

# **ANNEX V**

## **TERRORIST INCIDENT RESPONSE**

**City of Houston**

# Approval & Implementation

## Annex V

### Terrorist Incident Response

  
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## ANNEX V

### TERRORIST INCIDENT RESPONSE

#### I. AUTHORITY

- A. City of Houston Emergency Management Plan.
- B. Public Law 104-201, Defense Against Weapons of Mass Destruction Act.
- C. Terrorist Incident Response Annex to the State of Texas Emergency Management Plan.
- D. National Response Framework (NRF), Emergency Support Functions (EFS), and Support Annexes.
- E. Homeland Security Presidential Directive, HSPD-5, Management of Domestic Incidents.
- F. Homeland Security Presidential Directive, HSPD-7, Critical Infrastructure, Prioritization, and Protection.
- G. Homeland Security Presidential Directive, HSPD-8, National Preparedness.

#### II. PURPOSE

- A. To establish operational concepts and to clarify roles and responsibilities to lessen probable confusion resulting from a threat of terrorism or an actual event.
- B. This annex defines how the City of Houston will operate during the crisis and consequence management phases of anticipated or actual acts of terrorism.
- C. The annex provides for coordinated integration and joint operations in accordance with federal and state emergency management plans as well as related contingency plans.

#### III. EXPLANATION OF TERMS

- A. Acronyms

CID	Houston Police Criminal Intelligence Division
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosives
CMOC	Catastrophic Medical Operations Center
CBRNE	Chemical Biological Radiological Nuclear Explosive
DDC	Disaster District Committee
DOJ	Department of Justice
DPS	Texas Department of Public Safety
EMC	Emergency Management Coordinator
EMS	Emergency Medical Services
EOC	Emergency Operations Center
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
HA	Health Authority
HDHHS	Houston Department of Health and Human Services

HFD	Houston Fire Department
HMMRS	Houston Metropolitan Medical Response System
HPD	Houston Police Department
IC	Incident Command
ICP	Incident Command Post
ICS	Incident Command System
JIC	Joint Information Center
JOC	Joint Operations Center
JTTF	Joint Terrorism Task Force
MACG	Multi-Agency Coordination Group
NIMS	National Incident Management System
NRF	National Response Framework
OEM	Houston Office of Emergency Management
PPE	Personal Protective Equipment
SOG	Standard Operating Guidelines
TFC	Texas Fusion Center
TDEM	Texas Division of Emergency Management
UC	Unified Command
WMD	Weapon of Mass Destruction

B. Definitions

See Appendix C to this annex

**IV. SITUATION AND ASSUMPTIONS**

A. Situation

1. Acts of terrorism can occur without warning. The City of Houston, its governmental entities, its public and private institutions, its businesses, and its people may all be targets of terrorism.
2. Federal law dictates that all acts of terrorism planned or executed are subject to federal jurisdiction. Although Federal laws assign the primary authority to the federal government for prevention and response to acts of terrorism, it is also the responsibility of local and state response agencies to prevent, protect against, respond to and recover from any threat or actual act of terrorism. Local governments will provide initial response, supported by state and federal resources as required.
3. Since terrorist acts may be violations of local, state, and federal law, the response to a significant local terrorist threat or actual incident may include state and federal response agencies.
4. In the event of a significant terrorist threat or incident, it is anticipated that state and federal resources will be requested in order to supplement local capabilities, which may or may not be adequate for the specific incident.
5. The Department of Justice (DOJ) uses the acronym CBRNE (Chemical, Biological, Radiological, Nuclear, and Explosive) to describe the five

categories of Weapons of Mass Destruction (WMD). Although CBRNE is now often referred to when describing agents related to terrorism, the DOJ continues referencing WMD when describing incendiary devices, which are explosive and may be used by terrorist groups to aid in dispersing CBRNE agents. Incendiary devices are easy to manufacture ranging from simple to complex. Separately, or in conjunction with CBRNE agents, WMDs can be devastating to both community and emergency responders.

6. The presence of CBRNE agents may not be detected immediately. In the case of chemical, biological, or nuclear materials, they may not be detected until some time after casualties occur. There may be a delay in identifying the agent present and in determining the appropriate protective measures. Such agents may quickly dissipate or be persistent.
7. The basic terrorism response doctrine is comprised of five key principles:
  - a. engaged partnership,
  - b. tiered response,
  - c. scalable, flexible, and adaptable operational capabilities,
  - d. unity of effort through unified command, and
  - e. readiness to act.

#### B. Assumptions

Acts of terrorism will occur and may cause individual or mass casualties. These acts will be planned and perpetrated by individuals, groups, organizations, and even other nations for a variety of reasons.

