
**Department of Health and Human Services
Health and Medical Services Support Plan
for the Federal Response to Acts of
Chemical/Biological (C/B) Terrorism**



June 21, 1996

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH AND MEDICAL SERVICES SUPPORT PLAN
FOR THE FEDERAL RESPONSE TO ACTS OF
CHEMICAL/BIOLOGICAL (C/B) TERRORISM**

Section		Page
I	INTRODUCTION	4
	A. Purpose	4
	B. Scope	4
II	POLICIES	6
III	SITUATION	8
	A. Emergency Condition	8
	B. Planning Assumptions	8
IV	CONCEPT OF OPERATIONS	10
	A. General	10
	B. Organization	14
	C. Notification	17
	D. Response Action	18
	E. Intra-State Action	23
V	RESPONSIBILITIES	23
	A. Primary Agency: Department of Health and Human Services	23
	B. Support Agencies	23
VI	RESOURCE REQUIREMENTS	25
VII	REFERENCES	26
	ABBREVIATIONS AND ACRONYMS	27

FIGURES		Page
1.	C/B Terrorism Response Decision Tree	11
2.	C/B Terrorism Response Concept	13
3.	HHS Crisis Management Actions	14
4.	HHS Consequence Management Actions	14
5.	Notification Chain for Medical Response to C/B Terrorism	18

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH AND MEDICAL SERVICES SUPPORT PLAN
FOR THE FEDERAL RESPONSE TO ACTS OF
CHEMICAL/BIOLOGICAL (C/B) TERRORISM

I. INTRODUCTION

A. Purpose

The purpose of this Chemical/Biological (C/B) Health and Medical Services Support Plan for the Federal response to acts of C/B terrorism is to provide a coordinated Federal response for urgent public health and medical care needs resulting from C/B terrorist threats or acts in the United States. Response actions for health and medical services needs are directed by the Department of Health and Human Services (HHS) through its executive agent, the Assistant Secretary for Health (ASH). HHS directs the provision of U.S. Government-provided health and medical assistance in response to a C/B terrorist incident. The Office of Emergency Preparedness (OEP) is assigned responsibility within HHS for implementation and coordination of health and medical assistance actions.

The principal purpose of this plan is to support the Federal Bureau of Investigation (FBI) and the Federal Emergency Management Agency (FEMA) by leading the Emergency Support Function (ESF) #8 response to the health and medical aspects of a C/B terrorist incident. This response will supplement and assist State and local governments affected by providing resources from:

1. HHS,
2. Supporting Federal Departments and Agencies, and
3. Specific non-Federal sources such as major pharmaceutical suppliers, hospital supply vendors, the National Foundation for Mortuary Care (NFMC) (formerly the National Funeral Directors Association NFDA)), certain international disaster response organizations, the Ministry of Health Canada (HC), etc.

This plan will be provided as an appendix to ESF #8 of the Federal Response Plan (FRP). To provide a timely health and medical services response to acts of C/B terrorism, portions of this plan may be implemented under HHS' authorities prior to formal implementation of the FRP.

B. Scope

A C/B terrorist act poses a significant threat to the public sector, including the potential for massive loss of life. The very nature of a C/B terrorist incident requires that assistance be provided in an extremely time critical manner to support public health and medical care needs. This assistance includes overall public health response: the triage, treatment,

transportation, hospitalization, and follow-up of victims of C/B terrorist acts. The local government bears the responsibility for support of its citizens through a first-responder system. As required, patients will be evacuated from an area into a network of pre-enrolled non-Federal National Disaster Medical System (NDMS) hospitals located in the major metropolitan areas of the United States. To augment this capacity, medical support including Federal medical treatment facilities (military services, Department of Veterans Affairs (VA), and HHS) will be utilized as needed. Support will be provided for the management of human remains, as required.

Specific elements of critical health and medical services support in response to a C/B terrorist incident may include the following:

1. Threat assessment.
2. C/B consultation with affected jurisdictions.
3. Public information related to health and medical issues.
4. C/B Rapid Deployment Team (CBRDT).
5. Agent identification.
6. Epidemiological investigation.
7. Expedient hazard detection.
8. Expedient hazard reduction.
9. Environmental decontamination and disposal.
10. Clinical medical support:
 - a. Health Professionals,
 - b. Laboratory support,
 - c. Patient evacuations, and
 - d. In-hospital care.
11. Pharmaceutical support.
12. Human toxic effects registry and exposed persons registry for acute and chronic effects.
13. Supplies and equipment.
14. Victim identification and mortuary services.
15. Worker health and safety.
16. Mental health.
17. Specialized communications.
18. Transport of personnel, supplies, and equipment related to health and medical issues.
19. Security for personnel, supplies, and equipment related to health and medical mission.
20. Pathological services.

To meet the requirement for urgent and immediate assistance, resources may be required to be pre-positioned. These pre-positioned resources could include C/B agent medical treatment supplies; C/B Rapid Deployment Teams; C/B Metro Medical Strike Teams MMST) (under development); and other C/B enhanced medical support teams, supplies, equipment, and services.

