed, developed and or enhanced for other disciplines within the MBHSR, and will become regionalized. Resources will be applied to support the costs of planning, organization, training and exercises for these plans.

2. Detailed Activity Plans

a. Planning Tasks

1. The OHS will continue to work with regional top executives and build up support regarding the importance of all aspects of emergency preparedness, response and recovery by (1) developing, with their Emergency Management directors, clear written policies in support of emergency operations and establishing clear lines of responsibility, and (2) by developing an executive training program which will regularly educate top executives regarding its importance, and their roles in these efforts (CRITICAL; GA; G1-O1-aIS#4).
2. In addition to developing plans for public mutual aid agreements and MOU's, the MBHSR partners will work to develop flexible cooperative relationships with utility companies and local private companies (e.g., construction, demolition, licensed

¹³ Project I: COMS G3 "The Commonwealth will improve preparedness by enhancing regional coordination" (COMS p. 7). Metro Boston Strategy G2-O1 and G2-O2 "To develop a regional response capability to ensure appropriate, efficient incident response coverage", further, to "Develop regional response plans to effectively prepare (and respond to) a CBRNE/WMD incident" and further, to "Develop a regional medical services plan to effectively prepare for (and respond to) a CBRNE/WMD incident" (BUAS, p. 29, p. 35).

¹⁴ Project J: COMS G1 "The Commonwealth will enhance its ability to assess risk and prevent future terrorist attacks or critical incidents" (COMS, p. 4). Metro Boston Strategy G1-O1 and G1-O2 "To develop and/or complete a regional preparedness & training strategy to ensure the urban area is prepared to respond to a potential WMD incident", further, to "Establish formal governmental and discipline specific "buy-in" and if applicable, memorandums of understanding among all Urban Area jurisdictions", and further, to "Implement new and existing multi-discipline task forces to provide general oversight, cross coordination and decision making concerning each stage in a CBRNE WMD incident (prevention, response and recovery)" (BUAS, p.6, p. 11).

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environmental cleanup companies, etc.) throughout the MBHSR. These relationships prove critical in plans to effectively recover from a CBRNE and/or terrorist incident, including prioritizing hospitals for electric, heat and water service restoration, as well as establishing plans with companies to coordinate effective communication during an incident. Local private companies names, representatives and emergency contact information must be made accessible to all regional partners (LONG TERM) (GA) (G1-O1-aIS#6).

3. A "Master Plan" will be created in concert with Boston MMRS and COBTH efforts already underway, accounting for additional resources for all hospitals for operational response to a CBRNE WMD event. The plan will include staffing levels and training preparedness, developing consistency in hospital staff training and equipment needs, and a universal equipment list will be developed (LONG TERM; HC, PH; G1-O2-aIS#1).
4. The Health Care Committee, in concert with the Boston Metropolitan Medical Response System (MMRS) and the Public Health and EMS Workgroups, will assess the existing capacity of regional health care systems to care for victims of a CBRNE WMD attack and develop a plan to augment that capacity. An assessment of physical resources, staffing (including staff and volunteers who can be brought in from other states and localities) and other logistical issues related to care for victims of WMD attack will also be conducted. This assessment will be done in collaboration with BEMA, and other regional agencies (LONG TERM; HC; G2-O2-aIS#1).
5. Expanding on the COBTH and BPHC Surge Planning Process, the regional Public Health and Health Care committees will develop hospital staffing and coordination capabilities for the Surge Capacity Task Force, and identify ways to fund their expanded role (CRITICAL; HC; G2-O2-aIS#2).
6. The Health Care Committee will review existing hospital response plans and assist as needed in developing plans concerning decontamination procedures. Each hospital/medical facility will designate a representative to take the lead on decontamination in their facility and will coordinate these decontamination efforts with other public agencies responsible for decontamination, e.g. Fire, HAZMAT, and EMS. Upon review, the Committee may consider recommending the COBTH HAZMAT preparedness guidelines to hospitals throughout the region (LONG TERM; HC, HZ; G2-O1-aIS#6).
7. A working group of Boston EMS and private EMS providers will work to develop a uniform Phased Response System for all CBRNE WMD mass-casualty incidents in the region, building upon existing Phased Response levels. To accomplish this step, the group will schedule one to three days of working sessions to create and disseminate the new Phased Response System. The Phased Response System is a mass-casualty-incident management system that defines pre-determined responses depending on the circumstances of the incident (CRITICAL; EMS; G2-O1-aIS#9).
8. The Health Care Committee will examine three distinct time frames when planning the hospitals' response plans. The "Hour One" planning phase refers to the time at