1. Acts of terrorism may involve arson; shootings; bombings; nuclear; chemical, and/or biological incidents; poisonings; kidnappings; and/or hostage taking; sabotage; and other methods.
2. Although federal law dictates that all acts of terrorism planned or executed are subject to federal jurisdiction, the Houston Police Department, in conjunction with other local emergency response disciplines, will be in charge of the initial prevention and response phases of any potential or actual terrorist incident. As an actual incident unfolds, the city of Houston and appropriate emergency response disciplines from local state and federal agencies will initiate a Unified Command to manage all aspects of response, incident stabilization and recovery.
3. Life saving, investigation and incident stabilization activities may need to occur at the same time and priorities of each action must be weighed against the overall risk versus benefit to all responders.
4. Effective response and management of WMD/CBRNE agents will require:

- a. identification of potential secondary hazards (IEDs, chemicals, dangerous utilities, etc),
  - b. specialized equipment to detect and identify chemical or biological agents,
  - c. a mass decontamination (decon) capability,
  - d. the resources to treat mass casualties, including conducting triage and using specialized pharmaceuticals that have a narrow window of effect,
  - e. the ability to conduct mass prophylaxis or mass vaccination,
  - f. the ability to initiate and maintain isolation/quarantine, and/or
  - g. the capability to deal with mass fatalities.
- 5. Injuries from a terrorist attack may be both physical and psychological.
  - 6. Recovery from a terrorist attack can be complicated by the presence of persistent agents, additional threats, extensive physical damages, and mass casualties.
  - 7. In most cases, significant state and federal resource support will not be available for the initial response phase (first 12 hours).

## **V. CONCEPT OF OPERATIONS**

### **A. General**

- 1. The structure for emergency response operations in a terrorist incident is pursuant to NIMS and will employ the Incident Command System (ICS) structure, and as appropriate, the Multi-Agency Coordination Group (MACG). Both the ICS and MACG include a core set of concepts, principles, and terminology applicable to single or multiple incidents regardless of their scope (Refer to Basic Plan Volume I, section 3.4.3):
  - a. The Incident Command System (ICS) includes a core set of concepts, principles, and terminology applicable to single or multiple incidents regardless of their scope.
  - b. The Multi-agency Coordination Group integrates a combination of facilities, equipment, personnel, procedures, and communications into a common framework, which allows for the coordination and support of incident management.
- 2. During a terrorist incident, the type and complexity of the incident will determine which type of NIMS/ICS/MACG framework will be utilized. If the MACG is activated, the City's Emergency Operations Center (EOC) will be the coordination facility for the MACG. The Incident/Unified Command (IC/UC) will manage and direct the on-scene response from the Incident Command Post (ICP). The MACG in coordination with the EOC will help locate resources requested by the IC/UC. The MACG and EOC will coordinate external resources and technical support, research

problems, provide information to senior managers, disseminate emergency public information, and perform other tasks to support on-scene operations.

3. This annex can be implemented whenever there is evidence of a threat or a suspected terrorist incident. Otherwise, the normal actions outlined in the City of Houston Emergency Management Plan and Standard Operating Guidelines (SOG) for responding to and recovering from any emergency or disaster situation will remain in effect.

## B. Prevention

1. The lead local agency for deterring, preventing, and responding to a threat of terrorist attack is the Houston Police Department (HPD).
2. Prior to the occurrence of a terrorist incident, there are intelligence functions that will be occurring. These intelligence functions will be the responsibility of appropriate law enforcement agencies and will not be addressed in this annex.
  - a. HPD has the lead local role in terrorism incident response and will coordinate its efforts with state and federal law enforcement agencies as appropriate.
  - b. The Department of Public Safety (DPS) is the lead state agency for terrorism incident response. DPS will coordinate the state law enforcement response to a potential terrorist incident and the use of state resources.
  - c. The FBI is the lead federal agency for criminal investigations of terrorist acts or terrorist threats and intelligence collection activities within the United States.
3. When a credible threat of terrorist attack exists, the local Fusion Center will coordinate law enforcement, investigative, and intelligence activities for the threats or incidents that may occur.
4. If a terrorist incident occurs, an IC/UC structure will be used to provide law enforcement and other emergency response disciplines direction and control during crisis management operations. A Joint Operations Center (JOC) may be established to coordinate law enforcement and other emergency response actions.
5. HPD, in coordination with federal and state law enforcement partners will conduct intelligence and information sharing briefings to the appropriate levels of government and to other emergency response partners on a regular basis throughout response and recovery operations.
6. Investigative and intelligence activities are managed by the FBI from an FBI command post or Joint Operations Center (JOC). The JOC coordinates assets between Federal agencies, DPS, and local law enforcement agencies.

### C. Response and Recovery

Response and Recovery activities undertaken to deal with effects of a terrorist incident are conducted in essentially the same manner as the response for other emergencies or disasters. However, since a terrorist incident is an intentional criminal act in violation of federal, state and/or local statutes, law enforcement will be more actively involved with consequence management. Specifically, classified and law enforcement sensitive intelligence will be handled in accordance with 6 CFR 29 and all other federal and state regulations. Post-incident activities, such as investigation, evidence gathering, and pursuit of suspects, will continue. HPD, as the lead local law enforcement agency, will coordinate and establish the appropriate ICS/UC structure with all on-scene emergency responders. The type and complexity of the incident will determine the ICS/UC structure and this structure could change as the incident taxonomy evolves.

