



Office for
State and Local
Domestic Preparedness
Support

Fiscal Year 1999 State Domestic Preparedness Support Program

***Assessment and
Strategy Development
Tool Kit***

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Foreword

The Office of the Assistant Attorney General, Office of Justice Programs (OJP) is providing funds to States under the State Domestic Preparedness Equipment Program for the purchase of specialized equipment for fire, emergency medical, hazardous materials response services, and law enforcement agencies. These funds will be used to enhance the capabilities of State and local units of government to respond to acts of terrorism involving weapons of mass destruction (WMD).

As the State agency designated to administer this program, your role in strategic planning and in assessing overall State and local capabilities is a critical component of OJP's State and local domestic preparedness initiative. Receipt of additional funds under the program will be contingent on the State's development of two separate, but related, documents. The first is a Statewide Needs Assessment, and the second is a Three-Year Statewide Domestic Preparedness Strategy. The Needs Assessment will require each State to assess its requirements for equipment, first responder training, and other resources involved in a WMD response. This Needs Assessment will form the basis of the Statewide Strategy. The Strategy will direct how States will target grant funds received under the OJP equipment program and provide OJP a guide on how to target first responder training and other resources available through OJP's Office for State and Local Domestic Preparedness Support. It is important to understand that the Strategy is a multi-year document and will continue to guide deployment of these resources, by the States for equipment funds, and OJP for other resources, over the next three years.

To assist States in conducting their threat, risk and needs assessments, and developing their three-year strategy, OJP has developed an on-line data collection tool. This on-line tool was developed in close cooperation with the Federal Bureau of Investigation (FBI) and the Centers for Disease Control and Prevention (CDC). To guide users of the on-line tool, OJP is providing this Assessment and Strategy Development Tool Kit. The intent of the Tool Kit is to provide users with a step-by-step guide to which they can refer when the on-line tool becomes available.

States may begin registering users for the on-line data collection tool beginning July 5, 2000, in the first phase of this process. OJP will implement the second phase of the data collection process on August 1, 2000. At that time, software will be made available on-line for local jurisdiction data input. State agencies will be able to input data beginning August 15, 2000, when the third phase of the on-line process is implemented. Instructions for electronic submission of the data and statewide strategies using the world wide web can be found on OJP's web page at www.ojp.usdoj.gov/osldps.

I look forward to working with you and your colleagues during the implementation of this program to enhance State and local emergency response capabilities in preparation for an event that will hopefully never take place.

Sincerely,



C.H. "Butch" Straub II
Director
Office for State and Local Domestic Preparedness Support

This version of the *Fiscal Year 1999 State Domestic Preparedness Equipment Program Guidance for the Development of a Three-Year Statewide Domestic Preparedness Strategy* **supercedes all previous versions .**

Effective Date: May 15, 2000

Public Reporting Burden

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Section 1

Assessment and Strategy Tool Kit Introduction

A Program Guidelines and Application Kit was provided to each state's designated administrative agency for the Fiscal Year (FY) 1999 State Domestic Preparedness Equipment Program during February 2000. These guidelines and materials included an Appendix C, **A**Guidance for Conducting a Needs Assessment and Developing a Statewide Domestic Preparedness Strategy.[®] This guidance specified that the conduct of a Needs Assessment, followed by the development of a three-year Statewide Domestic Preparedness Strategy were conditions of the state's acceptance of grant funds under the FY 1999 State Domestic Preparedness Equipment Program. Additionally, this guidance indicated that OJP/OSLDPS developed assessment and strategy tools, detailed guidance and forms to be provided in a subsequent mailing. Accordingly, this document, Assessment and Strategy Development Tool Kit for the FY 1999 State Domestic Preparedness Equipment Program is provided for each of the designated state administrative agencies (SAA) to assist and guide their assessment conduct and strategy development. This document will be available online and may be accessed at www.ojp.usdoj.gov/fundopps.htm. Please note that the version mailed to you is for planning purposes only and that none of the forms therein may be used for submitting information. All information submitted pursuant to satisfaction of assessment and strategy requirements must be submitted electronically and forms downloaded from the Web version of the Assessment and Strategy Development Tool Kit. It was augmented by OJP/OSLDPS regional workshops held in April, 2000 for the SAAs and by the availability of extended direct technical assistance.

The tool kit contains eight separate sections following the introduction which combined with an additional task from Appendix C of the Program Guidelines and Application Kit represent sequential steps/tasks which each SAA should conduct and complete in order to satisfy the assessment and strategy conditions of its acceptance of grant funds under the program. A summary of each of these sections/steps along with a brief commentary on its relationship to other tasks follows:

Step/Task 1 (*Appendix C, Items IIIA and IIIB, Program Guidelines and Application Kit*): Identification and Coordination of Jurisdictions. Prior to conducting the work tasks detailed in each section of the Assessment and Strategy Tool Kit, each SAA should take actions to comply with IIIA and IIIB of Appendix C in the Guidelines and Application Kit. Item IIIA specifies the identification of jurisdictions and item IIIB specifies the particulars of coordination among program areas, response disciplines, and levels of government. The SAA is responsible for assuring that its assessment and strategy represent the entire state and all programs, response disciplines, and levels of government involved in domestic preparedness within the borders of the state. Only subsequent to initiating and completing the task of jurisdiction identification and to initiating the task of coordination, should SAAs begin work on tasks covered in the various sections of the Assessment and Strategy Development Tool Kit.

Step/Task 2 (Section 2): Risk Assessment Process includes instruments developed by the FBI and the CDC to evaluate and integrate vulnerability, threat, and public health performance and yield a risk profile. This assessment is to be conducted for each identified jurisdiction within the state. The results of these assessments combined with the results of the Capabilities and Needs Assessment at Section 3 will allow the SAA to complete the Jurisdiction Prioritization Matrix at Section 4. Additionally, the results should be directly and indirectly useful in completing tasks in Sections 3, 5, 7, 8, and especially in completion of the Statewide Domestic Preparedness Strategy at Section 9.

Step/Task 3 (Section 3): Capabilities and Needs Assessment is designed to provide operational capability information and guide identification of program needs. This assessment is to be conducted for each identified jurisdiction within the state. The results of these assessments combined with results of the Risk Assessment process at Section 2 will allow the SAA to complete the Jurisdiction Prioritization Matrix at Section 4. The results of these assessments also should be directly or indirectly useful in completing tasks in Sections 5, 7, 8, and 9. Results are of particular importance for tasks at Sections 5, 8, and 9.

Step/Task 4 (Section 4): Jurisdiction Prioritization Matrix is a form for priority ranking of each of the state's identified jurisdictions based on Task 1 (Section 2), Risk Assessment Process and Task 2 (Section 3), Capabilities and Needs Assessment. One matrix for each state is to be completed by the SAA. The prioritization should be reflected in tasks related to completion of the Statewide Domestic Preparedness Strategy at Sections 9.

Step/Task 5 (Section 5): Three-year Projection Forms are designed to report existing resources/efforts and projected needs for each response discipline within each domestic preparedness program area. Forms are to be completed for each identified jurisdiction within the state. Following completion of jurisdiction forms, the SAA is to complete roll up forms providing a statewide summary of each response discipline's resources, efforts, and needs within each domestic preparedness program area. The results of Section 3 work should be helpful in this effort and the results of Section 5 will be instrumental in completion of tasks at Sections 8 and 9.

Step/Task 6 (Section 6): Additional Training Information. This form is designed to report information about domestic preparedness training capacity and needs. Forms are to be completed for each identified jurisdiction within the state. Information from these forms should be combined with information on state assets and rolled-up into one statewide summary form by the SAA. Information from this form should be reflected in the Statewide Domestic Preparedness Strategy at Section 9.

Step/Task 7 (Section 7): Emergency Response Team Survey. This form is designed to report the number and composition of emergency response teams within the state. Forms are to be completed for each identified jurisdiction within the state. Information from these forms should be combined with information on state assets and rolled-up into one statewide summary form by the SAA. Information from this form should be reflected in the Statewide Domestic Preparedness Strategy covered at Section 9.

Step/Task 8 (Section 8): Recommendations for State and Local Response to WMD Terrorism Incidents. This form is designed to report recommendations regarding overall domestic preparedness efforts within the jurisdiction and state. Forms are to be completed for each identified jurisdiction within the state. Information from these forms should be combined with state-level recommendations and rolled-up into one statewide summary by the SAA. Information from the state roll-up should be reflected in the Statewide Domestic Preparedness Strategy covered at Section 9.

Step/Task 9 (Section 9): Statewide Domestic Preparedness Strategy. This section provides an outline, guidance, and forms to assist completion of the statewide strategy. One statewide strategy representing all jurisdictions, domestic preparedness programs, and responder disciplines is to be completed by the SAA based on all work tasks, forms, and guidance covered at Sections 2 through 8.

The conduct of Needs Assessments and the development of Statewide Domestic Preparedness Strategies represents a thorough nationwide planning process designed to fill critical gaps in this country's knowledge about domestic preparedness and to better guide Federal efforts aimed at building domestic preparedness capacity through development of a sound, fully informed, national domestic preparedness strategy. The Assessment and Strategy Development Tool Kit combined with OJP/OSLDPS regional workshops and the availability of extended direct technical assistance should function to minimize potential difficulties that may be encountered by states in conducting assessments and developing statewide strategies.

Section 2

Risk Assessment Process

Overview: The United States government has initiated numerous programs aimed at improving our domestic preparedness against potential terrorist attacks involving WMD. A fundamental comment made by numerous government agencies reviewing these programs is that most can improve the effectiveness of their equipment, training and exercise programs if a needs assessment process is employed to help prioritize efforts.

The following four tasks of this document are intended to provide a process to conduct assessments prior to establishment of program priorities aimed at improving jurisdictional domestic preparedness.

Tasks A, B, C and D are designed to provide the jurisdictions with a methodology and the supporting tools to conduct a comprehensive risk assessment (a combination of threat, vulnerability, and public health). The risk assessment is designed to provide the necessary evaluation information to establish priorities for the jurisdiction that will improve response capabilities to WMD terrorism incidents.

Section 2, Tab a

Task A: Vulnerability Assessment

For: All local jurisdictions participating in the OJP B FY99 State Domestic Preparedness Equipment Support Program.

Overview: This vulnerability assessment is needed to benchmark the local jurisdictions current vulnerability profile with regard to a WMD terrorism incident as stated in the Office of Justice Programs (OJP) FY 1999 State Domestic Preparedness Equipment Program. This assessment is to be retained by the jurisdiction and is not intended for submission to the state.

Assumptions: There are two key assumptions that should be used as you proceed through the Jurisdiction Vulnerability Assessment process. They are:

- Use the concept of the **Most likely scenario** occurring in your jurisdiction when completing the vulnerability assessments for each vulnerability assessment factor. The most likely scenario is one that is not the worst case but represents the most probable kind of WMD event that may occur in your jurisdiction based upon the unique infrastructure and their attractiveness to any potential terrorist elements or individuals as a lucrative target to attack.
- An attack against such a target (facility, site, system, or special event) within your jurisdiction would produce death, injuries, or infrastructure damage that would overwhelm the jurisdiction's emergency response capabilities including any mutual aid agreements/assistance pacts.

Jurisdictional Vulnerability Assessment

The following diagram and four listed steps provide general directions for completion of the jurisdiction Vulnerability Assessment.

Vulnerability Process

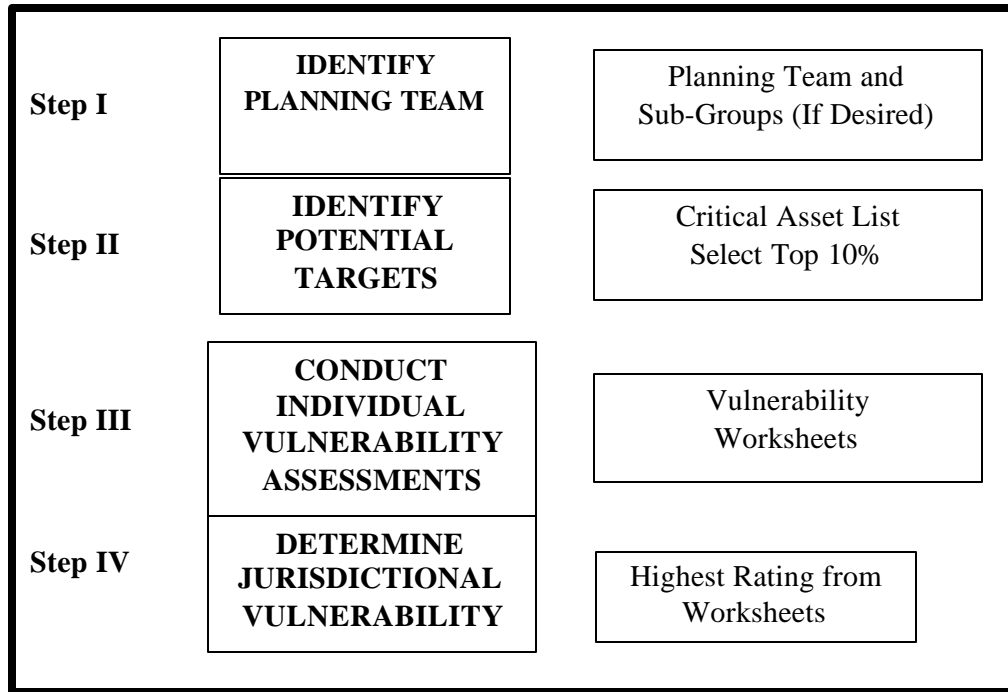


Figure 2-1

STEP I - Formation of the Planning Team

Assembling the Planning Team: The first step is to assemble the jurisdiction planning team that will have a working knowledge of the presence of the following categories of facilities, sites, systems, and/or special events within your jurisdiction:

Government Services	Transportation Centers	Electric Power, Oil/Gas Storage
Water Supply	Information/Communications	Banking and Finance
Emergency Services	Public Health	Institutions
Recreational Facilities	Commercial/Industrial Facilities	Miscellaneous

It is recommended that the planning team represent law enforcement, fire services, EMS, HazMat, public works, public health services, and emergency management at the local, state, and Federal levels that would be affected or respond to an act of terrorism within a jurisdiction.

STEP II B Compile a list of the **Most important** facilities, sites, systems, or special event activities that are present or take place within the jurisdiction.

Develop an all inclusive list of potential targets using the seven general categories of facilities, sites, systems, and special events. A list of potential targets is located at the appendix (found on page 15) to this task.

Using the initial all inclusive list, develop a priority list that will represent only the highest priority or most critical facilities, sites, systems, or special events located or taking place within your jurisdiction.

Example: If you have 100 facilities within your jurisdiction select ten (10% of 100) of them to appear on your priority list of the most important. If you have less than ten potential targets within your jurisdiction, it is recommended that you assess all of them.

A facility, site, system, or special event selected for the priority list should meet the following criteria:

A facility, site, system, or venue within the jurisdiction that in the wake of a WMD incident would result in any or all of the following:

- Large numbers of death and injuries
- Extensive damage or destruction of facilities that provide or sustain human needs, i.e., power sources, food distribution sites, essential public services, or
- Causes long-term catastrophic consequences to the general local economic well being of the community.

The planning team is now prepared to conduct an assessment of the vulnerability of these facilities, sites, systems, and special events to possible WMD terrorism incidents according to the factors presented in **STEP III**.

STEP III - Conducting the Individual Target Vulnerability Assessment

The Seven Vulnerability Assessment Factors: The planning team may use the following seven factors to assess the vulnerability of each individual site listed on your jurisdictional priority list:

Level of Visibility	Criticality of Target Site	Value of Target to Potential Threat Element (PTE)
Potential Threat Element (PTE) Access to the Target	Threat of Hazard	Potential for Collateral Mass Casualty
	Site Population Capacity	

The seven factors, their definitions, and associated rating are listed later in this section. Use them as a reference sheet for completing the Vulnerability Assessment Worksheets.

Complete a Vulnerability Assessment Worksheet for each individual critical target on your priority list of potential targets according to the following instructions:

Note: Copy the worksheet for each vulnerability assessment performed.

Note: This assessment is based upon the planning team’s overall qualitative judgment of each factor. It is not a definitive quantitative assessment.

- Using the **Vulnerability Assessment Factors** (found starting on page 9), select the rating value that most closely represents the facility, infrastructure, event, etc., for each of the seven vulnerability assessment factors.
- Record these ratings in **Table 2-a-1** of the **Individual Target Vulnerability Assessment Worksheet** for each factor assessed. Be sure to provide the information requested at the top of the worksheet.
- Total the score for the seven rating factors values at the bottom of **Table 2-a-1** at the **Total Score** box.
- Compare the **Total Score** of this potential target with the scale provided in the left column of the **Assessment Key** at **Table 2-a-2**.
- Match the **Target Vulnerability Rating** listed in the right column of the **Assessment Key** that falls within the numeric range of your **Total Score**.
- Record this **Target Vulnerability Rating** in the **Individual Target Vulnerability Rating** box at **Table 2-a-3**.
- Repeat the above steps until all facilities, infrastructure, events, etc, (priority target list) you selected (10% - most important) have been assessed.
- After completing all of your **Individual Target Vulnerability Assessments** record the **Individual Target Vulnerability Ratings** on the **Jurisdictional Individual Vulnerability Summary** at **Table 2-a-4**.

