CBRNE Detection

Resource	S/W	Comments
People	S	• Staff is well trained. (5) • There are adequate personnel within NCR to confront the overall response needs to a CBRNE event. (3) • We have an excellent bio-surveillance system – Essence (3) • We have people who monitor and screen waste material collection and disposal sites. (2) • There is adequate personnel and security in hospitals. • Major water utilities have needed personnel. • Have ability to respond to venue specific event.
	W	• There is a lack of trained decontamination and detection staff both generally and in hospitals. (4) • Need more personnel dedicated to the regional level and in the field (e.g., on the scene) (3) • There is a lack of coordination between functional areas (e.g., hospital decontamination personnel and fire decontamination personnel). (3) • There is insufficient staff and funding. (2) • Need more K-9 and bomb squad personnel. (2) • Need increased personnel to cover mass care activities including behavioral health activities, non-traditional populations' needs, and public information and outreach, during CBRNE incidents. (2) • There are not enough personnel (police, forensic pathologists, epidemiologists, and micro-biologists) in the NCR. (2) • Small water utilities do not have number of personnel needed and rely on large utilities for support. • We have a problem with staff turnover and subsequent training needs. • There are not enough staff in hospitals to provide adequate care for surge from CBRNE. • Need maintenance staff and software foe regional and state Essence program. • There is no consistent standard for interpreting data. • We lake level 4 lab in the NCR. • Public health surveillance is not well integrated with colleagues in public safety. • Need quarantine and detection capabilities at airports. • There are a limited number of first responders who can be deployed in support of healthcare facilities. • We have multi-disciplinary IMT trained personnel, but we lack the ability to maintain the IMT.

		• Not enough people available to go through trash. • Health sector is not communicating with other disciplines. • People are in regular communication with others but the communication is still "stove piped". • The medical examiners are not utilized enough in regional CBRNE incidents. • Existing surveillance systems are not adequately coordinated with NCR responders.
Equipment	S	• Have some detection equipment in place, (e.g., biomonitors) (3) • Existence of promising new technologies, e.g., *Essence* • Chemical warfare (transit network) • Computer Assisted Telephone Interview (CATI) system being tested in NCR to aid detection of bio agent in at-risk community populations (quarantined) • NCR has enhanced equipment capabilities • PPE and decontamination equipment are available • Have chemical decontamination PPE for first 24 hours; need to increase to 72 hours • Quarantine area initiated at Dulles but not Reagan
	W	• Need specific CBRNE testing equipment such as Mach I, CATI, radiological mobile testing, chem/bio detection equipment, and additional water monitoring such as GC/MS. (14) • Hospitals are vulnerable infrastructure and lack perimeter security and detection (e.g., bio, rad, etc.) (6) • NCR doesn't have the ability to access and utilize existing CCTV capability in WMATA metro • Need additional PPE (3) • Need warehouse capability to store equipment (3) • Interoperable communications intelligence of health/public safety (3) • Lack of mass care supplies e.g., towels, blankets, clothes, etc. (3) • Not enough testing validation of new technologies; need uniform (2) • Not enough protective equipment for long term/multi-incident (2) • First responder not adequately trained on equipment (2) • Mechanism to determine equipment interoperability (2)

		• Lack of coverage of monitors • Toxic industrial detection • Lack of post incident protection personnel • IMT is in need to support its ops • Lack of standardization of equipment • Decontamination capabilities • Public notification systems • Communication from HazMat to mass care and PIO • Not all equipment is compatible • NCR hospitals lack level C and B decontamination PPE for victims • Not enough detection and identification equipment for the law enforcement personnel of NCR • Need funds to upgrade equipment • Lack of integration within NCR • First responders not aware of available resources • Need additional funding for software
Training	S	• Well educated staffs at major water utilities (3) • CBRNE training is available • Good training program funded (Washington Hospital Group) to address limited healthcare staff knowledge
	W	• Need more of an ongoing regional training exercises and coordination components (11) • Training of professional community and non-professional people in decon exercises and equipment (9) • CBRNE symptoms training (6) • Training for chem. and biomonitors protocols needed (3) • Awareness training → traditional and non-traditional responders (3) • LE WMD personnel need to train with their FD counterparts (2) • Cross training between EMS and hospitals (2) • Lack of knowledge about training programs • Lack of money to provide training opportunities to staff • NCR personnel are not adequately trained in surveillance capabilities • Lack of training for laboratory personnel • A need to train public safety on capabilities of ESSENCE • Training needs to be ongoing to be proficient • Regional IMTs is limited, does not include other

		disciplines
Exercises/Evaluation	S	• Many local are regional exercises. (4) • ESSENCE is evaluated daily within ESF8
	W	• Need more Local and regional exercise. These exercises should include the health care sector and WMATA/Metro and the coordination between different the different stages of response to a CBRNE incident (e.g., post-decontamination handoff between hazmat/CBRNE and mass care/EMS.) (24) • RESF 3 (debris) has not implemented an exercise/evaluation program. (3) • First responders lack adequate detection equipment and therefore do not exercise adequately with detection equipment. (2) • Need to identify skills that need to be improved via evaluation/after action of exercises and practice those weak skills identified. (2) • Very limited evaluation of "ability to detect." • Lack of critical structure vulnerability assessment. • Need to exercise ESSENCE and CATI systems outside of ESF8 alone. • Lack of awareness regarding capabilities of medical examiners offices and lack of involvement of medical examiner during exercises. • Need increased funding to conduct exercised to test surveillance capabilities.
Plans, Policies and Procedures	S	• Potomac has good detectors for chemicals • Have federal quarantine station at Dulles, but need resources for quarantine stations at BWI and Regan
	W	• Regional plans and procedures must be developed, updated, distributed and exercised across jurisdictions/coordinate federal response plans with local and regional plans (17) • Need to incorporate public health, medical examiner, hospitals, first responders at local level in planning and training. Detection gaps contribute to significant risk to healthcare infrastructure (6) • No NCR area has capability to confirm identification or detection of CBRNE with state or private lab system – only federal lab system has this capability (3) • Lack of a NCR interdisciplinary surveillance system/lack of system for biological assessments/toxic materials in the transportation sector (2) • Lack of funds to hire staff to develop policies and procedures for radiation monitoring and surveillance

		• Phone Georges and Montgomery Counties all not part of the NCR FBI JTTF • Need a regional terrorism tip line • Need to integrate CBRNE planning and response with mass care, HazMat decontamination • Distribution system models not yet fully implemented and tested for NCR water system • Hospitals need to do a better job of reporting trends and distribute related information