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## Safe Communities

Volume 19, Issue 5, May 2023



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## Featured in This Issue

25 Years of Insights for Safer Communities <i>By Catherine L. Feinman</i> .....	4
Labor Trafficking – The Case Study of Marco <i>By Richard Schoeberl, Anthony Mottola, &amp; David Gonzalez</i> .....	5
Helping First Responders & the Public Bring Home Missing Kids <i>By Michael Breslin &amp; Trish McCall</i> .....	12
Defining Workplace Violence <i>By Kevin Jones</i> .....	17
Keeping Schools Safe During the Threat of Nuclear Attacks <i>By Tanya Scherr &amp; Dan Scherr</i> .....	21
Challenges With Pediatric Mass Care Feeding <i>By Michael Prasad &amp; Jennifer Russell</i> .....	27
Perfect Storm: Albuterol Shortage & Supply Chain Upset <i>By Tom Cotter</i> .....	33
CBRN Response Capabilities and Identified Gaps <i>By Kenneth Bell</i> .....	36
Making Planning Documents More Than Words on Paper <i>By Andrew (Andy) Altizer</i> .....	41
Editorial Advisory Board <i>Domestic Preparedness</i> .....	44

*Pictured on the Cover: Unsplash/ Sigmund*

# 25 Years of Insights for Safer Communities

By Catherine L. Feinman



In November 1998, founding publisher Marty Masiuk listened to the experts and knew that protecting communities and responding to future threats would require bridging gaps among first responders and homeland security professionals. Three years later, on September 11, 2001, this forward-thinking “all hazards” approach became more widely embraced when terrorists drew U.S. first responders into a war on the homeland. Over the years, the content focus shifted based on current threats and reader concerns, but the mission of Domestic Preparedness has never wavered: provide real-world insights that help practitioners protect, respond to, and prevent harm to their communities.

In 2021, Marty transferred Domestic Preparedness to the Texas Division of Emergency Management, led by Chief Nim Kidd. That decision was based on Chief



## Domestic Preparedness

*Real-World Insights for Safer Communities*

Kidd’s dedication to maintaining and growing the body of work created by and for operational professionals from multiple disciplines. Since then, the quantity of content has expanded, audio versions of articles have become a popular new offering, and a marketing and branding study was conducted to explore other new ideas. With

2023 marking the 25th anniversary of Domestic Preparedness, we used the feedback received from readers and advisors to create a new logo and website that celebrates the long history of this valuable resource.

This May issue of the *Domestic Preparedness Journal* continues the tradition of working together to create safer communities. The authors in this issue address growing multijurisdictional issues that require situational awareness and collaborative efforts from all community members to protect vulnerable populations: [labor trafficking](#), [exploitation of children](#), [workplace violence](#), [school safety](#), [mass care feeding](#), and [medical supply chain needs](#). The authors also address the ongoing topics of [hazardous materials response capabilities](#) and [emergency planning documents](#). Whether you are a new reader or you have been with the journal since the beginning, welcome to the next 25 years of Domestic Preparedness, where your real-world insights matter!

*Catherine L. Feinman, M.A., joined Domestic Preparedness in January 2010. She has more than 30 years of publishing experience and currently serves as Editor of the Domestic Preparedness Journal, [www.DomesticPreparedness.com](http://www.DomesticPreparedness.com), and the DPJ Weekly Brief, and works with writers and other contributors to build and create new content that is relevant to the emergency preparedness, response, and recovery communities. She received a bachelor’s degree in international business from University of Maryland, College Park, and a master’s degree in emergency and disaster management from American Military University.*



# Labor Trafficking – The Case Study of Marco

By Richard Schoeberl, Anthony Mottola, & David Gonzalez



Understanding the root cause and *push-and-pull* factors that funnel people into labor trafficking can lead to a better understanding of the vulnerabilities that immigrant populations in the U.S. face. The [Polaris Project](#)'s 2020 data from the National Human Trafficking Hotline identified 70% of persons trafficked for labor are foreign nationals, and 48% are from Latin America. The U.S. Department of State report "[2022 Trafficking in Person Report: United States](#)" identified failures for human trafficking victims:

*Although the government meets the minimum standards, in some cases survivors continued to be arrested for the unlawful acts traffickers compelled them to commit, and some victim-witnesses did not receive needed protections during their case. There was a continued lack of progress to comprehensively address labor trafficking in the United States, including in efforts to identify victims, provide them specialized services, and hold labor traffickers, including contractors and recruiters, accountable. The government continued not to mandate human trafficking screening for all foreign national adults in immigration detention or custody and did not screen for trafficking indicators among the people it removed. Advocates continued to report concerns that trafficking survivors were held in immigration detention and that the government's policy to return to Mexico certain individuals from the Western Hemisphere, while their U.S. removal proceedings were pending, exacerbated their vulnerability to human trafficking.*

## Hopes and Promises for a Better Future

[Hope for Justice](#), a global nongovernmental organization (NGO) combatting human trafficking, explored the reported concerns in 2022. Investigators with the NGO conducted a case involving "Marco," who was one of several minors interviewed regarding possible labor trafficking. Marco was born in Guatemala, where his father was involved with drug traffickers. Those same drug traffickers murdered his father and gave Marco an ultimatum to join the drug gang or suffer the same fate. Because of crime and oppressive poverty in the region, Marco had little choice but to leave behind his mother and siblings and seek entry and employment in the U.S. Marco knew there were opportunities to make money and, like many immigrants, hoped to earn enough to eventually bring his family to the U.S.



Like many before him (including the other minors interviewed during this investigation), Marco paid a *coyote* (a person who smuggles human beings) US\$6,000 to transport him to the U.S. border, a debt that Marco agreed to pay in monthly installments. Guatemala to Mexico took 4 days in a crowded bus, then an additional 14 days to arrive at the U.S. border, entering via California. While reflecting on his journey, Marco stated it was harder to cross into Mexico from Guatemala than into the U.S. from Mexico, where he recalled minimal to no security.

Once in the U.S., he went to a checkpoint where he and the others were taken to a child refugee camp in Pomona, California. A month later, he was taken to the airport by two workers from the camp who flew with him to West Virginia. In West Virginia, he was released to a person Marco described as an *uncle* but was not any biological relation. The uncle placed Marco to work in the construction industry and various restaurants. The uncle then took Marco from West Virginia to Iowa, where he placed Marco to work in large agricultural production plants and received payment for Marco's forced labor. The uncle advised Marco he would send the money back to pay off the debt (owed to the coyote) and some to his family. Marco was never in control of his earnings.

While in Iowa, Marco lived with several others in an apartment controlled by the uncle, who withheld money from him to pay for his share of the apartment. When investigators interviewed Marco, he had been in the U.S. for over two years and was still paying off the original debt. During the interview, Marco identified his *uncle* as a *contractor* who controls his employment, wages, rent, transportation, clothes, food, and documentation. In his story, the contractor sets the hours Marco (and his friends) work and where they work. Of course, this all comes at a fee paid to the contractor.

### **Issues Related to Underreporting**

Like countless other victims of labor trafficking, Marco never self-identified as a victim, stating he was pleased to be in Iowa (the U.S.) and making nearly US\$10 a week for himself. However, Marco asked the question, "If I report this, what is going to happen to me?" His concerns carry much weight because deportation could cost him any chance at income and repayment of his debt. Like many others interviewed, Marco did not want to take a chance at losing "so much of what they have already gained and what could be gained" as stated by Marco. Being in the U.S. is a *chance* to make a better life for themselves and their families, a chance he and others are willing to risk.

The 2021 study, "[Evaluation of the Enhanced Collaborative Model to Combat Human Trafficking, Technical Report](#)," explores the lack of self-identification and illustrates reasons for self-identification problems, such as fear of deportation back to the survivor's home country. Once back in their home countries, survivors may still owe money to the ones who initially brought them to a foreign country, thus decreasing their personal and families' safety and security.



The “[2022 Trafficking in Person Report: United States](#)” specifically addressed the reduction of federal funds to combat human trafficking. The Department of Justice provided \$74.6 million to support human trafficking victim assistance programs in 2020 but only about \$60 million for 85 awards in 2021. This reduction influences and directly affects victim services throughout the country. In this same report, advocates expressed concerns regarding the use and inappropriate denials of [T nonimmigrant status](#):

*Advocates reported continued concern with the low number of Continued Presence requests made by law enforcement and noted the heightened importance of this temporary status to access services given increased obstacles to obtaining T nonimmigrant status. NGOs again called for targeted training of law enforcement in geographic areas with the greatest disparities between requests for Continued Presence and applications for T nonimmigrant status. Advocates again reported survivors of sex trafficking were more likely to obtain Continued Presence than survivors of labor trafficking.*

### **Law Enforcement’s Role in Training Related to Labor Trafficking**

There are fewer law enforcement investigations focusing on labor trafficking as opposed to sex trafficking investigations. A study funded by the [National Institute of Justice](#) concluded in 2021 that only a small fraction of law enforcement was trained in human trafficking. Most trainings focused on sex trafficking and prostitution, overlooking labor trafficking entirely. Another 2019 study examining “[Policing Labor Trafficking in the United States](#)” identified factors leading to the lack of law enforcement responses, lack of clarity in defining the crime, lack of agency readiness, and police work routines that guide officers away from labor trafficking cases.

Law enforcement training needs to encompass a general understanding of what sex and labor trafficking are on state, national, and international levels. Once knowledge of this crime is understood, the training needs to be tailored and focused on the geographic area the officers work in daily, as the issues in one jurisdiction may look quite different from those elsewhere. With the understanding of the crime, the training needs to focus on screening and spotting the signs of sex and labor trafficking. Focusing on ways officers can identify victims and then concentrating on what steps to take after identifying a victim. Training should also encompass victim screening and establish best practices for the investigative process.