STEP IV B Determine the Jurisdictional Vulnerability

- Enter the highest **Individual Target Vulnerability Rating** found in **Table 2-a-4** into **Table 2-a-5**. This is your **Jurisdiction Vulnerability Rating**. Also record this information on **Table 2-d-2**, Section 2, Tab d, Task D: Risk Assessment.
- **Legal WMD (BNICE) Hazard Environment:** Enter the total number of sites (as described below) within the jurisdiction in each classification into **Table 2-a-6**. Also record this information on **Table 2-d-4**, Section 2, Tab d, Task D: Risk Assessment.
 1. Biological **B** Hazardous sites which transfer or receive selected agents listed in 42 CFR Part 72.
 2. Chemical **B** Hazardous sites which contain Tier II chemicals in either Title 40 or Title 49 CFR.
 3. Incendiary/Explosive **B** Hazardous sites which manufacture, produce, or store in reportable quantities incendiary and/or explosive materials as delineated in Title 18, USC and 27 CFR 55.
 4. Nuclear/Radiological **B** Hazardous sites which contain radiological sources as described in 10 CFR 36 (Irradiators), 10 CFR 50 (Production and Utilization Facilities), 10 CFR 70 (Special Nuclear Material), DOE critical facilities, and any other nuclear storage sites.

Note: The **Individual Target Vulnerability Assessment Worksheet(s)** and the **Individual Target Vulnerability Summary** are to be retained by the jurisdiction.

Note: The **Individual Target Vulnerability Assessment Worksheet** is marked **AFOR Official Use Only.** The planning team should limit its distribution only to those government and private sector officials taking part in this process or who have a professional need to know.

Note: **BNICE** is an acronym for Biological, Nuclear/Radiological, Incendiary, Chemical, Explosive agents.

Vulnerability Assessment Factors

1) Level of Visibility

Level of Visibility	Rating Value
Addresses the awareness of the existence and visibility of the target.	
Invisible B Classified Location	0
Very Low Visibility B Probably not aware of its existence	1
Low Visibility B Probably not well known existence	2
Medium Visibility B Existence is probably known	3
High Visibility B Existence well known	4
Very High Visibility B Existence is obvious	5

2) Criticality of Target Site to Jurisdiction

Criticality of Target Site	Rating Value
Usefulness of assets to population, economy, government, etc. Deemed critical to the continuity of basic jurisdiction infrastructure. (Utilities, communications, water, gas, sewage, electrical, petroleum, transportation, medical facility, government facilities, hampers emergency response)	
No Usefulness	0
Minor Usefulness	1
Moderate Usefulness	2
Significant Usefulness	3
Highly Useful	4
Critical	5

3) Value of Target to PTE

Value of Target	Rating Value
Evaluates value of the target to serve the ends of the PTEs identified in the Threat Assessment based on Motivations.	
None	0
Very Low	1
Low	2
Medium	3
High	4
Very High	5

Vulnerability Assessment Factors (Continued)

4) PTE Access to Target

PTE Access to Target	Rating Value
Addresses the availability of the target for ingress and egress by a PTE.	
Fenced, Guarded, Protected Air/Consumable Entry, Controlled Access by Pass Only, No Vehicle Parking within 50 Feet	0
Guarded, Protected Air/Consumable Entry, Controlled Access of Visitors and Non-Staff Personnel, No Vehicle Parking within 50 Feet	1
Protected Air/Consumable Entry, Controlled Access of Visitors and Non-Staff Personnel, No Unauthorized Vehicle Parking within 50 Feet	2
Controlled Access of Visitors, Unprotected Air/Consumable Entry, No Unauthorized Vehicle Parking within 50 Feet	3
Open Access to all personnel, Unprotected Air/Consumable Entry, No Unauthorized Vehicle Parking within 50 Feet	4
Open Access to all personnel, Unprotected Air/Consumable Entry, Vehicle Parking within 50 feet	5

5) Target Threat of Hazard

Target Threat of Hazard	Rating Value
This assesses the presence of WMD Materials (BNICE) in quantities that would expend internal response capabilities if released.	
No WMD materials present	0
WMD materials present in moderate quantities, under positive control, and in secured locations.	1
WMD materials present in moderate quantities and controlled.	2
Major concentrations of WMD materials that have established control features and are secured in the site.	3
Major concentrations of WMD materials that have moderate control features.	4
Major concentrations of WMD materials that are accessible to Non-staff personnel.	5

Vulnerability Assessment Factors (Continued)

6) Site Population Capacity

Site Population Capacity	Rating Value
Maximum number of individuals at a site at any given time.	
0	0
1 B 250	1
251 B 500	2
501 - 1000	3
1001 B 5000	4
> 5000	5

7) Potential for Collateral Mass Casualties

Potential for Collateral Mass Casualties	Rating Value
Addresses potential collateral mass casualties within a one-mile radius of the target site. Number ranges indicate inhabitants within a one-mile radius of the site.	
0 to 100	0
101 to 500	1
501 to 1000	2
1001 to 2000	3
2001 to 5000	4
> 5000	5

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Individual Target Vulnerability Assessment Worksheet
Individual Target Vulnerability Assessment Values

Factor	Score
Visibility	
Criticality	
Value	
Access	
Threat of Hazard	
Site Population	
Collateral Mass Casualties	
	Total Score

Table 2-a-1

Individual Target Vulnerability Assessment Key

TOTAL SCORE	TARGET VULNERABILITY RATING
0-2	1
3-5	2
6-8	3
9-11	4
12-14	5
15-17	6
18-20	7
21-23	8
24-26	9
27-29	10
30-32	11
33-35	12

Table 2-a-2

Individual Target Vulnerability Rating	
---	--

Table 2-a-3

Note: Copy this worksheet to use in evaluating each selected individual target.

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Individual Target Vulnerability Summary

The following summary form is provided to consolidate the list of potential targets evaluated. The ranking indicates, from highest to lowest, the Individual Target Vulnerability Ratings from the Individual Target Assessments conducted.

Ranking	Potential Target Name	Individual Target Vulnerability Rating
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Table 2-a-4

Instructions : The overall **AJurisdiction Vulnerability Level** is the highest **Individual Target Vulnerability Rating** assessed. Use the highest rated **Potential Target** listed on the **Individual Target Vulnerability Summary** at **Table 2-a-4**, record this information below in **Table 2-a-5**.

Jurisdiction Vulnerability Rating	(highest rating recorded on Table 2-a-4)
--	--

Table 2-a-5

Legal WMD (BNICE) Hazard Environment

Hazard	Total number of hazardous sites located in jurisdiction
Biological (<i>Infectious Only</i>)	
Chemical (<i>Tier II</i>)	
Incendiary & Explosive	
Nuclear & Radiological	
Total	

Table 2-a-6

Appendix to Section 2, Tab a

Potential Targets

Continuity of Government Services

Government office buildings/Courthouses
Military installations (including reserve components)
Embassies /consulates

Electric Power, Oil/Gas Storage

Electric power production
Electric power distribution
Gas storage and shipment
Petroleum storage and shipment
Telecommunications

Information and Communications

Newspapers
Radio stations
TV broadcast facilities
Trunking stations for communications / switching / CATV

Emergency Services*

Law emergency services
Fire emergency services
State / local Emergency Operations Centers (EOC)
Emergency responder stations
Emergency Medical Services

Institutions**

Science research facilities
Academic institutions
Museums
Schools

Commercial / Industrial Facilities**

Chemical plants
Industrial plants
Petroleum plants
Business / corporate centers
Malls / shopping centers
Hotels / convention centers
Apartment buildings

Transportation

Railheads /rail yards	Seaports/river ports
Interstate highways	Bus terminals
Tunnels	Bridges
Subways	Ferries
Airports	Truck terminals
Oil pipelines	Gas pipelines

Water Supply

Water supply plants
Water purification systems
Water distribution systems
Wastewater plants

Banking and Finance

Banks
Financial institutions

Public Health

Hospitals
Emergency medical centers

Recreational Facilities**

Sports arenas / stadiums
Auditoriums
Theaters
Parks
Casinos
Concert halls / pavilions
Restaurants frequented by a target population

Miscellaneous**

Special events

Parades
Religious services
Festivals
Celebrations
Scenic tours
Abortion clinics
Agriculture

Note: Examples are not exhaustive. Local jurisdictional criteria should be added as required.
Categories are from PDD 63 with the following notes. *Combined PDD 63 Categories for Fire and Law.
** Additional categories to those listed in PDD 63.

Section 2, Tab b

Task B: Threat Assessment

A. Assessment Overview

For: All local jurisdictions participating in the OJP-FY99 State Domestic Preparedness Equipment Support Program.

Purpose: In June 1995, President Clinton signed Presidential Decision Directive-39 (PDD-39) which reaffirmed the FBI's lead law enforcement and crisis management role in the U.S. Government's response to domestic terrorism. In May, 1998, the President signed PDD-62 which charged the United States Department of Justice (DOJ), acting through the Federal Bureau of Investigation (FBI), as lead agency for Federal operational response to a Weapons of Mass Destruction (WMD) incident. Pursuant to both of these directives, the FBI is continuing to increase its involvement with state, local and Federal agencies who have both a crisis and consequence response role in responding to a WMD threat or incident.

To address domestic terrorism prevention, response, and recovery efforts, it is necessary to assess the risk, capabilities, and ultimate needs of the state and local response to a terrorist incident. This assessment process is the first step in ensuring nationwide preparedness. The DOJ, through the OJP and FBI, has taken the lead in providing this assessment as mandated by the Defense Against Weapons of Mass Destruction Act of 1998, and as stated in the OJP FY 1999 State Domestic Preparedness Equipment Support Program. This WMD Terrorist Jurisdiction Threat Assessment has been developed as one portion of a larger vulnerability and risk assessment. The entire process is intended to serve as a benchmark establishing the local jurisdiction's current risk profile as it pertains to a domestic WMD terrorism incident. The comparison of local risk and existing capabilities profiles may be used by the jurisdictions to identify and prioritize needs.

Objective: The following is a list of objectives of the assessment process.

- Promote interagency collaboration/coordination of criminal investigative intelligence information relating to WMD terrorism.
- Assess the threat to particular targets, enabling a jurisdiction to better focus its prevention and preparedness efforts, and also to enhance response capabilities.
- Identify the types of weapons of mass destruction likely to be produced and/or developed by the existing potential threats to better identify equipment and training needs necessary to respond to the particular types of hazards.

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Direction: This assessment is to be completed by jurisdictions in coordination with the designated state agency for the State Domestic Preparedness Equipment Program. Should the jurisdiction require assistance completing the assessment, it should coordinate with the designated state agency. It is recommended that the jurisdiction identify other pertinent local, state, and Federal law enforcement agencies to assist in the assessment process. Once completed, the local jurisdiction must return the Jurisdiction Threat Profile to the designated state agency [also known as the State Administrative Agency (SAA)]. The SAA will then forward the completed profile to OJP.

B. Introduction

Terrorist events such as the World Trade Center bombing, the bombing of the Alfred P. Murrah Federal building in Oklahoma City, and the pipe bomb detonated at the Olympic Games in Atlanta revealed the United States=increased susceptibility to terrorist assaults. These attacks, coupled with the March 1995 Tokyo subway attack, where the weapon was the chemical nerve agent sarin, exposed the threat of use of WMD within the United States. The United States is also experiencing an increased number of hoaxes involving the use of chemical or biological agents perpetrated by individuals wishing to instill fear and disrupt communities. *While a conventional attack using bombs/explosive devices has been the weapon of choice domestically, yesterday's bomb threat may be replaced with a potential for more exotic biological or chemical threats.*

WMD cases, primarily those dealing with the threatened use or procurement of chemical and biological materials, have steadily increased as depicted in the following chart (*Data for 1999 through November 30, 1999; Source-FBI WMDOU):

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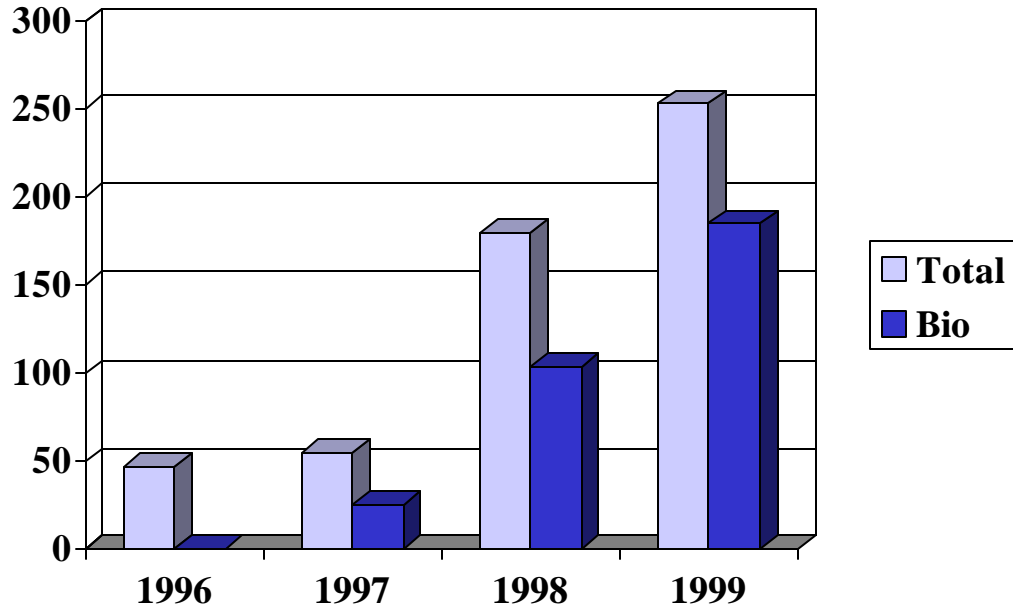


Figure 2-2

With the threat of domestic WMD terrorist attacks on the rise, there is validity in evaluating jurisdiction threat data to better identify potential terrorist targets and likely WMD hazards. This information, coupled with target vulnerability analysis, is the most comprehensive means by which to evaluate the risk of a WMD terrorist act. The risk to a jurisdiction is then measured against present capabilities to determine a jurisdiction's needs.

Although threat information is deemed beneficial to the needs assessment process, it should not be given undue weight. There remains insufficient empirical data on domestic terrorist activity to suggest a pattern of particular targeting of a specific region or city. Furthermore, threat conditions are dynamic, limiting accurate threat analysis to a specific moment in time. Henceforth, it must be recognized that the identification of a particular threat is not an absolute predictor that a terrorist incident will occur. Nor should the absence of an identified threat be construed as meaning that a terrorist incident is less likely to occur.

Nonetheless, the FBI believes that efforts to identify and analyze potential threats at the local jurisdiction level is essential to the overall assessment process and promotes necessary interagency collaboration of criminal investigative intelligence information relating to WMD terrorism. The OJP Integrated Assessment Tool is not intended to take the place of traditional threat and vulnerability analysis utilized by intelligence and law enforcement communities in efforts to prevent, deter, and resolve acts of domestic terrorism. Traditional threat and vulnerability analysis is far more comprehensive. In contrast, the OJP assessment process provides a simple methodology to assist states in prioritizing program investments. The

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OJP Integrated Assessment Tool provides a general profile of the threat, vulnerability, and risk environments of a jurisdiction, and is not to be considered an investigative tool for law enforcement purposes.

C. Definitions

For the purposes of this assessment the following definitions apply:

Domestic Terrorism: The unlawful use, or threatened use, of force or violence by a group or individual based and operating entirely within the United States or Puerto Rico, without foreign direction, and whose acts are directed at elements of the U.S. Government or its population, in the furtherance of political or social goals.

International Terrorism: The unlawful use of force or violence committed by a group or individual who has some connection to a foreign power or whose activities transcend national boundaries against persons or property, to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives.

Potential Threat Element (PTE): Any group or individual in which there are allegations or information indicating a possibility of the unlawful use of force or violence, specifically the utilization of a Weapon of Mass Destruction, against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of a specific motivation or goal, possibly political or social in nature. Note: This definition provides sufficient predicate for the FBI to initiate an investigation.

Weapons of Mass Destruction (Title 18 USC Section 2332a): (1) Any weapon or device that is intended, or has the capability, to cause death or serious bodily injury to a significant number of people through the release, dissemination, or impact of toxic or poisonous chemicals or their precursors; a disease organism; or radiation or radioactivity; (2)(A) Any explosive, incendiary, or poison gas, bomb, grenade, rocket having a propellant charge of more than four ounces, or a missile having an explosive or incendiary charge of more than one quarter ounce, or mine or device similar to the above; (B) poison gas; (C) any weapon involving a disease organism; or (D) any weapon that is designed to release radiation or radioactivity at a level dangerous to human life.

D. Assessment Process

The Jurisdiction Threat Assessment is designed to accomplish several goals, all using a process that encourages open lines of communication between Federal, state, and local agencies involved in public safety. The assessment utilizes a pre-existing Department of Defense (DOD) terrorist threat analysis methodology to first identify and evaluate the threat level of each potential threat element (PTE) identified in your jurisdiction. This methodology has been revised to meet the requirements of this assessment process.

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The threat level of an existing PTE is determined on the basis of its past violent history; intentions to commit a WMD act of terrorism; the capability to carry out a WMD act of terrorism; and any targeting efforts aimed at achieving the specific terrorist act. Each factor is considered when assessing the potential for violent or destructive activity emanating from a terrorist group. However, the accuracy of such analysis is dependent on the availability of intelligence-related information concerning a particular individual or group. Small groups and rogue individuals, whose activities are difficult to anticipate due to limited or nonexistent intelligence information, represent an unpredictable but constant threat.

Threat Factors Defined:

Provided for purposes of consistency are the definitions to be applied for each threat factor:

- \$ **Existence:** The presence of a group or individual, operating within the jurisdiction in which there are allegations or information indicating a possibility of the unlawful use of force or violence, specifically the utilization of a WMD, against persons or property, to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of a specific motivation or goal, possibly political or social in nature.

- \$ **History:** Demonstrated past terrorist activity over time or a recorded, violent criminal history.

- \$ **Intentions:** Credible advocacy/threats of force or violence, or acts, or preparations to act, evidencing the intent to create a WMD, or to carry out a plan to release a WMD, or to participate in a WMD incident.