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which the CBRNE event occurs, or at "direct impact", the period in which the first calls are coming in regarding the nature of the incident and requiring an automatic response. Hour One plans must include: (1) security response plans; (2) a communication plan with other agencies to identify the type of incident; (3) protocols for walk-in victims affected by the event; (4) a personnel notification system; (6) procedures to conduct regular assessment of status of staff and the overall facility; and (7) a shutdown plan for hospital emergency departments in case of contamination. The Health Care Workgroup will work with representatives from MBHSR hospitals to determine the current plans and facility/staffing capacity related to these response plans during "Hour One" (SHORT TERM; HC; G2-O2-aIS#3).

The "Hour Two" phase refers to plans to be in place during the first 24 hours after the event occurred. Working with the MMRS, the Health Care and Public Health Workgroups will include other agencies in this phase's planning. Hour Two plans will address: (1) the credentialing of medical personnel; (2) having interpreters to call upon as needed; (3) incorporation of Massachusetts Department of Public Health standards of care during MCI; (4) a communication/calling system for staff families; (5) the development of patient and staff tracking systems; (6) the development of a process and transportation system for offloading patients and identifying alternate housing plans for staff and patients; (7) development of plans for networks of homebound patients; and (8) develop a supply and staff replenishment plan (SHORT TERM; HC; G2-O2-aIS#3).

9. The Health Care Committee will work with representatives from hospitals to determine the current plans and facility/staffing capacity related to these response plans during "Hour Two". In addition, the various MBHSR Committee representing each of the other nine disciplines (and others identified during the process, as needed) will avail themselves to ensure these plans are in place and realistic (e.g., EMS to assist in transportation, government administrative group to assist in communication, etc.) (SHORT TERM; HC; G2-O2-aIS#4).
10. "Long Term" Planning phase refers to plans to be in place after the first 24 hours have passed, and the response/recovery is in the days following. The "Long Term" plan will address: (1) scheduling conference calls between inter-hospital planning group and appropriate other agencies to develop a regional strategy to coordinate patient treatment by hospital; (2) coordinate a system with public health and public safety agencies to let essential personnel into the event area; (3) support and standardize the education/training for hospital staff regarding billing/insurance issues; and (4) provide mental health services for patients and employees (SHORT TERM; HC; G2-O2-aIS#5).
11. The Public Health Committee will develop a plan to for detecting and assessing disease in the event of a biological, chemical and/or radiological attack, including

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- the monitoring of animal vectors for zoonotic illness potentially caused by a biological incident. Specifically, issues to be considered are: (1) assessing staffing, communication, equipment and training requirements; (2) make contact with key stakeholders for animal vector surveillance; and (3) developing a formal plan for an effective and timely epidemiological response (SHORT TERM; PH; G2-O2-aIS#6).
12. The Public Health Committee, in conjunction with Boston Metropolitan Medical Response System and Boston EMS Strategic National Stockpile and Medical Reserve Corps initiatives will continue to develop the plan to organize, equip, train and respond to carry out *mass vaccinations* in the event of a smallpox threat. Specifically, issues to be considered are: (1) an assessment of personnel and logistical capacities to carry out vaccinations, including storage facilities, transportation, potential vaccination locations and staffing; (2) an assessment of the hospitals' capacity to communicate quickly with health workers, law enforcement, media and the general public; (3) an assessment of the methods and feasibility of bringing in staff, supplies and logistical resources from unaffected areas; (4) an assessment of the MBHSR's quarantine capacity and methods; and (5) assess staff training needs. (See also Equipping Implementation Step #1) (SHORT TERM; PH; G2-O2-aIS#7).
13. The Public Health Workgroup, in conjunction with Boston Metropolitan Medical Response System and Boston EMS Strategic National Stockpile and Medical Reserve Corps initiatives will continue to develop the plan to organize, equip, train and respond to carry out the *distribution of antibiotics* and other medications in the event of a biological, chemical or radiation attack. Specifically, issues to be considered under this plan are: (1) an assessment of potential antibiotic and other medication needs and availability; (2) an assessment personnel and logistical capacity to distribute medication, including storage facilities, transportation, potential distribution locations and staffing; (3) to assess the hospitals' capacity to communicate quickly with health workers, law enforcement, media and the general public; to assess methods and feasibility of bringing in staff, supplies and logistical resources from unaffected areas; (4) assess effective risk communication strategies for health workers, other responders and the general public; (5) conduct an assessment of staff training needs; and (6) for a biological attack, an assessment of the MBHSR's quarantine capacity and methods (communication will be coordinated with other affected agencies, including law enforcement and emergency medical services) (SHORT TERM; PH; G2-O2-aIS#8).
14. The Public Health Committee will assess the capacity of MBHSR health care systems to care for victims of a CBRNE WMD attack, and develop a plan to augment that capacity. Physical resources will be reviewed, such as staffing (including staff and volunteers who can be brought in from other states and local jurisdictions, if necessary) and equipment, and other logistical issues related to the care of an attack. Agreements will also be developed to obtain needed equipment and supplies on short notice between agencies (SHORT TERM; PH; G2-O2-aIS#9).