***Many victims of labor trafficking never self-identify as victims. So, these crimes need to be identified and addressed to protect these vulnerable communities.***

Additionally, training must incorporate trauma-informed care and a victim-centered investigation, which victim advocates and healthcare partners often teach. When incorporated into law enforcement training, officers can meet and collaborate with victim groups (such as NGOs) and other members of multidisciplinary teams. Law enforcement



being well-versed in not only identifying potential victims but understanding how to proceed after the identification is hopefully a step toward decreasing the number of trafficked people.

### **Multidisciplinary Effort to Aide Survivors**

Multidisciplinary teams should comprise law enforcement, prosecutors, medical staff, mental health staff, forensic interviewers, victim services specialists, advocates, housing personnel, treatment facilities and personnel, NGOs, travel/transportation personnel, and the Department of Labor (think [T-Visas](#) and [U-Visas](#)), all with the understanding of the victim-centered approach. Like a puzzle, if pieces are missing from multidisciplinary teams, they will fail to serve victims and survivors, and many will fall through the cracks.

Proactive work in communities will support the work within communities and improve strong relationships with those susceptible to trafficking. Serious consideration must be dedicated to more funding (victim services, NGOs, and law enforcement), training for law enforcement trafficking indicators, and follow-up actions once a victim has been recovered/identified. Since victims seldom self-identify, investigations must be approached from a victim-centric lens, which leads to assisting victims through recovery and yields useful information that law enforcement can use to further investigations.

NGOs in the community can assist with housing, victim necessities, treatment, advocacy, counseling, transportation, translation, investigations, intelligence, and more. Using NGOs helps reduce the overall cost of combating human trafficking per agency. As stated in the [Evaluation of the Enhanced Collaborative Model to Combat Human Trafficking, Technical Report](#), law enforcement from all 10 Enhanced Collaborative Model task forces that were interviewed reported that a large majority of their investigations focus on sex trafficking. Prosecutors from 9 of the 10 task forces also said that their caseloads consist overwhelmingly of sex trafficking cases. They had little experience prosecuting labor trafficking cases.

On the other hand, service providers from at least 8 of the 10 task forces interviewed reported that a substantial share of the survivors they provide services to are survivors of labor trafficking. As stated in the United Nations Office on Drugs and Crime's [Civil Society Actors – Non-Governmental Organizations](#) module, many NGOs include awareness-raising and community economic development to prevent trafficking in persons:

*A smaller number of NGOs assist law enforcement agencies in the investigation and prosecution of trafficking cases by providing information and evidence on suspected trafficking activities in the communities in which they are working.... Advocacy networks between NGOs can also be important, with different organizations working together to fill gaps in governmental responses to trafficking in persons ([Noyori-Corbett and Moxley 2018, p. 955](#)). [Rousseau \(2018, p. 7\)](#) argues that, for some areas, NGOs can be more effective*



*and have a more positive impact than state agencies. For example, given that NGOs are less focused on criminal justice efforts, they are better placed “to provide grassroots interventions that empower survivors and facilitate their long-term reintegration. Civil society can use its close interactions with the individuals and communities affected by human trafficking to develop innovative reintegration models that place victim empowerment at the core of the aftercare system.”*

### **Additional Support for Victims**

In most human trafficking investigations (whether sex trafficking or labor trafficking), victims need not only advocacy but also legal representation. If victims are charged in jurisdictions with crimes as a result of their traffickers, then they need and should have legal representation such as [The Human Trafficking Legal Center](#) in Washington, D.C., which provides pro bono legal services to human trafficking victims. Some states like [Iowa](#) have or are trying to pass additional laws that protect victims such as the “Safe Harbor Law.” There are currently 27 to 30 other states that have a so-called “Safe Harbor” law. These laws are designed to protect victims while they are being trafficked and to have criminal charges against the victims of human trafficking (e.g., prostitution) expunged from their records.



Immigrants picking strawberries during harvest season in California, November 10, 2020 (Source: Tim Mossholder on Unsplash).



Federal grants can and should be applied for and used as an Enhanced Collaborative Model or multidisciplinary team. One such grant is the Office for Victims of Crime's "[FY 2023 Enhanced Collaborative Model \(ECM\) Task Force to Combat Human Trafficking](#)." Within the grant language, "Develop and expand collaborative partnerships among federal, state, local, and tribal law enforcement, prosecution, nongovernmental, labor, and regulatory agencies and system- and community-based service providers." Working together with NGOs is a force multiplier for law enforcement agencies. Labor trafficking cases are underreported, routinely not investigated, and a trending issue for the U.S. to address as the nation witnesses a swell of migrants at the southwest border and reports of both adult and child labor trafficking. Funding, training, and a public/private partnership collaboration are warranted as this crisis escalates.

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# Domestic Preparedness

*Real-World Insights for Safer Communities*

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# Helping First Responders & the Public Bring Home Missing Kids

*By Michael Breslin & Trish McCall*



Over the years, society has faced increasing threats that have become more diverse and severe, making them more easily accessible to those with malicious intent. From insider threats to transnational cyber criminals and nation-states, these dangers pose a significant risk to critical infrastructure and public safety, creating a charged and complex threat landscape. To meet these challenges, the [Department of Homeland Security](#) works tirelessly with federal, state, and local agencies to protect U.S. interests despite formidable obstacles. The urgency and complexity of this task have never been greater, and the stakes are high.

The wide range of dangers and endless supply of bad actors seeking to exploit the inherent vulnerabilities of an open society demand a well-equipped and trained cadre of public safety and first responder professionals. The role played by first responders is paramount to a resilient homeland security enterprise. [Chief Richard Carrizzo](#), vice chair of the First Responder Network Authority Board, reported, “First responders across the country put their lives on the line to keep Americans safe. An estimated 4.6 million people serve as career and volunteer firefighters, police, emergency medical technicians, and paramedics in the United States.”

An often-overlooked existential danger threatening America is the exploitation of its most important resource, its children. Combatting child exploitation in all its forms is a [strategic priority](#) of the Department of Homeland Security and Department of Justice as well as a mission focus for countless law enforcement agencies across all government sectors.

Homeland security begins with hometown security. Security is everyone’s responsibility. A resilient public is a vital component of a strong homeland defense. Public safety officers and first responders are often the first line of defense and play a major role in helping communities respond to various emergencies. For these reasons, this group of professionals is in a key position to assist in finding missing and exploited children. The sheer numbers associated with the [first responder](#) disciplines, including law enforcement, fire services, emergency medical services, and emergency management officials, can serve as force multipliers at the first but necessary step of identifying a potentially vulnerable child.

## Daunting Challenge

It is an unfortunate reality that missing and exploited children continue to be a massive global challenge. According to the National Center for Missing & Exploited Children ([NCMEC](#)), in 2021, their [CyberTipline](#) received 29.4 million reports of suspected child sexual exploitation, up from 21.7 million in 2020. One form of exploitation reported to the CyberTipline is child sex trafficking. Of the more than 25,000 cases of children



reported missing to NCMEC in 2021 who had run away from home, one in six were likely victims of child sex trafficking. Today, the average age of child sex trafficking victims reported missing to NCMEC is only 15 years old.

In its [2020 Homeland Threat Assessment](#), DHS noted that addressing the issue of human trafficking is a priority in its roadmap. “Human trafficking – both sex trafficking and forced labor – remains a significant issue,” the report states.



The Federal Bureau of Investigation reports 337,195 NCIC entries for missing children in 2021, an increase from the 365,348 reported in 2020. In 2021, NCMEC assisted law enforcement, families, and child welfare agencies with 27,733 missing children cases. These numbers are staggering and underscore the necessity of never forgetting that each number represents a child in distress.

Crimes involving exploited children are also rampant online. Recently, attempts at child exploitation have increased due to the shifting of criminals’ tactics, which evolve with technology.

Child exploitation in all its forms has no borders. The low cost and ease of internet access and increased reliance on electronic devices have facilitated transnational crime and increased risks to children. NCMEC reports that child sexual abuse material is often produced in one country and immediately downloaded in foreign locations, creating a global problem. In 2021, 93.5% of NCMEC reports resolved to locations outside the United States.

Child exploitation has been a longstanding problem, and predators continually find new and innovative ways to carry out their criminal activities. Unfortunately, these individuals often exploit the technology and communication systems designed to promote good governance and support the well-being of civil societies to commit heinous crimes against children. Children being at an amplified risk is an unintended consequence of the digital age.

### **Reason for Hope**

The problem of child exploitation can seem daunting for a good reason – it is. However, many law enforcement and public safety professionals work tirelessly every day to identify and apprehend child predators, rescue children, and [restore hope](#) to shattered lives. Agencies such as the United States Marshalls Service, United States Postal Inspections Services, Homeland Security Investigations, Immigration and Customs Enforcement, Customs and Border Protection, Federal Bureau of Investigation, United States Secret Service to the U.S. Army Criminal Investigative Division, along with their state and local law enforcement partners are making a difference every day. These and many other public safety organizations work with the [Internet Crimes Against Children Task Force Program](#) and are at the front line regarding this type of criminal and deviant behavior.

The successful rescue of children through law enforcement operations is a testament to the determination and collaborative efforts required to identify, disrupt, and dismantle child exploitation rings, no matter where they are located. The recovery of even a single child offers hope and highlights the importance of public-private partnerships in the fight against child exploitation.

### **Private Sector Capability**

The use of technology to prevent and deter criminal activity and enhance public safety is widely recognized and presents opportunities for collaboration between various sectors. Many private companies and nonprofit organizations are working diligently to address issues of child safety and human trafficking. Private sector tools and resources can be particularly impactful in this humanitarian effort, and a comprehensive, community-wide approach is necessary to address these issues effectively. Government and law enforcement agencies welcome and rely on the support of these organizations to achieve their objectives.