II. POLICIES

- A. This plan will be implemented in response to a terrorist threat or use of chemical or biological agents as weapons of mass destruction (WMD).
- B. The authority for necessary and urgent HHS response actions in this plan are contained in:
 - 1. Presidential Decision Directive 39 (PDD-39);
 - 2. Section 319, The Public Health Service Act, 42 U.S.C. 319;
 - 3. The Robert T. Stafford Disaster Relief and Emergency Assistance Act PL (93-288), as amended;
 - 4. Federal Response Plan, Emergency Support Function #8, April 1992;
 - 5. Comprehensive Environmental Response Compensation and Liability Act (CERCLA); and
 - 6. National Contingency Plan (NCP).
- C. The lead policy official is the ASH. The Office of Emergency Preparedness (OEP) is the action agent and is responsible for coordinating implementation of this plan with the HHS agencies and providing staff support to HHS policy officials. The HHS Regional Health Administrator (RHA), in consultation with the Environmental Protection Agency (EPA) Regional Administrator, is the operating agent assisting OEP and is responsible for coordinating regional health and medical service activities.
- D. The collocated national HHS Emergency Operations Center (EOC) (HHS/EOC) and NDMS Operations Support Center (OSC) (NDMS/OSC) will provide a liaison between the HHS/NDMS Headquarters and appropriate regional officials in the response structure at a C/B terrorist incident scene. The HHS/EOC and NDMS/OSC will coordinate and facilitate the overall Federal health and medical response.
- E. In accordance with the assignment of similar responsibilities under the FRP, ESF #8 Health and Medical Services, and further requests by HHS, each participating agency and support organization will contribute to the overall response but will retain full control over its own resources and personnel.
- F. This plan is the primary source of public health and medical response and information for all Federal officials involved in C/B terrorist incident response operations.
- G. All national and regional organizations participating in response operations will report public health and medical requirements to their counterpart level (national or regional) ESF component.
- H. To ensure patient confidentiality, medical information on individual patients will

not be released to the general public.

- I. Appropriate information on casualties and patients will be provided to the American Red Cross (ARC) for inclusion in the Disaster Welfare Information (DWI) system for access by the public. Additionally, casualty information will be provided to medical examiner(s) and/or coroner(s), as appropriate.
- J. The types of information and format for input to recurring Situation Reports (SITREPs) will be pre-identified in coordination with the FBI and FEMA.
- K. OEP will coordinate release of predetermined press statements prior to formation of the primary Joint Information Center (JIC). The JIC will be authorized to release general medical and public health response information to the public.
- L. OEP will coordinate with FEMA to pre-identify the initial response resources (IRRs) required for rapid response operations. The IRRs will be tailored for specific types of terrorist incidents.

III. SITUATION

A. Emergency Condition

Local and State agencies possess the primary responsibility to provide health and medical care assistance; however, in response to a terrorist threat or use of C/B agents as WMD, numerous Federal agencies, including both Federal public health and medical care assistance, would provide necessary augmentation and specialized support.

A single C/B terrorist incident could cause thousands of casualties requiring medical assistance. The sudden onset of such a large number of victims would overwhelm a State or local medical system, necessitating urgent, time critical assistance from the Federal Government. Additionally, such a C/B terrorist incident could pose public health threats related to food, water, air, the health care system, and waste management. Mental health needs require special attention

Further, the potential exists for single or multiple C/B terrorist events in single or multiple municipalities. A multiple C/B event situation could overwhelm the combined State and local medical system for an entire region, requiring an urgent and significant coordinated Federal response.

In the face of massive increases in demand, medical personnel, supplies (including pharmaceuticals), communication equipment, and specialized medical equipment will be overwhelmed or in short supply. Most health care facilities maintain only a small inventory stock to meet their short-term, normal patient load needs. C/B agents require specialized antidotes, such as atropine and oximes for treatment of chemical nerve agents and antibiotics, and ciprofloxacin and doxycycline for treatment of a biological agent such as anthrax. These specialized antidotes and antibiotics are not currently available in sufficient quantities at local and regional facilities to meet the medical needs generated by a major C/B terrorist incident.

B. Planning Assumptions

- 1. The Federal health and medical response to a C/B terrorist incident may begin as either a crisis management response or a consequence management response. To save lives, elements of this plan may be implemented prior to a formal Presidential Disaster Declaration.**
2. Immediate local resources within the affected C/B terrorist incident area may be insufficient to adequately minimize loss of life, clear casualties from the scene, and treat them in local hospitals. Additional Federal capabilities may be urgently needed to supplement and assist State and local governments and organizations triage and treat casualties in the C/B terrorist disaster area and transport them to the closest appropriate hospital or other health care facility. C/B agent medical treatment supply and re-supply will be needed throughout the impacted area. Operational necessity may require further transportation of patients probably by

air) to the nearest metropolitan areas with available hospital beds and treatment facilities where patient needs can be matched with definitive medical care.

3. The requirement for immediate, urgent, and prompt medical and health care resources in response to a single or multiple C/B terrorist incident requires specialized support measures.
 - a. An immediate response will be performed within the first 30 to 90 minutes by local first responders with enhanced training: police, fire and rescue, and hazardous material (HAZMAT) teams along with an MMST, a highly specialized team of physicians, basic and advanced life support specialists, logistics support personnel, and mental health professionals.
 - b. The urgent response will be performed by local hospitals and health care professionals supplemented within hours by emergency consultation, regional MMSTs, a CBRDT, and highly specialized Federal C/B terrorist incident medical and health care support teams.
 - c. This prompt response will be supplemented within 12 hours by national medical support providers and facilities and one or more Enhanced Disaster Medical Assistance Teams (DMATs).
4. A C/B terrorist act may create a toxic environment resulting in deaths, injuries, and exposure in the population and response personnel.
5. The number of deaths and the continuing threat to health resulting from a C/B terrorist act will produce the need for mental health crisis counseling and necessary mental health care for victims and response personnel.
6. Assistance in maintaining the continuity of health and medical services will be required.
7. Worker health and safety will require the issuance of guidance, special surveillance, and specialized protective measures.