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15. The Public Health Committee will assess and plan for dealing with the impact of a CBRNE WMD event on public health, public safety, and hospital workers, including stress, family concerns and short- and long-term exposure to biological, chemical or radiation hazards. Key issues will be identified that affect public health workers during a CBRNE WMD emergency, incorporating lessons learned from recent experiences such as SARS, the anthrax attacks and the response and clean-up at the World Trade Center (LONG TERM; PH; G2-O2-aIS#10).

b. Organizing Tasks

1. The Public Health/Health Care Committees will seek staff to be shared among several communities who could help organize and carry out the aforementioned assessments, an identified need primarily by the smaller MBHSR jurisdictions (CRITICAL; PH/HC; G2-O2-bIS#1).
2. The Public Health/Health Care Committees will coordinate the creation of a work group, which will be tasked to implement action steps in planning, equipping, training and exercising for vaccinations. Relevant public health and public safety partners will be contacted, and a meeting will be scheduled (SHORT TERM; PH/HC; G2-O2-bIS#2).
3. Due to the large quantity of EMS assets in the MBHSR, the EMS Committee seeks staff to focus on the implementation of the regional WMD CBRNE planning and response program identified throughout this strategy (SHORT TERM; PH/HC; G2-O2-bIS#3).

c. Equipment Tasks

1. Based on the Public Health Committee, in conjunction with the Regional Strategic National Stockpile Coordinator's mass vaccination assessment conducted in the planning phase (see Planning Task #9) the Public Health Committee will implement a plan for stockpiling or obtaining on short notice equipment and supplies needed to carry out mass vaccinations. Once the supply needs and availability of the needed items are assessed, purchases will be made and formal agreements between various public health agencies and MBHSR hospitals for obtaining supplies and equipment on short notice will be developed (SHORT TERM; PH; G2-O2-cIS#1).
2. Based on the Public Health Committee's antibiotics and mass care capacity assessments conducted during the planning phase (see Planning Implementation Steps 8 & 9, respectively), the supplies and equipment needed will begin to be purchased according to priority, in concert with the Regional Strategic National Stockpile Coordinator. By way of the ODP Equipment Assessment, the workgroup has preliminarily identified items that are needed in large quantities, including gloves, masks and syringes and medical reference materials. Other equipment needs that were identified were storage containers to transport large quantities of vaccine or antibiotics, as well as communications equipment that will allow key public health workers to communicate with each other and with fire, police and clinical

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providers (SHORT TERM; PH; G2-O2-cIS#2).

