

Explosive Device Response Operations

Resource	S/W	Comments
People	S	<ul style="list-style-type: none"> • We have equipment operators who can assist in recovery efforts. (2) • Individual bomb squads can handle an incident with limited LVB counter measures and CBRNE capabilities. • We have a good response capability in the EOD. • We have knowledgeable personnel in analysis and identification in lab systems.
	W	<ul style="list-style-type: none"> • There are deficiencies in the bomb squad response teams. (3) • Need additional EOD and K-9 personnel. (2) • Need more mental health support for volunteers/staff responders/ and victims. (2) • Not enough equipment operators who can assist in recovery efforts. • Not enough equipment operators to handle long term operations. • Need more overall staff and people trained in the area. • We need the ability to mobilize analysts knowledgeable in lab systems during a response. • There are deficiencies in police response teams.
Equipment	S	<ul style="list-style-type: none"> • Equipment employed in threat assessments and render safe procedures is largely standardized and interoperable • Equipment and expertise to analyze and identify explosives
	W	<ul style="list-style-type: none"> • Do not have appropriate equipment or contracts in place (cranes/grapple trucks) (2) • Need for continued support to maintain and provide support for IED operations • Ability to maintain interoperability • Lack of reserve equipment/additional equipment to handle multiple events • Bomb squad unable to meet response times and render safe timelines due to equipment to hand large vehicle bomb and CBRNE • Not equipped to handle more than one incident at a time • Bomb squads responsible for all jurisdictions lack robust large vehicle bomb countermeasures/CBRNE • Lack of robotic (remote) capability • Lack of adequate PPE

		<ul style="list-style-type: none"> • Bomb squads lack mission critical equipment capabilities • Cart to take things in/out of metro tunnels on track • Communication equipment between ESF and EOD • Need more mass care equipment to support responders and victims • We need more detection devices for prevention • We need more equipment for the first responders use for the incident.
Training	S	<ul style="list-style-type: none"> • Hired operators • Formal training in analysis
	W	<ul style="list-style-type: none"> • Need to train operators (4) • Lack regional standardized training (2) • Inadequate training for pre and post blast • Awareness level to identify bombs • More education and training to reach citizens, volunteers, staff regionally • No labs in DC to train or analyze evidence
Exercises/Evaluation	W	<ul style="list-style-type: none"> • Need to include Medical Examiner agencies in exercised, training, planning, etc. (3) • Coordinated exercises with EOD regarding supporting responders and victims, especially WMD/T. (2) • Need to test, identify, and improve on weaknesses. (2) • Need to incorporate mass care functions in exercise. (2) • Need for regional tabletop exercises involving multiple ESFs. (2)
Plans, Policies and Procedures	S	<ul style="list-style-type: none"> • Medical examiner has in house mass fatality plan that is being extended to other agencies, but medical examiner is not involved in other agency plans.
	W	<ul style="list-style-type: none"> • Water system (MD treatment) needs to remain operational in times of threat/have limited capability to operate remotely/cannot shut down for extended periods because water is key to response and recovery activities/dams and chlorine storage facilities are potential WMD (5) • Coordination among fire and rescue and state and federal agencies/bomb squads coordination at scene/connect, communicate and coordinate with mass care functions (4) • Regional plan and standard for joint assistance is needed/same is true human impact of WMDs • Need protocols in place for ESFs to collaborate on recovery/decoration of fatalities or incendiary fragments as well as preserve evidence and/or

		identifying clothing/jewelry
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