IV. CONCEPT OF OPERATIONS

A. General

A terrorist threat or use of a C/B agent as a WMD would cause an emergency that could initiate several Federal operations, each having a health and medical services support component.

A Federal crisis management response involves all measures to confirm and assess the threat, establish response posture with regard to the threat, investigate, locate the terrorists and their weapons, remove or disable the C/B agent or weapon, and capture and prosecute the terrorists under Federal law. The Lead Federal Agency (LFA) for a crisis management response is the FBI of the Department of Justice (DOJ). In coordination with the FBI, HHS participates in this type of response by providing technical medical assistance and by coordinating Federal health and medical resources in preparation for mobilization. EPA can be consulted on how to possibly minimize the consequences of a release if it cannot be prevented.

In a crisis management response, HHS assists the FBI in threat assessment; provides technical advice and assistance to Federal, State, and local governments; pre-positions resources, coordinates development of health-related public information, and medical resources in preparation for mobilization; and prepares medical services support to respond to a credible C/B terrorist threat. EPA assists in coordinating related public information requirements.

A Federal consequence management response involves measures to support the affected State and local governments in addressing the consequences of the terrorist incident on lives and property in the affected community. Under PDD-39, the LFA for coordinating Federal assistance in a consequence management response is FEMA.

HHS is designated as the primary agency for directing, coordinating, and integrating the overall Federal effort to provide health and medical services support within a consequence management response. HHS participates in this type of response by taking direct action in response to the immediate, urgent, and prompt health and medical service support utilizing pre-identified requirements associated with the C/B terrorist incident. Under CERCLA, EPA can provide its response authorities and mechanisms to "take action" to protect public health and welfare and the environment from releases or the threats of releases of hazardous substances, pollutants, or contaminants.

Within a Federal consequence management response, HHS takes direct pre-defined action to coordinate the Federal health and medical services support to State and local governments.

A C/B terrorism response decision tree is portrayed in Figure 1. The response process is shown for a crisis management response proceeding from a threat to either no use or use

of a C/B terrorist weapon. No use will lead to termination of the response activities, while use will cause an immediate transition to a consequence management response. A Federal consequence management response proceeds when a C/B terrorist weapon is used without threat or warning.

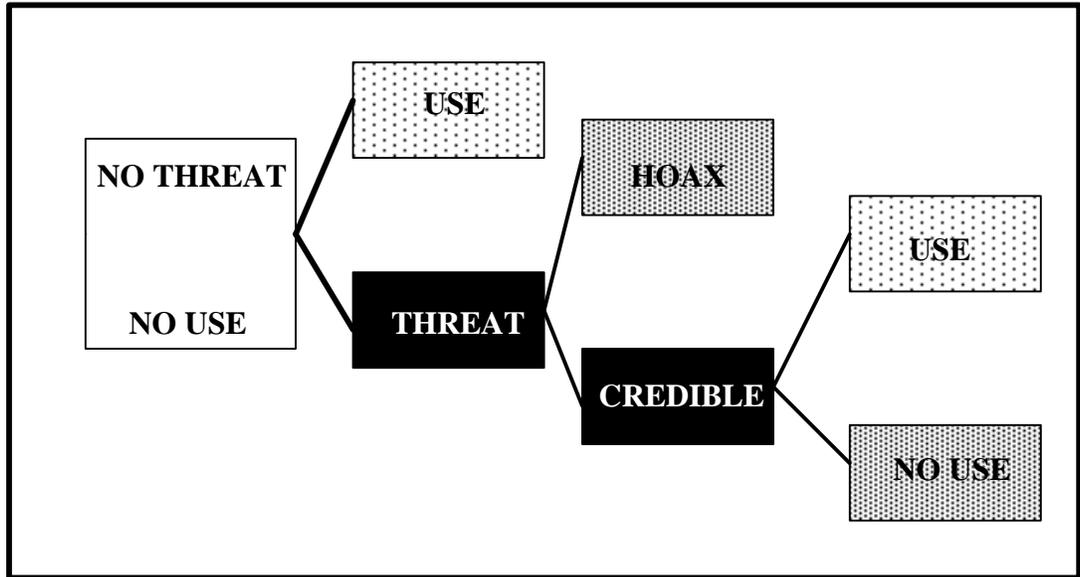


Figure 1. C/B Terrorism Response Decision Tree

1. Crisis Management Response

The FBI has developed a C/B Incident Contingency Plan designed to marshal the appropriate Federal technical, scientific, and medical operational support to bolster the FBI's investigative and crisis management abilities and to augment local and State resources in addressing the threat inherent in a C/B incident. Operational support, both in the form of advisory technical support and the operational deployment of resources and personnel to the scene of a C/B incident, is available from several Federal agencies pursuant to the FBI C/B Incident Contingency Plan.