- \$ **Capability:** Credible information that a specific PTE possesses the requisite training, skills, financial means, and access to resources necessary to develop, produce, or acquire a particular type of WMD in a quantity and/or potency sufficient to produce mass casualties, combined with information substantiating the PTE-s ability to safely store, test, and deliver the same. All these factors must be met before a group or individual can be justified as possessing the requisite capability necessary to implement a WMD attack.

- \$ **Targeting:** Credible information indicative of preparations for specific terrorist operations against identifiable targets within the subject jurisdiction. (Ex. Obtaining of specific floor plans of a target location or surveillance activities, etc.)

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Calculation of the PTE Threat Level: Each factor is assigned a corresponding numerical value based on the factor's perceived significance. The threat level is quantified by adding up the values of all existing threat factors for each PTE. A PTE's threat level may range from a low of 1 to a high of 10. Below is a list of the threat factors and the corresponding point value:

THREAT FACTOR VALUES	
THREAT FACTOR	VALUE
Existence	1
History	1
Intentions	2
Capability	2
Targeting	4

Table 2-b-1

If the information known to the assessment group does not satisfy the parameters set forth in the definition of any one factor, or the information is not credible, then that factor cannot be included in the valuation process. Examples are charted below:

EXAMPLE THREAT LEVEL ASSESSMENT						
Identity of PTE	Existence (1)	Violent History (1)	Intentions (2)	WMD Capability (2)	Targeting (4)	PTE THREAT LEVEL
Example 1	1					1
Example 2	1		2			3
Example 3	1		2	2	4	9
Example 4	1	1		2		4
Example 5	1	1	2	2	4	10
X = FACTORS FOUND TO BE PRESENT						

Table 2-b-2

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To achieve the minimum measurable threat level, a jurisdiction must find that a PTE "exists" within the context of the required definition. **This definition of the PTE was designed to correlate with the FBI's definitional threshold required to initiate a criminal investigation. Compared to the large number of jurisdictions covered in this assessment, the number of current FBI WMD terrorist investigations where PTEs have been identified is relatively low.** Past threat incidents, where resolution resulted in the cessation of PTE should not be included in this portion of the threat level assessment. The threat assessment requires the current existence of PTEs operating within the assessing jurisdiction. Past WMD terrorist threat incidents are addressed separately.

The Threat Assessment Working Group should further note that if a threat level of A5 or above is achieved for any PTE, the situation may likely require immediate action by law enforcement agencies and/or the emergency response community. This is because the capability to produce or develop a WMD and the intent to implement a WMD terrorist act has been established. The threat increases in significance when the PTE is deemed to possess the capability and the requisite intent to carry out a WMD attack. If the existence of a WMD is confirmed or intelligence and circumstances indicate a high probability that a device exists, the threat has developed into a WMD incident as defined in the Federal Response Plan. This requires an immediate response to identify, acquire, and plan the use of Federal assistance to state and local authorities in response to the potential consequences of the terrorist use or employment of the WMD. Therefore, timely notification and coordination with the FBI is essential.

PTE Target Evaluation:

Recognizing the motivation(s) of the PTEs will enable the assessment working group to more accurately assess the relative threats to specific and/or general categories of jurisdiction targets. For purposes of this assessment, five general motivator categories have been established, along with types of targets historically associated with each motivator. This list is provided as a general guide and is in no way is meant to limit the identification of other targets that the assessment group may deem equally critical:

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Motivator	Examples of Likely Targets
Political	Anything perceived as a symbol or integral part of the governing establishment (government buildings, courthouses, revenue service, political events, campaigns)
Religious	Anything perceived as a symbol of, acting contrary to, or in support of group or individual religious beliefs (banks, newspaper companies, Planned Parenthood facilities, large public venues, etc.)
Racial	Social and legal entities that promote equality among races
Environmental	Organizations or facilities that are perceived to be damaging to the environment (logging industry, nuclear power plants, dams, etc.)
Special Interest	Organizations or entities perceived to be acting contrary to the interest of the PTE (animal rights, anti-technology, etc.)

Table 2-b-3

PTE Weapon Evaluation:

For purposes of this assessment, Weapons of Mass Destruction have been broken down into five distinct categories, i.e. biological, nuclear/radiological, incendiary, chemical, and explosive devices. Matching a PTE's threat level with the PTE's assessed capability to carry out a terrorist attack while employing one or more types of WMD is a necessary step in predicting which WMD(s) will be of most concern to a given jurisdiction.

Historical Data:

Past threat incidents, where resolution resulted in the cessation of PTE operations, or incidents that were later determined to be hoaxes, are important factors when assessing the needs of a given jurisdiction. Areas that have experienced a higher than average number of threat incidents where assets were expended in response to these events should be recognized. Therefore, this information is collected as part of the jurisdiction's threat and risk assessment profiles.

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E. Assessment Instructions

[STEP ONE] Formation of the Threat Assessment Working Group:

The first step is to assemble a Threat Assessment Working Group. The key is to review and evaluate threat information known to other Federal, state, and local organizations that possess such information. If your jurisdiction is a member of a FBI Joint Terrorism Task Force or a Joint Terrorism Working Group, this would be the appropriate venue for the assessment process, especially in light of the pre-clearance to review sensitive information and the FBI's participation in each group. If no Joint Terrorism Task Force or Joint Terrorism Working Group exists in your jurisdiction, coordinate your efforts with the FBI WMD coordinator(s) assigned to your jurisdiction. Federal, state and local jurisdictions need to share and compare information on a continuing basis during and well after the completion of this assessment.

The FBI WMD coordinators, having been briefed on this process, stand ready to assist and will review the assessments to ensure that they are consistent with any intelligence known at the Federal level. However, the FBI WMD coordinators may or may not be in a position to physically participate in the assessment process at each jurisdiction level. If no FBI representation is readily available in your jurisdiction, look to a member of your law enforcement community to gather officials of other law enforcement agencies to participate in the assessment process. In other areas there are existing criminal intelligence consortiums that can be used for comparison and validation. There is much valuable, unclassified information that will benefit the assessment on the Internet, in publications, and in the media.

As this information will be of a sensitive nature, it is suggested that only individuals privy to such information as a part of their routine responsibilities be allowed to participate. It must also be recognized that legal and operational constraints associated with the collection and sharing of certain criminal intelligence information exists. Therefore, it is understood that situations will occur where ongoing investigations cannot be disclosed. It is further understood that for purposes of avoiding any legal issues, certain restrictions do apply.

In order to protect the integrity and confidentiality of sensitive intelligence information on specific groups or individuals, and in order to comply with certain legal principles and privacy laws circumscribing the collection, maintenance, and dissemination of intelligence on individuals or groups who may be identified as a PTE, no specific identity of the PTEs evaluated in the assessment process will be included in the information forwarded to the designated state agency. Since this process is focused on determining training and equipment needs and is not intended as an intelligence-gathering tool, such information is not necessary to the process. However, for audit purposes, a jurisdiction should be prepared to justify its responses. After this information is submitted to the designated state agency, FBI WMD coordinators assigned to the state will review the rolled-up data for consistency with existing information files.

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[STEP TWO] Complete the Jurisdiction Threat Worksheet (PART F):

The Jurisdiction Threat Worksheet (PART F) is to be completed by the assessment working group. Record all relevant information onto the Jurisdiction Threat Worksheet. The Jurisdiction Threat Worksheet will be used to complete the Jurisdiction Threat Profile (PART G). The Jurisdiction Threat Profile is the only portion of the threat assessment to be forwarded to the designated state agency.

Dissemination of the Jurisdiction Threat Worksheet is restricted in order to protect the integrity and confidentiality of sensitive intelligence information, and in order to comply with certain legal principles and privacy laws circumscribing the collection, maintenance, and dissemination of intelligence on individuals or groups who may be identified as a potential threat element (PTE), as defined in Part C of this document.

[STEP THREE] Complete the Jurisdiction Threat Profile (PART G):

The Jurisdiction Threat Profile (PART G) will constitute the returnable portion of the assessment to the designated state agency. Begin the Jurisdiction Threat Profile by answering the preliminary questionnaire. Thereafter, utilize the information recorded on the Jurisdiction Threat Worksheet, **Table 2-b-4**, to complete **Tables 2-b-7** through **2-b-8** of the profile. Once the profile is complete, return it to your assessment coordinator. Retain a copy for your records.

[STEP FOUR] Complete the Jurisdiction Risk Assessment Profile:

Submit the Threat Assessment Profile (Part G) to the jurisdiction for integration into the Risk Assessment Profile.

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F. JURISDICTION THREAT WORKSHEET

Task I: Identify no more than 15 PTEs operating in your jurisdiction. *It is important to note that the number of PTEs identified does not affect the jurisdiction's risk factor. Only the PTE with the highest threat level is considered in the risk factor equation.* Follow the instructions below to complete the Jurisdiction Threat Worksheet.

- A. EVALUATE THE PRESENCE OF EACH THREAT FACTOR:** Evaluate each threat factor (Existence, Capability, Intentions, History, and Targeting) attributable to each PTE identified in your jurisdiction. For each PTE, identify the threat factor(s) whose presence has been established, and record the corresponding numerical value in the appropriate threat factor column to the right of the PTE on the Jurisdiction Threat Worksheet (examples are provided). The assessment working group should only consider factors where information concerning the PTE has satisfied the definitional standards of the threat factors previously set forth in this assessment. If the intelligence information does not meet those standards or the information is not deemed credible, then the respective threat factor cannot be justified to exist and must be left blank.
- B. CALCULATE THE THREAT LEVEL OF EACH PTE:** Add the corresponding point values of each threat factor whose presence has been established and insert the value in the Threat Level column for each PTE. The corresponding point values are listed under each threat factor at the top of the Jurisdiction Threat Worksheet. Threat levels may range from one to ten.
- C. IDENTIFY THE MOTIVATION(S) OF EACH PTE:** If one or more motivators are established for a PTE, list the particular motivator(s) associated with the corresponding PTE under the Motivation column in the Jurisdiction Threat Worksheet.
- D. IDENTIFY THE WMD CAPABILITY OF EACH PTE:** For each PTE assessed to have the capability to produce or develop a WMD, identify the particular type(s) of WMD. List these WMD types in the far right column of the Jurisdiction Threat Worksheet. List only capabilities that have been substantiated. The mere threat to utilize a WMD of a certain type, or an assertion that the capability exists is not sufficient.

The Jurisdiction Threat Worksheet is not for dissemination outside the assessing jurisdiction. Identities of the PTEs are for law enforcement purposes only and should not be shared outside of the Threat Assessment Working Group.

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THREAT FACTORS						Threat Level (1-10)	Motivation P=Political R=Religious E=Environmental Ra=Racial S=Special Interest Choose one or more	WMD Categories B=Biological N=Nuclear/ Radiological I=Incendiary C=Chemical E=Explosive U=Unknown Choose one or more
PTE	Existence (1)	Violent History (1)	Intentions (2)	WMD Capability (2)	Targeting (4)			
Ex. ABC Group	1		2			3	S=Anti-Tobacco	U
Ex. DEF Group	1	1	2			4	E	C/E/I
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

Table 2-b-4

The Jurisdiction Threat Worksheet is not for dissemination outside the assessing jurisdiction. Identities of the PTEs are for law enforcement purposes only and should not be shared outside of the Threat Assessment Working Group.

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Task II: Complete the WMD Threat/Incident History Table

1. List the number of terrorism-related threat incidents, by WMD category, that occurred in your jurisdiction since January 1, 1998, which resulted in the activation of emergency response assets.
2. List the number of incidents (derived from Aa@) that were subsequently determined to be hoaxes.

Note: The Threat Assessment Working Group should share this information with the planning group to ensure that this information is correct from both the crisis and consequence responder perspective. This information should also be included as part of the Jurisdiction Risk Profile.

Threatened WMD Hazard	Total Number of Terrorist Threat Incidents	Number of Terrorist Threat Incidents Determined to be Hoaxes
Biological		
Nuclear/Radiological		
Incendiary		
Chemical		
Explosive		
Total #		

Table 2-b-5

Use information collected in Tasks I and II above to complete the Jurisdiction Threat Profile, Paragraph G.

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G. JURISDICTION THREAT PROFILE

To be forwarded to the designated state agency

1) PRELIMINARY INFORMATION

State: _____

Jurisdiction of the Threat Assessment Working Group: _____

Population of Jurisdiction: _____

Coordinating Agency:

City Police

County Sheriff/Police

State Police/Patrol

Other _____

Point of Contact (POC) for the Threat Assessment Working Group

Name of POC: _____

Agency of POC: _____

POC Telephone Number : _____

POC E-Mail Address: _____

List All Agencies Represented within the Threat Assessment Working Group

What FBI Field Division serves your jurisdiction? _____

Does your jurisdiction participate in a Joint Terrorism Task Force - if so which?

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G. JURISDICTION THREAT PROFILE (Cont.)

2) NUMBER OF PTEs ASSESSED

Using information in **Table 2-b-4** of the Jurisdiction Threat Worksheet, list the total number of PTEs assessed in your jurisdiction.

Total Number of PTEs	
-----------------------------	--

3) EXISTING CAPABILITIES

Designate the types of WMD capabilities assessed to exist in the jurisdiction (**Table 2-b-4**):

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Incendiary |
| <input type="checkbox"/> Biological | <input type="checkbox"/> Chemical |
| <input type="checkbox"/> Nuclear/Radiological | <input type="checkbox"/> Explosive |

4) WMD THREAT HISTORY

Record the total number information for **Number of Threat Incidents** which have occurred in your jurisdiction since January 1, 1998. (Below table is same as Table 2-b-5.)

WMD Threat/Incident History
(January 1, 1998 to present)

Threatened WMD Hazard	Total Number of Terrorist Threat Incidents	Number of Terrorist Threat Incidents Determined to be Hoaxes
Biological		
Nuclear/Radiological		
Incendiary		
Chemical		
Explosive		
Total #		

Table 2-b-7

5) JURISDICTION THREAT RATING

Utilizing **Table 2-b-4**, select the highest threat level obtained of all PTEs identified within your jurisdiction. Record this number in the right hand portion of **Table 2-b-8**, below. This number represents your jurisdiction's highest threat level. This is the **Jurisdiction Threat Rating** and will be used in **Task D** to determine the **Jurisdiction Risk Rating**, i.e., a combination of threat and vulnerability.

Jurisdiction Threat Rating	
-----------------------------------	--

Table 2-b-8

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Section 2, Tab c

Task C: Public Health Performance Assessment Instrument for Emergency Preparedness



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

**Centers for Disease Control and Prevention (CDC)
Atlanta, GA 30333**

Dear Colleague,

October 4, 1999

The attached Public Health Assessment Instrument for Public Health Preparedness will assist you in determining the ability of your State and/or Local Public Health System to rapidly and effectively respond to biological and chemical agents, as well as other acute public health emergencies.

This instrument was developed as a collaborative effort of the Bioterrorism Preparedness and Response Program, National Center for Infectious Diseases, Centers For Disease Control and Prevention (CDC); the National Public Health Performance Standards Program, Public Health Practice Program Office, CDC; and the Emergency Preparedness and Response Branch, National Center For Environmental Health, CDC; with the full collaboration of other CDC Centers, Institutes and Offices having public health bioterrorism preparedness and response responsibilities. Our public health constituency partners at the national, state, and local levels include the National Association of County and City Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), and the Council of State and Territorial Epidemiologists (CSTE). They have all been actively involved in the development of this tool and implementation plan.

In addition, this instrument is part of a Office of State and Local Domestic Preparedness Support, Office of Justice Programs, Department of Justice national project to develop an integrated statewide assessment of emergency response activities. The Department of Justice requested assistance from CDC to include a public health component for this overall survey instrument.

We believe that this will be is an excellent opportunity for you to determine your public health systems capability to respond. We strongly encourage you to complete this assessment in your local jurisdictions following the regional training sessions (to be held over the next few months by the Department of Justice and their assessment partners). Your inputs and feedback will be invaluable. CDC and its public health partners look forward to working with you as we collaborate to improve our nation's public health capacity to respond to the threat of bioterrorism and other public health emergencies.

Sincerely,

Scott R. Lillibridge, M.D.
Director, Bioterrorism Preparedness and
Response Program (Proposed)
Office of the Director
National Center for Infectious Diseases

Paul Halverson, Dr.P.H.
Director, National Public Health Performance
Deputy Director, Division of Public Health
Systems
Public Health Practice Program Office

Public Health Performance Assessment - Emergency Preparedness

A. Public Health and the Department of Justice Assessment Process

In order to assess the baseline of readiness to respond to the threat of biological, chemical and radiological emergencies, CDC, in collaboration with public health partners has developed the attached **public health emergency preparedness assessment instrument**. This tool is integrated with the threat assessment tool developed by the FBI and the risk, capabilities, and needs assessment instruments developed for the US Department of Justice. These instruments together form an integrated assessment instrument for state and local jurisdictions.

The public health assessment is organized according to the ten essential services of public health which were developed in 1994 by representatives of ASTHO, NACCHO, the Institute of Medicine, the Association of Schools of Public Health, the Public Health Foundation, the National Association of State Alcohol and Drug Abuse Directors, National Association of State Mental Health Program Directors, and the U.S. Public Health Service (<http://web.health.gov/phfunctions/public.htm>).

The terms **local public health system (LPHS)** and **local public health agency (LPHA)** are used frequently in the assessment.