1. Consequence management will be managed at the OEM/EOC with the appropriate local, state and federal agencies using the NIMS/ICS format. Field response will operate under an Incident/Unified Command (IC/UC) for initial emergency response, resolution of the life safety issues, and initial recovery actions.
2. Actions taken early primarily deal with life safety and incident stabilization. To facilitate this response, the Houston Metropolitan Medical Response System (HMMRS) was created. This system organizes components or functions from public health and medical, mass fatality management, law enforcement, public information, community mental health, and public education. Components of the HMMRS may be activated based on an emergency situation related to a terrorist act or other public health emergency that create mass casualties or casualties requiring unique care capabilities.
3. HPD, in coordination with federal and state law enforcement partners, will conduct intelligence and information sharing briefings to the appropriate levels of government and other emergency response partners on a regular basis throughout response and recovery operations.
4. If an incident involving terrorism has taken place where injuries and/or deaths have or may occur, all activities will be conducted under an IC/UC structure with priority given to life safety, rescue, and incident stabilization. Cooperation between functions will be critical to prevent compromise of other operations.
5. Possible indicators of a terrorist incident could be, but are not limited to:
  - a. unexplained odors,
  - b. dead animals/birds/fish,
  - c. blisters/rashes,
  - d. mass or unusual casualties,
  - e. unusual pattern of casualties, and/or

f. illness associated with a specific geographic area.

6. Coordination of Local Medical Response to Biological Weapons Incidents

As the medical response to an incident involving biological agents must include the local medical community as a group, the local and state health departments, as well as federal health agencies involved with the response, should undertake to coordinate the efforts of local medical providers to ensure that a consistent approach to health issues is taken. Hence, concise information on the threat, recommendations on what should be done to combat it, and instructions on handling victims must be provided to all hospitals, clinics, nursing homes, home health care agencies, individual physicians, pharmacies, school nursing staffs, and other medical providers. The Health Authority (HA) will typically take the lead in coordinating the local medical response. The HA may request assistance from local professional organizations and/or the Catastrophic Medical Operations Center (CMOC) to provide information to all members of the local medical community.

D. Implementation of the Incident Command System (ICS)

1. The City of Houston has adopted the National Incident Management System (NIMS) in accordance with Homeland Security Presidential Directive (HSPD)-5. The City's adoption of NIMS will provide a consistent approach to the effective management of situations involving natural or human caused disasters or terrorism. NIMS allows the City to integrate its response activities using a set of standardized organizational structures designed to improve interoperability between all levels of government, private sector and nongovernmental organizations. Refer to the Basic Plan, sections 3.4.4 and 3.4.7.

E. Coordination of Incident Management Activities

1. Law enforcement agencies involved in consequence management shall keep those agencies and/or departments responsible for response and recovery efforts informed of decisions made that may have implications on the placement of resources should it be necessary. Because of the sensitivity of law enforcement sources and methods it may be necessary to restrict dissemination of some information to selected emergency management and public health officials who have a need to know. Those individuals may have to carry out some preparedness activities surreptitiously.
2. Until such time as law enforcement and emergency management personnel agree that investigation activities have been concluded, law enforcement personnel shall participate in incident command or EOC operations to advise those carrying out consequence management operations with respect to protection of the crime scene, evidence collection, and investigation results that may have bearing on emergency

operations. DPS and the FBI will normally provide personnel to participate in an IC/UC operation to coordinate state and federal law enforcement assistance.

3. The Houston Fire Department (HFD) will respond in accordance with Emergency Service Functions (ESF), rescuing, providing life-saving emergency medical services, establishing and controlling safe zones (hot, warm and cold), extinguishing fires, and providing specialty/technical support services as required in managing the incident. HFD will collaborate with law enforcement and other agencies to provide appropriate incident stabilization that minimizes disturbing or destroying actual or potential evidence related to a terrorist act.
4. The City of Houston Department of Health and Human Services (HDHHS) will work in conjunction with local, state, regional, and federal partners during a terrorist related incident, focusing on personal and community safety. The HA will work in a collaborative effort to implement action to protect the community and region. The HA will play a vital role in providing mental health support during a wide-scale terrorist incident. Mental health for responders and the community will be coordinated with local and state resource groups.

F. Protective Actions

1. Responders. Emergency personnel responding to a terrorist incident must be protected from the various hazards that a terrorist incident can produce. These include: blast effects, penetrating and fragmenting weapons, fire, asphyxiation, hazardous chemicals, toxic substances, radioactive materials, and disease-causing material. See the discussion of threat weapons and their effects in Appendix B. Though the type of protection required varies depending on the hazard, there are three basic principles of protection that apply to all hazards: time, distance, and shielding.
  - a. **Time.** Emergency workers should spend the shortest time possible to the hazard. Use techniques such as rapid entries to execute reconnaissance or rescue and rotate personnel in the hazard area.
  - b. **Distance.** Maximize the distance between hazards and emergency responders and the public. For chemical, radiological, and explosive hazards, recommended isolation and protective action distances are included in the *Emergency Response Guidebook* (ERG).
  - c. **Shielding.** Use appropriate shielding to address specific hazards. Shielding can include vehicles, buildings, protective clothing, and personnel protective equipment.
2. **The Public.** Protective actions for the public must be selected and implemented based on the hazards present and appropriate instructions and information provided to the public through usual means of warning and public information. Protective actions for the public may include:

- a. evacuation,
- b. shelter-in-place, and/or
- c. access control to deny entry into contaminated areas.
- d. Restrictions on the use of contaminated foodstuffs, normally imposed by the Texas Department of State Health Services (DSHS), after initial assessments conducted by HDHHS to determine appropriate jurisdiction for other agency involvement.
- e. Restrictions on the use of contaminated agricultural products before processing will normally be imposed by the Texas Department of Agriculture after initial assessments are conducted by HDHHS to determine appropriate jurisdiction for other agency involvement. These are products destined for food use after processing.
- f. Restrictions on the use of contaminated public water supplies, normally imposed by the Texas Commission on Environmental Quality (TCEQ), after initial assessments conducted by HDHHS and/or Public Works and Engineering (PWE) to determine appropriate jurisdiction for other agency involvement.
- g. For incidents involving biological agents, protective actions taken to prevent the spread of disease may include:
  - 1) isolation of diseased victims,
  - 2) quarantines to restrict movement of people and/or livestock in specific geographic areas,
  - 3) closure of schools and businesses, and/or
  - 4) restrictions on mass gatherings, such as sporting events.
 Such measures are normally recommended and imposed by the HA.

#### G. Requesting External Assistance

- 1. Requests for state assistance will be made by the Emergency Management Coordinator to the Disaster District Committee (DDC) Chairperson at DDC 2A. If a request for assistance cannot be satisfied with resources available in the District, it will be forwarded by DDC 2A to the State Operations Center (SOC) for action. If state resources cannot satisfy the request, the State will request assistance from the federal government or other states.
- 2. Depending on the severity of the incident, the Mayor may issue a local disaster declaration and request assistance from the Governor. The Governor may declare a State of Disaster for the local area and request the President issue an emergency or disaster declaration for the local area. The National Response Framework (NRF) describes the functions of the responding federal agencies for various response and recovery functions. The Nuclear/Radiological Incident Annex of the NRF addresses the federal response for incidents involving radiological materials.

#### H. Phases of Management

This annex follows a basic approach and acknowledges that most responsibilities and functions performed during an emergency are not specific.

1. Mitigation
  - a. establish guidelines for terrorist incident response,
  - b. select and train members of specialized response unit,
  - c. identify high-risk targets and their associated hazards,
  - d. institute security programs for the high risk and most vulnerable areas,
  - e. develop epidemiological intelligence, evaluation, presentation and detection of disease, and/or
  - f. exchange information and intelligence on activities with the Joint Terrorism Task Force (JTTF) and other appropriate agencies.
  - g. Encourage the reporting of suspicious activity to local law enforcement or the Texas Fusion Center (TFC). The TFC is under the command of the Criminal Intelligence Service (CIS), Criminal Law Enforcement Division of DPS. DPS is the primary State agency responsible for collecting, analyzing, and disseminating criminal intelligence information related to possible terrorist activity. The TFC operates 24-hours a day to receive and respond to reports from the public, local, state, and federal law enforcement agencies. The TFC is staffed by CIS commissioned officers and analysts from the CIS and federal agencies. When warranted, the TFC disseminates actionable intelligence and investigative leads to local law enforcement.
2. Preparedness
  - a. conduct training sessions for other response personnel,
  - b. ensure detection and monitoring equipment are available and operational,
  - c. establish decon protocols,
  - d. maintain medical and sampling supplies and equipment, and/or
  - e. maintain personal protective equipment (PPE).
3. Response
  - a. establish control zones for scene security, crowds, media and Hazmat operations,
  - b. conduct fire and rescue, EMS, hazardous materials, and law enforcement operations,
  - c. stage and deploy appropriate resources,
  - d. activate HMMRS component as needed,
  - e. activate CMOC as required,
  - f. collect epidemiological surveillance data from healthcare providers, hospitals, and the medical examiner, and/or
  - g. establish effective communications with all response groups.
4. Recovery

- a. Provide crisis mental health services in collaboration with community mental health agencies. Refer to Annex O for details.
- b. Restore normal services.

## **VI. ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES**

### **A. Organization**

1. City departments and emergency management agencies will continue to use a functional approach to solve problems and provide assistance, as necessary.
2. While all emergency management agencies and emergency support functions may be involved in responding to a terrorist incident, certain agencies are anticipated to play a more active role in the event.

Because of the nature of terrorism, HPD and OEM will act as the City's lead agencies for coordinating local, mutual aid, state, and federal response during acts of terrorism.

3. Intelligence and prevention are primarily law enforcement direction and control functions at all levels of government and will be coordinated locally by HPD.
4. Response & Recovery Operations:
  - a. Are performed in the same manner as any other operation conducted for an emergency or disaster in Houston.
  - b. OEM will take the lead with support provided from state and federal government as required.
5. Consistent with Annex H, the City's HA will coordinate health and medical functions.