In one such example, LexisNexis Risk Solutions developed and donated the ADAM Program in November 2000 to respond to a critical NCMEC need for rapid photo distribution when children go missing. “ADAM” stands for Automated Delivery of Alerts on Missing Children and is named to honor 7-year-old murder victim [Adam Walsh](#).

The ADAM Program employs geo-targeted mapping technology to distribute missing child posters to various community stakeholders within a specific geographic region. These posters are sent to police departments, news media outlets, schools, businesses, medical centers, and retail establishments. The search area can include a state, zip code, or a combination of a city and zip code, as well as a highway corridor. This program is open to the public for individuals, law enforcement, and businesses (U.S. only) to sign up at no cost to receive missing child alerts in their area via [adamprogram.com](https://adamprogram.com).



While [AMBER Alerts](#) are issued for the most serious child abduction cases that meet certain criteria, NCMEC can use the ADAM Program to distribute alerts for any missing child case, including those involving children who run away. Endangered runaways comprise the largest group of missing children and are often at high risk of becoming victims of human trafficking. More awareness raised about this program can significantly help in the recovery efforts of missing children.

NCMEC used the ADAM Program to distribute over 1.5 million alerts on over 1,880 missing children cases in 2022. In partnership with NCMEC, the ADAM Program has helped rescue nearly 200 missing children and assisted in the recovery of countless others. The ADAM Program acts as a force multiplier, augmenting the efforts of law enforcement and the public to keep a vigilant eye on missing children (see Fig. 3). It is one of many tools



used to maximize visibility and increase the chances of a successful recovery. In cases of missing children, time is of the essence. The more people who sign up to receive missing alerts, the better positioned NCMEC is to recover a missing child safely.

This partnership harnesses the power of technology to benefit society by fostering collaboration and enabling targeted action to recover missing children and support law enforcement efforts to apprehend those who seek to harm them. By leveraging these resources, NCMEC aims to positively [impact](#) and protect children from harm.

In one such case, a call came into the NCMEC Call Center from someone who received an ADAM poster, which led to the recovery of five young children. They were found in the woods after pinpointing a small town where the children and abductor were seen getting supplies.

*“The ADAM Program plays a vital role in getting the photos of missing children to the right people quickly, including first responders. Recently, three children were safely recovered by a firefighter who responded to a call and later recognized the children on the ADAM poster. This situation has played out time and time again where our nation’s most vulnerable population have been located safely thanks to first responders and their awareness of issues surrounding missing children.”*

—Patti Willingham, Executive Director, Missing Children Division, NCMEC, via personal correspondence with the author, April 12, 2023

### **The Whole of Community Approach**

The most crucial action is to be vigilant for missing children and to report any suspicions of abuse or human trafficking to the authorities. Anyone who has information about a missing child or suspects a child is being subjected to abuse or trafficking should contact the local police department immediately. Other actions include:



- Report information about missing children or child sexual exploitation to NCMEC's 24-hour call center at 1-800-THE-LOST (1-800-843-5678) or about exploitation through the [CyberTipline website](#).
- Help minors report and remove sexually explicit content from the internet (e.g., through [Report Remove](#)).
- Increase community awareness surrounding child abuse and exploitation with the [Blue Campaign](#), a training and education outreach program developed through a public-private partnership.
- [Know what to do](#) if a child is missing.
- Have children and families rethink "stranger danger" with the [KidSmartz Program](#).
- Participate in online safety education programs like [NetSmartz](#).
- Encourage children to learn with interactive activities like those at [NetSmartzKids](#).
- Look up [websites](#) that help find missing children.
- Learn more about this topic through [published research](#).
- NCMEC's [2022 Impact](#).

To effectively combat child exploitation, it is essential to maintain and enhance information-sharing platforms that connect public and private institutions, law enforcement agencies, community organizations, and educational institutions. The ADAM Program, a collaboration between LexisNexis Risk Solutions, law enforcement agencies, NCMEC, and the public, represents a collective approach to this issue. The most rewarding aspect of this program is that it has helped to recover so many missing children. Continuing to work together can [make a real difference](#) in the fight to protect children from harm.

*Michael Breslin serves as the Director, Strategic Client Relationships, Federal Law Enforcement for LexisNexis. In this role, he supports the LexisNexis Federal Government team by managing and establishing executive relationships across the federal government. He is a retired federal law enforcement senior executive with 24 years of law enforcement and homeland security experience. He served as the deputy assistant director in the Office of Investigations, focusing on the integrated mission of investigations and protection with oversight of 162 domestic and foreign field offices. He served as the event coordinator for the National Special Security Event Papal visit to Philadelphia in September 2015 and was appointed by the Secretary of Homeland Security as the federal coordinator for the Papal Visit to the Mexico-U.S. Border in 2016. He is a Senior Executive Service member and published author of numerous articles on homeland security, defense, and threat mitigation methods. He serves on the Cyber Investigations Advisory Board of the U.S. Secret Service and is a Board Member of the National Center for Missing and Exploited Children. He also serves on the Preparedness Leadership Council. He has a B.A. from Saint John's University, Queens, NY; an M.S. in National Security Strategy and a Graduate Certificate in Business Transformation and Decision Making from The Industrial College of the Armed Forces; and an MPA from John Jay College of Criminal Justice. He also serves on the Domestic Preparedness Advisory Board.*

*Trish McCall, Senior Director of Program Management, LexisNexis Risk Solutions, is the co-founder of the ADAM Program, a tool donated to The National Center for Missing & Exploited Children by LexisNexis Risk Solutions to assist with the distribution of missing child posters. Trish also leads initiatives working with corporate and academia to help grow the HPCC Systems® open-source community, with an emphasis on creating an ecosystem of advocates for expanding the value of the HPCC Systems platform. Trish holds a BS in Computer Science Information Systems from Kennesaw State University and serves on their Industry Advisory Board.*



# Defining Workplace Violence

*By Kevin Jones*



Workplace violence often starts with a person(s) involved in a criminal activity or violent relationship who has access to a place of business. Despite intervention efforts, a disgruntled employee who was not properly vetted could pose a significant risk to the organization. When an organization begins preparing for a workplace violence prevention program it must first know what it is. The news often depicts workplace violence as associated with a disgruntled employee, but [five types](#) of workplace violence can occur. The first type of workplace violence occurs when an employee gets hurt in a criminal episode, such as a robbery, and no relationship exists between the victim and the suspect. The second type is the customer relationship, where a person involved would have legitimate business with the organization. The third type is where the suspect and victim are both employees of the organization (including former employees).

These three categories were initially considered the definitions of workplace violence. However, with more focus needed on the significant area of domestic-related incidents within workplace violence, Category Four was created – domestic violence relationship. This type can occur between a victim who is an employee and a suspect who is the victim's spouse or former significant other. The suspect can be a current or former employee or someone that has no relationship with the business. Category five was also created for acts related to terrorism, where a company is attacked purely for ideological reasons.

The Occupational Safety and Health Administration (OSHA) documents nearly [two million](#) workplace violence incidents each year. Workplace violence does not always include an attack, injury, or death. Workplace violence can include bullying, threats, intimidation, or any circumstance where a person causes fear or psychological trauma to an employee. It can also include a disturbance where an employee has difficulty completing their tasks. A little over one percent of reported workplace violence incidents result in injury. However, the vast majority of injuries were caused during robbery incidents.

## History and Examples

Workplace violence is not a new concept, but it came to the forefront of American life in 1986 when [a postal worker](#) entered the post office where he worked with two handguns, killed 13 people, wounded six more, and then shot himself in the head. The shooter had numerous reprimands and was undoubtedly considered a disgruntled employee.

In 1987, a [former employee of Pacific Southwest](#) hijacked Flight 1771. Before he was fired, he was suspected of theft and narcotics transportation. As friends, family, and colleagues reported, he also had a suspected violent history. He was also suspected of being a narcotics dealer. The suspect used his airline credentials and previous passcodes to access the flight. He eventually took over the aircraft and crashed it. All 43 people on board were killed.

In December 2015, a [food inspector in California](#) and his wife killed 14 coworkers and wounded several more in San Bernardino, California. The food inspector was born in

the United States and was of Pakistani descent, while his wife emigrated to the U.S. from Pakistan. The two were killed in a gunfight with law enforcement officers away from the initial scene. The suspect was considered a good employee and did not appear to have significant problems with anyone. However, it was later discovered the two suspects had ties to ISIS.

In 2018, an [employee of T&T trucking](#) kidnapped his ex-wife from her house after killing his 31-year-old daughter. He took his wife to his place of employment, where he confronted a male employee and killed him. The suspect then killed his ex-wife and [chased another male](#) who ran to a nearby business. The male that ran was shot and killed. The suspect left the scene and drove to a residence where he killed another male. The suspect [believed his ex-wife cheated](#) on him with some of the other victims.

This limited short list of examples shows that attacks are not a new phenomenon, and they can take place in a wide array of locations and methods of attacks for an unlimited number of reasons. Moreover, frequent news coverage of active assailant attacks is not limited to schools.

According to multiple sources, including threat assessment management information and the Occupational Safety and Health Administration ([OSHA](#)), active assailant attacks are more likely to occur in businesses and places of commerce rather than schools, and attacks are increasing. Many possible reasons for this include the attention schools receive in the media and the response after an incident. Additionally, many types of businesses and work functions make it more difficult for businesses and places of commerce to prepare as schools do.

## Prevention

“They just snapped” and “No one could have predicted this” are common phrases heard after an incident. These assumptions were debunked before the Columbine High





School incident when security specialist Gavin de Becker wrote *The Gift of Fear*. In the book, de Becker lists warning signs and pre-incident indicators. In the previous examples listed, none of those perpetrators “just snapped.” They provided warnings on multiple occasions to the people around them. However, most of those people thought the signs were something odd rather than something meaningful. The [Cawood Organizational Assessment Grid](#), developed by James Cawood, and the concept of the Pathway to Violence as laid out in *Threat Assessment and Management Strategies* are more-recent tools to identify potentially violent people or incidents before they happen.