The local public health system (LPHS) is the collection of public and private organizations contributing to public health at the local level. In some cases, organizations headquartered outside the local jurisdiction may be included in the LPHS if these organizations contribute to public health at the local level. The contribution need not be permanent or ongoing, so long as it contributes to public health at the local level. Components of the LPHS may include:

- Governmental entities--including local public health agency (LPHA) or department, board of health, local or regional branch of state health department bearing responsibility for the delivery of any public health service to the jurisdiction
- Hospitals serving the jurisdiction
- Managed care organizations serving the jurisdiction
- Clinics and physicians serving the jurisdiction
- Social service providers
- Civic organizations providing public health services to the jurisdiction
- Professional organizations providing public health services to the jurisdiction
- Local businesses providing public health services to the jurisdiction
- Neighborhood organizations providing public health services to the jurisdiction
- Faith institutions providing public health services to the jurisdiction
- Transportation providers providing public health services to the jurisdiction
- Educational institutions providing public health services to the jurisdiction
- Public safety and emergency response agencies and organizations
- Environmental or environmental-health agencies
- Non-profit organizations/advocacy groups providing public health services to the jurisdiction

The local public health agency (LPHA) may vary in different jurisdictions, but usually includes the local health department, local board of health, and/or other local governmental entity designed to provide public health services to the jurisdiction.

In many communities, the LPHA is one of many participants--although a major player--in the LPHS. The State may provide services, which comprise a part of the local public health system. These concepts should be discussed by the team that will complete the assessment instrument.

B. Completing the Assessment

1. Defining the jurisdiction - The jurisdiction under assessment may be a city, a county, multiple counties, a metropolitan area or a region. All are acceptable for assessment purposes. To facilitate analysis, please provide a list of all geographic areas included in the surveyed jurisdiction.
2. Identifying the team of respondents - A single person or organization will not be able to adequately complete the assessment. During pilot testing, the instrument was best completed when the head of the local public health agency assembled a team from the LPHS who represented the range of services required to respond to public health emergencies. As guidance, we highly recommend that representatives from: the local public health agencies, hospitals, emergency medical services; fire department, law enforcement, media and others involved in local emergency planning, be involved in the completion of the assessment. Page three of the assessment instrument contains a sign-up sheet for those person participating in the assessment.
3. Answering the questions **B** We have tried to make all questions answerable with a definite YES or NO. However, there will be certain questions that respondents may be uncertain how to answer. Respondents should answer YES to any question that is partially met.

C. Overview of Capabilities of Local Public Health Jurisdiction

The set of questions on page 35 titled ‘**Overview of Capabilities of Local Public Health Jurisdiction**’ are a set of consensus indicators frequently used for measuring community-level public health capacity. Because these indicators have been used in prior assessments of public health performance, completing this survey in addition to the public health emergency preparedness assessment instrument will contribute to the science-base of performance measurement in public health practice.

Performance Assessment – Public Health Emergency Preparedness

This should be completed by staff of the local public health agency or agencies being assessed

Assessment Completion Date:	
--------------------------------	--

Name of Health Agency Coordinating Completion of Assessment:		
Mailing Address:		
City:	State:	Zip Code:
Telephone:	FAX:	Web site or email address:

Public Health Agency Director Coordinating Completion of Assessment:		Title:
Degree(s):	Email Address:	
Telephone:	Pager:	Cell Phone:

Emergency Response Representative Coordinating Completion of Assessment:		Title:
Degree(s):	Email Address:	
Telephone:	Pager:	Cell Phone:

Person in charge of completing and submitting this assessment to the statewide coordinator:		Title:
Email Address:	Telephone:	

Categorize your jurisdiction by selecting one of the following, or describe its structure under "other":
<input type="checkbox"/> County <input type="checkbox"/> City/Municipal <input type="checkbox"/> City/County <input type="checkbox"/> District <input type="checkbox"/> Regional <input type="checkbox"/> State
<input type="checkbox"/> Other (Specify):

<p>For purposes of identifying the coverage area for this assessment, please list the geographic area(s) included in this assessment e.g. Henry County. Geographic area can include one or more counties, township, individual city or town. (If more than one county is included, please list all counties.) If the description of your jurisdiction is NOT a county, city, or multiple counties, please list ALL zip codes for the geographic area the assessment covers.</p>

What is the most recent population of the jurisdiction reported in this assessment?	<u>Population</u>		<u>Mo./Yr.</u>	/
---	-------------------	--	----------------	---

Total number of employees working in the local public health agency (or agencies) being reported this assessment	Number by Category
Full time employees	
Contractual	
Part time	
Other	
Total Employees	

Public Health Emergency Preparedness Assessment Team

*Please list all persons who contributed to this assessment**

Name	Jurisdiction Represented	Job	Area of Expertise	Phone	E-mail Address
1. (Facilitator)					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

***NOTE:** Can use hyperlink to a list.

Overview of Capabilities of Local Public Health Jurisdiction			
1.	For the jurisdiction served by your local health department, is there a community needs assessment process that systematically describes the prevailing health status in the community?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	In the past three years in your jurisdiction, has the local public health agency surveyed the population for behavioral risk factors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	For the jurisdiction served by your local health agency, are timely investigations of adverse health events, including communicable disease outbreaks and environmental health hazards, conducted on an ongoing basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Are the necessary laboratory services available to the local public health agency to support investigations of adverse health events and that meet routine diagnostic and surveillance needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	For the jurisdiction served by your local public health agency, has an analysis been completed of the determinants and contributing factors of priority health needs, adequacy of existing health resources, and the population groups most impacted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	In the past three years in your jurisdiction, has the local public health agency conducted an analysis of age-specific participation in preventive and screening services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	For the jurisdiction served by your local public health agency, is there a network of support and communication relationships that includes health-related organizations, the media, and the general public?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	In the past year in your jurisdiction, has there been a formal attempt by the local public health agency at informing elected officials about the potential public health impact of decisions under their consideration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	For the jurisdiction served by your local public health agency, has there been a prioritization of the community health needs that have been identified from a community needs assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	In the past three years in your jurisdiction, has the local public health agency implemented community health initiatives consistent with established priorities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	For the jurisdiction served by your local public health agency, has a community health action plan been developed with community participation to address community health needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	During the past three years in your jurisdiction, has the local public health agency developed plans to allocate resources in a manner consistent with community health action plans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.	For the jurisdiction served by your local public health agency, have resources been deployed as necessary to address priority health needs identified in the community health needs assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	In the past three years in your jurisdiction, has the local public health agency conducted an organizational self-assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

15.	For the jurisdiction served by your local public health agency, are age-specific priority health needs effectively addressed through the provision of, or linkage to appropriate services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16.	Within the past year in your jurisdiction, has the local public health agency provided reports to the media on a regular basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.	For the jurisdiction served by your local public health agency, have there been regular evaluations of the effects of public health services on community health status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18.	In the past three years in your jurisdiction, has the local public health agency used professionally recognized processes and outcome measures to monitor programs and to redirect resources as appropriate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19.	In your jurisdiction, is the public regularly provided with information about current health status, health care needs, positive health behaviors, and health care policy issues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20.	In the past three years in your jurisdiction, has there been an instance in which the local public health agency has failed to implement a mandated program or service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Essential Service #1: Monitor health status to identify community health problems

1.1	Indicator: Monitoring for Rapid detection						
1.1.1	Does the LPHS monitor community and health indicators which may signal biological, chemical and/or radiological incidents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>			
DK = Don't know							
	If yes, how frequently are the following rates monitored:	Daily (D)	Weekly (W)	Monthly (M)	Other Freq (O)	Not at all (No)	Don't Know (DK)
1.1.1.1	Hospital admission	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.2	ICU occupancy	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.3	Unexplained deaths (including medical examiner/coroner cases)	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.4	Unusual syndromes in ambulatory patients	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.5	Influenza-like illness	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.6	Ambulance runs	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.7	911 calls	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.8	Poison control centers calls	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

1.1.1.9	Pharmaceutical demand (antimicrobial agent usage, etc.)	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.10	Emergency department utilization	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.11	Outpatient department utilization	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.12	Absenteeism in large worksites	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.13	Absenteeism in schools	D <input type="checkbox"/>	W <input type="checkbox"/>	M <input type="checkbox"/>	O <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
1.1.1.14	Others (specify)						
1.2	Indicator: Hazard Analysis and Risk Assessment						
1.2.1	Does the LPHS perform, or have access to, hazard assessments of the facilities within its jurisdiction? If yes, are hazards at the following facilities assessed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>			
1.2.1.1	Academic institution and other laboratories	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.2	Agriculture co-op facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.3	Chemical manufacturing and storage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.4	Dams, levies, and other flood control mechanisms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.5	Facilities for storage of infectious waste	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.6	Firework factories	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.7	Food production/storage plants	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.8	Military installations (includes National Guard units & Reserves)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.9	Munitions manufacturers or storage depot	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.10	Pesticide manufacturing/storage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.11	Petrochemical refinery/storage facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.12	Pharmaceutical companies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.13	Radiological power plants or radiological fuel processing facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.14	Reproductive health clinics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.15	Ventilation systems for high occupancy buildings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.16	Water treatment and distribution centers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>	NA <input type="checkbox"/>		
1.2.1.17	Others (Specify) _____						

Essential Service #2: Diagnose and investigate health problems and health hazards in the community				
2.1	Indicator: Information System Capacity			
	Some questions Section 2.1 apply to the Emergency Response Coordinator (ERC) for your LPHA. This is the person who would lead the local health department's effort in the event of a bioterrorism incident (e.g. health officer, LHD Director, environmental health director, etc.). The actual title of this person will vary from locality to locality.			
2.1.1	Does the Emergency Response Coordinator (ERC) have a computer at work (e.g. primary or exclusive use of computer)? If yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.1	Does the ERC have a CD-ROM reader?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.2	Does the ERC have internet e-mail? If yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.2.1	Does the ERC (or someone they authorize) check his/her e-mail at least once each workday?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.2.2	Has the internet email system for this jurisdiction failed for more than 5 consecutive working hours during the last month (excluding scheduled downtime)? If yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.2.2.1	Was the Internet e-mail system repaired within one (1) working day the last time it failed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.3	Does the ERC have an internet connection of at least 56 kbps speed to his/her desktop?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.4	Does the ERC have CONTINUOUS Internet access at work (e.g. "always on", not dial-up)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.5	Has the Internet connection for this jurisdiction failed for more than 5 consecutive hours during the last month (excluding scheduled downtime)? If yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.5.1	Was the Internet connection for this jurisdiction repaired within one (1) working day the time it last failed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.6	Can the ERC browse the World Wide Web? If yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.1.6.1	Is this browser Netscape Communicator v4.07 or newer or Microsoft Internet Explorer v4.04 or newer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.2	Can your local health jurisdiction receive urgent health alerts from the state department of health within one (1) working day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.2.1	Has the state used or tested the health alert system within the past three months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.2.2	By what technology (or technologies) do you receive health alerts from your state health department?			
2.1.2.2.1	Telephone (individual call)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.2.2.2	Auto-dial (computer generated telephone call)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.2.2.3	E-mail	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.2.2.4	None	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.2.2.5	Other (please specify)			

2.1.3	Does the local jurisdiction have a system for broadcasting health alerts to targeted community groups? If yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.3.1	What technology (or technologies) does the local health jurisdiction currently use to broadcast health alerts?			
2.1.3.1.1	Telephone (Individual call)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.3.1.2	Auto-dial (computer generated telephone call)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.3.1.3	Regular Fax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.3.1.4	Broadcast Fax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.3.1.5	E-mail	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.3.1.6	None	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.3.1.7	Other _____			
2.1.3.2	Can the system be used 24 hrs. a day, 7 days a week, if necessary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.3.3	Has someone tested or used the system to send health alerts to members of the community within the last 3 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.3.4	Is the system adequately maintained (at least one person assigned to maintain and update at least quarterly the list of community health alert recipients)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.4	Does the LPHA have written computer security policies? If yes, do the policies address the following:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.4.1	Intruder detection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.4.2	Virus scanning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.4.3	Digital certificate or other means for authentication	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.4.4	Firewall(s) to the Internet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.5	Does the LPHA have systems for safeguarding against data loss? If yes, do they include:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.5.1	Backup electrical power	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.5.2	On-site data backup arrangements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.5.3	Off-site data backup arrangements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.1.5.4	Power surge protection systems in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2	Indicator: Epidemiologic capacity to assess, investigate and analyze a biological, chemical or radiological threat or emergency			
2.2.1	Does the LPHS have access to Masters or Doctoral level epidemiologists for on-site consultation? If yes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.1.1	Do the epidemiologists have access to portable computers with modem access during their fieldwork?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.1.2	Can data be entered into a centralized database from the field?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.2	Does the LPHA transmit reportable disease information electronically to the state health department?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.3	Do community health professionals receive reportable disease summary information at least quarterly from the State or LPHA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.4	Does the LPHS receive electronic surveillance reports at least quarterly from the state health department?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

2.2.5	Are computer-based statistical tools used by the LPHA to detect changes in disease patterns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.6	Are sample epidemiologic case investigation protocols available for the investigation of possible terrorist incidents? If yes, do they address:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.6.1	Biological incidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.6.2	Chemical incidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.6.3	Radiological incidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.7	Are sample protocols available that integrate human and veterinary epidemiologic investigations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8	Has a roster of personnel with the technical expertise to respond to a potential biological, chemical, or radiological terrorist event been developed? If yes, do you have access to the following personnel within 1 hour:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.1	Chemists	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.2	Emergency management	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.3	Emergency Medical Technicians / paramedics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.4	Environmental health scientists	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.5	State Epidemiologist (or designee)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.6	Hazardous Material Response Teams	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.7	Health physicist	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.8	Industrial hygienists	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.9	Infectious disease specialists	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.10	Law enforcement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.11	Medical examiners/Coroner	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.12	Microbiologists	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.13	National Guard	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.14	Occupational health physicians	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.15	State Public Health Laboratory director (or designee)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.16	Toxicologists	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.17	Veterinarians	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.2.8.18	Other (Specify)			
2.3	Indicator: Laboratory capacity, both public and commercial, to investigate and identify the cause of biological, chemical, or radiological threat or public health emergency.			
2.3.1	Are laboratory services available to investigate emergency incidents within 4 hours of notification. If yes, are laboratory services available to investigate the following incidents:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

2.3.1.1	Biological	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.1.2	Chemical	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.1.3	Radiological	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.2	Does the LPHS have guidelines or protocols in place to address the handling of laboratory specimens in the event of a biological, chemical or radiological incident? If yes, do they include:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.2.1	Collection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.2.2	Transportation/storage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.2.3	Safe disposal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.2.4	Labeling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.2.5	Chain of custody	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.2.6	Referral to State Public Health Laboratory	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.2.7	Referral to a Federal Laboratory	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.3	Do you have at least one microbiology laboratory available to your jurisdiction that can rule out agents of possible terrorist acts? If yes, is the laboratory able to rule-out by culture methodology:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.3.1	<i>Bacillus anthracis</i> – agent of anthrax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.3.2	<i>Brucella sp.</i> – agent of brucellosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.3.3	<i>Francisella tularensis</i> – agent of tularemia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.3.4	<i>Yersinia pestis</i> – agent of plague	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.4	Is there at least one microbiology laboratory available to your jurisdiction that can confirm identification of agents of possible terrorist acts? If yes, is the laboratory able to confirm the following:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.4.1	<i>Bacillus anthracis</i> – agent of anthrax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.4.2	<i>Brucella sp.</i> – agent of brucellosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.4.3	<i>Francisella tularensis</i> – agent of tularemia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.4.4	<i>Yersinia pestis</i> – agent of plague	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.5	Is there at least one microbiology laboratory available to your jurisdiction that can use molecular diagnostic methodologies (i.e. PCR, or other DNA-based methodologies) to make a rapid and accurate diagnosis of agents of possible terrorist acts? If yes, is the laboratory able to diagnose the following:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.5.1	<i>Bacillus anthracis</i> - agent of anthrax	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.5.2	<i>Brucella sp.</i> – agent of brucellosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.5.3	<i>Francisella tularensis</i> – agent of tularemia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.5.4	<i>Yersinia pestis</i> – agent of plague	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.6	Are guidelines in place to indicate when laboratory results require attention of LPHS medical, epidemiology, or laboratory personnel (i.e., for human anthrax, brucellosis, tularemia or plague)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

2.3.7	Does the LPHS receive electronic laboratory reports from diagnostic service providers? If yes, are reports received from:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.7.1	Private laboratories	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.7.2	Commercial laboratories	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.7.3	Hospitals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
2.3.7.4	Veterinary diagnostic laboratories	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

Essential Service #3: Inform, educate, and empower people about health issues				
3.1	Indicator: Public Information			
3.1.1	Have protocols been established for releasing information to the community on potential hazards resulting from a biological, chemical or radiological release? If yes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.1.1.1	Does this protocol have provisions for informing the public of population prevention measures? If yes do these measures include:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.1.1.1.1	Hazards to expect	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.1.1.1.2	Precautions to take	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.1.1.1.3	Requirements for evacuation or shelter-in-place	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.1.1.2	Has the protocol for the release of public information been discussed in advance with the press/media?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.1.1.3	In the event of a possible terrorist incident, does the LPHS have a designated public information officer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2	Indicator: Communication Systems for Responders and Agencies			
3.2.1.	Can the LPHA disseminate information to the LPHS on a threat or event within two hours? If yes, can information be disseminated to:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.1.1	Ambulatory care facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.1.2	First responders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.1.3	Health care providers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.1.4	Hospitals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.1.5	Laboratories	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.1.6	Pharmacies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.1.7	Community decision-makers, (i.e. Mayor or county health officials)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.1.8	Veterinarians	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.1.9	Others (specify)			
3.2.2	Does a protocol exist for communicating with the local Emergency Operations Center (EOC)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.3	Have radio systems been established for communication among organizations (including the LPHS) ? If yes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.3.1	Have radio frequencies been established?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.3.2	Is back-up power in place to operate these systems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