### **B. Assignment of Responsibilities**

1. The Mayor will:
  - a. provide policy guidance with response to anti-terrorism and counter-terrorism programs and
  - b. provide general direction for response and recovery operations in the aftermath of a terrorism incident.
2. The Emergency Management Coordinator (EMC) will be responsible for coordinating all EOC operations. On scene operations will be managed by the on scene IC/UC.
3. OEM will:
  - a. develop and maintain a resources database,
  - b. provide administrative oversight for the HMMRS program,
  - c. coordinate periodic exercises to test response,

- f. develop and promote public awareness programs,
  - g. develop communication procedures,
  - h. promote a business inventory monitoring system,
  - i. activate the HMMRS component as deemed necessary, and/or
  - j. activate CMOC as necessary.
4. HPD will:
- a. alert OEM as required,
  - b. assign liaison personnel to the EOC,
  - c. coordinate all law enforcement activities within the City,
  - d. gather and maintain information with regard to potential terrorist activities through the Houston Fusion Center and provide periodic intelligence reports to key officials,
  - d. coordinate with the JTTF and all other law enforcement agencies,
  - e. develop awareness and prevention training programs for law enforcement personnel,
  - f. institute security programs for the high risk and most vulnerable areas,
  - g. conduct briefing sessions for emergency management and response personnel,
  - h. maintain terrorist activity information,
  - i. establish scene security,
  - j. provide traffic control as necessary,
  - k. notify appropriate federal, state and local law enforcement agencies when activated,
  - l. identify additional potential targets and/or hazards, and/or
  - m. each law enforcement agency will be responsible for operations within its respective jurisdiction and will be coordinated with HPD.
5. HFD will:
- a. alert OEM as required,
  - b. assign liaison personnel to the EOC,
  - c. coordinate all Fire, EMS, Rescue, and HazMat service activities within the City,
  - d. provide fire suppression, search, and rescue operations, including high-rise evacuation, as needed,

- e. remain on scene with unsafe structures until the scene is rendered safe,
  - f. respond to medical emergency calls, establish triage if needed, provide emergency medical care to the injured, including advanced life support when appropriate,
  - g. transport triaged patients in a timely manner to the appropriate medical facility,
  - h. alert hospitals of mass casualty incident with suspected CBRNE agents so they initiate protective action plans,
  - i. establish control zones, PPE requirements, decon procedures, containment of product, and product identification,
  - j. provide and coordinate immediate emergency response to mass casualty incidents,
  - k. recommend activation of Texas Task Force 1 if needed, and/or
  - l. activate mutual aid as needed.
6. HDHHS will:
- a. alert OEM as required,
  - b. activate Department Operations Center (DOC),
  - c. assign liaison personnel to the EOC,
  - d. activate HMMRS component as needed,
  - e. coordinate the City's health and medical infrastructure,
  - f. request activation of CMOC through OEM if needed
  - g. conduct epidemiological and environmental investigations,
  - h. alert hospitals of CBRNE incident so they may initiate protective action plans,
  - i. conduct ongoing syndromic and environmental surveillance activities,
  - j. provide diagnostic and reference laboratory support for the community, and/or
  - k. provide ongoing analysis of data to support decision-making during an event.
7. Routine operations will be conducted in accordance with standard procedures and guidelines.
8. State and Federal support will be called upon when needed.
9. All mutual aid resources will function under the direction of the City and

immediate control of their respective supervisors.

- C. General Response Checklist - These steps are not in any specific order and may be performed by various individuals from various locations.
1. Be suspicious if any indicators are present and respond with heightened awareness.
  2. Approach with caution from uphill and upwind.
  3. Establish Incident Command Post and initial perimeter, restrict entry, consider secondary devices, and treat as a potential crime scene.
  4. Identify a safe staging area.
  5. Establish command structure (Fire, HazMat, Law Enforcement, Emergency Management, Public Health and Medical).
  6. Establish appropriate level of personal protective equipment (PPE).
  7. Establish treatment plan for victims and decedents (include triage, treatment, transport and decon as appropriate).
  8. Make additional notifications (Mutual-aid, City Departments, County, State, and Federal).
  9. Make protective action recommendations to the public:
    - a. Basic shelter-in-place guidance should be given for residents indoors located near the incident site.
    - b. Quickly establish control of ingress and restrict egress from incident site to prevent contamination spread.
    - c. Evacuation of non-injured/non-contaminated persons must include coordination with investigating law enforcement personnel.
    - d. Disseminate guidance for persons in the area at the time of the event via media resources at earliest opportunity after agent identification.
  10. Coordinate media.

## **VII. DIRECTION & CONTROL**

- A. The Mayor shall, pursuant to NIMS, provide general guidance for emergency operations, including the response to terrorist incidents. During periods of a heightened terrorist threat or after an incident has occurred, the local EOC will be activated.
- B. The IC/UC, assisted by a staff sufficient for the tasks to be performed, will manage the emergency response at the incident site from an ICP. If terrorist attacks affect multiple widely separated facilities, separate incident command operations may be set up.