Formulating a [threat assessment](#) takes a trained professional. However, with some training, people can trust their instincts and what they see and help develop those thoughts when reporting to a supervisor or person trained in dealing with threats. Early intervention and early reporting are keys to prevention. Some warning signs may be people with significant life stressors such as financial issues, a death in the family, a spouse leaving, or something else. Other warning signs may be apparent mental health concerns, statements, or threats. Each warning sign by itself may not predict a future attack, and many people display some of these behaviors without ever doing anything to hurt another person. However, a trained threat assessor should take peer or witness reports, especially if the person of concern has a history of violence or demonstrates preparations for an attack.

*According to threat assessments, active assailant attacks are more likely to occur in places of commerce than in schools, and attacks are increasing.*

This list of stressors, indicators, or warning behaviors is only a fraction of the potential warning signs. An organization should promote a speak-up culture, so everyone feels comfortable reporting potential dangers. By allowing free conversation and support, organizations can get help for the people of concern before an attack occurs. An organization should consider having a person dedicated to threat assessments and preparedness for both internal and external threats.

Prevention also includes hardening the target with proper security measures such as access control, camera systems, panic alarms, fortified walls, and secure parking lots. Ideally, a properly trained professional security force would assist in preventing and protecting personnel. However, these options may not always be available depending on cost, the type of business, the location, or the local building codes.

## **Preparations**

One of the first steps in preparation is education. Information about active shooter events and workplace violence should not be used as a fear tactic but for educational purposes. Understanding that these are actual events and that the victims are people of every background, communities should encourage citizens and employers to take steps toward prevention and preparedness.

Employers should take a serious look at preparedness by including physical security measures, assessment protocols, and training. The U.S. Army Special Forces use the P.A.C.E. method when conducting operations, which stands for Primary, Alternate, Contingency, and Emergency. This methodology was developed for communications

plans but can apply to daily business operations. Depending on the organization's size, an employer could hire a full-time emergency planner that can cover a complete list of potential emergencies. The employer and the emergency planner can develop plans using the P.A.C.E. method as a guideline to set up evacuation and prevention strategies along with drills involving the entire staff. Employees should push to have these efforts if a business does not have them.

Other considerations are medical kits and trauma training for some of the employees. According to international security expert [John Cameron](#), early medical access is one of the keys to proper preparedness, and immediate medical care is necessary for a tragic event. In addition, advanced training and drills help people stay calm during a crisis and better understand what to do.

A business has an obligation under OSHA to take measures to prevent violence. Still, individuals should also prepare rather than rely on the government, employers, or people of authority to save them. They need to address their own safety needs and can use the [P.A.C.E. planning method](#) as a place to start.

Individuals should learn organizational policies and understand what items they can and cannot have at work. Personal skills could include defensive training, medical and trauma training, and situational awareness training. There are a multitude of courses that teach situational awareness and threat assessment for the layperson to the professional. Continued training is critical. If it is not already being done, individuals can do the following:

- Cite real-world events and practice for events to encourage employers to take things seriously;
- Know where exits and first aid kits are;
- Make sure first aid kits are up to date with proper equipment; and
- Work with local law enforcement, and other first responders to encourage liaison and understanding of the organization.

Many aspects of preparedness can be overwhelming. However, starting a preparedness and prevention protocol is better than never addressing it. Moreover, remember that many organizations have been planning and preparing for a long time, along with local law enforcement and other first responders that would likely be willing to help develop a program and protocols.

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# Keeping Schools Safe During the Threat of Nuclear Attacks

*By Tanya Scherr & Dan Scherr*



With the continuing barrage of news coverage regarding the increasing threat of nuclear attacks around the world today, schools and planners should be considering their next steps. The Bulletin of the Atomic Scientists moved the hands of the so-called Doomsday Clock to [90 seconds](#) to midnight, reflecting their belief that the world is closer to a global nuclear catastrophe than it has ever been. That decision was largely based on the continuing threats and actions of the war in Ukraine – two months before Russian President Vladimir Putin [announced plans](#) to station tactical nuclear weapons in Belarus. While the viability of the threat is currently under debate, the reality remains that the threat of Russia using nuclear weapons in its invasion of Ukraine heightens tensions and raises concerns over the future.

This is not the first time the United States has dealt with threats of nuclear attack from Russia. The 1950s first introduced the idea of school safety drills due to the threat of nuclear attack after Russia detonated its first nuclear weapon. President Harry Truman created the Federal Civil Defense Administration ([FCDA](#)) program in hopes of monitoring, educating, and preparing for the possibility of a nuclear attack on U.S. soil. By 1952, civil defense instruction existed or was in development in more than 95% of elementary and secondary schools around the country. School safety drills were a result of this program, and included an educational video ([Duck and Cover](#)) to demonstrate to students the steps to take should a nuclear attack occur while in school. To make the communication less frightful, Bert the Turtle teaches the students to “duck” (under tables, desks, and large pieces of furniture), and “cover” (protect the back of necks and faces) in the event of an explosion.

## **Adding Nuclear Threats to Existing All-Hazards Plans**

Today, the Federal Emergency Management Agency (FEMA) follows an all-hazards approach to emergency preparedness, as outlined in Homeland Security Presidential Directive-8. The directive defined all-hazards as terror attacks, disasters, and other emergencies and directed the creation of a national preparedness goal and improved methods to support state and local preparedness efforts. [The preparedness goal](#) outlined sought to “balance the potential threat and magnitude of terrorist attacks, major disasters, and other emergencies with the resources required to prevent, respond to, and recover from them.” The National Strategic Goal listed five different mission areas (Prevention, Protection, Mitigation, Response, and Recovery) along with the core capabilities needed for each of the areas. The [three capabilities](#) needed for all areas are Planning, Public Information and Warning, and Operational Coordination, areas where schools can engage with emergency planning operations.

Current state laws require schools to perform certain drills (fire, earthquake, hurricane, active shooter) and plan for events, both natural and manmade. Both students and adults should be trained and know what to expect in an emergency during the school day, and those proficiencies demonstrated through drills. In 2013, FEMA published its [Guide for Developing High-Quality School Emergency Operations Plans](#). This guide provides schools with information on the planning process, how to construct a plan, specific information on different hazards, and outline of the risk assessment process. Most districts determine the level of training (and type of training) based on likelihood of event occurrence in their geographical area. As such, nuclear attack preparation is rarely mentioned and even less frequently accounted for in school disaster planning.

While lower in priority and likelihood in most risk assessments, a nuclear or radiological attack has specific risk factors and considerations other all-hazard plans may not consider. In the 1950s, under the [FCDA and Civil Defense initiatives](#), high schools were issued radiation detection equipment and efforts were made to include training in high school science courses. This level of investment and engagement is well beyond the scope of most schools today, particularly for a threat many districts do not currently address. It may be beneficial to include the possibility of radiation incidents in planning, as this can allay fears of uncertainty when news stories surface and allows the district/school to engage with partners to discuss response.

In 2018, a [false missile alert in Hawaii](#) resulted in 38 minutes of panic in Hawaii. The incident resulted from human error and a lack of adequate fail-safe measures but was a learning experience. After this event, the University of Hawaii sent out communication to the school, including instructional items such as “get inside, stay inside, stay tuned.” The communication was met with negativity, with many feeling it was encouraging unnecessary fear of the previous false alarm despite communicating important information that the state should consider. Current guidance is that, due to limited time to shelter in the event of a nuclear attack, there are no public shelters and no plans to create public shelters. As a result, the university was renewing their commitment to the safety of their students and updating/developing plans to identify safe spaces within the university.

### **Eight General Threat Assessments to Consider**

During the threat assessment for the district/school and drafting response plans in an all-hazards framework, the following assessments may be useful in multiple scenarios.

#### *Overall Assessment*

Any emergency plans should be kept in both electronic and printed format. A dedicated person, usually an administrator in each school, should oversee emergency operations at the site and be responsible for activating emergency plans. Along these lines, it is important for each adult to understand that, in an emergency, everyone’s defined roles may not coincide with their current positions at the school. For example, boarding up windows and exits does not just apply to maintenance staff. Helping prepare food for a mass population may not be isolated to cafeteria staff. First aid does not just reside with the nurse, though it would make sense for the school nurse to oversee processes and be fully in the loop of first aid events where appropriate.

It is important to account for the possibility of electricity and internet outages. Consider laminating printed plans to protect against wear and tear, water damage,



staining, etc. It is important to have a complete understanding of the number of people on the property (along with locations) at all times to maintain an accurate headcount and ensure safety and security. Additional considerations include keeping printed schedules of all students, faculty, and administrators in a safe place if someone needs to be located (see the section below on healthcare assessment).

### *Location Assessment*

Understanding the layout of the school is critical:

- Are students located in portables?
- What is the distance between buildings?
- Is there more than one safe building ([a building with concrete or brick walls or a basement](#)) on the property?
- What if students are in outdoor locations, such as recess, physical education, or sports team practice?

There should be defined plans related to communication and safely moving students inside in a timely manner where applicable. If communication has been received with enough time to move students, students should be moved from portables into larger building structures for various reasons. Access to bathrooms, food, medication, and first aid supplies are the most critical items. If there are multiple safe locations for students, there should be defined maps showing which building(s) students should move to, along with drills/exercises practicing this movement.

Children with additional needs should also be considered. As a standard, consider setting up classrooms within a safe structure from the beginning. Determine and write into the plan if populations in individual classrooms within a primary structure will be expected to move toward the center of the building or into larger areas (cafeteria, gym,



etc.). Having students in one central place can be beneficial in terms of preparing an accurate roster of people located within the structure and managing safety and security concerns, which will be addressed later. Staffing for this process should be addressed in the preparedness plan to ensure adequate coverage and student-teacher ratios.