3.2.3.3	Is staff trained in the use of these systems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.4	Is 24-hour contact information for all critical local/state public health, medical, law-enforcement, and emergency management personnel updated at least monthly by the LPHA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.2.5	Does the LPHS have medical management protocols to disseminate to health care providers who are caring for patients with illnesses due to biological, chemical, or radiological agents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.3	Indicator: Communication Systems and Equipment			
3.3.1	Has a communication link with the Emergency Alert System been established?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.3.2	Has a protocol for notification of the LPHS been developed in the 911 activation system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.3.3	Has the LPHS arranged with an emergency telecommunications service to receive calls when phone circuits are overloaded in an emergency or disaster?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.3.4	Have back-up systems/methods of communications been identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
3.3.5	Are emergency communications networks/equipment tested at least quarterly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

Essential Service #4: Mobilize community partnerships to identify and solve health problems				
4.1	Indicator: Mobilize Community Partnerships for Emergency Preparedness and Response			
4.1.1	Do entities within the LPHS participate in a task force or coalition of community partners that addresses emergency preparedness and response issues? If yes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.1.1	Does the LPHA have a designated representative to this task force?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.2	Has an organization(s) been given the command and control responsibility for emergency preparedness, response, and recovery efforts in your jurisdiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.3	Have facilities within the jurisdiction been identified that are suitable for command centers (Emergency Operations Center)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4	Have individual organizations' responsibilities been determined for emergency management? If yes, do those organizations include:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.1	LPHA	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.2	City/County/State Government (other than the LPHA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.3	Education system: public education	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.4	Emergency Management Agency	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.5	Environmental agencies with responsibilities for fire, health, water, air quality, and consumer safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

4.1.4.6	Health organizations other than the LPHA (including urgent care centers, private physicians offices, nursing homes, custodial care facilities, home health care provider agencies, hospitals, poison centers, pharmacies, mental health and occupational health)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.7	Local Emergency Planning Committee	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.8	National Guard	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.9	Private sector: trade and business organizations, industry and labor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.10	Public information office for local jurisdiction	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.11	Public safety: fire, police	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.12	Public Works/Sanitation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.13	Transportation systems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.14	Volunteer Organizations (e.g. Red Cross)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.4.15	Veterinarians	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.5	Does the LPHS have procedures for both organizing and coordinating volunteers during a disaster? If yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.5.1	Is insurance coverage extended to volunteers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
4.1.6	Have local organizations been identified (e.g. chemical manufacturers, radiological sites, commercial cleanup contractors) that may be of technical assistance once an emergency public health response is required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

Essential Service #5: Develop policies and plans that support individual and community health efforts				
5.1	Indicator: Policies and plans related to emergency preparedness			
5.1.1	Does your jurisdiction have an emergency preparedness and response plan? If yes, does the plan include the following:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.1	Organizational responsibilities and relationships among local, district, State, and Federal response agencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.2	Identification of community organizations that have a role in responding to biological, chemical, or radiological exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.3	Alternative treatment facilities to accommodate increased patient loads in the event of a mass casualty incident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.4	Roster of local medical facilities capable of handling laboratory specimens	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.5	Roster of local medical facilities capable of handling victims of exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.6	Roster of local veterinary facilities capable of handling laboratory specimens	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.7	Roster of local veterinary facilities capable of handling affected animals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.8	Coordination with the local poison control center	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.9	Procedures for updating the emergency preparedness and response plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.9.1	If yes, have plans been reviewed within the past 12 months	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.10	Guidelines for addressing environmental decontamination issues	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.11	Guidelines for worker safety for those dealing with humans and animals exposed to biological, chemical, or radiological agents (e.g., the use of personal protective equipment and documentation of adequate antimicrobial chemoprophylaxis)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.12	Guidelines for reviewing activities conducted during a response or exercise to correct deficiencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.13	Protocol for convening police, fire, EMS, local hospitals, public health officials, members of the local emergency planning committee, Emergency Operations Centers, and other relevant parties on a periodic basis to review the content of the plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.14	Protocol for coordinating public health responsibilities with law enforcement responsibilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.15	Protocol for mutual aid agreements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.16	Protocol for implementing an emergency epidemiological investigation for human and animal exposures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.17	Protocol for implementing evacuation and mass casualty transportation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

5.1.1.18	Protocol for initiating the public health response when a device is found that may contain a biological, chemical, or radiological agent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.19	Protocol for critical incident stress counseling for victims or response personnel, including public health and medical professionals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.20	Protocol for protecting care-providers and victims from secondary exposures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.21	Protocol for decontamination of patients upon their arrival at the treatment facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.22	Protocol for ensuring that contamination of treatment facilities does not occur when patients are evaluated or treated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.23	Protocol for decontaminating mass casualties (pre-hospital)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.24	Protocol for instituting mass isolation within a health facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.25	Protocol for transferring patients outside of the LPHS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.26	Protocol for incorporating state and federal assets into the local response efforts (ie. National Disaster Medical System (NDMS), Disaster Medical Assistance teams (DMAT), etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.27	Protocol for instituting mass vaccinations or medication distribution. If yes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.27.1	Does it address distribution of vaccines and medications to the first responders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.27.2	Does it address distribution of vaccines and medications to the medical/health care providers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.1.28	Protocol for responding to mass mortuary needs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.2	If the LPHS has an emergency response plan, has it been implemented or exercised within the past 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.2.1	If yes, was the local emergency management agency (or Local Emergency Planning Committee) involved in the process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.3	Is the LPHS emergency response plan integrated with the state emergency response plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
5.1.4	Is the local public health agency integrated into a community-wide emergency response plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

Essential Service #6: Enforce laws and regulations that protect health and ensure safety				
6.1	Indicator: Review and evaluate laws and regulations including statutory basis for action			
6.1.1	Does the LPHS have a current compilation of Federal, State, and local laws and regulations regarding emergency preparedness and response in the event of biological, chemical agents, or radiological incidents? If yes, has there been a review of regulations addressing:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.1.1.1	"State of emergency" declarations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.1.1.2	Clean air	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.1.1.3	Exposure-related disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.1.1.4	Food handling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.1.1.5	Injury prevention	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.1.1.6	Mortuary services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.1.1.7	Toxic waste and chemical treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.1.1.8	Water quality	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.1.1.9	Worker safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2	Indicator: Involvement in improvement and enforcement of laws and regulations			
6.2.1	Does the LPHS have the legal authority to enforce public health laws and regulations? If yes, does it include authority to:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.1	Close facilities in a health emergency	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.2	Declare appropriate procedures for the management of fatalities and safe handling of dead bodies (both human and animal)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.3	Detain persons exposed to a biological agent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.4	Establish quarantine in the event of a suspected biological, chemical, or radiological release (Federal, State, county and local laws, ordinances and policies),	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.5	Order evacuation of the community	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.6	Require exposed persons to accept mandatory vaccinations and/or drug therapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.7	Require mandatory medical examination of exposed persons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.8	Require mandatory tracking and follow-up of exposed persons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.9	Require the collection of specimens and the performance of tests on exposed persons and animals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.10	Require the decontamination of exposed property	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.11	Require the reporting of new diseases and illness clusters	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.1.12	Seize and destroy contaminated property	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.2	Does the LPHS identify local public health issues (related to emergency preparedness and response) that are not adequately addressed through existing laws and regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

6.2.3	Does the LPHS participate in the modification of existing laws and regulations designed to protect health and ensure safety in case of a public health emergency or hazardous biological, chemical, or radiological event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.4	Does the LPHS participate in the formulation of new laws and regulations designed to protect health and ensure safety in case of a public health emergency or hazardous biological, chemical, or radiological event? If so, does the LPHS:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.4.1	Draft proposed legislation or regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.4.2	Get involved in public hearings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
6.2.4.3	Communicate with legislators and regulatory officials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

Essential Service #7: Link people to needed personal health services and ensure the provision of healthcare when otherwise unavailable				
7.1	Indicator: Assuring community access to critical health services during a threat or event			
7.1.1	Has the LPHS identified special populations who may encounter barriers to health services during an emergency due to a biological, chemical, or radiological agent? If yes, have needs of the following groups been identified:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.1.1	Children	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.1.2	Elderly persons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.1.3	Homeless population	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.1.4	Remote populations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.1.5	Those who are chronically ill and require access to critical services, e.g. kidney dialysis and pharmacy services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.1.6	Those who encounter barriers due to culture or language	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.1.7	Underinsured and uninsured	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.1.8	Physically and mentally disabled, including homebound	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.1.9	Others (specify)			
7.1.2	Have resources been designated to reduce barriers and meet the health needs for all these special populations within your jurisdiction in the event of a threat?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.1.3	Does the LPHS have access to logistical assets to transport mass casualties within and outside of the local jurisdiction if local hospitals become filled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2	Indicator: Assuring effective medical management during an emergency			
7.2.1	Has the LPHS assessed the ability to increase capacity in the case of a five-fold increase in patient admissions to the health care sector?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.2	Have you assessed the ability to increase capacity five-fold for the following services?			
7.2.2.1	Adult medicine beds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

7.2.2.2	Burn unit beds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.2.3	Intensive Care Units (ICU) beds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.2.4	Medical treatment vehicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.2.5	Mortuary Space	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.2.6	Multiple trauma beds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.2.7	Pediatric beds	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.2.8	Respiratory isolation units	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.2.9	Respiratory ventilators	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3	Has the LPHS assessed pharmaceutical inventories at area pharmacies, pharmaceutical supply vendors or treatment facilities (including hospitals)? If yes, have the inventories been assessed for the following:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3.1	Bacterial agents: e.g. Ciprofloxacin, Doxycycline, Penicillin, Chloramphenicol, and Azithromycin	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3.2	Botulinum toxin: Mechanical respiratory ventilators and associated supplies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3.3	Burn care / Vesicants: Sterile bandages, intravenous fluids, and broad spectrum antibiotics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3.4	Cyanides: Cyanide antidote kits containing amyl nitrite, sodium nitrite, and sodium thiosulfate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3.5	Lewisite: British Anti-Lewisite	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3.6	Nerve agents: e.g. Atropine, Pralidoxime chloride, and Diazepam (or lorazepam)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3.7	Pulmonary agents: Oxygen ventilators, and respiratory care supplies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3.8	Radiological exposure: Potassium iodide	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.3.9	All agents: Resuscitation equipment and supplies; vasopressors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.4	Does the LPHS have access to dosage requirements for antidotes and therapies for children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.5	Is the necessary drug administering equipment available for the on-hand quantities of antidotes and therapies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.6	Has the LPHS established protocols for requesting State or Federal (civilian or military) pharmaceutical stockpiles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.7	Do you now have, or will you have within the next 12 months, a person in charge that will be officially designated to accept deliveries from the National Pharmaceutical Stockpile if there is a bioterrorist event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.8	Does your LPHS have mutual aid agreements with other localities (in or outside your state) to share pharmaceuticals and medical devices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.9	Does the LPHS have procedures in place for people needing medical care? If yes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.9.1	Does the LPHS have a procedure to triage patients to appropriate treatment facilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.9.2	Do procedures address the need for confidentiality?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

7.2.10	Do the majority of the hospitals in your jurisdiction have the following respiratory protective equipment available?			
7.2.10.1	Self-contained breathing apparatus (with tank and full mask)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.10.2	Supplied air respirators (full mask and air line from hospital air System)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.10.3	Chemical cartridge air purifying respirators	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.10.4	HEPA masks (OSHA/NIOSH-approved High efficiency particulate)			
7.2.10.5	Chemical protective clothing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.11	Does the local medico-legal death investigation system have responsibility to investigate fatalities from biological, chemical and radiological terrorism? If yes, does that system have access to:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.11.1	Appropriate microbiological and toxicological testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.11.2	Biosafety cabinets and fume hoods to handle contaminated autopsy tissue	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.11.3	Facilities where autopsies can be performed on contaminated victims	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.11.4	Established links to the local and state health department	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.11.5	Medical records of victims	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
7.2.12	Are medical examiners/coroners included in the LPHS hazardous materials emergency preparedness activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

Essential Service #8: Assure a competent public and personal health care workforce				
8.1	Indicator: Workforce Capacity and Assessment			
8.1.1	Has the LPHS assessed the workforce for emergency preparedness and response capabilities in the past two years? If yes, provide the numbers below in 8.1.2 in column 1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.1.2	Has the LPHS estimated the numbers of practicing public health and personal healthcare workers trained 8 hours or more in the last year in emergency preparedness and response? If yes, please provide numbers for the following:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
		# In Workforce	# Trained (8 hrs or more)	
8.1.2.1	Physicians			DK <input type="checkbox"/>
8.1.2.2	Nurses			DK <input type="checkbox"/>
8.1.2.3	Physician assistants			
8.1.2.4	Environmental health workers			DK <input type="checkbox"/>
8.1.2.5	Mental health/Social workers			DK <input type="checkbox"/>
8.1.2.6	Epidemiologists			DK <input type="checkbox"/>
8.1.2.7	Laboratory personnel qualified to analyze biological, radiological, or chemical agents			DK <input type="checkbox"/>

8.1.2.8	Respiratory therapists			DK <input type="checkbox"/>
8.1.2.9	Medical examiners			DK <input type="checkbox"/>
8.1.2.10	Pharmacists			DK <input type="checkbox"/>
8.1.2.11	Emergency medical technicians (EMTs)/paramedics			DK <input type="checkbox"/>
8.1.2.12	Veterinarians			DK <input type="checkbox"/>
8.1.2.13	Health administrators/managers			DK <input type="checkbox"/>
8.2	Indicator: Training and Continuing Education			
8.2.1	Does the LPHS have a method for assessing training and continuing education needs based on roles/responsibilities of response personnel? If yes,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.1.1	Does the LPHA have a method for assessing training and continuing education needs based on roles/responsibilities of response personnel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.2	Have resources to provide training been identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.3	Have organizations to provide training been identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.4	Have the first responders had training on selection and use of appropriate Personal Protective Equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5	Has the LPHS implemented activities to educate health care providers (including EMS) and laboratory workers in your jurisdiction on topics regarding radiological, biological, and chemical incidents? If yes, do the training topics include:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5.1	Acquisition and handling of laboratory specimens	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5.2	Contact telephone numbers for reporting/consultation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5.3	Guidelines for immediate reporting/consultation with public health officials	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5.4	Medical management of patients	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5.5	Patient decontamination procedures (including those to be used when outside temperatures are extreme)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5.6	Identification of hazardous biological agents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5.7	Identification of hazardous chemical agents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5.8	Identification of radiological hazards	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.5.9	Role of the healthcare providers in recognizing/suspecting the beginning of an outbreak	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6	Does the LPHS ensure provision of training to prepare response personnel for decontamination procedures and contagion hazards that may accompany a biological, chemical, or radiological incident? If yes, is training for the following personnel addressed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6.1	First responder community (EMS, fire, law enforcement)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6.2	Emergency department personnel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6.3	Health care providers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6.4	Laboratory workers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6.5	Medical examiners/Coroners	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6.6	Morgue personnel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

8.2.6.7	Mortuary professionals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6.8	Pathologists	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.6.9	Veterinarians	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.7	Is the public health workforce cross-trained with other organizations within the emergency response system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.8	Do training programs for first responders include preparation for the emotional and mental health impacts of a terrorism event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.9	Do training programs for first responders include description of the incident command system, i.e. organizations involved in response actions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.10	Do participants evaluate training and continuing education activities? If yes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.10.1	Is this feedback used to identify future training needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.11	Does your LPHS use distance based learning technology for training and continuing education?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
8.2.12	Are Continuing Education Units (or equivalent) available for emergency preparedness training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

Essential Service #9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services				
9.1	Indicator: Drills/Simulations/ "Tabletop exercises"			
9.1.1	In the last 12 months, has the LPHS participated in tabletop exercises to assess response readiness, responder continuity, and overall integration of services? If yes, did these exercises address:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.1.1	Biologic terrorism or incidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.1.2	Chemical terrorism or incidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.1.3	Radiological terrorism or incidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.2	In the last 12 months, has the LPHS participated in functional exercises to assess response readiness, responder coordination and overall integration of services and responsibilities? If yes, did these exercises address:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.2.1	Biological terrorism or incident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.2.2	Chemical terrorism or incidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.2.3	Radiological terrorism or incidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3	If the LPHS has participated in tabletop or functional exercises in the past 12 months, did multiple organizations and individuals participate? If yes, were the following included:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.1	Local Public Health Agency (LPHA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.2	911 centers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.3	Acute care hospitals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.4	Centers for Disease Control and Prevention (CDC)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

9.1.3.5	City/county government officials	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.6	Civilian amateur radio groups	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.7	Community health centers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.8	County emergency management	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.9	Education system	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.10	Emergency Management Association	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.11	Emergency Medical Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.12	Environmental Protection Agency	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.13	FBI	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.14	Federal Emergency Management Agency (FEMA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.15	Fire department	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.16	Funeral directors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.17	Laboratories (clinical / public health)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.18	Law enforcement (local, county, and State)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.19	Long-term care facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.20	Managed care organizations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.21	Media	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.22	Medical examiners/coroner	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.23	Mental health agency / services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.24	Military personnel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.25	National Guard	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.26	Physicians/health care providers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.27	Poison control	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.28	Public works	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.29	Red Cross	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.30	State Emergency Management	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.31	State Environmental Health	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.32	State Health Department	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.33	Veterinarians	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.34	Volunteer medical and rescue groups	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.3.35	Others (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.4	Does the LPHS have a mechanism to review the experiences and knowledge gained from exercises to correct deficiencies in the emergency preparedness plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.1.5	Is a formal mechanism in place to disseminate knowledge gained from exercises to participants and other colleagues within the jurisdiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.2	Indicator: Presence of Continuous Quality Improvement for Evaluation of Services 1-9			
9.2.1	Is there a plan to revise the LPHS emergency response plan at least once every 12 months to keep procedures current?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
9.2.2	Has your LPHS responded to a “hoax” bioterrorist event, such as a	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

	letter or package threatening to contain anthrax or another potentially harmful biological agent, within the past 12 months? If yes,			
9.2.2.1	Do current policies reflect the lessons learned from the event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

Essential Service #10: Research for new insights and innovative solutions to health problem				
10.1	Indicator: Capacity to Conduct Research/Surveillance for Potential Health Threats			
10.1.1	Does the LPHS have researchers on staff or ready access to researchers? If yes, are one or more of these researchers trained in:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
10.1.1.1	Basic sciences	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
10.1.1.2	Epidemiologic research methods	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
10.1.1.3	Health services research methods	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
10.1.1.4	Veterinary research	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
10.1.2	Does the LPHS have links with academic, healthcare, and/or research institutions that conduct research in emergency preparedness for terrorism?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
10.2	Indicator: Access to and Sharing Research and Innovation			
10.2.1	Does the LPHS have a designated individual responsible for researching, collecting and updating information on emergency preparedness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
10.2.2	Has the LPHS disseminated research information in the field of emergency preparedness? If yes, has this been:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
10.2.2.1	Throughout the local LPHS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>
10.2.2.2	To colleagues outside the jurisdiction	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DK <input type="checkbox"/>

Section 2, Tab d

Task D: Integration of Jurisdiction Vulnerability, Threat and Public Health Assessments

For: All local jurisdictions participating in the OJP – FY99 State Domestic Preparedness Equipment Support Program.