d. Training Tasks

1. Based on the assessment conducted in the planning phase, the Public Health Workgroup will formalize plans for training key public health staff to organize and conduct mass vaccinations will be implemented. Current training curriculums will be revised and expanded, while priority groups will be identified for training. The formal training for mass vaccinations will be held (CRITICAL; PH; G2-O2-dIS#1).
2. Based on the assessments conducted during the planning phase, the Public Health Workgroup will develop and implement a formal plan to train public health staff responsible for responding to a CBRNE WMD attack. Current training curriculums will be revised and expanded, while priority groups will be identified for training. The formal training for public health responders will be held, using assessment results from the ODP Assessment (SHORT TERM; PH; G2-O2-dIS#2).
3. Cross disciplinary training will be provided for specific MBHSR personnel, as needed, to better respond to obtaining information at the scene of an incident. Specifically this will include GIS training, map reading, and weather map reading (LONG TERM; ALL; G2-O1-dIS#2).
4. The EMS Committee will develop didactic and practical sessions for regional EMS providers, focusing on the plans and response objectives enumerated in Response Objective #1, Planning Section, Implementation Step #5 (LONG TERM; EMS; G2-O1-dIS#3).

e. Exercise Tasks

1. The Public Health Committee, in collaboration with the EMS and Health Care Workgroups, will work to conduct tabletop exercises regarding key public health issues concerning CBRNE WMD threats or attacks. Participants will be identified, including hospital staff and staff from alternative providers such as HMOs, school nurses, and correctional staff (CRITICAL; PH; G2-O2-eIS#1).
2. A mass vaccination scenario will be incorporated into the tabletop exercises for public health officials (CRITICAL; PH; G2-O2-eIS#2).

3. Project Budget

All costs associated with Project I and Project J are supported with funds from the FFY2004 UASI Grant Program. Further budget details are available under Project I & J, respectively, in the Initial Strategy Implementation Plan (ISIP)

PROJECT M

Procure equipment necessary to achieve homeland security goals and objectives
(COMS G3; BUAS G2-O1)¹⁵.

1. Project Description

The MBHSR is host to a number of major events each year, all of which require specialized strategic and tactical planning to prevent, prepare for, and respond to potential incidents. This project seeks specialized homeland security related, all hazards equipment to address this necessary coordination. Project M serves to bridge that gap, so that equipment that is identified by MBHSR partners can be procured in order to meet these specific tasks. This Project will support costs that, though may not be "regional" in scope, they have been prioritized by a respective agency to meet a need or needs to complete or move toward one of the fifteen homeland security projects detailed throughout this Regional Plan.

2. Detailed Activity Plans

a. Planning Tasks

1. MBHSR discipline committees will work toward standardizing all equipment across disciplines and jurisdictions, as possible, with a priority on communications systems (see also Preparedness Objective #5) (LONG TERM; ALL; G1-O6-aIS#1).
2. MBHSR will develop a system for effective stockpile management plan for each discipline. Current equipment supplies will first be assessed as to the adequacy of equipment and current needs of each discipline/agency (utilizing the Equipment Assessment data submitted to ODP in September 2003 as a guide). A rotation schedule must be created for equipment with expiration dates, such as personal protective equipment and medical supplies, particularly applicable to public health, hospitals and emergency medical services. This management plan will also look to develop a protocol on using expired equipment in training's and exercises, so as to get the most out of all equipment. Each discipline in the MBHSR will be responsible for managing their respective stockpile equipment plan (LONG TERM; ALL; G1-O6-aIS#2).
3. With technical assistance from OHS, MBHSR representatives/committees will create protocols to improve equipment procurement and maintenance procedures, to ensure access to useful and up-to-date equipment. Included in this plan will be approaches to staying informed on advances in various technologies, new equipment opportunities and how they relate to changing threats. Procedures will

¹⁵ Project M: COMS G3 "The Commonwealth will improve preparedness by enhancing regional coordination" (COMS p. 7). Metro Boston Strategy G2-O1 "To develop a regional response capability to ensure appropriate, efficient incident response coverage", and further, to "Develop regional response plans to effectively prepare (and respond to) a CBRNE/WMD incident" (BUAS, p. 29).