### *Healthcare Assessment*

The school nurse or health aide will play a critical role in this event:

- Where is the nurse located within the school?
- Are there printed (not just electronic) plans of student medications, dosages, and frequency of administration?
- Are the medications being physically carried by the student or left with the nurse?
- If the student carries their own medication, is there a plan in place if the student leaves their medication in a different location in the school?
- If a student has required medication needs, does the nurse know how to locate the child if not in a central location?
- Can the student be reached without having to go outside?
- Does the school have an adequate first aid kit, including an automated external defibrillator (AED), to handle both individual small incidents and mass casualty events?
- Are there any children or adults with mobility issues that will need to be taken into consideration?

In addition to the students, it is critical to understand the adults within the school structure and any health concerns or needs they require. This does not just apply to long-term issues. Understanding any population on crutches, in a temporary wheelchair, etc. can be essential in planning and executing a plan during an event. During the event itself, an accurate accounting of any ongoing medical needs should be documented for tracking purposes.

### *Safety and Security Assessment*

As with securing any structure, consideration for having adequate supplies in the event of an extended lockdown are necessary. Consider ensuring adequate supplies of duct tape and heavy coverings for any broken windows, exterior entrances, and exits. Additional considerations include securing an adequate supply of batteries and flashlights for an overnight stay with a large population. Understanding that outside communication is critical, battery or hand-powered radios, such as National Oceanic and Atmospheric Administration (NOAA), are important to have on hand. Determine if the school has a backup generator that can support a large space for an extended period of time.

### *Communication Assessment*

Communication considerations include both internal and external. As previously noted, NOAA radios are encouraged in order to receive outside communication, such as when it is safe to go outside or any other instructions given by local and federal governments. Additional external communication includes instructions for communicating individuals' needs for medical attention at the location. This ties into the item above in the healthcare



assessment section, ensuring that an accurate record is kept for this scenario. Alternate forms of communication for adults, such as walkie-talkies, can provide real-time information throughout the structure. If walkie-talkies are not routinely used at the school, understanding the correct channel and frequency to use is important:

- Where are walkie-talkies located?
- Do they need to be charged?
- Who is responsible for ensuring these items are charged and ready for use at any given time?
- If everyone is not located in a central place, how should communication occur and at what frequency?

Consideration for content and communication in front of students should be considered in order not to cause unnecessary panic and concern. Additional items to consider include the overhead speaker system. Determine whether this system can function on a backup generator if needed. If so, it can continue to provide communication as needed to everyone in the school.

### *Mental Health Assessment*

National Association of School Psychologists states that student learning is successful in part because students perceive their school as a [safe place](#). Adults should reassure children and clearly communicate in a manner that does not cause additional stress. Understand that different age groups require different communication styles during an emergency event. [HealthyChildren.org](#) published [guidelines](#) for talking with children about school safety. During a lockdown, consider activities that will help relax students, such as games, singing, and other arts-related activities that they normally would encounter during the school day. Students with disabilities may have heightened levels of stress. Crisis intervention training for all special needs teachers and additional staff can be considered to help work through this item.

**According to the so-called Doomsday Clock, the world is closer to a global nuclear catastrophe than it has ever been, requiring new plans and assessments.**

The following assessments are more specific to radiological incidents.

### *Decontamination Assessment*

Individuals outside or exposed during the blast need to be decontaminated before entering the safe areas and confined spaces with those sheltered. The Centers for Disease Control and Prevention (CDC) [recommends](#) that people wash themselves before assisting any small children or infants to minimize cross-contamination. For [self-decontamination](#), the CDC recommends three steps: remove the outer layer of clothing, wash off the body, and put on clean clothes. Taking off the outer layer of clothing can reduce contaminants by 90%, but it is important to remove clothing and dispose of it carefully to not spread the contamination. Next, wash the body with clean water. While a shower is preferable, a sink or wet cloth can be used to scrub any exposed skin (face, hands, etc...) not previously covered. The last step is to put on fresh clothing and then assist others with their decontamination process. To keep the [indoor spaces](#) as clean as possible, the CDC also

recommends turning off fans, air conditioners, and forced-air heating units that bring in air from the outside and closing and locking all windows and doors.

### *Sustenance Assessment*

After the explosion, FEMA recommends staying indoors for a minimum of [24 hours](#). If students, faculty, and administrators are sheltering in place, it is important to make sure there is adequate food and water storage to accommodate the population during an event. Most schools have enough food supplies as a standard if they have a cafeteria that prepares food on-site. Schools that do not have an on-site cafeteria where food is prepared will need to consider this item in their emergency plan. Water supplies should be added for all schools as a standard. Each person needs at least one gallon of water per day. The [CDC](#) suggests foods with long shelf lives (e.g., canned, dried, or packaged food products), with a three-day supply per person. Consider populations with allergies to ensure adequate supplies and separation of food to prevent unnecessary medical emergencies.

### **Creating an All-Hazard Plan**

Completing these assessments and including the results in the all-hazards plan requires little investment beyond time and coordination with relevant stakeholders. Schools already have most of these assessments in place, or something similar based on standard operating procedures and policies. Addressing these areas and incorporating lower likelihood events, such as radiological attacks, terror or violence in the area, or rare extreme weather events, provide leaders with an opportunity to evaluate their posture and preparedness in novel ways. School leaders can also reassure parents and students that plans are in place for both all-hazard incidents and rare events that have the potential to cause severe damage, death, and devastation.

As the March 2023 school shooting in Nashville showed, while not all situations or attacks are preventable, planning, preparation, and coordination can go a long way in mitigating damage and saving what can be saved. The threats of use of nuclear weapons by Russia in their rhetoric around the invasion of Ukraine and the potential for a radiological attack or incident highlight an overlooked area in many preparedness plans. With so many needs to address in schools and limited resources, the all-hazards approach outlined can provide schools the largest return on investment. As threats emerge or rise in importance, like radiological hazards in recent months, schools can identify specific planning measures and needs and fold those into existing plans. This approach can reassure staff, students, and parents that hazards are accounted for, and a plan is in place while minimizing the need to invest heavily or duplicate efforts.

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# Challenges With Pediatric Mass Care Feeding

*By Michael Prasad & Jennifer Russell*



The national-level guidance on mass care feeding for state, local, tribal, and territorial organizations (SLTTs) comes from the Federal Emergency Management Agency (FEMA), and is sourced from their [toolkits](#) and the [National Mass Care Strategy](#) website, which provides a consolidated and comprehensive set of guidance material from governmental and nongovernmental mass care experts. The U.S. Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) and the Centers for Disease Control and Prevention (CDC) have also produced a [Maternal-Child Health \(HHS MCH\) Emergency Planning Toolkit](#). The HHS MCH Toolkit is primarily designed for healthcare providers, public health officials, social services providers, and others but has community partners, organizations, and emergency managers as a secondary audience.

In contrast, the primary audience for the CDC [Infant and Young Child Feeding in Emergencies Toolkit](#) are emergency preparedness and response personnel and disaster response organizations. These resources outline and highlight the need to make pediatric feeding a priority. Thus they should be reviewed, and their guidance incorporated into the SLTT's emergency response planning.

Although these guidelines recommend how SLTTs should effectively and tactically provide this feeding support to infants and toddlers, they do not have the needed whole-community partnerships established for each SLTT. For example, while the Commonly Used Sheltering Items (CUSI) list and other [FEMA doctrine](#) strongly focus on feeding infants and toddlers with commercial infant formula, they omit the need for quick provision of breastfeeding supplies and support. The [U.S. Dietary Guidelines for Americans](#) recommend exclusive breastfeeding for the first six months with continued breastfeeding while adding appropriate complementary foods for two years or beyond as long as mutually desired by the mother and child. Despite these recommendations, federal guidelines do not point SLTTs to vendors of breast pumps, non-governmental organizations (NGOs) who have breast pumps available for loan or donation, etc. SLTTs must estimate and plan for the logistical distribution and [cost](#) of breastfeeding and [re-lactation](#) supplies along with [safe](#) alternatives to mothers' breastmilk and other pediatric feeding items.

SLTTs must also eliminate [barriers](#) (such as the pre-disaster [written authorization](#) from a medical provider for breastfeeding equipment needs) to obtain breastfeeding support and supplies, understanding that breastfeeding is the [best form of nutrition](#) for

most babies. Thus, procuring resources to support breastfeeding is an immediate critical and life-sustaining need. Breastfeeding supplies should be added to the Commonly Used Sheltering Items Catalog with durable medical equipment, personal assistance services, and consumable medical supplies to support people with Disabilities and Access/Functional Needs (DAFN) in congregate care shelters and other disaster sites where mass care feeding occurs. SLTTs must ensure that the process of obtaining personal assistance and medical supplies does not delay feeding, thus causing food insecurity for infants and toddlers.

SLTTs must perform these [feeding missions](#) through a culturally sensitive and equitable distribution model at disaster shelters, aid stations, and other locations where general population disaster feeding occurs. Challenges today include *several erroneous assumptions* on the part of emergency managers, for example:

- Evacuating mothers have all the feeding supplies with them when they evacuate;
- Switching feeding methods (commercial infant formula in lieu of human milk, a different type of formula than what the child normally has, etc.) is a reasonable accommodation and indemnifies the SLTT from its responsibilities for proper disaster mass care feeding of everyone adversely impacted;
- Mothers are able to find their own feeding support, including milk storage, without the assistance of trained shelter staff and lactation providers;
- Even with donations of some supplies – such as shown in the cover photo from Katrina – SLTT shelters will not need provisions for human-milk production and storage, including durable medical equipment, associated consumable medical supplies (breast pumps and other lactation supplies: bottles, nipples, etc.), [private space within the shelter, and other shelter protocols and procedures](#) in support of breastfeeding by mothers for their – and potentially any other family’s – infants and toddlers; and
- At the SLTT level, another entity, organization, etc. would be responsible for the proper feeding capabilities at congregate care disaster shelters and other disaster sites where mass care feeding occurs.
- These disconnects are often exacerbated by existing low-levels of whole-community planning for people with DAFN, at the SLTT levels. A metric of adopting the [CMIST Framework](#) (Communication, Maintaining Health, Independence, Support, Transportation) for shelter resident intake is one measure of a positive application of planning for at-risk individuals with DAFN, including pregnant women and mothers with infants/toddlers.