Overview: The final step in the jurisdiction risk assessment process is to integrate results of the Jurisdiction Vulnerability Assessment (**Task A**), the Jurisdiction Threat Assessment (**Task B**), and the Jurisdiction Public Health Assessment (**Task C**) to assess the overall level of risk for the jurisdiction (See **Figure 2-3** below). This level of risk is referred to as the **Jurisdiction Risk Rating**. The results of this assessment process are recorded on the **Jurisdiction Risk Assessment Profile**. This profile consolidates jurisdiction risk information and is submitted to the designated state agency.

Integrating Vulnerability, Threat, and Public Health to Determine Risk

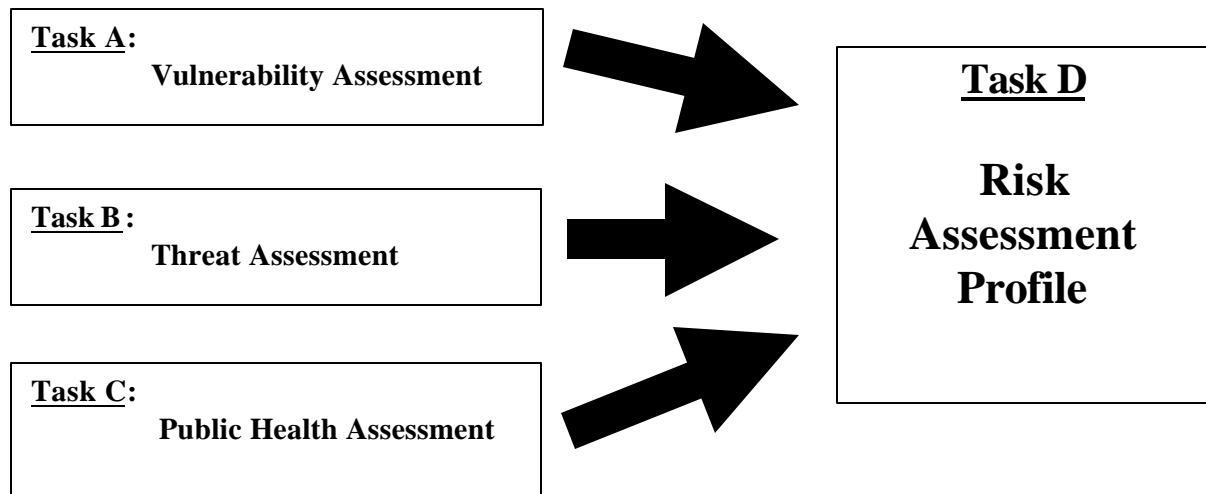


Figure 2-3

This integration of assessment processes is accomplished by completing the following steps:

- G Enter the **Jurisdiction Vulnerability Rating**, recorded in **Section 2, Tab a, Table 2-a-5** from the Individual Target Vulnerability Assessment Worksheet in the appropriate box on **Table 2-d-2**.
- G Match the **Jurisdiction Vulnerability Rating** just entered with the Jurisdiction Vulnerability Rating vertical column on the Jurisdiction Risk Assessment Matrix, at **Table 2-d-1**.
- G Enter the **Jurisdiction Threat Rating** recorded in **Section 2, Tab b, Table 2-b-8**, in the appropriate box on **Table 2-d-2**.
- G Match the **Jurisdiction Threat Rating** just entered with the Jurisdiction Threat Rating horizontal row in the Jurisdiction Risk Assessment Matrix.
- G Plot the intersection of the two entries on the Jurisdiction Risk Assessment Matrix to arrive at the **Jurisdiction Risk Rating**.
- G Record the **Jurisdiction Risk Rating** below the Jurisdiction Risk Assessment Matrix in the space provided on **Table 2-d-2**.

Record all requested information on the **Jurisdiction Risk Assessment Profile** and submit to the state designated agency.

- A. Fill in the requested administrative data.
- B. Part I: Enter the same results as in **Table 2-d-2**
- C. Part II: Enter the data from **Table 2-a-6, Section 2, Tab a, Task A: Vulnerability Assessment**.
- D. Part III: Enter the data from **Table 2-b-6, Section 2, Tab b, Task B: Threat Assessment**.
- E. Part IV: Enter the total "Number of Terrorist Threat Incidents" from **Table 2-b-7, Section 2, Tab b, Task B: Threat Assessment**.
- F. Part V: Enter the information referenced from **Section 2, Tab c, Task C: Performance Assessment – Public Health Emergency Preparedness**.

Jurisdiction Risk Assessment Matrix

Jurisdiction Vulnerability Rating

	Rating	12	11	10	9	8	7	6	5	4	3	2	1
Jurisdiction Threat Rating	10	22	21	20	19	18	17	16	15	14	13	12	11
	9	21	20	19	18	17	16	15	14	13	12	11	10
	8	20	19	18	17	16	15	14	13	12	11	10	9
	7	19	18	17	16	15	14	13	12	11	10	9	8
	6	18	17	16	15	14	13	12	11	10	9	8	7
	5	17	16	15	14	13	12	11	10	9	8	7	6
	4	16	15	14	13	12	11	10	9	8	7	6	5
	3	15	14	13	12	11	10	9	8	7	6	5	4
	2	14	13	12	11	10	9	8	7	6	5	4	3
	1	13	12	11	10	9	8	7	6	5	4	3	2

Table 2-d-1

Jurisdiction Risk Assessment

Jurisdiction Vulnerability Rating (from Sec 2, Tab a, Figure 2-a-5)	
Jurisdiction Threat Rating (from Sec 2, Tab b, Figure 2-b-8)	
Jurisdiction Risk Rating	

Table 2-d-2

JURISDICTION RISK ASSESSMENT PROFILE

Submit this form to the state

Jurisdiction: _____ Jurisdiction Population: _____
 Prepared by: _____ Date: _____

Profile Part I - Jurisdiction Risk Rating

JURISDICTION VULNERABILITY RATING	
JURISDICTION THREAT RATING	
JURISDICTION RISK RATING	

Table 2-d-3

Profile Part II – Legal WMD (BNICE) Hazard Environment

Hazard	Total number of hazardous sites located in jurisdiction
Biological <i>(Infectious Only)</i>	
Chemical <i>(Tier II)</i>	
Incendiary & Explosive	
Nuclear & Radiological	
Total	

Table 2-d-4

Profile Part III – Jurisdictional Threat Environment

Total Number of PTEs	
-----------------------------	--

Table 2-d-5

Profile Part IV – Number of WMD/Terrorism-related incidents to which the jurisdiction responded since Jan. 1, 1998 (include the number of hoaxes in this count)? _____

Profile Part V – Jurisdiction Public Health Assessment

(Information from the Performance Assessment – Public Health Emergency Preparedness, Section 2, Tab c, as referenced below)

1. What is the most recent population of the jurisdiction reported in this assessment (Ref: Performance Assessment, second page) _____

2. Does the LPHS monitor community and health indicators which may signal biological, chemical, and radiological incidents? (Ref: Performance Assessment, Question 1.1.1) **(YES/NO)**

3. Does the LPHS have access to Masters or Doctoral level epidemiologists for on-site consultation (Ref: Performance Assessment, Question 2.2.1) **(YES/NO)**

4. Are laboratory services available to investigate emergency incidents within 4 hours of notifications? (Performance Assessment, Question 2.3.1) **(YES/NO)**
 - a. For Biological Incidents? (Question 2.3.1.1) **(YES/NO)**
 - b. For Chemical Incidents? (Question 2.3.1.2) **(YES/NO)**
 - c. For Radiological Incidents? (Question 2.3.1.3) **(YES/NO)**

5. Does the LPHS have access to logistical assets to transport mass casualties within and outside of the jurisdiction if local hospitals become filled? (Ref: Performance Assessment, Question 7.1.3) **(YES/NO)**

Note: Use other information from the Threat Profile or Public Health Assessment deemed appropriate and useful.

Section 3

Capabilities and Needs Assessment

Brief Description of the Process:

Jurisdictions are requested to conduct a three-step WMD capabilities and needs assessment of their emergency responders= (Fire Services, HazMat, EMS, Law Enforcement, Public Works, and Public Health) ability to respond to a WMD incident.

The purpose of these capabilities and needs assessments is to assist jurisdictions in identifying equipment, training, exercises, and technical assistance they need to enhance their capability to respond to WMD incidents. It will also be used by your state in the preparation of a three-year statewide domestic preparedness strategy, as required by the FY 1999 State Domestic Preparedness Equipment Support Program.

There are three macro steps in this assessment process. These three steps are described below:

STEP 1: Conduct a *Required response capabilities*@ assessment of your existing emergency responders= capabilities based on the operational imperative of properly equipping, training and exercising these assets to:

- \$ Respond to a WMD incident in a safe and effective manner and,
- \$ Perform emergency responder *Aduties and functions*@ as specified in your jurisdictions= emergency or WMD response plans.
- \$ **Table 3-1, Required Response Capabilities**, is provided to record the results for this assessment

STEP 2: Conduct a *Current response capabilities*@ assessment of your existing emergency responders= capabilities to respond to a WMD incident, based upon existing levels of equipment, training and exercises. **Table 3-2, Current Response Capabilities**, is provided to record the results for this assessment.

STEP 3: Compare the results of your assessments of *Required response capabilities*@ in **Step 1** to your assessment of *Current response capabilities*@ in **Step 2**. This comparison will allow you to define your *Aresponse needs*@ (shortfalls or gaps) that must be attained in order to enhance your jurisdictions= capabilities to the necessary levels to respond to a WMD incident in a safe and effective manner. **Table 3-3, Current and Required Tier Level Capabilities**, is provided to record the results for this assessment.

These *Aresponse needs*@ (shortfalls or gaps) provide performance goals for your emergency responders that can be translated into a three-year equipment, training, and exercise plan needed to reach your *Required operational capabilities*@ in the year 2001.

Assessment Aids: Five assessment aids are provided to assist you in conducting the three-step process. They are:

- G Sample Response Capabilities for Emergency Responders (Tab a) B** provides an example of duties and functions typically performed by emergency responders in jurisdictional response plans.
- G OJP Tier Levels (Tab b)** - provides definitions of the four different levels of response capabilities (Tiers I, II, III, and IV) of emergency response elements in a WMD incident
- G Tier Level Competency Information Sheet (Tab c) B** Summarizes, in bullet fashion, the definitions of Tier Levels given in **Tab b**, presented in three columns: Response Capabilities, Equipment, and Supporting Training Courses.
- G FY 1999 OJP Authorized Equipment Purchase List (See Appendix E, FY 1999 State Domestic Preparedness Equipment Program, Program Guidelines and Application Kit)**
- G WMD Related Training Courses (Tab d)**

The next portion of this section will guide you through the conduct of the Jurisdiction Capabilities and Needs Assessment Process.

STEP 1: Required Tier Level Capability Assessments

1A. Required Response Capabilities:

Using **Table 3-1** below, list the required response capabilities of your emergency responders to operate in response to a WMD incident or in a hazardous materials emergency as required by existing jurisdiction plans and operating procedures. Use the Sample Response Capabilities for Emergency Responders at **Tab a** of this section to assist you.

Required response capabilities should address duties and functions in the following four areas: personal protection, detection, decontamination, and communications capabilities as well as any other key functional capabilities performed in WMD or other emergency circumstances.

Required response capabilities are defined as those duties and functions in which emergency responders must be proficient. The emergency responder must be able to perform all assigned duties and functions in a safe and effective manner in a WMD environment, according to jurisdictional emergency response plans and procedures.

Required Response Capabilities

	Fire Services	HazMat	EMS	Law Enforcement	Public Works	Public Health	Emergency Management
Response Force Capabilities	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____

Table 3-1

1B. Required Tier Level Capability

Using **Table 3-1** you are ready to proceed to the second part of this step.

Assess the **Tier Level** required of your emergency responders (Fire Service, HazMat, EMS, Law Enforcement, Public Works, and Public Health) to respond to a WMD incident as you have listed them in **Table 3-1**. Refer to the definitions of **Tier Levels** as provided in OJP Capability Tier Levels (**Tab b**) and Tier Level Competency Information (**Tab c**).

After determining the **Tier Level** required of your respective emergency response elements, enter an **AO** adjacent to that Tier Level in **Table 3-3**, located at the end of this section.

The required capability Tier Levels depicted by these **AOs** will identify and assist in the development of jurisdictional needs for equipment, training, exercises, and other areas you plan to attain by the end of FY 2001.

Proceed to **Step 2** to assess the **Current Tier Level Capabilities** of jurisdictional first responder capabilities.

STEP 2: Current Tier Level Capability Assessments

2A. Current Response Capabilities:

Using **Table 3-2** below, assess your **Acurrent@** emergency response capabilities. A sample response capabilities assessment tool is provided in **Tab a**.

Capability assessments should consider the types of equipment, such as personal protection, detection, decontamination, and communications equipment, first responders require in order to respond to a WMD incident.

Current response capabilities are defined as those duties and functions which emergency responders are proficient in at this time. The emergency responder must be able to perform all these assigned duties and functions in a safe and effective manner in a WMD environment, according to jurisdictional emergency response plans and procedures.

Current Response Capabilities.

	Fire Services	HazMat	EMS	Law Enforcement	Public Works	Public Health	Emergency Management
Response Force Capabilities	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____

Table 3-2

2B. Tier Level of Current Capability:

Using **Table 3-2**, you are ready to proceed to the second part of this step.

Determine the **Acurrent@ Tier Level** for emergency response (Fire Service, HazMat, EMS, Law Enforcement, Public Works, and Public Health) to a WMD incident. Refer to **(Tab b)** and **(Tab c)** of this section to complete your determination.

After determining the current ATier Level@ for your respective emergency response elements, enter an **AX**@ adjacent to that Tier Level in **Table 3-3**, located at the end of this section.

The current capability Tier Levels depicted by these **AXs**@ will identify and assist in the development of jurisdictional needs for equipment, training, exercises, and other areas you plan to attain by the end of FY 2001.

The information displayed in **Table 3-3** will allow jurisdictions to identify gaps in jurisdictional response capabilities. Using this information, proceed to **Step 3** to assess the **A**Response Needs (Shortfalls or Gaps) for Operating Safely and Effectively in a WMD Environment@ for jurisdictional first responders. In this step, you will determine the needs (shortfalls or gaps) that exist for equipment, training, exercises, and in other areas. The resulting difference between **A**current operating@ and **A**required operating@ capabilities should equate to gaps in equipment, training, and exercise needs. State projections for equipment, training, exercise technical assistance needs should incrementally, over a three-year period, address how this funding and other program resources provided by OJP/OSLDPS, will be used to fill existing gaps.

STEP 3: Response Needs (Shortfalls or Gaps) for Operating Safely and Effectively in a WMD Environment

When you have **response capability needs** (shortfalls or gaps), refer to the Tier Level Capability Information (**Tab c**) under the columns for **Associated Equipment** and **Supporting Training Courses**. Use this information as a guide in identifying your needs to enhance response capabilities to the required levels over the three year period - FY99, FY00 and FY01.

Once equipment shortfalls (By equipment item) and training shortfalls (by course) have been identified, calculate the quantities of equipment and training courses needed to increase tier level response capabilities to meet required response operating capabilities in FY01.

Examples of equipment which can be funded through the OJP/OSLDPS equipment grant program and are provided in the FY99 OJP Authorized Equipment Purchase List (**See Appendix E, FY 1999 State Domestic Preparedness Equipment Program, Program Guidelines and Application Kit**). A listing of preparedness courses available to meet your training needs for WMD is found in the Compendium of Federally Conducted WMD Courses (**Tab d**).

Forms for recording the current status and projections for FY99, FY00 and FY01 for equipment, training, exercises, and other requirements are provided in **Section 5**. Your designated state agency will provide instructions on the media and format for submission of this information to the state.

Summary

This simple three-step process should provide you with the analytical basis to develop and justify a three-year equipment, training, and exercise plan which enhances your WMD response capabilities.