These specialized resources are drawn primarily from HHS, the Department of Defense (DOD), DOE, and EPA. These agencies maintain specialized expertise necessary in managing a C/B-related crisis. HHS and EPA may provide advanced scientific monitoring, testing, and analysis of the threat, along with pre-positioned resources, in responding to the consequences of a C/B incident. DOD components provide the technical expertise in military weapons systems, including conventional explosives that may be associated with a C/B weapon. They also possess the ability to conduct decontamination, sampling, and threat profiling activities. DOD provides the transportation to move health and medical response resources in an urgent manner.

In addition to HHS, EPA, DOD, and DOE, numerous Federal agencies would assist in fulfilling crisis management requirements. These agencies include the VA, FEMA, the Department of Transportation (DOT), the Department of Agriculture (USDA), and the National Communications System (NCS). Other support agencies may participate in crisis management depending on the facts of the incident.

The FBI's C/B Incident Contingency Plan incorporates a graduated response mechanism to a C/B terrorist incident.

- a. Assessment of the threat,
- b. Provision of technical advice to the incident manager,
- c. Deployment of technical personnel and resources, and
- d. Marshaling of consequence management resources.

The national-level crisis management response will be coordinated by the FBI at the FBI Strategic Information Operations Center (SIOC). Upon notification of a C/B terrorist crisis management requirement by the FBI, HHS will activate the Department of Health and Human Services Emergency Operations Center (HHS/EOC) under the direction of the ASH. The HHS/EOC will be located at the OEP facility in Rockville, MD. Key HHS policy and staff officials will be notified. HHS will also provide a representative to the FBI SIOC at FBI Headquarters in Washington, DC.

For each portion of the FBI C/B Incident Contingency Plan, HHS, supported by DOD, DOE, DOT, and EPA, will support the FBI in threat assessment, identification of contaminants, sample collection and analysis, on-site safety and prevention activities, identification of C/B subject matter experts, and enhanced consultation and deployment capability.

The goal is to support crisis management and assist in the preparation for response to a potential agent release.

2. Consequence Management Response

HHS is the LFA for health and medical services support within a Federal consequence management response to a C/B terrorist act. This Health and Medical Services Support Plan identifies 20 specific, highly specialized, and time-critical health and medical services functions in response to acts of C/B terrorism. The 20 specific functions are in addition to the requirements for health and medical services support in a consequence management response identified in the FRP, ESF #8.

The major differences between health and medical services support provided in response to a C/B terrorist act, and those provided in response to a natural or

manmade declared disaster, are the need for specialized health and medical services support, the critical, time sensitive, response requirements, and the need to gather evidence to support criminal investigations associated with a consequence management response to a C/B terrorist incident. The 20 health and medical services support functions for C/B consequence management are focused on being implemented in the first few hours following a C/B terrorist act. A health and medical services consequence management response to a C/B terrorist act is performed as a time-sensitive precursor to a full response under the structure of the FRP, ESF #8.

Health and medical services operational support, in the form of advisory technical support and the operational deployment of resources and personnel to the scene of a C/B terrorist attack, is available from several Federal agencies. DOD, EPA, and VA are the primary support agencies to HHS for the provision of specialized health and medical services-related support. In addition to HHS, EPA, DOD, and VA, those support agencies listed in ESF #8 would assist in fulfilling health and medical services-related support for consequence management response requirements. These agencies include FEMA, DOT, USDA, the NCS, and the DOJ/FBI.

The HHS C/B terrorism response concept is portrayed in Figure 2. The overlapping of HHS response actions is shown for a crisis management response and a consequence management response.

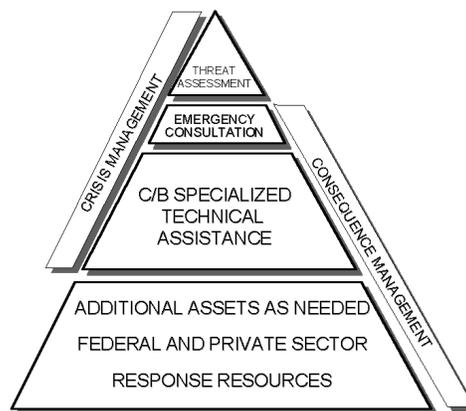


Figure 2. C/B Terrorism Response Concept

Figures 3 and 4 portray specific HHS crisis management actions and consequence management actions in response to C/B terrorism.