SLTTs model their own logistical support for sheltering against the CUSI Catalog so they can be reimbursed on declared disasters. Those formula items are also part of infant/toddler kits that SLTTs can order through the same disaster resource request process as other items and mission assignments from FEMA. As with any other tactical



Displaced Hurricane Katrina storm survivors look at a limited selection of donated infant food items inside the Houston Astrodome shelter (Texas), September 2, 2005 (Source: Ed Edahl/FEMA, Public domain, via Wikimedia Commons).

federal assistance requests, these need to be prioritized by the SLTTs and requested as soon as possible. The Update to FEMA’s Individual Assistance Program and Policy Guide, Version 1.1, also omits breastfeeding. However, there are U.S. congressionally proposed [plans](#) to update the 2023 version to include breastfeeding.

### **Benefits of Pre-Planning on a Whole-Community Basis**

There are benefits to SLTTs and nongovernmental organizations beyond covering pediatric feeding needs when incorporating whole-community planning for mass care feeding. The relationships established between steady-state governmental organizations with nongovernmental organizations for pediatric feeding benefit governmental organizations for their non-disaster work. For example, MOUs, MOAs, and other collaborations between [milk banks](#) and public health officials, child protective agencies, and social services organizations, will strengthen those SLTTs’ own daily operations and constituent support. [Jefferson County, Colorado Public Health](#) created a formal emergency plan and implemented a safe infant feeding project. The plans, training information, and resources specific for their jurisdiction are on their [Emergency Preparedness page](#).

Nongovernmental organizations supporting the disaster needs of SLTTs should be integrated into the emergency response planning – including being identified as critical infrastructure/key resources (CI/KR) – and benefit from any mitigation efforts afforded to other CI/KR assets. Restoration of their functionality – if adversely impacted by a disaster – should be prioritized along with other CI/KR feeding assets such as food banks, USDA warehouses, etc.



The amplification of pediatric feeding needs within SLTTs should also elevate other children and disaster needs, as well as the disaster-impact needs of people with DAFN. Examples include positive impacts on interim and long-term recovery, community lifeline support, and other disaster cycle mission essential functions.

### **HHS MCH Toolkit Recommendations**

The HHS MCH Toolkit is comprehensive on the checklist type of considerations the public and shelter operators need to incorporate before, during, and after disasters. FEMA indicated that this guidance, which expands well beyond just feeding, was created through whole-community coordination, including the [U.S. Breastfeeding Committee](#) and other groups.

The following list was adapted from the HHS-ASPR, May 2021, [HHS MCH Toolkit](#), Shelter Considerations to Support MCH Populations in Emergency Response:

- Require background checks for shelter personnel.
- Train personnel to identify signs of human trafficking and abuse:
  - See the CDC website for resources for Shelter Personnel on [Human Trafficking in the Wake of a Disaster](#);
  - Call the National Human Trafficking Hotline (888-373-7888 or text “HELP” to 233733); and
  - Report suspected child exploitation to the CyberTipline, The National Center for Missing & Exploited Children, at 1-800-THE-LOST.
- Initiate a [rapid needs assessment system](#) for infants and young children to assess feeding support and resource needs.
- Provide safe, private spaces for infant feeding equipped with comfortable chairs, footstools, outlets, a sink with clean water and dish soap, refrigerated space with bins to store breast milk/food, and signage for a designated breastfeeding area (a mother may breastfeed in any public or private space she is [authorized by law](#)).
- Provide breastfeeding supplies, including: breast pumps (electric, battery-operated, and manual ones for disaster scenarios where continuous power at the shelter site may be in question); breast pump quick clean wipes and steam cleaning bags; breast milk storage bags; nursing pads and soothies; nipple cream or lanolin; nursing cover; nursing pillow; [sound information](#) about pumping, increasing milk supply, and re-lactating; and nutritious food and clean water for the mother.
- Supply diapers, baby wipes, bottles, nipples, disposable cups, ready-to-feed infant formula, pacifiers, clean water, infant feeding and cleaning supplies, feminine hygiene products (e.g., sanitary napkins), and child-size equipment (e.g., beds, masks as advised by public health officials) to women who are pregnant, postpartum, or lactating as well as to infants and young children.
- Adhere to [safe sleep](#) guidelines for infants and safer sleep guidelines for [exclusively breastfed infants](#) who meet specific criteria. For more information, see Planning Considerations for Infants (ages 0-12 months) in Emergencies.

- Provide essential social services independently or through partnerships with local social service organizations, including nutrition, breastfeeding support, and healthcare referrals.
- Initiate a referral system for women who are pregnant and go into labor, who show signs of labor or pregnancy loss, or who are in the postpartum period and show problems to healthcare providers and emergency medical services.
- Initiate a referral system for lactating women who experience problems, such as difficulty feeding, breast pain, and low milk supply, to International Board-Certified Lactation Consultants (IBCLC) and healthcare providers.
- Provide access to services for testing and treatment, such as sexually transmitted infections (STIs) and emergency contraception.
- Staff individuals who represent the community in terms of demographics and culture.
- Provide access to medical interpretation and translation services.

Applying the best practices found in the HHS MCS and CDC toolkit should benefit all SLTTs, which should undertake the deep dive needed for tactical logistics pre-planning for acquiring and distributing supplies and equipment for pediatric feeding. Multi-state disasters, including [worldwide pandemics](#), can severely impact breastfeeding support. Even infant and specialty formula itself has been the subject of recent [product-process disasters](#) and significantly impacted socially vulnerable populations around the world, even without the additional adverse impacts from a natural or human-made disaster. Therefore, SLTTs should be better prepared to respond and recover from any type of disaster, and their ability to safely, effectively, equitably, and quickly provide pediatric feeding support is paramount.

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# Perfect Storm: Albuterol Shortage & Supply Chain Upset

*By Tom Cotter*



As of 2020, albuterol was the [seventh most commonly prescribed](#) medication in the U.S., with more than an estimated 17 million patients receiving it and nearly 62 million prescriptions issued annually. Albuterol is a short-acting bronchodilator drug that helps treat or prevent respiratory issues by relaxing the smooth muscles in the airway to make breathing easier. Albuterol is a lifeline for many patients that helps them treat and manage chronic and acute respiratory illnesses such as asthma and chronic obstructive pulmonary disease. However, this lifeline is in short supply.

## The Albuterol Solution Shortage

Right now, the solution formula of albuterol sulfate – used in nebulizers to treat acute and severe respiratory distress – is in critically short supply, with the [U.S. Food and Drug Administration listing a market-wide shortage](#). This shortage is especially dangerous for [infants, young children, and individuals with severe asthma](#) who rely on nebulizers and are unable to use other albuterol delivery methods, such as metered-dose inhalers (MDI). Two converging crises on both the supply and demand sides of healthcare delivery have pushed the industry to this moment:

- *Increased demand for albuterol* – The confluence of respiratory illnesses such as COVID-19, influenza, and respiratory syncytial virus (RSV) this past winter led to more frequent nebulizer treatments to ease breathing and care for patients. In particular, the severe surge of these illnesses in young children strained the supply of solution because the nebulized product is easier to use and, in some cases, is the only option for treating young patients.
- *Supply chain disruptions and shuttering operations* – Increased demand due to the surge of winter respiratory illnesses put additional pressure on manufacturers and supply chains to produce enough albuterol solution to meet spiking demand. Furthering this shortage was the sudden [bankruptcy and closure of Akorn Pharmaceuticals](#), which accounted for 1.1% of the U.S. market share for generic pharmaceutical manufacturing, including generic forms of the albuterol solution.

## Emergency Management Impact

This shortage is already having a considerable impact on emergency management strategy and services, while simultaneously posing considerable risks for some of the most vulnerable patients. For example, infants and young children who cannot use inhalers rely on nebulizers for respiratory care both in homecare settings and in healthcare facilities. In addition, patients of all ages with severe asthma depend on nebulizer therapy to treat major asthma attacks. Similarly, patients who experience respiratory distress as a complication of other illnesses, such as COVID-19, depend on nebulizers to support recovery. Due to this shortage, many facilities – including children's hospitals – are implementing conservation methods to protect the limited supply of albuterol solution for patients that need it most. Though MDI and dry powder inhaler forms of albuterol are not in shortage, many facilities now must evaluate which patients can be treated with

those formulations instead of albuterol solution as part of their conservation strategies. While this strategy is necessary for conservation, it is not risk-free.

Similarly, emergency medical services (EMS) agencies that include albuterol solution in their formularies may find it difficult to source the product. This could result in changes to their processes that could impact their ability to provide emergency care.