Current and Required Tier Level Capabilities

This form is for submission to the designated state agency

Jurisdiction: _____ Jurisdiction Population: _____

Prepared by: _____ Date: _____

Tier Level	Fire Service	HazMat	EMS	Law Enforcement	Public Works	Public Health	Emergency Management
Tier IV							
Tier III							
Tier II							
Tier I							

Table 3-3

Legend:

- \$ AX[®] Current Response Capability**
- \$ AO[®] Required Response Capability**
- \$ Difference between AX[®] and AO[®] reflect response capability needs (shortfalls or gaps)**

Form to be submitted electronically via OJP Web Page

Section 3, Tab a

Sample Response Capabilities for Emergency Responders

Agency	Fire Service	HazMat	EMS	Law Enforcement	Public Works	Public Health	Emergency Management
Duties & Functions (sample-not an all inclusive list)	Recognize HazMat Situations	Stop Leak Contain Spill	Recognize HazMat Situations	Recognize HazMat Situations	Recognize HazMat Situations	Conduct Mass Casualty Operations	Command Post Operations
	Self Protection	Consultation and Support to Unified Command	Self Protection	Self Protection	Self Protection	Care for Grossly Decontaminated Patients	Consultation and Support to Unified Command
	Unified Command	Decontaminate own Employees (HazMat Team)	Care and Transport of Grossly Decontaminated Patients	Scene Security	Unified Command	Diagnose and Treat Chemical, Biological and Radiological Injuries	Communications
	Access Data about Material Involved	Decontaminate Victims	Patient Decontamination	Mobile Command Post Operations	Consultation and Support to Unified Command	Recognize Potential WMD Terrorism Incident	Recognize Potential WMD Terrorism Incident
	Access HazMat Team	May Provide EMS Support for Own Team	Triage WMD Patients	Communications	Communications	Self Protection	
	Patient Decontamination	Communications	Immediate Treatment of WMD Patients	Recognize Potential WMD Terrorism Incidents	Recognize Potential WMD Terrorism Incidents	Unified Command	
	Communications	Recognize Potential WMD Terrorism Incidents	Transport WMD Patients			Consultation and Support to Unified Command	
	Mobile Command Post Operations	Identify Contaminated Area				Medical Surveillance	
	Recognize Potential WMD Terrorism Incidents					Agent Diagnosis	
						Communications	

Section 3, Tab b

Office of Justice Programs

Capability TIER Levels

Tier One (Baseline Capability Level): This category is described as the basic level of equipment and operational capabilities that jurisdictions require to conduct certain defensive operations to perform in a contaminated environment. This can be generally defined as “Basic HazMat Equipment Capability Level.” This level will be evidenced by Occupational Safety and Health Administration (OSHA 29 CFR 1910.120 levels) certification, which agencies must meet to operate in hazardous environments, and by the certification, which agencies must meet to operate in hazardous environments, and by the status of current operations-level training. In these instances, applicants should know when to take self-protective measures and when to take steps to protect the general population from further contamination. The ability to make on-scene assessments and call for mutual aid, as needed, is also consistent with the requirements at this tier level.

Tier Two (Hazardous Materials Operations Capability Level): In addition to meeting the requirements set forth in Tier One, the Tier Two level will require the applicant to meet a hazardous materials equipment capability need, and to have the requisite personnel trained and certified in accordance with OSHA. This can be generally defined as a “Modest Increase in HazMat Equipment Capability Level.” This level will usually involve equipment needed for hazardous materials teams that are appropriately trained for using personal protective equipment (PPE) and are highly competent in using advanced personal protective measures and hazard mitigation techniques. They will have the ability to implement evacuation measures, use decontamination and basic detection equipment, perform basic life support functions, and be able to recognize and preserve crime scene functions. This level will also require teams/individuals to know how to operate in a unified command environment.

Tier Three (Technicians Capability Level): This can be generally defined as a “Moderate Increase in HazMat Equipment Capability Level.” Applicants will have achieved the capabilities set forth in each of the previous two tier levels and meet or surpass the standards associated with Tier Three. As such, emergency responders will have the necessary equipment and have advanced knowledge of operations to carry out personal protective measures, initiate advanced detection and monitoring techniques, demonstrate a capability to establish mass casualty decontamination systems, provide medical triage, and set up a transport system for definitive medical care. Applicants will also have the ability to use safe sampling techniques in contaminated areas and sufficient levels of expertise to conduct hazard mitigation operations in contaminated areas.

Tier Four (Advanced Operations and Technicians Capability Level): This can be generally defined as a “High Level of HazMat Equipment Capability Level.” Applicants who have met or surpassed the equipment requirements associated with the capabilities found in Tiers One, Two, and Three will meet

or surpass all emergency response equipment requirements for their jurisdiction. In this case, states can then request equipment that may give them an added level of capability that would allow them to operate unhindered without equipment shortfalls in any number of environments affected by weapons of mass destruction (i.e., chemical, biological, and improvised explosive and incendiary devices).

Section 3, Tab c

Tier Level Competency Information

Instructions: Use these general guidelines to establish your current and potential Tier Levels.

	Response Capability	Associated Equipment	Supporting Training Courses
Tier IV (Specialized Capability)	Tier III competency plus: <ul style="list-style-type: none"> • Ability to operate unhindered by equipment shortfalls in any contaminated environment 	<ul style="list-style-type: none"> • High Level Equipment • Advanced detection • Computer database references • Computer programming for detection equipment • Responder protected detection equipment 	<ul style="list-style-type: none"> • Specialist level HazMat • Specialist level Physician, Nurse, and Public Health
Tier III (Technician Capability)	Tier II competency plus: <ul style="list-style-type: none"> • Advanced knowledge of operations • Initial detection and monitoring • Establish mass casualty response/treatment systems • Establish transport for mass casualties • Conduct safe sampling procedures in contaminated environment 	<ul style="list-style-type: none"> • Moderate Increase Level Equipment • Level A, B, & C PPE 	<ul style="list-style-type: none"> • Technician Level HazMat • Selected EMS personnel • Selected Physician, Nurse, and Public Health personnel
Tier II (Operators Capability)	Tier I competency plus: <ul style="list-style-type: none"> • Operate with HazMat teams • Advanced PPE measures • Implement evacuation plans • Use decontamination and basic detection equipment 	<ul style="list-style-type: none"> • Modest Increase Level Equipment • Level B & C PPE • Self-Contained Breathing Apparatus 	<ul style="list-style-type: none"> • Tactical Emergency Medical Service Operations • Operations Level B Selected Fire, HazMat, EMS, Law, Public Works, and Public Health
Tier I (Basic Defensive Capability)	<ul style="list-style-type: none"> • Conduct defensive operations in a contaminated environment • Self protective measures • Protect general population from further contamination 		<ul style="list-style-type: none"> • Terrorism Awareness Course • Awareness Level B All disciplines

Section 3, Tab d

Compendium of Federally Conducted WMD Courses

This US ARMY Soldier and Biological Chemical Command (SBCCOM) has compiled a compendium of courses to inform state and local agencies of federal training that is available in the area of weapons of mass destruction (WMD). This compendium is maintained in its entirety on SBCCOM's Domestic Preparedness website: <http://dp/sbccom.army.mil/fr/compendium/>.

The Federal Emergency Management Agency's website for the Rapid Response Information System (RRIS) (www.rris.fema.gov/) also contains an abbreviated compilation of the Federal Training Courses listed in SBCCOM's compendium. These courses, directed for focus on counter-terrorism, have been organized into the following subject areas:

- NBC Counter-Terrorism Training
- General Counter-Terrorism Training
- Counter-Terrorism Training – NBC Domestic Preparedness Training: Radiological
- Counter-Terrorism Training: Chemical and biological Medical Training for NBC Incidents

Below is an extract of titles of federally sponsored weapons of mass destruction (WMD) courses:

Department of Defense

- Biological Warfare and Terrorism: The Medical and Public Health Response
- Chemical/Biological Countermeasures Training (CBCT)
- Community Response Emergency Simulation Training (CREST)
- Field Management of Chemical and Biological Casualties
- Medical Effects of Ionizing Radiation (MEIR)
- Medical Management of Biological Casualties
- NBC Domestic Preparedness Training Basic Awareness (Employee)
- NBC Domestic Preparedness Training Incident Command Course
- NBC Domestic Preparedness Training Responder Awareness Course
- NBC Domestic Preparedness Training Responder Operations Course
- NBC Domestic Preparedness Training Senior Officials' Workshop
- NBC Domestic Preparedness Training Technician Emergency Medical Services Course
- NBC Domestic Preparedness Training Technician HazMat Course
- NBC Domestic Preparedness Training Technician Hospital Provider Course
- Operational Radiation Safety

- Preparing for and Managing the Consequences of Terrorism
- Radiological Accident Command Control and Coordination (RAC3)
- Radiological Emergency Team Operations (RETOPS)
- Radiological Hazards Training Course
- Toxic Aid Automatic Training
- Toxic Chemical Training for Medical Support Personnel

Department of Energy (DOE)

- ALARA for Design and Operations Engineers – Instructor Manual
- Applied Health Physics
- Crisis Management Program for Senior Officials
- Handling of Radiation Accidents by Emergency Personnel
- Hazardous Materials Incident Response Operations (HAZWOPER)
- Health Physics for the Industrial Hygienist
- Health Physics in Radiation Accidents
- Introduction to Radiation Safety
- Medical Planning and Care in Radiation Accidents
- Occupational Health in Nuclear Facilities
- Radioactive Material Basics for Emergency Responders
- Radiological Emergency Response
- Transportation Public Information Training

Emergency Management Institute (EMI)

- Advanced Radiation Incident Operations (ARIO)
- Consequences of Terrorism, Integrated Emergency Management Course
- Emergency Response to Criminal/Terrorist Incidents
- Exercise Design Course
- Exercise Evaluation Course
- Fundamentals Course for Radiological Monitors
- Fundamentals Course for Radiological Response Teams
- Incident Command System/Emergency Operations Center (ICS/EOC) Interface
- Incident Command System for Law Enforcement Agencies
- Incident Command System for Public Works
- Mass Fatalities Incident Course

- Radiological Emergency Response Operations (RERO)

Federal Emergency Management Agency (FEMA)

- Chemical Stockpile Emergency Preparedness Program (CSEPP)
- Agent Characteristics and Toxicology First Aid and Special Treatment (ACTFAST) and Use of Auto-Injectors
- An Introduction to Protective Action Decision Making
- Chemical Accident/Incident Response & Assistance
- Chemical Hazard Prediction
- Chemical Hazard Prediction for Decision Makers
- Chemical Stockpile Agent Characteristics
- CSEPP Chemical Awareness
- Emergency Management Information Systems (EMIS)
- Emergency Planner's Companion
- How Do I Know?
- Limited Exposure
- Management of Chemical Warfare Injuries
- Personal Protective Equipment
- Response Phase Decontamination for CSEPP
- Technical Planning and Evaluation
- Use of Auto-Injectors by Civilian Emergency Medical Personnel to Treat Civilians Exposed to Nerve Agent

National Fire Academy (NFA)

- Advanced Life Support Response to Hazardous Materials Incidents
- Basic Life Support and Hazardous Materials Response
- Chemistry of Hazardous Materials
- Command and Control of Fire Department Operations at Target Hazards
- Command and Control of Operations at Natural & Man-Made Disasters
- Emergency Response to Terrorism: Basic Concepts
- Emergency Response to Terrorism: Incident Management
- Emergency Response to Terrorism: Self-Study
- Emergency Response to Terrorism: Tactical Considerations – Company Officer
- Emergency Response to Terrorism: Tactical Considerations – Emergency Medical Services

- Emergency Response to Terrorism: Tactical Considerations – Hazardous Materials
- Hazardous Materials Incident Management
- Hazardous Materials Operating Site Practices
- Incident Command System for Emergency Medical Services

Environmental Protection Agency

- Air Monitoring for Hazardous Materials (165.4)
- Designs for Air Impact Assessments at Hazardous Waste Sites
- Emergency Response to Hazardous Material Incidents
- Hazardous Material Incident Response Operations (165.5)
- Health and Safety Plan Workshop (165.12)
- Incident Command/Unified Command for On-Scene Coordinators Radiation Safety at Superfund Sites

Department of Justice/Office of Justice Programs (DOJ/OJP)

- Basic Course for Bomb Technicians
- COBRA, WMD Hazardous Material Technician Training Course
- COBRA, WMD Incident Commander Training Course
- COBRA, WMD Responder Training
- Emergency Response to Terrorism: Basic Concepts
- Weapons of Mass Destruction Bomb Technicians Emergency Actions Course
- Law Enforcement Response to WMD Incidents: Basic Awareness
- Terrorism Awareness for Emergency First Responders: Internet
- Awareness for Public Works
- WMD: Operations
- EMS Operations and Planning for WMD
- EMS Tactical Operations for WMD
- WMD: Biological Agents
- WMD: Chemical Agents
- WMD: Nuclear and Radiological
- WMD: Explosives and Incendiaries
- WMD: Incident Management/Unified Command
- WMD: Incident Management/Incident Operations
- WMD Threat and Risk Assessment
- WMD Planning and Consequences for Public Works

Department of Transportation (DOT)

- First Responder Training Workshop: Public Transportation Chemical, Biological and Nuclear Incidents

Section 5

Three-Year Projection Forms

Section 5, Tab a

Three-Year Projection B Equipment

State/Jurisdiction: _____

State/Jurisdiction Population: _____

Prepared by: _____

Date: _____

Note: Submit information electronically via the OJP Web Page.

Instructions: These forms are to be used by the state. They are required to be submitted to OSLDPS with the statewide domestic preparedness strategy. They can also be used by the jurisdiction for input to the state.

STATE: First, based upon jurisdictional assessments, provide a current status roll-up of on-hand/on-order equipment, by discipline. This is information derived from the rolling-up of the jurisdictions=**A**Quantity (CUR)@submission on the **ACurrent/Required Status of Equipment**® (matrix on following page), e.g., *SCBA 754/_____*. Equipment acquired through the FY 1999 County and Municipal Agency Domestic Preparedness Equipment Support Program is part of this current status. Second, develop a state roll-up of all types and quantities of equipment, by discipline, required to fulfill the jurisdictions=**s**response plan requirements as found in the jurisdictions=**s**submissions of **A**Quantity (REQ)@on the **ACurrent/Required Status of Equipment**® (matrix on the following page), e.g., *SCBA 754/1900*. Third, project the shortfall or gap in equipment, by discipline, and program the acquisition request over the funding years FY 99, FY 00, and FY 01 (use the example matrix for equipment projections on the last page of this Tab, **Equipment Projections for FY _____**). Complete one matrix per fiscal year.

JURISDICTION: First provide a current status of on-hand/on-order equipment, by discipline. This is information derived from the **ACurrent Response Capabilities**® matrix, **Section 2, Table 3-2** in the jurisdictional Capabilities and Needs Assessment (Section 2). Enter this information in the box for each Equipment Type designating **A**Quantity (CUR)@for the on-hand or on-order current equipment amount on the **ACurrent/Required Status of Equipment**® (matrix on the following page), e.g., *SCBA, 10/_____*. Include equipment acquired through the FY 1999 County and Municipal Agency Domestic Preparedness Equipment Support Program as part of this current status. Second, develop a list of all types and quantities of equipment, by discipline, required to fulfill the jurisdictions=**s** response plan requirements and record this **A**Quantity (REQ)@under the appropriate Equipment Type on the **ACurrent/Required Status of Equipment**® matrix (on the following page) e.g., *SCBA, 10/25*. This is information derived from the **A**Required Response Capabilities@matrix, **Section 2, Table 3-1**. Third, project the shortfalls or gaps in equipment, by discipline, and program these needs over the funding years FY 99, FY 00, and FY 01 (use the example matrix for equipment projections on the last page of this Tab, **Equipment Projections for FY _____**). Complete one matrix per fiscal year.

CURRENT/REQUIRED STATUS OF EQUIPMENT

Category	Fire Service	HazMat	EMS	Law Enforcement	Public Works	Public Health	Emergency Management
PPE							
Equipment Type/ Quantity (CUR/REQ)	/	/	/	/	/	/	/
Equipment Type/ Quantity (CUR/REQ)	/	/	/	/	/	/	/
Equipment Type/ Quantity (CUR/REQ)	/	/	/	/	/	/	/
CB DETECTION							
Equipment Type/ Quantity (CUR/REQ)	/	/	/	/	/	/	/
Equipment Type/ Quantity (CUR/REQ)	/	/	/	/	/	/	/
Equipment Type/ Quantity (CUR/REQ)	/	/	/	/	/	/	/
CB DECON							
Equipment Type/ Quantity (CUR/REQ)	/	/	/	/	/	/	/
Equipment Type/ Quantity (CUR/REQ)	/	/	/	/	/	/	/
Equipment Type/ Quantity (CUR/REQ)	/	/	/	/	/	/	/
COMMO							
Equipment Type/ Quantity (CUR/REQ)	/	/	/	/	/	/	/
Equipment Type/ Quantity (CUR/REQ)	/	/	/	/	/	/	/
Equipment Type/ Quantity (CUR/REQ)	/	/	/	/	/	/	/

EQUIPMENT PROJECTIONS FOR FY ____

Categories	Fire Service	HazMat	EMS	Law Enforcement	Public Works	Public Health	Emergency Management
PPE							
Equipment Type							
Quantity							
Unit Price							
Total Cost							
CB DETECTION							
Equipment Type							
Quantity							
Unit Price							
Total Cost							
CB DECON							
Equipment Type							
Quantity							
Unit Price							
Total Cost							
COMMO							
Equipment Type							
Quantity							
Unit Price							
Total Cost							

Section 5, Tab b

THREE-YEAR PROJECTION – TRAINING

State/Jurisdiction: _____ State/Jurisdiction Population: _____

Prepared by: _____ Date: _____

Note: Submit information electronically via OJP home page.