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be created to concerning how collaborate on equipment purchases across localities, designed to provide ease in equipment training across jurisdictions in that agencies can train together using the same equipment. Improve procedures for maintaining existing equipment. Procedures will also be reviewed concerning the equipment that is to be taken along for various types of threats (LONG TERM; ALL; G1-O6-aIS#3).

b. Organizing Tasks

1. OHS, via the discipline subcommittees, will identify points of contact for each equipment inventory system within each jurisdiction (CRITICAL; ALL; G1-O6-bIS#1).
2. MBHSR discipline committees will develop a centralized equipment inventory database, which will include existing resources and resources still needed (using the data collected from the ODP Assessment tool). Once completed, equipment inventory details will be made available across the region's communities in an effort to document current equipment capabilities across jurisdictions, and the availability of resources to be shared, if necessary, during and following a CBRNE incident. Similarly, committees will be the conduit to develop personnel resource lists, also to include existing personnel by discipline and staffing resources still needed to effectively respond to a CBRNE incident. Ultimately, these master resource lists will be used to prioritize equipment purchases and acquisitions, and the need for increasing staffing resources (CRITICAL; ALL; G1-O6-bIS#2).
3. MBHSR committees (with input from their respective jurisdiction's budget and grants offices) will develop a financial plan to address the costs associated with maintenance costs for all forthcoming equipment procurements (CRITICAL; ALL; G1-O6-bIS#3).
4. MBHSR emergency management representatives will collectively identify equipment needs for emergency management training facilities in the MBHSR, and provide recommendations concerning immediate and appropriate equipment needs (CRITICAL; EM; G1-O6-bIS#5).

c. Equipment Tasks

1. Departments throughout the MBHSR seek to acquire equipment necessary to safely respond to CBRNE WMD incident, and to manage the inventory and standardization of such resources. Specific equipment needs will be identified according to the internal agency and cross-jurisdictional assessments, using the ODP Equipment Assessment report as a guide (CRITICAL; ALL; G1-O6-cIS#1).
2. The Healthcare Committee seeks to acquire equipment necessary to safely respond to CBRNE WMD incident and to achieve capability to comply with COBTH recommendations for HAZMAT response by hospitals (CRITICAL; HC; G1-O6-cIS#2).

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3. The Public Works Workgroup seeks to purchase training manuals and personal protective equipment necessary for public works response (CRITICAL; PW; G1-O3-cIS#1).
4. MBHSR public works representatives have identified personal computers, interoperable communications equipment, fuel, tankers (ICS), and a system of tracking said equipment, including central locations for keys. Other items for purchase include GIS, personal computers, mapping software and building plans. Moving forward, the need for these items will be assessed based on operational need (LONG TERM; PW; G2-O1-cIS#2).
5. MBHSR top executives will assess the need for personal protective equipment for their municipal chief executives and selected other municipal administrators to have on hand in the event of a CBRNE WMD incident (CRITICAL; GA; G2-O1-cIS#3).

d. Training Tasks

None identified at this time.

e. Exercise Tasks

None identified at this time.

3. Project Budget

Budget details are available under Project M in the Initial Strategy Implementation Plan (ISIP).

Please Note: Additional costs have been identified for the support of Project M, and are to be supported with FFY2004 UASI funds.

PROJECT N & O

Establish/enhance a regional capacity to support protracted response and recovery operations and to Establish/enhance a continuity of operations plan for both public and private sector entities across the region (COMS G5; BUAS G3-O1)¹⁶.

1. Project Description

Projects N and O focus mainly on the response and recovery stages of a possible terrorist attack. In order to be effective in these two areas, both initiatives serve to enhance the regional capabilities for the immediate tasks at hand during these phases. This includes plans and contracts to establish supply chains for necessary goods and services, as well as private and public continuity of operations plans throughout the region, so that in the wake of a disaster the essential bureaucratic functions of government and commerce across the region may continue with as little interruption as possible.

2. Detailed Activity Plans

a. Planning Tasks

1. MBHSR will develop a local recovery plan, which will include a terrorism annex for the CEMP within each UA community (LONG TERM; ALL; G3-O1-aIS#1).
2. MBHSR will develop a plan for agencies to effectively recover from a CBRNE WMD attack. Key issues will be identified, including securing and managing the CBRNE scene over an extended period of time (using the NYC World Trade Center as a guide); providing means to ensure the personal safety of law enforcement personnel, other responders and the general public in and around the site(s); formalize recovery of evidence plans, in coordination with federal agencies; coordinate centralized on-site resources; public communication; coordination of message with other agencies and other levels of government (need clarification on these things); and scheduling staff coverage as needed (LONG TERM; ALL; G3-OaIS#2).
3. The MBHSR will develop a cost recovery plan for replacing equipment and materials lost during/following a CBNRE event. Agreements with vendors will be developed in advance to purchase, lease, or borrow equipment, as needed (LONG TERM; ALL; G3-O1-aIS#3).
4. MBHSR will develop a regional assistance plan to assist the business community and other private institutions that have been shut down following a CBRNE WMD incident (SHORT TERM; ALL; G3-O1-aIS#4).
5. Chief Executives from each of the MBHSR will assign authority to one individual in