- C. If City resources are insufficient or inappropriate to manage an emergency situation, a request will be made for assistance from other jurisdictions pursuant to mutual aid agreements and/or from organized volunteer groups. Mutual aid personnel and volunteers will normally work under the immediate control of their own supervisors. All response agencies are expected to conform to the general guidance provided by our senior decision-makers and carry out mission assignments directed by the IC/UC or the EOC. Refer to Basic Plan Volume II, Section 3.8.1 for details.
- D. In a large-scale terrorist incident, significant assistance may be needed from other local governments, state agencies, and the federal government. As these external resources arrive, they will be integrated into the operation consistent with the NIMS guidance.

### **VIII. READINESS LEVELS**

- A. Refer to Basic Plan, Section 3.2.2 for Readiness Levels **Green** and **Blue** (Level IV). Part B-D below is specific to this annex and in addition to actions/activities for the identified readiness levels defined in the Basic Plan.
- B. **Yellow** (Level III) - Increased Readiness
  - 1. When local law enforcement personnel determine or are advised by DPS or the FBI that there is a credible threat of near-term local terrorist action, law enforcement personnel shall alert the Mayor (or Mayor Pro-tem), EMC, and other and other appropriate local officials as situation merits. Those individuals shall review the potential emergency situation, plans, and procedures, and determine and implement appropriate readiness actions. These may include:
    - a. expanding criminal intelligence operations;
    - b. reviewing personnel and equipment status and taking actions to enhance resource availability;
    - c. reviewing inventory of critical consumable supplies, filling shortages, and increasing stocks if needed;
    - d. increasing security at and surveillance of public facilities that are potential targets;
    - e. recommending to the owners or operators of privately-owned facilities that they take similar steps;
    - f. briefing local public health and hospital managers on the potential threat; and/or



during terrorists incidents. To the extent possible, legal, property and tax records should be protected. If government records are damaged during the incident response, the EOC should be promptly advised so that timely professional assistance can be sought to preserve and restore them.

C. Post-Incident Review

The OEM will be responsible for the scheduling of post incident reviews where it is deemed that such a review offers an opportunity for enhancing the City's response in future incidents. For details see Basic Plan, section 3.9.

**X. ANNEX DEVELOPMENT AND MAINTENANCE**

Each agency identified in section VI.B of this annex will develop SOGs that address assigned tasks. OEM is responsible for reviewing this annex annually and updating as necessary. See Basic Plan section 1.4.4.

**XI. REFERENCES**

City of Houston Basic Management Plan, Annex H (Health and Medical Services), Annex N (Direction and Control), and Annex O (Human Services)

FEMA, Guide for All-hazard Emergency Operations Planning (SLG-100)

US Department of Transportation/Transport Canada, Emergency Response Guidebook

Jane's Information Group, Jane's Chem-Bio Handbook

Refer to Appendix D of this annex for additional references.

## APPENDICES

Appendix A.....	Terrorist Incident Response Checklist
Appendix B.....	Guidance Information
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Appendix D.....	References
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## **APPENDIX A TO ANNEX V**

### **Terrorist Incident Response Checklist**

#### **I. Indicators**

- A. Is the response to a target hazard or target event?
- B. Has there been a threat?
- C. Are there multiple victims?
- D. Are responders victims?
- E. Are hazardous substances involved?
- F. Has there been an explosion?
- G. Has there been a secondary attack/explosion?

#### **II. Response Actions**

- A. Be suspicious if any indicators are present and respond with heightened awareness.
- B. Approach with caution from uphill and upwind.
- C. Establish Command Post and initial perimeter, restrict entry, consider secondary devices, and treat as a potential crime scene.
- D. Identify a safe staging area.
- E. Establish command structure (Fire, HazMat, Law Enforcement, Medical, and Emergency Management).
- F. Establish appropriate level of personal protective equipment (PPE).
- G. Establish treatment plan for victims and decedents (include triage, treatment, transport, and decon as appropriate).
- H. Make additional notifications (Mutual-aid, City Departments, County, State, and Federal).
- I. Make protective action recommendations to the public:
  - 1. Basic shelter-in-place guidance should be given for residents indoors located near the incident site.
  - 2. Quickly establish control of ingress and restrict egress from incident site to prevent contamination spread.
  - 3. Evacuation of non-injured/non-contaminated persons must include coordination with investigating law enforcement personnel.
  - 4. Disseminate guidance for persons in the area at the time of the event via media resources at earliest opportunity after agent identification.
- J. Coordinate media.

These steps are not in any specific order and may be performed by various individuals from various locations.

