WMD/Hazardous Materials Response and Decontamination

Resource	S/W	Comments
People	S	• We have well trained staff that can handle decontamination mission (5) • There are multiple levels of trained personnel for living casualties.
	W	• Need better coordination between field decontamination and hospital responders as well as better management of contaminated points. (3) • There is not enough staff to cover all shifts during a disaster. (3) • Need more Regional coordination of training, response, and equipment purchase. • Personnel shortfalls lead to weakness in ability to meet response targets • Need more NGO's and volunteer staff to conduct mass care response within WND incidents. • The current decision making model does not allow for quick, cross-jurisdictional decisions during hazmat incidents. • Need to train non-emergency staff on decontamination. • Need more decontamination staff for human remains. • Can not act quickly: 1) rapid assessment teams do not meet the 15 minute window of response and 2) we are unable to deploy the Type II IMT team in less than two hours. • Need to invest more in staff for mass care activities. Specifically we need more behavioral health, and public information specialists while responding to and recovering from WMD incidents. • Outside of law enforcement few L.E.O. are properly trained in hazmat response. • There is a limited cadre of healthcare staff trained in decontamination. • Do not have adequate police personnel in NCR based on the required mission. • Need more coordination between federal and state government agencies
Equipment	S	• Many hospitals have response trailers with decontamination equipment • Many hospitals funded for intelligence and decontamination equipment and PPE • Equipment available in house for response-refrigerators

		• Good to excellent equipment in the NCR • Each jurisdiction has HazMat response capabilities • Have structured level B PPE and level A • Robust regional communications • Interoperable communication surge capacity • Through HRSA have purchased basic equipment • Fire and EMS has coordinated well on the regional level (not necessarily with the feds though)
	W	• Need Additional PPE Equipment (8) • Not enough decontamination equipment for sustained response (4) • Need additional storage space (3) • Need regional standards for equipment (3) • Need mass care equipment and supplies (2) • Not enough detection equipment for sustained response (2) • Need chemical antidote equipment • Unequal capabilities amongst healthcare facilities • Upgrades in equipment lacking • NCR needs better inventory and coordination of its equipment • Lack communication equipment between HazMat and mass care • Lack of towels, blankets and clothes to receive and handle people coming from decontamination • Need public notification and warning system • Not enough radiological detection capability • Inability to quickly determine release • Need long term breathing apparatus • Initial response complement unable to detect hazard (HazMat, CBRNE) • Need ability to decontamination large numbers in cold weather • Can’t sustain current response capability • Need ability to quickly triage during a mass casualty event • Need mechanism to determine equipment priorities and interoperability • Bomb squads lack appropriate equipment to address explosive aspect WMD response and multiple WMD incident especially when combined with required times to contain, mitigate events and/or limit affected area. • Availability of equipment for mortuary surge

		• Not enough Mask I kits or treatment • Shelf life of many supplies and equipment –need for replacement/maintenance • Region has not fully identified the equipment and resources needed. • NCR emergency responders lack equipment to effectively respond to incidents in the metro system • Need more capacity and specialized equipment and coordinating resources • Need more focus on inventory and resources that are not used everyday
Training	S	• Medical training available in house and at conferences and institutes • Have the mechanism to deliver programs
	W	• Regional standardized training (8) • Training need for water and wastewater personnel • Training across RESFs to address decontamination expectations • Only minimal training of personnel • Need training with agencies • Training between ESF-10 and ESF-6/8 for post decon • Training for public on how to detect HazMat situation • Insufficient training and awareness for first responders • Ability to maintain IMT • More training for handing off remains to mortuary responder • Need financial assistance for training • Constant change of hospital staff • Training how to secure mass care facilities • Training for the public • Training for hospital staff on victims that self present • Uniformed metro system training • Need exercises to show the gaps and deficiencies and the best way to improve • More focus on recovery training • Need trained microbiologists
Exercises/Evaluation	S	• DC Medical Examiner conducts in-house exercises. • Some NCR exercises in CBRNE have been done.
	W	• Need more exercises that incorporate detection, decontamination, post-decontamination handoff, and mass care response. (8) • Need multiple ESF integration and coordination. (5) • Individual disciplines need to practice their responses and skill with equipment to reinforce lessons learned

		in training. (2) • Need to include Medical Examiner in exercises. (2) • No continuous regional exercise or evaluation process for the NCR (lack of consistency). (2) • Lack of funding for appropriate evaluation of routine training exercises. • Need to test emergency responders and mass transit employees' capability to respond to an incident involving the metro system. • Few staff have experience with PPE. • Need cross-jurisdictional exercises involving fire and hospitals. • Do not know what support will be needed from public works.
Plans, Policies and Procedures	S	• Have existing efforts in place to handle the mass casualty gap
	W	• While first responders have SOPs in place to indicate who's in charge, recovery procedures do not identify/define what is clean or who is in charge/lack of on the ground recovery plan/for NCR/WMD and HazMat operations plans/regional consistency particularly in dealing with jurisdictional issue. (7) • Must plan for dealing with contaminated water treatment systems and disposal of decontamination material and contaminated infrastructure./Integrated, standardized decontamination plans for recovery personnel at hospitals and in the field (7) • Lack of coordination with fire, rescue, state, and federal agencies/ MOUs between EMS and healthcare facilities/Medical Examiner/WMATA (6) • Protection response for general public/what to do in case of HazMat incident • Lack of protection in place/evacuation criteria in place • Incorporation of appropriate professional organizational planning • Plans to minimize panic/hysteria following CBRN incident and relative to reoccupancy/recovery operations planning • Death and WMD is a reality – dealing with this result needs to be part of planning for a response • Law enforcement need to establish mutual aid similar to Fire • Enhance timely communication with mass care leaders/law enforcement/EMS hospitals • No regional standard for detection capability