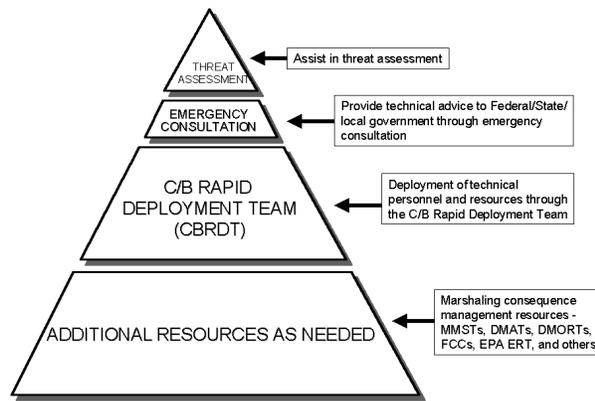


Figure 3. HHS Crisis Management Actions

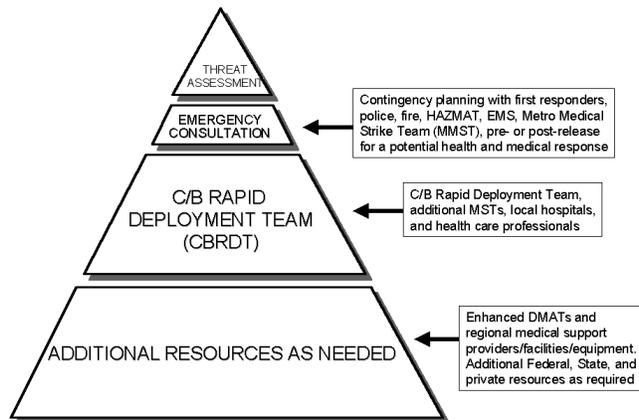


Figure 4. HHS Consequence Management Actions

B. Organization

1. National-Level Response Support Structure

A health and medical services support response to C/B terrorist acts will be activated and directed by the ASH. Under the direction of the FBI in support of a crisis management response, the HHS/EOC will become operational at the OEP facility in Rockville, MD, with a core staff of pre-designated HHS crisis management specialists. HHS will concurrently make available a HHS/EOC representative to the FBI SIOC where the national-level crisis management response will be coordinated. The FBI SIOC will be staffed with the following officials or their representatives:

- a. Attorney General, DOJ;
- b. Director of FBI;

- c. Assistant Director of the National Security Division, FBI;
- d. Domestic Terrorism Section Chief, FBI;
- e. FEMA Representative;
- f. HHS Representative; and
- g. DOD Representative.

Depending on the situation, other agencies may be present as appropriate.

Within a crisis management response, HHS will coordinate the acquisition of national medical technical resources and medical expertise for the purpose of providing technical assistance, emergency consultation, and threat assessment support to the FBI. In coordination with the FBI, HHS will also form and dispatch, to the area of interest as needed, a CBRDT and other health and medical services support resources from different locations in the nation as deemed necessary (e.g., Centers for Disease Control and Prevention (CDC) and Agency for Toxic Substances and Disease Registry (ATSDR) in Atlanta; Food and Drug Administration (FDA) Regional Offices; EPA Regional Offices). HHS will provide on-scene technical assistance in support of the FBI, and other on-scene responders, and will coordinate health and medical resources in preparation for mobilization. As needed, special advisory groups of health/medical subject matter experts will be assembled and consulted by the National Health and Medical Services Support Coordination Office (HHS/OEP).

A key HHS C/B terrorism response element at the national level is the CBRDT. The Washington, DC area-based CBRDT is a highly specialized, Federal, multi-agency, C/B terrorist incident response, medical and health care, technical assistance support team. HHS assembles the technical advisory team to provide health and medical services support to the On-Scene Manager (OSM) for both a crisis management and consequence management response. HHS serves as the CBRDT leader and controls team deployment and operational team actions. The interagency team of approximately 23 technical specialists is staffed by 4 Federal Departments and agencies:

- a. The HHS provides five team members (two Medical Doctors (MDs), three Operations Technicians, and a component from CDC and ATSDR).
- b. Under DOD:
 - (1) The U.S. Army Medical Research Institute for Infectious Diseases USAMRIID provides two team members (one MD, Epidemiological Assessment/Bio-warfare Expert; and one Scientist, Medical Diagnostics/Medical Samples).
 - (2) The U.S. Army Medical Research Institute for Chemical Defense USAMRICD provides two staff members (two MDs or one MD/one Scientist, Chemical Warfare Experts).
 - (3) The U.S. Army Technical Escort Unit (TEU) provides eight staff

- (4) members (Hazardous Environment Operators/Explosive Disposal). The Naval Medical Research Institute (NMRI) provides two team members (Biological Identification).
 - (5) The Edgewood Research, Development, and Engineering Center (ERDEC) provides two team members (one Chemical Scientist, C/B Antiterrorism Team and/or Technician (Remote Meteorological Sensing, Databases, Hazard Prediction models, Cloud Characteristics)).
- c. The EPA provides one staff member to focus on environmental monitoring.
 - d. The DOE provides one staff member (Radiological Monitoring).

Additional personnel from other regions of the nation will supplement this team, as appropriate.

In support of a consequence management response, the HHS/EOC will become operational. Upon activation of NDMS, the NDMS/OSC will also become operational and those centers will collocate at the HHS OASH/OEP facility. The HHS/EOC and NDMS/OSC will consist of a core of Federal agencies that will be supplemented by other national-level organizations, governmental and private, as the situation dictates. During the initial activation, the principal core staff will consist of a pre-designated HHS Crisis Action Team (CAT) and the following officials or their representatives:

- a. ASH (Chair);
- b. Assistant Secretary of Defense (Health Affairs), DOD;
- c. Under Secretary for Health, VA;
- d. Director, FEMA or designee; and
- e. EPA Administrator or designee.

ESF #8 will concurrently make available an ESF #8 representative to the FEMA EST where the national-level consequence management response will be coordinated. Additional agencies and organizations will be alerted and will provide a representative to the HHS/EOC and NDMS/OSC or be immediately available via telecommunication (telephone, fax, conference calls, etc.) to provide support.

HHS will identify and provide representatives to represent both HHS and the national health and medical services support on the CDRG and the FEMA EST. HHS will also dispatch, as requested, the CBRDT, emergency response coordinators, and the national health and medical services representatives on the Emergency Response Team (ERT) to the terrorist incident area to provide technical assistance in the area of health and medical services support and to support the lead RHA having responsibility for regional health and medical

services.