#### **III. Response Resources**

- A. Urban search and rescue teams for collapsed structures
- B. Mortuary support for mass fatalities
- C. Investigative resources
- D. Specialized pharmaceuticals
- E. Public health programs
- F. Personnel support for quarantine operations

**APPENDIX B TO ANNEX V**  
**Guidance Information Explosive**

Type	Description	Effects	Emergency Response Guide*	
Conventional	Conventional weapons include guns, rocket-propelled grenades, and similar weapons	<ul style="list-style-type: none"> <li>▪ Significant blast damage to structures, including building and wall collapse, and blast casualties</li> <li>▪ Fragmentation casualties from bomb fragments, debris, and broken glass</li> <li>▪ Fires are possible</li> </ul>	<b>Use Guide 111</b>	
Explosives	Explosives include military and commercial explosives			
Incendiary	Incendiary devices are designed to ignite fires			<ul style="list-style-type: none"> <li>▪ Fires</li> <li>▪ Secondary explosions are possible</li> <li>▪ Burn casualties</li> </ul>
Combination	Conventional explosive and incendiary materials may be used in combination to produce blast damage and fires			<ul style="list-style-type: none"> <li>▪ Significant blast damage to structures, including building and wall collapse, and blast casualties</li> <li>▪ Fires</li> <li>▪ Fragmentation casualties from bomb fragments, debris, and broken glass</li> </ul>

\*Based on U.S. Department of Transportation 2008 Emergency Response Guide

**APPENDIX B TO ANNEX V**  
**Guidance Information Radiological**

Type	Description	Effects	Emergency Response Guide*
Radiation Dispersal Device	Radioactive materials in powder form are packed around conventional explosives	<ul style="list-style-type: none"> <li>▪ Some blast damage to structures</li> <li>▪ Some blast casualties</li> <li>▪ Some fragmentation damage to structures and casualties among people</li> <li>▪ Localized radiological contamination</li> <li>▪ Fires are possible</li> </ul>	<b>Use Guide 163</b>
Nuclear Device	It would be extremely difficult to obtain the weapons grade fissionable material required to construct such a device	<ul style="list-style-type: none"> <li>▪ Extensive blast damage to structures, including building and wall collapse</li> <li>▪ Significant blast casualties</li> <li>▪ Significant fragmentation casualties from debris, broken glass, and other materials</li> <li>▪ Extensive radiological contamination</li> <li>▪ Extensive fire effects</li> </ul>	<b>Use Guide 165</b>

\*Based on U.S. Department of Transportation 2008 Emergency Response Guide

**APPENDIX B TO ANNEX V**  
**Guidance Information Chemical**

Type	Description	Signs/Symptoms of Exposure	Emergency Response Guide*
Nerve Agents	Nerve agents are some of the most toxic chemicals in the world; they are designed to cause death within minutes of exposure	<ul style="list-style-type: none"> <li>▪ Pinpointing Pupils</li> <li>▪ Runny nose</li> <li>▪ Nausea &amp; vomiting</li> <li>▪ Seizures</li> <li>▪ Respiratory Distress or Arrest</li> </ul>	<b>Use Guide 153</b>
Blister agents	Blister agents cause blisters, skin irritation, damage to the eyes, respiratory damage, and gastrointestinal effects	<ul style="list-style-type: none"> <li>▪ Eye Irritation</li> <li>▪ Blisters</li> <li>▪ Respiratory Distress or Arrest</li> </ul>	
Hallucinogens and Irritants	These materials cause temporary symptoms such as hallucinations, vomiting, and burning and pain	<ul style="list-style-type: none"> <li>▪ Short-term incapacitating effects</li> </ul>	
Blood Agents	Blood agents disrupt the blood's ability to carry oxygen and cause rapid respiratory arrest and death	<ul style="list-style-type: none"> <li>▪ Inhibit the transfer of oxygen in the body</li> <li>▪ Irritation of the eyes</li> <li>▪ Seizures</li> <li>▪ Respiratory Distress or Arrest</li> </ul>	
Choking Agents	Choking agents cause eye and airway irritation, chest tightness, and damage to the lungs	<ul style="list-style-type: none"> <li>▪ Eye and airway irritation</li> </ul>	

\*Based on U.S. Department of Transportation 2008 Emergency Response Guide

**APPENDIX B TO ANNEX V**  
**Guidance Information Biological**

Type	Description	Effects
Bacteria <ul style="list-style-type: none"> <li>▪ Anthrax</li> <li>▪ Plague</li> <li>▪ Tularemia</li> <li>▪ Rickettsia</li> <li>▪ Q-fever</li> </ul>	Bacteria are single celled organisms that can cause a variety of diseases in animals, plants, and humans; bacteria are capable of reproducing outside of living cells, while rickettsia require a living host	<p>The release of a biological agent may not have an immediate impact because of the delay between exposure and illness onset, and outbreaks might closely resemble naturally occurring events (i.e., flu).</p> <p>Active surveillance, which may come from healthcare providers, clinics, EMS, or hospitals, is key in detection of a biological agent. Early recognition and identification will facilitate effective management of the incidents.</p>
Viruses <ul style="list-style-type: none"> <li>▪ Smallpox</li> <li>▪ Venezuelan Equine Encephalitis</li> <li>▪ Hemorrhagic Fever</li> </ul>	Viruses are much smaller than bacteria and can only reproduce inside living cells	
Toxins <ul style="list-style-type: none"> <li>▪ Botulinum</li> <li>▪ Staph</li> <li>▪ Ricin</li> </ul>	Toxins are potent poisons produced by a variety of living organisms including bacteria, plants, and animals	

## APPENDIX C TO ANNEX V

### GLOSSARY

#### **Attack**

Sabotage or the use of bombs, chemical or biological agents, nuclear or radiological materials, or armed assault with firearms or other weapons by a terrorist or quasi-terrorist actor that causes or may cause substantial damage or injury to persons or property in any manner.