*Two converging crises have pushed the industry to this moment: increased demand for albuterol and supply chain disruptions and shuttering operations.*

The albuterol shortage could also impact treatment this wildfire season. Emergency managers should be aware that healthcare stakeholders in their communities – whether they are hospitals, primary care providers, or EMS – may have difficulty keeping albuterol solution in stock, which could have implications for their ability to treat patients for wildfire smoke inhalation and related breathing problems. In addition, wildfire smoke has been [associated](#) with increased prescription

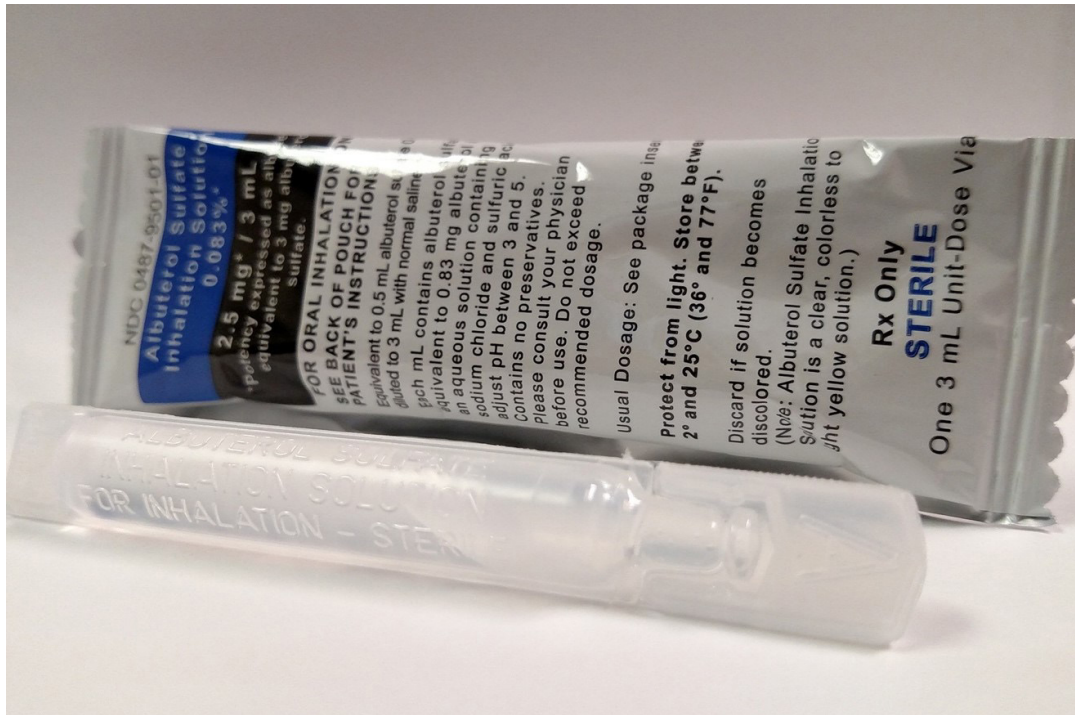
of albuterol inhalers, which means an intense fire season could exacerbate issues with albuterol supply.

### **A Call for Increased Collaboration to Fortify Supply Chain Resilience**

The current albuterol solution shortage crisis stands to impact tens of millions of individuals, families, providers, and emergency management professionals. However, there are immediately actionable steps the healthcare sector can take to remedy the shortage and mitigate damage. The Children's Hospital Association, in conjunction with STAQ Pharma, is already working to alleviate the current strain on albuterol solution. Together, these two stakeholders are looking to start the continuous production of albuterol sulfate – the active pharmaceutical ingredient in albuterol solution – domestically to ensure replenishment and continued maintenance of the U.S. supply. This initiative is one example of what potential solutions can look like. However, broader collaboration and support between the federal government and private sector stakeholders are necessary to establish supply chain operations that safeguard public health.

Importantly, the albuterol solution shortage represents a meaningful opportunity for the federal government to leverage private-public partnerships and facilitate critical discussions around supply chain impact and mitigating solutions. For instance, the Administration for Strategic Preparedness and Response (ASPR) Office of Industrial Base Expansion could use this opportunity to consult with private sector stakeholders such as pharmaceutical manufacturers and associations to identify where to expand domestic production of these critical medical supplies to alleviate the current shortage while bolstering resilience going forward.

The albuterol shortage arose in response to several converging factors that have led to this inflection point. But it is also a warning the healthcare sector must act on collectively. If one severe winter illness season and the loss of one manufacturer can lead to a full-blown national shortage resulting in the rationing of a lifesaving drug, then the national healthcare infrastructure must find immediate and actionable ways to not only address the current deficit but identify other at-risk supplies and proactively begin resilience-building efforts now.



A unit dose vial of albuterol sulfate for inhalation (Source: [Mark Oniffrey, CC BY-SA 4.0](#), via Wikimedia Commons).

Stakeholders from the public and private sectors must work in lockstep to forge new partnerships, strengthen existing ones, and remove the bottlenecks preventing the implementation of solutions that enable recovery and promote resilience within the domestic supply chain. Promising partnerships, such as the Children's Hospital Association and STAQ Pharma's collaboration, are already taking shape. However, nationally expanding these collaborations is critical to ensure everyone can receive appropriate, often lifesaving care. The albuterol shortage began because multiple factors worked together to cause it. It will stop only when the whole community works together to end it.

*Written by Tom Cotter, assisted by colleague Courtney Romolt, senior programs manager at Healthcare Ready.*

*Tom Cotter, MPH, serves as executive director of Healthcare Ready, a nonprofit organization established in 2007 to help strengthen the U.S. healthcare system and assist all communities in planning for, responding to, and recovering from disasters and disease pandemics. Over his 15-year career as a public health and emergency management professional, he has piloted and launched innovative international strategies to localize emergency response operations and build sustainable response functions worldwide. Most recently, he served as the director of emergency response and preparedness for Project HOPE, a renowned global health and humanitarian relief organization. Prior to that role, he developed and managed public health and emergency response programs in several countries for nonprofit organizations. He has a Master of Public Health degree from Boston University School of Public Health and a certificate from Johns Hopkins Bloomberg School of Public Health. He received his Bachelor of Arts in Public and Community Service Studies at Providence College in Rhode Island and attended the University of the Philippines as part of an international research team focused on the socioeconomic determinants of health. He has also served as an emergency response coordinator for the U.S. Department of Health & Human Services since 2013.*



# CBRN Response Capabilities and Identified Gaps

By Kenneth Bell



**C**hemical, biological, radiological, and nuclear (CBRN) response has always been a challenge in identifying and quantifying a broad spectrum of organic and synthesized compounds that were once limited to laboratory analysis and research. Now, first responders have the luxury of instant field identification and classification of substances that were once a mystery. Previous field assays and test strips have been replaced by more advanced hand-held instrumentation and tools that are attached to a reach-back capacity with the power of remotely located science and research. However, one common gap remains. Comprehensive answers are still needed as to the proper decontamination of instruments and the people who use them.

When responding to CBRN calls or events, the operational layout and setup for most civilian and military entry teams are similar. Upon arrival at the scene, establish command and control, situational awareness, and personnel or robot deployment to identify and quantify the problem. Following best practices when working at or near a hazardous materials (hazmat) environment, the CBRN setup and entry process can be mustered and established in about an hour. However, what happens after that first entry is the most critical part of the response process – keeping the bad stuff contained. The entry team must understand what to do if it finds that the containment has breached into the community.

## More Than Wet and Dry Decontamination

Decontamination practices, products, and techniques have come a long way. Recent advancements in technology and science have led to the development of new methods of CBRN decontamination. These methods offer several advantages over traditional methods, including greater speed, efficiency, and safety. Some of these new methods include:

- *Electrochemical Decontamination* – This method uses electric current and a specially designed electrode to generate a reactive species that breaks down and neutralizes hazardous materials on contact. The process is highly effective in removing chemical contaminants. In addition, this method can be applied to surfaces and equipment of various shapes and sizes, making it an ideal choice for large-scale projects.
- *Photocatalytic Decontamination* – This method uses light energy and a photocatalyst such as titanium dioxide that generates reactive species to break down and neutralize hazardous materials when activated by ultraviolet light. The process is highly effective in removing chemical and biological contaminants. This method is also more environmentally friendly, does not require harmful chemicals like bleach water, and can be applied to various surfaces, including concrete, metal, and glass.
- *Plasma Decontamination* – This method uses a plasma generator to create plasma (a highly reactive gas) that breaks down and neutralizes hazardous materials on contact. This process is highly effective in removing biological and chemical contaminants. This method is also more environmentally

friendly, does not require harmful chemicals, and can be applied to various surfaces, including metal, glass, and plastic.

- *Nanotechnology-Based Decontamination* – This method uses nanoparticles that react with specific contaminants to break down and neutralize hazardous materials, which is highly effective for removing chemical and biological pollutants. Much faster than traditional chemical decontamination, this method can be applied to various surfaces, including concrete, metal, and glass.

### Decontamination Teams at the Ready

There is no doubt that decontamination capabilities have advanced. So have detection and identification instruments and the abilities of hazmat entry teams, but the capacity of decontamination and deployment strategies have not kept pace. Currently, it is unknown exactly how many hazmat teams there are in the United States. What is known, is that hazmat response programs vary in size and capabilities depending on location and need. However, the National Fire Protection Association estimates that the United States has [almost 30,000](#) fire departments, and most of those have some hazmat response capability. Some of those were once heavily supported with federal homeland security grants [following the events of 2001](#). Many of those now compete for grant funding that is fractions of what was once available.

[Local hospitals](#), once funded with Public Health Emergency Preparedness dollars and outfitted with CBRN decontamination tools, now appear to be compartmentalized, trailered, or warehoused without use. As a result, hospital decontamination teams are often a notation in a Joint Commission or policy binder in the charge nurse's office. While there was a significant boost of funding during the COVID-19 pandemic, current detached, stagnant, and often disjointed approaches demonstrate the overarching issue. Dependence on the [Strategic National Stockpile](#), designed to fill the gap in such events, appeared to be lackluster and, in most cases, dysfunctional.

*Despite advancements in substance identification and classification, response gaps still exist in decontamination of instruments and the people who use them.*

Notwithstanding funding and supply chain issues, local hospitals, fire departments, and EMS agencies are destined to fight in the same way they train. Much like the military, training is typically designed around previous experience. Unfortunately, such an approach could be harmful to the responder should they encounter a chemical or radiological event while wearing the wrong personal protective equipment.