National coordination of health and medical services support will be centralized at the HHS/EOC and NDMS/OSC.

2. Regional-Level Response Support Structure

The HHS RHA is the HHS lead for the regional health and medical services response. The RHA, in consultation with EPA's Regional Administrator or designee, will establish a Regional Health and Medical Services EOC and will provide administrative support to the regional response activities. The RHA may participate in a crisis management response, depending on the nature of the response. The RHA is an active participant in a consequence management response. For a consequence management response the RHA will represent HHS in its dealings with the Federal Coordinating Officer (FCO), the appropriate State/local health and medical officials, the National HHS/EOC and NDMS/OSC₁ and the HHS/Regional Director.

The MMST (being conceptualized with a prototype under development) is a highly specialized local team of physicians, basic and advanced life support specialists, and logistics support personnel. MMSTs are a critical C/B terrorism response element for health and medical services support at the regional or local levels. MMSTs, consisting of approximately 35 members per team, are organized and positioned at designated major metropolitan locations in the United States. The MMST will, at the request of local, regional, or national government, respond to and assist with the medical management and public health consequences of chemical and biological incidents that result from C/B terrorist acts or accidents. MMSTs can respond to a local, regional, or national medical crisis.

Local jurisdictions can activate a locally positioned MMST to provide immediate or first responder support to a C/B terrorist act; however, activation will be immediately confirmed by notification to the HHS/OEP. Following activation, applicable State emergency management and Emergency Management Services (EMS) agencies should receive notification. An MMST can also be activated at the direction of the HHS/OEP.

Another health and medical services response resource, the Enhanced Disaster Medical Assistance Team, may be activated regionally or nationally and deployed to the scene. The Enhanced DMAT is specially trained and equipped to assist in the provision of health and medical services for a C/B terrorist act. The DMAT is a team of approximately 37 medical personnel consisting of physicians, nurses, paramedics, emergency medical technicians, and other medical specialists.

C. Notification

1. Under a crisis management response, the FBI will notify the health and

medical services action agent (HHS Office of Emergency Preparedness (HHS/OEP)). HHS/OEP will, in coordination with the FBI, make appropriate notifications to health and medical services agencies.

2. Under a consequence management response, HHS may be notified directly, or FEMA Headquarters may notify the health and medical services action agent (OEP). OEP will notify the ASH and request activation of the HHS response plan for the Federal response to acts of C/B terrorism. OEP will concurrently notify the appropriate Regional Health Administrator(s).
3. Upon notification, HHS health and medical services emergency response members will notify their parent agencies and report to the appropriate location as directed. Figure 5 portrays the chain of notification in the health and medical services response to C/B terrorism.

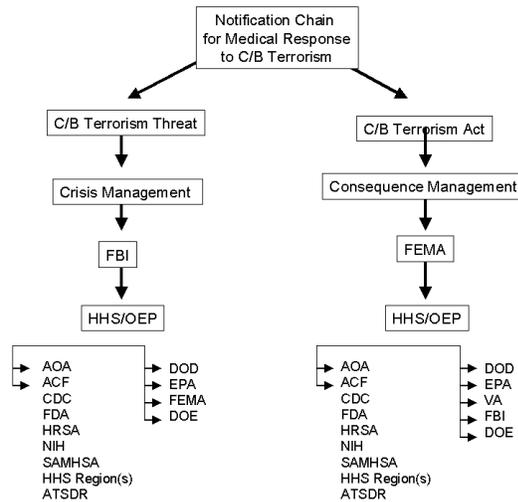


Figure 5. Notification Chain for Medical Response to C/B Terrorism

D. Response Actions

1. Responding to notification of C/B terrorism, the "HHS/EOC will become operational on an urgent basis and will be appropriately staffed upon notification.
2. Upon notification of a C/B terrorism response requirement in either a crisis management or consequence management situation, HHS/OEP will initiate action to provide technical assistance or to provide health and medical services response actions in the following functional areas.

a. Threat Assessment

Lead Agency: OEP. An assessment team will be assembled and will provide technical assistance to the FBI at the SIOC. The assessment team composition will be determined by the OEP in coordination with the FBI.

b. C/B Consultation with Affected Jurisdictions

Lead Agency: OEP. Emergency consultation will be performed with and State jurisdictions.

c. Public Affairs

Lead Agency: OEP. OEP will coordinate development of prescript advisory releases and public health and disease information that can be transmitted to members of the general public who are located in or near the affected areas.

d. C/B Rapid Deployment Team

Lead Agency: OEP. OEP will take action to notify, assemble, and deploy the CBRDT and CDC to render technical assistance in a crisis management situation and, upon activation by FEMA, to assist in coordinating health and medical services support in a consequence management situation.

e. Agent Identification

Lead Agency: CDC. CDC will coordinate the agent identification process and actions.

f. Epidemiological Investigation

Lead Agency: CDC. CDC will coordinate the inquiry into the incidence, distribution, and control of a suspected disease or pathogen.

g. Expedient Hazard Detection

Lead Agency: EPA. EPA will coordinate actions and processes to determine the overall health hazard threatening the general population.

h. Expedient Hazard Reduction

Lead Agency: EPA. EPA will coordinate actions to reduce or eliminate the hazard.

i. Environmental Decontamination

Lead Agency: EPA. EPA will coordinate environmental decontamination.