#### **Annex H – Health & Medical Services**

The purpose of Annex H is to provide coordinated public health and medical services during emergencies to reduce death and injury and to assist in damage assessment and restoration of essential health and medical services within the disaster area.

#### **Annex O – Human Services**

The purpose of Annex O is to establish a plan for providing human services support during emergencies or disasters to persons requiring assistance beyond that of shelter/mass care.

#### **Biological Agents**

Living organisms or the materials derived from them that cause disease in or harm to humans, animals, or plants, or cause deterioration of material. Biological agents may be used as liquid droplets, aerosols, or dry powders.

#### **CBRNE (Chemical, Biological, Radiological, Nuclear, Explosives') Emergencies**

An actual or imminent set of conditions in which Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) agents are intentionally introduced within a specific operational area. These incidents can involve the release of warfare agents or the intentional release of industrial agents. Thus, such incidents are essentially deliberate Hazmat incidents and constitute a complex emergency

#### **Chemical Agents**

Substances with chemical properties that are intended for use in military operations to kill, seriously injure, or incapacitate people through their physiological effects. Excluded from consideration are riot control agents, and smoke and flame materials. An agent may appear as a vapor, aerosol, or liquid; it can be either a casualty/toxic agent or an incapacitating agent.

#### **Consequence Management**

The requirements of crisis management and consequence management have been combined. They combine the law enforcement function of identification and prevention of terrorist activities with the emergency management function of

protection of public health and safety and emergency relief from the consequences of acts of terrorism.

**Contamination**

The deposit or absorption of chemical or biological warfare agents (or conventional hazardous materials) on structures, areas, personnel, or objects.

**Control Zones**

The geographical areas established to control a hazardous materials incident (including those involving CBRNE agents). The three zones most commonly used are the exclusion (hot) zone, contamination reduction (warm) zone, and support (cold) zone.

**Decontamination (Decon)**

The action that is required to physically remove or chemically change contaminants from personnel and equipment. Decon is the process used to reduce the hazards of CBRNE agents to safe levels.

**Houston Metropolitan Medical Response System (HMMRS)**

Local term used to describe regional public health & medical preparedness planning for a catastrophic disaster or terrorist incident involving a CBRNE agent.

**National Incident Management System (NIMS)**

The NIMS provides a consistent nationwide approach for Federal, State, territorial, tribal, and local governments to work effectively and efficiently together to prepare for, prevent, respond to, and recover from domestic incidents, regardless of cause, size, or complexity.

**National Response Framework (NRF)**

The interdepartmental planning mechanism, developed under the leadership of the Department of Homeland Security (DHS), by which the federal government prepares for a response to the consequences of catastrophic disasters. Federal planning and response are coordinated on a functional basis – known as emergency support functions – with designated lead and support agencies for each identified functional area.

**Personal Protective Equipment (PPE)**

Equipment and clothing required to shield or isolate personnel from the chemical, physical and biologic hazards that may be encountered at the site.

**Significant Threat**

The confirmed presence of a CBRNE agent capable of causing a significant destructive or hazardous event prior to actual injury or property loss.

**Terrorist Incident**

A violent act, or an act dangerous to human life, in violation of the criminal laws of the United States or

of any State, to intimidate or coerce a government, in furtherance of political or social objectives.

*FBI Categories:*

*Domestic* – groups or individuals whose terrorist activities are directed at elements of our government or population without foreign direction.

*International* – terrorist activity committed by groups or individuals who are foreign-based and/or directed by countries or groups outside the US or whose activities transcend national boundaries.

**Weapon of Mass (WMD) Destruction**

(A) Any destructive device as defined in section 921 of 18 U.S.C., section 2332a, (which reads) any explosive, incendiary, or poison gas, bomb, grenade, rocket having a propellant charge of more than four ounces, missile having an explosive or incendiary charge more than one quarter ounce, 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.

## APPENDIX D TO ANNEX V

### REFERENCES

“Terrorist Incident Response Annex”, to the *State of Texas Emergency Management Plan*, Governor’s Division of Emergency Management, April 01, 2004.

*Emergency Response to Terrorism: Basic Concepts*, Instructor Guide, NFA-ERT:BC-IG, U.S. Department of Justice, Office of Justice – Bureau of Justice Assistance/Federal Emergency Management Agency (FEMA), United States Fire Administration – National Fire Academy.

“Health Authorities”, Texas Administrative Code, title 25, Part 1, Chapter 85, Subchapter A, Rule §85.1, Adopted February 3, 2000.

**APPENDIX E TO ANNEX V  
SPECIALIZED RESPONSE RESOURCES**

**APPENDIX REDACTED: ON FILE WITH COH OEM**

**(Continued)**  
**APPENDIX E TO ANNEX V**  
**SPECIALIZED RESPONSE RESOURCES**

**APPENDIX REDACTED: ON FILE WITH COH OEM**