The United States Environmental Protection Agency also has a [National Response Team](#) comprising representatives from 15 federal agencies, including the Department of Homeland Security–FEMA, the Department of Defense, and the Department of Transportation. The National Response Team is responsible for coordinating federal response efforts for hazmat incidents. Unfortunately, [access to these teams](#) at the local level has its own potential challenges. Depending on the locale, requests for assistance can be delayed due to processing delays through the regional and state channels. Additionally, issues regarding the federalization of the event versus local control may impact the response.



The U.S. Department of Defense has its hazmat response teams, such as the Army [Technical Escort Unit](#) and the Navy's [Mobile Environmental Team](#), specifically trained to respond to CBRN materials. However, access to these teams is highly regulated and situational based on location and area of responsibility.

In addition to the larger federal agencies, there are currently 17 Chemical, Biological, Radiological, Nuclear, and Explosive Enhanced Response Force Package ([CERFP](#)) units in the United States, one for each of the 10 FEMA regions, as well as the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. Each CERFP comprises National Guard personnel from the Army and Air National Guard, who are specially trained and equipped to provide immediate assistance and support to local authorities during a CBRN incident. The CERFPs are part of the more extensive [Defense Support of Civil Authorities](#) mission. They deploy to an incident site to rapidly assess the situation, provide medical treatment and decontamination, and extract and evacuate casualties to a medical treatment facility. The response time is about 24 hours from deployment to full operational status.

Unfortunately, CBRN incidents typically occur without warning, and the exposure to the public can be exacerbated with every minute. Radiation exposure, for example, can be intensified up to four times its destructive energy with every step a responder or victim takes toward the often-invisible source. Local emergency responders are the first to arrive and mitigate these often-unseen hazards, but with diminishing funding opportunities, maintaining capacity is a challenge. However, local communities can still prepare for emergencies and disasters using an all-hazards approach.

### **Bridging the Gap**

Before a structured activation, state and federal partners have several opportunities available to meet the challenge, which include, but are not limited to, the following:



- State Emergency Management Offices can usually provide access to free hazmat/WMD training that is often available at the state and national level, including hazmat technician level training in accordance with National Fire Protection Association and ProBoard Standards.
- The [National Association of State Fire Marshals](#) offers a Hazardous Materials Training Program, which provides training courses for emergency responders on various hazmat topics.
- The [National Fire Academy](#) offers free online courses on hazmat response through their online learning platform at the Emergency Management Institute.
- The [Federal Emergency Management Agency](#) (FEMA) offers various free online courses on hazmat response through their Emergency Management Institute.
- The [International Association of Fire Fighters](#) offers training programs for its members on various hazmat response topics, including hazmat technician training.
- The [International Association of Fire Chiefs](#) provides access to a wide array of international resources for responders in the transportation and industry sector.
- The [National Directorate Preparedness Consortium](#) is sponsored by the Department of Homeland Security/FEMA National Preparedness Directorate to identify, develop, test, and deliver training to state and local emergency responders.

## Conclusion

Overall, while federal funding has diminished, some national programs are still available to fill gaps. Since all disasters begin and end locally, it is vital that local responders meet CBRN challenges by accessing these programs. It is through these training opportunities and experiences that techniques and technology like decontamination and instrumentation can continue to grow. While some federal assets exist to supplement local capabilities with CBRN events, program access, and interface could be delayed for effective response. It is vital that local communities examine their capabilities and capacity to prepare for the unexpected.

*Kenneth Bell, CEM, serves as the Section Chief-Infrastructure and is a member of the Incident Response Task Force at the Texas Division of Emergency Management, where he oversees daily operations in preparation of disaster response and focuses on damage assessments and identification of impaired infrastructure with the goal of long-term restoration and recovery. He began his career in public safety in 1991, where he served as fire marshal/emergency management coordinator for the City of San Marcos. From 2003 to 2016, Ken oversaw the Capital Area Council of Governments CBRNE Regional Response teams as the team commander for Hays County. He has served in several organizations, including the Capital Area Council of Government Homeland Security Task Force since 2003. Ken served in several positions on the task force, including chair, vice chair, CBRNE Regional Response Teams, Long-Term Interoperable Communications Committee, Regional Emergency Support Education Teams (RESET), Executive Committee, and as a regional mutual aid coordinator. He has also served on the legislatively mandated Governors First Responder Advisory Committee, representing the local public safety responders, since its inception in 2003. In addition, he is certified in fire, emergency medical services, and law enforcement, holding international qualifications as a health and safety officer.*



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# Making Planning Documents More Than Words on Paper

By Andrew (Andy) Altizer



President [Harry S. Truman](#) once said, “I believe in plans big enough to meet a situation which we can’t possibly foresee now.” However, terms like *big* and *comprehensive* do not always equate to size. Something that is laborious and unread adds no value for those tasked with managing emergencies and disasters. However, although comprehensive plans are vitally important, they can easily become a simple “check-the-box” requirement that results in a sizeable unread document that sits on the shelf. The organizational emergency operations plan (EOP) is highly susceptible to such a phenomenon.

## Design With a Purpose

Quite often, EOPs have specific guidelines on what developers must include. Other resources, like incident action plans (IAPs), often focus on specific tactical responses. When applicable, IAPs should reference a more extensive resource (like an EOP annex) without repeating the text in the cited document. For example, if the EOP has a detailed annex on responding to a bomb threat, the IAP may summarize the threat response and reference the larger document. Regardless, reducing duplicity produces shorter documents with content the reader can more easily digest.

Another reason why a concise but thorough plan is preferred is that people will more likely take the time to read the draft before it is published. The document must be organized so users can easily understand and follow it. Using an organizational or professional template provides other like-minded organizations with a familiar and easy-to-follow format. For example, the Federal Emergency Management Agency (FEMA) and other federal agencies offer the following:

- [Guide for High-Quality Emergency Operations Plans for Institutions of Higher Education](#)
- [Developing and Maintaining Emergency Operations Plans](#)
- [Incident Action Planning Guide](#)
- [Incident Command System \(ICS\) Resource Center Forms](#)

Regardless of which format is used, support, collaboration, and consistency are critical for building effective, usable plans.

*Leadership support* – Leaders, training classes, and plans often highlight the importance of executive support, which includes every step of the process. Even before getting the chief executive’s signature, seek leadership’s help to ensure all stakeholders read and discuss the draft form before publication. Support from the chief executive can ensure that subordinate leaders take the time to read, understand, and support the plan.



*Collaboration* – This development process is as important as the plan itself. In addition to strengthening the document, collaborating with various stakeholders adds realism and value to the end product. Stakeholders with essential roles in response, continuity, and recovery efforts should be able to digest the document with a full understanding of how they can support various responses and how their daily functions can enhance responses when needed. However, such buy-in begins by involving others when formulating or updating the plans. Collaboration also introduces and expands upon experience, and reaching out to seasoned experienced people ensures credibility. For example, imagine someone without expertise in that area writing the active shooter response annex. To overcome this credibility gap, seek advice from those with such experience or, better yet, let them draft that section!

*Consistency* – Conflicting documents are doomed to fail. For example, different procedures in different plans may discount both resources by causing confusion or losing responders' confidence. These inconsistencies can occur within or between agencies and organizations. Internally, for example, imagine if a university's general EOP and its campus police department had conflicting standard operating procedures and general orders when a major incident occurs on campus. Externally, a plan for a specific organization may be confusing if the first responders' expectations for that location were

**Regardless of which format is used, support, collaboration, and consistency are critical for building effective, usable plans.**

drastically different. For example, imagine the results of conflicting guidance during a bomb threat response at a high school if the school's EOP calls for an initial modified search, but the arriving first responders begin an immediate evacuation.

### **Testing & Creating a "Working" Document**

Not only is it essential to discuss, wargame, and exercise the functional annexes of an EOP, but the operational section must garner the same attention. A tabletop exercise ensures that everyone understands the succession of authority and that emergency notification triggers, for example, can be incorporated into the tactical functional annexes. When organizations exercise the plan in draft form or before making updates, they can identify areas that need additional discussion and changes and increase buy-in from others. Rapidly publishing without collaboration almost guarantees the document will sit on a shelf to gather dust or, even worse, become second-guessed.

Very few plans are set in concrete, and responses seldom proceed as expected. Therefore, they must be flexible and adaptable to serve as guidance in situations that typically require some deviation. In addition, a plan should be updated whenever new information would make it more robust – for example, after a critical response (whether directly involved or occurring elsewhere) or exercise. If nothing else, EOP's should be updated annually. Following are a few general tips to remember when developing a document that is more than just words on paper:

- Within the ICS, use standard terminology and avoid jargon. Remember, the plan is often developed and published for a wide range of people, not just one stakeholder group (e.g., public safety officials).



- Do not confuse historical knowledge and standard operating procedures with “that’s how we’ve always done it.” A plan that relies simply on past responses is destined to become too rigid and lack flexibility.
- Involve organizational executives (or policy groups) in the concept of operations section before investing a lot of effort into the writing. For example, operational planners should not *decide* on the succession of authority. Likewise, executives, public relations, and communications staff should not dictate tactical planning decisions (i.e., functional annexes).
- Make sure the EOP clearly points out the difference between emergency notification and crisis communication, including specific roles and responsibilities throughout the incident.
- Identify resources needed to support the plan and begin building such capability, which includes equipment and personnel.

It is important to remember that longer is not better. An unusually long plan will likely sit on a shelf and become nothing more than words on paper. Even though it may not be challenging to develop and write, getting people to read and use this critical resource takes much collaboration and support. The sooner that cooperative effort begins, the easier the process and the more valuable and practicable the document.

*Andy Altizer has over 20 years of emergency management planning experience at Georgia Tech, Kennesaw State, and Westminster Schools. In addition, he has another 10 years of planning experience in the military.*

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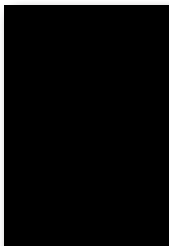
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