¹⁶ *Projects N & O: COMS G5 "The Commonwealth will improve its ability to recover from a terrorist attack or other critical incident" (COMS, p.10). Metro Boston Strategy G3-O1 "Develop a regional recovery plan to ensure community and business recovery and continuity of government in the Boston Urban Area" and further, to "Develop a regional recovery plan to effectively prepare for (and respond to) a CBRNE/WMD incident" (BUAS, p.41).*

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each municipality coordinate and maintain a formal Business Continuity Plan, which will ensure that government operations continue during and after a disaster. This individual will also be responsible for ensuring that training and exercises take place to ensure the success of the plan (LONG TERM; GA; G3-O1-aIS#5).

6. MBHSR public works representatives will develop a debris management plan for public works agencies in coordination with both public and private partners. A formal command structure will be developed with federal, state and regional local cooperation, and an administrative and financial piece will be included. Also included in the plan will be identifying appropriate methods on collecting the debris, establish how to identify what the debris is, where to put the debris for both short term and long term, and identify the most appropriate means of transporting it (SHORT TERM; PW; G3-O1-aIS#6).
7. The Health Care Committee will work to develop an overall consolidated response plan for hospitals to effectively return to "business as usual" following an incident (LONG TERM; HC; G3-O1-aIS#7).
8. The Public Health Committee will develop mental health response capacity plan, beginning with an assessment of mental health resources available for disaster response. To complete this step, the Boston Public Health Commission will work to create a memorandum of understanding with the Massachusetts Department of Mental Health (DMH). With direction from the DMH and BPHC, the MBHSR Working group will establish plans for long term mental health services for the general public; monitoring of patients from the event; long term staffing coverage for staff out on bereavement or mental health needs (LONG; PH; 3-O1-aIS#8).
9. Each discipline leader will be tasked to develop plans and procedures in conjunction with the state's Critical Incident Stress Debriefing Team and the existing Employee Assistance Plan, to respond to staff and family trauma and psychological treatment (CRITICAL; ALL; 3-O1-aIS#9).
10. Each discipline will develop a plan for staff backfilling to enable affected personnel to seek assistance (CRITICAL; ALL; G3-O1-aIS#10).

b. Organizing Tasks

1. Through each community's financial office, MBHSR will work with their emergency management division to identify damages, and work directly with FEMA and MEMA to obtain federal funding for repairs (CRITICAL; GA; G3-O1-bIS#1).
2. Each of the MBHSR committees will be tasked to create mechanisms to accurately record damage and seek assistance for repairs following CBRNE WMD event. Specifically, a checklist for recording damage will be prepared by each discipline (CRITICAL; ALL; G3-O1-bIS#2).

c. Equipment Tasks

1. MBHSR agencies will procure/replace any equipment following needed to effective clean up plan, which includes a survey area for contamination and clean up list,

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need waste and equipment disposal plans, food and sanitary facilities for recovery sites (LONG TERM; ALL; G3-O1-cIS#1).

d. Training Tasks

1. The MBHSR committees will develop management and supervisory curriculum as part of contingency planning to assure availability of secondary leadership by discipline in the event of a CBRNE WMD incident (LONG TERM; ALL; G3-O1-dIS#1).

e. Exercise Tasks

1. The MBHSR committees will conduct exercises concerning recovery operations. The exercises will look at all aspects of recovery from the five CBRNE materials, from the viewpoints of the ten disciplines. We will attempt to follow the process through the incident to the cost recovery phases. (LONG TERM; ALL; G3-O1-eIS#1).
2. The EMS Committee plans to develop a coordinated, comprehensive exercise program tailored specifically to testing all medical elements of the response plan, including those geared toward EMS (LONG TERM; EMS; G2-O1-eIS#3).

3. Project Budget

All costs associated with Project N and Project O are supported with funds from the FFY2004 UASI Grant Program. Further budget details are available under Project N & O, respectively, in the Initial Strategy Implementation Plan (ISIP)