j. Clinical Medical Support; Health Professionals, Laboratory Support; Patient Evacuation, In-Hospital Care

Lead Agency: OEP/NDMS. OEP/NDMS will coordinate clinical medical support utilizing CBRDTs, MMSTs, and DMATs.

k. Pharmaceutical Support

Lead Agency: FDA. FDA will coordinate pharmaceutical support for the overall health and medical services response effort.

l. Human Toxic Effects Registry

Lead Agency: Agency for Toxic Substance and Disease Registry (ATSDR). ATSDR will coordinate the documentation and registration of personnel in the general population and response community who have been exposed to the toxic effects of a C/B terrorist act.

m. Supplies and Equipment

Lead Agency: Office of Emergency Preparedness/National Disaster Medical System (OEP/NDMS). OEP/NDMS will provide health and medical equipment and supplies in support of health and medical services response operations and will coordinate restocking of equipment and supplies in the affected area.

n. Victim Identification and Mortuary Services

Lead Agency: OEP/NDMS. OEP/NDMS will assist in providing victim identification and mortuary services, including NDMS Disaster Mortuary Teams (DMORTs) and temporary morgue facilities.

o. Worker Health and Safety

Lead Agency: CDC. CDC will coordinate requirements to ensure health and safety measures for response workers.

p. Mental Health

Lead Agency: Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA will coordinate mental health requirements.

q. Communications

Lead Agency: NCS. NCS will establish communications necessary to effectively coordinate health and medical services support assistance.

r. Transportation

Lead Agency: OEP. OEP will coordinate transportation requirements, primarily with DOT and DOD.

s. Security

Lead Agency: OEP. OEP will coordinate actions to respond to security requirements associated with the health and medical services support response to a C/B terrorist incident.

t. Pathological Services

Lead Agency: OEP/NDMS. OEP/NDMS will assist in providing pathological services.

3. Continuing Actions

a. Situation Assessment

The National Health and Medical Services support staff will continuously acquire and assess information regarding a C/B terrorist threat and/or disaster situation. The staff will continue to identify the nature and extent of health and medical problems and establish appropriate monitoring and surveillance of the situation to obtain valid ongoing information.

In the early stages of a C/B terrorist act response, it may not be possible to fully assess the situation and verify the need for the level of assistance required. In such circumstances, it will be the responsibility of the

National Health and Medical Services authority to decide on what response support is needed and to provide that support on an expedited basis before verifications are obtained

b. Activation of Health/Medical Response Teams

Health personnel and teams from HHS will be deployed as needed, and appropriate medical and public health (including environmental health) assistance will be provided. A CBRDT will be assembled and deployed to assist in coordinating technical assistance on scene. MMSTs will be committed locally; regionally, and/or nationally. HHS/OEP will arrange for alerting, activation, appointment to Federal status, and deployment of NDMS DMATs, DMORTs, and other special teams. Assistance from DOD, EPA, and VA will be provided as required.

c. Coordination of Medical Transport Requests

Transportation arrangements for short-notice or no-notice movement of health and medical services support resources will be pre-coordinated by HHS/OEP with DOD and DOT.

d. Coordination of Medical Facilities Requests

Arrangements for medical facilities are primarily a local function. Requests for additional assistance should be referred to State authorities. Requests by State officials for Federal aid for NDMS hospital support should be routed through the Regional Health and Medical Services Support office to the NDMS/OSC. The NDMS/OSC will verify the request and refer it to the ASH for action. Upon approval, the NDMS/OSC will activate the NDMS patient evacuation system. NDMS Federal Coordinating Centers (FCCs) will be directed to activate area operations/patient reception plans.

e. Coordination of Patient Evacuation

State and local health/medical authorities identify the need for patient evacuation from the C/B terrorist incident area. The requirement for aeromedical evacuation is communicated through the Regional Health and Medical Services Support authority to the NDMS/OSC. At the NDMS/OSC, the DOD representative will coordinate with the U.S. Transportation Command to obtain needed support.

f. Coordination of Requests for Reimbursement

Federal agencies directed to participate in the response to C/B terrorist incidents will bear the costs of their participation. Consequence

management responses that transition to a response under the FRP are eligible for direct reimbursement by FEMA.

E. Intra-State Actions

The regional health and medical services support authority, supported by the national authority, will collaborate with the identified State health/medical coordinator(s) to resolve and coordinate intra-state health and medical services support issues.

V. RESPONSIBILITIES

A. Primary Agency: Department of Health and Human Services HHS will:

1. Provide leadership in directing, coordinating, and integrating the overall Federal efforts to provide medical and public health assistance to the affected area;
2. Direct the activation of the NDMS and the staffing of the NDMS/OSC as necessary to support the emergency response operations;
3. Direct the activation and deployment of DMATs, Specialty Teams, and other personnel, supplies, and equipment as needed in response to requests for Federal health/medical assistance; and
4. Provide incident-site management and coordination of Federal emergency health and medical services and technical support.