Instructions: These forms are to be used by the state. They are required to be submitted to OSLDPS with the statewide domestic preparedness strategy. They can also be used by the jurisdiction for input to the state.

STATE: First, based upon jurisdictional assessments, provide a current status roll-up of training, by discipline. This is information derived from rolling-up the jurisdictions=ANumber Trained@entries for each training level on their **ACurrent/Required Status of Training@submissions** (Matrix on the following page). Second, develop a state roll-up of the jurisdictions=ANumber Requiring Training@entries for each training level on the jurisdictions=**ACurrent/Required Status of Training@submissions** (Matrix on the following page). Third, calculate the shortfall or gap in training, by discipline, and program requests for training to include the course name desired over the funding years FY99, FY00, and FY01 (Use the example matrix for training projections on the last page of this Tab, **Training Projections for FY__**). Complete one projection matrix per fiscal year.

JURISDICTION: First, provide a current status roll-up of training, by discipline. This is information derived from the **ACurrent Response Capabilities@matrix, Section 2, Table 3-2** in the jurisdictional **ACapabilities and Needs Assessments** (Section 2). Enter this information in the ANumber Trained@row for each discipline on the **ACurrent/Required Status of Training@submission** (Matrix on the following page). Second, subtract the ANumber Trained@from the ANumber in Discipline that should be trained@at each competency level to determine the jurisdiction=ANumber Requiring Training@for each training level on the jurisdiction= **ACurrent/Required Status of Training@submissions** (Matrix on the following page). Use the above information with the information derived from the **ARequired Response Capabilities@matrix, Section 2, Table 3-1**. Third, calculate the shortfall or gap in training, by discipline, and program requests for training to include the course name desired over the funding years FY99, FY00, and FY01 (Use the example matrix for training projections on the last page of this Tab, **Training Projections for FY__**). Complete one projection matrix per fiscal year.

CURRENT/REQUIRED STATUS OF TRAINING

Category	Fire Service	HazMat	EMS	Law Enforcement	Public Works	Public Health	Emergency Management
Awareness							
Number in Discipline at Awareness Level							
Number Trained							
Number Requiring Training							
Operations							
Number in Discipline at Operations Level							
Number Trained							
Number Requiring Training							
Technician							
Number in Discipline at Technician Level							
Number Trained							
Number Requiring Training							
Incident Command							
Number in Discipline at Command Level							
Number Trained							
Number Requiring Training							

TRAINING PROJECTIONS FOR FY ____

Category	Fire Service	HazMat	EMS	Law Enforcement	Public Works	Public Health	Emergency Management
Awareness							
Course Name							
Students							
Delivered by							
Delivery Location							
Course Cost							
Operations							
Course Name							
Students							
Delivered By							
Delivery Location							
Course Cost							
Technician							
Course Name							
Students							
Delivered By							
Delivery Location							
Course Cost							
Incident Command							
Course Name							
Students							
Delivered By							
Delivery Location							
Course Cost							

Section 5, Tab c

Three-Year Projection – Exercises

State/Jurisdiction: _____ State/Jurisdiction Population: _____

Prepared by: _____ Date: _____

Note: submit information electronically via OJP Web Page.

Instructions: These forms are to be used by the state. They are required to be submitted to OSLDPS with the statewide domestic preparedness strategy. They can also be used by the jurisdiction for input to the state.

STATE: The first form on the next page is used as the format for the “**Current Status of Exercises**” and also as the format for the “**Required Status of Exercises**.” First, based upon jurisdictional assessments, provide a current status roll-up of scheduled and funded exercises in the format shown on the top chart on the following page (**Current Status of Exercises**). This is information derived from rolling-up the jurisdictions’ “**Current Status of Exercises**” submissions. Second, develop a state roll-up of exercises required to fulfill the jurisdictions’ response plan requirements as found in the jurisdictions submissions of the “**Required Status of Exercises**” (Use the first chart on the following page as the format). Third, project the shortfall or gap in exercises and program the exercise requested over the funding years FY99, FY00, FY01 (Use the second example matrix on the next page of this Tab, **Training Projections for FY__**). Complete one projection matrix per fiscal year.

JURISDICTION: The first form on the next page is used as the format for the “**Current Status of Exercises**” and as the format for the “**Required Status of Exercises**.” First, provide a current status of scheduled and funded exercises in the format shown on the top chart on the following page (**Current Status of Exercises**). This is information derived from the “**Current Response Capabilities**” matrix, **Section 2, Table 3-2** in the jurisdictional Capabilities and Needs Assessments (Section 2). Second, develop a list of exercises required to fulfill the jurisdictions’ response plan requirements and record this information on the “**Required Status of Exercises**” matrix (Use the first chart on the next page as the format). Third, project the shortfall or gap in exercises and program the exercise requested over the finding years FY99, FY00, FY01 (Use the second example matrix on the next page of this Tab, **Training Projections for FY__**). Complete on projection matrix per fiscal year.

CURRENT STATUS/REQUIRED STATUS OF EXERCISES

						Participating Disciplines						
Jurisdiction	Type of Exercise	Hazard	Number of Participants	Date	Cost	Fire	HAZ	EMS	LEA	PW	PH	EMA
COMMENTS:												

EXERCISE PROJECTIONS FOR FY__

						Participating Disciplines						
Jurisdiction	Type of Exercise	Hazard	Number of Participants	Date	Cost	Fire	HAZ	EMS	LEA	PW	PH	EMA
COMMENTS:												

INSTRUCTIONS:

1. **States:** List the jurisdiction conducting the exercise and/or state agency responsible for conducting the exercise.
2. **Type of Exercise:**
 - TT** **Tabletop Exercise**
 - CPX** **Command Post or Staff only Exercise**
 - FTX** **Functional Training Exercise**
 - Func** **Functional Exercise**
3. **Hazard:**
 - B** **Biological**
 - N** **Nuclear/Radiological**
 - I** **Incendiary**
 - C** **Chemical**
 - E** **Explosive**
4. **Number of Participants:** Enter the total or estimated total participation for the exercise.
5. **Date:** Enter the date or projected date of the exercise.
6. **Cost:** Enter the cost or estimated cost for the exercise (for purposes of federal funding).
7. **Participating Disciplines:** Enter the disciplines that will be participating in the discipline
8. **Comments:** Enter any pertinent comments on the exercise. Use this to indicate agencies external to the jurisdiction that will be participating in the exercise.

NOTE: Legend for Matrix: Fire – Fire Service, HAZ – HazMat, EMS – Emergency Medical Services, LEA – Law Enforcement Agencies, PW – Public Works, PH – Public Health, EMA – Emergency Management Agencies

Section 5, Tab d

Technical Assistance – Projections

State/Jurisdiction: _____ State/Jurisdiction Population: _____

Prepared by: _____ Date: _____

Note: Submit information electronically via OJP Web Page.

Instructions: Technical Assistance (TA) is the direct assistance to state and local jurisdictions to improve capabilities for program development, planning, and operational performance related to response to WMD terrorism incidents. These forms are to be used for state roll-up and submission to OSLDPS with the statewide domestic preparedness strategy. They can also be used by the jurisdiction for input to the state. The main types of TA are: Develop/Update Response Plans, Develop/Sustain Three-year Strategy, Identify additional Available Resources, Conduct Risk and Needs Assessments, Identify Latest Technology/Training, Develop Standardized Equipment List, Training on Maintenance and Use of Equipment, Develop Response Protocols, and assist with Emergency Services Organizational Assessments.

STATE: First, based on jurisdictional projections, provide a current status roll-up of scheduled and funded TA in the format shown on the first chart on the following page (**Current Status of Technical Assistance**).. Second, based on jurisdictional projections, provide a required status roll-up of TA in the format shown on the second chart on the following page (**Required Status of Technical Assistance**). Third, project the shortfall or gap between “current” and “required” TA. This forms the basis for state three-year projections in TA. Project TA requirements for funding years FY 99, FY 00, and FY 01 (use the last chart on the following page, **Technical Assistance Projections for FY__**). Complete one projection matrix per fiscal year. Using jurisdictional assessment information, provide the names of the jurisdiction that will use the requested TA.

JURISDICTION: First, identify your “current status” of TA (that TA already scheduled and funded) within the jurisdiction using the first form on the following page (**Current Status of Technical Assistance**). This is information developed from the “Current Response Capabilities” assessment, **Section 2, Table 3-2**. Second, identify the types of TA necessary for the performance of tasks required in jurisdictional response plans and procedures. This is information developed from the “Required Response Capabilities” assessment, **Section 2, Table 3-1**. Enter this on the middle chart on the following page, **Required Status of Technical Assistance**). Third, the shortfall or gap between “current” and “required” TA is the basis for the jurisdictional three-year projection. Project the TA requested over the funding years FY 99, FY 00, and FY 01. Complete one projection matrix, **Technical Assistance for FY__**, per fiscal year.

CURRENT STATUS OF TECHNICAL ASSISTANCE

JURISDICTION	TYPE OF/PURPOSE FOR TECHNICAL ASSISTANCE	TECHNICAL ASSISTANCE PROVIDER	TECHNICAL ASSISTANCE FUNDING SOURCE

REQUIRED STATUS OF TECHNICAL ASSISTANCE

JURISDICTION	TYPE OF/PURPOSE FOR TECHNICAL ASSISTANCE

TECHNICAL ASSISTANCE PROJECTIONS FOR FY __

JURISDICTION	TYPE OF/PURPOSE FOR TECHNICAL ASSISTANCE

Section 6 Additional Training Information

State/Jurisdiction: _____ **State/Jurisdiction Population:** _____

Prepared By: _____ **Date:** _____

1. What type of training media is your state/jurisdiction capable of supporting?

- | | |
|--|---------------------------------------|
| _____ Computer-Based Training Software | _____ Computer Training, CD-ROM Based |
| _____ Internet Training | _____ Training Manuals and Slides |
| _____ Satellite/Cable Broadcast Training | _____ Videotape Training |
| _____ Video Teleconferencing | _____ Other |

2. What type of infrastructure do you have for responder training?

Local Academy Training _____

State Training Academy (State Only) _____

University/Comm. College Program (identify institution) _____

Training Program (identify organization) _____

Federal Training Program (identify program) _____

3. List any WMD-specific equipment that you must acquire that requires specialized training.

4. List the number of personnel in your state for each of the following responder groups.

- | | | |
|-----------------------|----------------------|------------------------------|
| _____ Bomb Technician | _____ Police Officer | _____ Public Works Personnel |
| _____ EMS Personnel | _____ Firefighter | _____ Nurses |
| _____ HazMat Tech | _____ Physician | _____ Public Health |

Section 7

Emergency Response Team Survey

Jurisdiction/State: _____ **Jurisdiction/State Population:** _____

Prepared by: _____ **Date:** _____

Instructions: The included forms are to be used by the state to roll-up jurisdiction Current Emergency Response Team Capability (first form) for the state and the jurisdictions to record Current Emergency Response Team Capability input for the state (second form).

STATE: The following information is requested to determine the number and composition of emergency response teams within your state. This information is a compilation of jurisdiction assessments plus those assets that you may have at state-level that are not included in the jurisdictions-submissions. Please list the number of teams, the number of personnel currently working in the state, and jurisdictions without any support by type on the **State Current Capabilities** form. **Submit this information electronically.**

JURISDICTION: Please list the number of teams and the number of personnel currently working on the listed emergency response teams in your jurisdiction on the **Jurisdiction Current Capabilities** form. Do not list state-level assets on this form. If you do not have a team current capability listed in column 2, indicate if you have mutual aid or state-dedicated coverage in column 4. Column 4 is intended to show shortfalls in coverage in the jurisdiction for these type teams. **Submit this information electronically.**

State: _____

STATE CURRENT CAPABILITIES

Type	State Level			Jurisdiction-Level Number of Jurisdictions _____		
	Number of Teams	Personnel	Mutual Aid Agreement (Yes/No) ¹	Number of Teams	Personnel	Jurisdictions <u>Not</u> Provided Support ²
HazMat						
SWAT						
Bomb Squads						
EMS						
US&R						
Heavy US&R						
NG-CSD						
Other						

¹Refers to mutual aid agreements among states not reflected in jurisdiction information.

²Refers to jurisdictions without capability and without mutual aid or state coverage.

State: _____ Jurisdiction: _____

JURISDICTION CURRENT CAPABILITIES

	Number of Teams	Personnel	Coverage by a Mutual Aid Agreement (Yes/No)
HazMat			
SWAT			
Bomb Squads			
EMS			
US&R			
Heavy US&R			
(Other)			

Section 9

Statewide Domestic Preparedness Strategy

Section 9, Tab a

Three-Year Statewide Domestic Preparedness Strategy Format

- I. Address Jurisdiction Identification and Coordination Issues
(See Paragraph III A and B, Appendix C, Program Guidelines and Application Kit)

- II. Statement of the Problem
(See Paragraph III C, Appendix C, Program Guidelines and Application Kit)

- III. Current Capabilities and Needs
(See Paragraphs III D, E, F and G, Appendix C, Program Guidelines and Application Kit)
 - A. Equipment Priorities
 - 1. Statement of Current Response Capabilities
 - 2. Projection of Required Response Capabilities
 - 3. Impact of going from Current to Required Response Capabilities
 - B. Training Priorities
 - 1. Statement of Current Training Levels
 - 2. Projection of Required Training Levels
 - 3. Impact of going from Current to Required Training Levels
 - C. Exercise Priorities
 - 1. Statement of Current Exercise Programs
 - 2. Projection of Required Exercise Programs
 - 3. Impact of going from Current to Required Exercise Programs
 - D. Technical Assistance Priorities
 - 1. Statement of Current Technical Assistance Status
 - 2. Projection of Required Technical Assistance Requests
 - 3. Impact of going from Current to Required Technical Assistance
 - E. Research and Development
 - 1. Statement of Current Research and Development Status
 - 2. Projection of Required Research and Development Requests
 - 3. Impact of going from Current to Required Research and Development

- IV. Goals and Objectives
(See Paragraph III H, Appendix C, Program Guidelines and Application Kit)
(Format for Goals and Objectives is at Section 9, Tab b)

- V. Evaluation Plan for the Three-year Statewide Domestic Preparedness Strategy
(See Paragraph V, Appendix C, Program Guidelines and Application Kit)

Section 9, Tab b

Three-year Statewide Domestic Preparedness Strategy Matrix

(See Paragraph III H, Appendix C, Program Guidelines and Application Kit)

GOALS	OBJECTIVES	IMPLEMENTATION PLAN
I.	A. B.	1. 2. 3. 1. 2.
II.	A. B.	1. 2. 1. 2. 3.
III.	A. B. C.	1. 2. 1. 2. 1. 2. 3. 4.
IV.	A. B.	1. 2. 1. 2. 3.

A Tool to Assist with Plan Development

Glossary

Acronyms

AAR	After Action Report
APHL	Agency for Public Health Laboratories
ATSDR	Agency for Toxic Substances and Disease Registry
ASTHO	Association for State and Territorial Health Officials
CDC	Centers for Disease Control and Prevention
CPX	Command Post Exercise
CSTE	Council of State and Territorial Epidemiologists
CT	Counter-Terrorism
DOD	Department of Defense
DOJ	Department of Justice
EFR	Emergency First Responder
EMAC	Emergency Medical Assistance Compact
EMS	Emergency Medical Services
EPA	Environmental Protection Agency
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
FOIA	Freedom of Information Act
FTX	Functional Training Exercise
HAZMAT	Hazardous Materials
ICDDC	Interstate Civil Defense and Disaster Compact
JTTF	Joint Terrorism Task Force
JTWG	Joint Terrorism Working Group
LPHA	Local Public Health Agency
LPHS	Local Public Health System
NACCHO	National Association for County and City Health Officials
NDPO	National Domestic Preparedness Office
OES	Office of Emergency Services
OSLDPS	Office for State and Local Domestic Preparedness Support
OJP	Office of Justice Programs
PHS	Public Health Service
PTE	Potential Threat Element
SAA	State Administrative Agency
SEL	Standardized Equipment List
SWAT	Special Weapons and Tactics
TEA	Threat Environment Assessment
US&R	Urban Search and Rescue
WMD	Weapons of Mass Destruction

Glossary (Cont.)

Definitions

Assessment: The evaluation and interpretation of measurements another information to provide a basis for decision-making.

Consequence Management: Measures to protect public health and safety, restore essential government services, and produce emergency relief to governments, business, and individuals affected by the consequences of terrorism.

Critical Assets: Those assets essential to the minimum operations of the economy and government, and ensure the general public health and safety.

Domestic Terrorism: Involves groups or individuals who are based and operate widely within the United States and are directed at elements of our government or population without foreign direction.

First Responder: Local police, fire, and emergency medical personnel who first arrive on the scene of an incident and take action to save lives, protect property, and meet basic human needs.

Jurisdiction: Typically counties and cities within a state, but states may elect to define differently in order to facilitate their assessment process. (State-specific definition other than counties or cities should be specified.) The responsible entity for providing coordinated responses to a WMD terrorist incident.

Potential Threat Element (PTE): Any group or individual about whom there are allegations or information indicating a possibility of the unlawful use of force or violence, specifically the utilization of a Weapon of Mass Destruction, against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of a specific motivation or goal, possibly political or social in nature.

Technical Assistance: The provisioning of direct assistance to states and local jurisdictions to improve capabilities for program development, planning, and operational performances related to responses to WMD terrorist incidents.

Terrorism: The unlawful use of force or violence committed by an individual or group of individuals against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives.

Weapon of Mass Destruction (WMD): Any explosive, incendiary, or poison gas, bomb, grenade, rocket having a propellant charge or more than four ounces, missile having an explosive or incendiary charge of more than one-quarter ounce, mine or device similar to the above; poison gas; any weapon involving a disease organism; or any weapon that is designed to release radiation or radioactivity at a level dangerous to human life.