B. Support Agencies

1. Department of Defense DOD will:
 - a. Provide military personnel, equipment, transportation, and supplies to assist HHS in providing health and medical services support and technical assistance. DOD participation on the CBRDT is provided by USAMRIID, NMRI, USAMRICD, TEU, and ERDEC;
 - b. Provide logistical support to health/medical response operations;
 - c. Provide available emergency medical support to assist in the support of State/local governments within the C/B terrorist incident area;
 - d. Coordinate air evacuation patient regulation;
 - e. Coordinate patient reception and management in areas where DOD medical centers serve as NDMS FCCs; and
 - f. Provide support in accordance with its responsibilities as a partner in the NDMS and a supporting agency of ESF #8.
2. Department of Justice DOJ, through the FBI, will:
 - a. Provide HHS/OEP with relevant intelligence information of any

- b. credible threat or other situation that could threaten public health; Assist Federal health and medical response operations in victim identification;
- c. Provide State and local governments legal advice concerning the identification of the dead;
- d. Designate an incident OSM; and
- e. Provide support for logistics and physical security at the incident scene.

3. Department of Veterans Affairs VA will:

- a. Provide available medical support to assist in the support of State/local governments within the C/B terrorist incident area;
- b. Provide available medical supplies to support the health and medical services response to C/B terrorist acts;
- c. Coordinate patient reception and management in areas where VA medical centers serve as NDMS FCCs; and
- d. Provide support in accordance with its responsibilities as a partner in the NDMS and a supporting agency of ESF #8.

4. Environmental Protection Agency

EPA will assist Federal health and medical response operations by providing technical assistance and environmental information for the assessment of the health/medical aspects of situations involving hazardous materials. EPA can also assist with risk communication, risk (threat) assessment, solid waste management, public affairs, and other response activities typically carried out by an On-Scene Coordinator (OSC) for hazardous substance response actions under CERCLA and the NCP.

5. Department of Energy

DOE will assist Federal health and medical response operations by providing technical assistance and environmental information for the assessment of the health/medical aspects of a C/B terrorism response.

6. Federal Emergency Management Agency FEMA will:

- a. Assist Federal health and medical response operations by providing support in coordinating State and local requests for assistance, and
- b. Provide support in accordance with its responsibilities as a partner in the NDMS and a supporting agency of ESF #8.

7. National Communications System

NCS will assist the Federal health and medical services response by providing communications support.

VI. RESOURCE REQUIREMENTS

Health and medical services resources required in the response to a C/B terrorist incident are urgently needed within the first few hours of the incident. Resource requirements are highly specialized and include medical response personnel with specialized training; C/B-specific medical supplies and equipment; transportation, logistical, and administrative systems support; and communication system support. If activated as a support agency to the HHS (ESF #8) in accordance with the FRP, General Services Administration (GSA), and representatives of HHS, VA, DOD, and DOT will coordinate arrangements for the procurement and transportation of medical equipment and supplies.

VII. REFERENCES

In addition to the authorities used by each agency, the following references are cited:

- A. Presidential Decision Directive 39, 1995.
- B. Public Health Service Act, 42 U.S.C. 217; 42 U.S.C. 243(c)(1); 42 U.S.C. 243(c)(2); 42 U.S.C. 319.
- C. Robert T. Stafford Disaster Relief and Emergency Assistance Act (P.L. 93-288), as amended.
- D. Federal Response Plan, ESF #8, April 1992.

ABBREVIATIONS AND ACRONYMS

ACF	Administration for Children and Families
AEC	Agency Emergency Coordinators
AQA	Administration on Aging
ARC	American Red Cross
ASH	Assistant Secretary for Health
ATSDR	Agency for Toxic Substances and Disease Registry
CAT	Crisis Action Team
C/B	Chemical/Biological
CBRDT	Chemical/Biological Rapid Deployment Team
CDC	Centers for Disease Control and Prevention
CDRG	Catastrophic Disaster Response Group
CERCLA	Comprehensive Environmental Response Compensation and Liability Act
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Team
DOD	Department of Defense
DOE	Department of Energy
DOJ	Department of Justice
DOT	Department of Transportation
DWI	Disaster Welfare Information
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EPA	Environment Protection Agency
ERDEC	Edgewood Research, Development, and Engineering Center
ERT	Emergency Response Team
ESF	Emergency Support Function
EST	Emergency Support Team
FBI	Federal Bureau of Investigation
FCC	Federal Coordinating Center
FCO	Federal Coordinating Officer
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
FRP	Federal Response Plan
GSA	General Services Administration
HAZMAT	Hazardous Materials
HC	Ministry of Health Canada

HHS HRSA	Department of Health and Human Services Health Resources and Services Administration
IRR	Initial Response Resources
JIC	Joint Information Center
LFA	Lead Federal Agency
MD	Medical Doctor
MMST	Metropolitan Medical Strike Team
NCP	National Contingency Plan
NCS	National Communications System
NDMS	National Disaster Medical System
NFMC	National Foundation for Mortuary Care
NIH	National Institutes of Health
NMRI	Naval Medical Research Institute
OEP	Office of Emergency Preparedness
OSC	On-Scene Coordinator
OSC	Operations Support Center
OSM	On-Scene Manager
PDD-39	Presidential Decision Directive 39
RD	Regional Director
RHA	Regional Health Administrator
SAMHSA	Substance Abuse and Mental Health Services Administration
SIOC	Strategic Information Operations Center
SITREPs	Situation Reports
TEU	Technical Escort Unit
USAMRICD	U.S. Army Medical Research Institute for Chemical Disease
USAMRIID	U.S. Army Medical Research Institute for Infectious Diseases
USDA	United States Department of Agriculture
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
WMD	Weapons of Mass Destruction