Pre-Lecture

I. You are the Provider

Time: 10 minutes

Small Group Activity/Discussion

Purpose

This activity is designed to help introduce your students to the content of this chapter.

Instructor Directions

1. Direct students to read the "You are the Provider" scenario found throughout Chapter 48.
2. You may wish to assign students to a partner or a group. Direct them to review the discussion questions at the end of the scenario and prepare a response to each question. Facilitate a class dialogue centered on the discussion questions.
3. You may also assign this as an activity and ask students to hand in their comments on a separate piece of paper.

Lecture

I. What Is Terrorism?

Time: 5 minutes

Slide: 2

Lecture

A. Terrorists may be international or domestic.

B. Violent Religious Groups/Doomsdays Cults

1. Example: Aum Shinrikyo in Tokyo
2. May participate in apocalyptic violence

C. Extremist Political Groups

1. Separatist groups
2. Groups seeking political, religious, economic, and social freedoms

D. Technology Terrorists

1. Attack technology infrastructure
2. Done to draw attention to cause

E. Single-Issue Groups

1. Antiabortion
2. Animal rights
3. Others (anarchists, racists, ecoterrorists)

II. Weapons of Mass Destruction

Time: 5 minutes

Slide: 3

Lecture

A. What are weapons of mass destruction (WMDs)?

1. Weapon of mass casualty (WMC)
2. Any agent designed to bring about mass death, casualties, and/or massive damage to property and infrastructure (bridges, tunnels, airports, and seaports)
3. Include biological, nuclear, chemical, and explosives/incendiary weapons
   a. To date, the preferred WMD has been explosive devices.
4. Motives and tactics of the new-age terrorist groups have begun to change.
   a. Apocalyptic, indiscriminate killing (doctrine of total carnage), making WMDs highly desirable
5. WMDs are easy to obtain or create.
   a. Fall of the former Soviet Union
   b. Technical recipes readily available on the Internet
6. Five categories of terrorist incidents (BNICE); see Table 48-1

B. Biological Terrorism/Warfare

1. Biological agents
   a. Organisms that cause disease or death
   b. Generally found in nature
   c. Cultivated, synthesized, and mutated in a laboratory
   d. Weaponization to artificially maximize the target population's exposure to the germ
2. Primary types
   a. Viruses
   b. Bacteria
   c. Toxins

C. Nuclear/Radiological Terrorism

1. Two publicly known incidents involving the use of a nuclear device
   a. Hiroshima
   b. Nagasaki
   c. During World War II
   d. Estimated death toll of 214,000
2. Nations that hold close ties with terrorist groups (state-sponsored terrorism) and have some degree of nuclear capability

3. Radioactive materials or waste
    a. Radiological dispersal devices (RDDs)—dirty bombs

D. Chemical Terrorism/Warfare

1. Chemical agents
    a. Manmade substances that can have devastating effects on living organisms
    b. Liquid, powder, or vapor form
    c. Developed during World War I
2. Categories
    a. Vesicants or blister agents (mustard gas and Lewisite)
    b. Respiratory or choking agents (phosgene or chlorine)
    c. Nerve agents (sarin, soman, tabun, or V agent)
    d. Metabolic or blood agents (hydrogen cyanide or cyanogen chloride)
    e. Irritating agents (mace, chloropicrin, tear gas, capsicum/pepper spray, and dibenzoxazepine)

E. Explosives/Incendiary Weapons

1. Most likely method used by terrorists
2. Incendiary weapons
    a. Involve agents and chemicals used to start fires
    b. Acetone combined with chemicals to produce explosives capable of massive destruction
3. Two categories
    a. A substance or article, including a device, designed to function by explosion
    b. A substance or article, including a device, which by chemical reaction within itself can function in a similar manner even if not designated to function by explosion, unless the substance or article is otherwise classified

III. Paramedic Response to Terrorism

Time: 5 minutes
Slides: 4–6
Lecture

A. Recognizing a Terrorist Event

1. Acts of terror are often covert.
2. Be aware of the threat level issued by the Department of Homeland Security.
3. Be aware of the following when responding:
    a. Type of location
    b. Type of call
    c. Is there unexplained coughing or difficulty breathing?
    d. Number of patients
    e. Victims' statements

f. Preincident indicators

B. Response Actions

1. Scene safety
   a. If there is any doubt that the scene is safe, do not enter.
   b. Stage upwind and uphill.
2. Responder safety
   a. The best protection is to not come in contact with a WMD.
   b. Contamination occurs when direct contact is made with the WMD.
   c. Cross-contamination occurs when coming into contact with a person who has not been decontaminated.
3. Notification procedures
   a. Notify the dispatcher if a WMD is suspected.
   b. Establish the staging area.
   c. Only properly equipped providers should handle the WMD incident.
4. Establishing command
   a. Establish an incident command system (ICS).
   b. If command is in place, report to medical staging officer.
5. Reassessing scene safety
   a. Secondary devices may be on scene.
   b. Secondary devices are intended to harm responders.
   c. Stay alert for items out of place or changes in scene condition.

C. You are the Provider

Slide: 7

Lecture/Discussion

1. Present the case study provided on the slide:
   a. You read in the morning paper over the weekend that the Department of Homeland Security Advisory System upgraded the current terrorist threat level to orange (high). It is now Wednesday. You are called to a local ship-building area at 1:30 PM for reports of several people complaining of unusual, burning blisters on their skin, eye irritation, and some with trouble breathing.
   b. *What should you immediately consider about this call?*
   c. *What are the greatest threats facing you during this call?*
   d. *If the package was opened at 11:30 that morning, why would people only now be showing signs and symptoms of chemical exposure?*
      - Given the terrorist activities since Sept. 11, 2001, and the high level of probability of another terrorist attack, you should immediately consider the possibility that this is an act of terrorists. Be prepared to request additional resources, notify a HazMat team, establish a staging area, and follow steps for decontamination of the area and/or patients before treatment begins. The greatest threat in a WMD event is people outside of the contamination area becoming contaminated or cross-contaminated. Remember: if you become a victim yourself, you cannot help anyone, and you add to the number of people needing

treatment. In most cases, mustard gas exposure typically has a deteriorating effect on the skin and respiratory tract, rather than an immediate and devastating effect.

IV. Chemical Agents

Time: 20 minutes
Slides: 8–20
Lecture

A. Characteristics of Chemical Agents

1. Persistency or volatility
   a. How long an agent stays on a surface before evaporating
   b. Persistency may be seconds or months.
   c. A persistent or nonvolatile agent can remain on a surface for long periods of time.
   d. A nonpersistent or volatile agent evaporates relatively quickly.
2. Route of exposure
   a. How the agent enters the body
   b. Vapor hazards enter through the respiratory tract.
   c. Contact hazards enter through the skin.

B. Vesicants (Blister Agents)

1. Contact hazard and vapor hazard
2. Cause burn-like blisters
3. Usually cause most damage to moist areas
4. Signs and symptoms
   a. Skin irritation, burning, and reddening
   b. Immediate intense skin pain
   c. Formation of large blisters
   d. Gray discoloration of skin
   e. Swollen and closed or irritated eyes
   f. Permanent eye injury
   g. Hoarseness and stridor
   h. Severe cough
   i. Hemoptysis
   j. Severe dyspnea
5. Treatment
   a. Only begin care of ABCs once patient has been decontaminated.
   b. Support airway.
   c. Burn centers must be prepared to handle injury.

C. Pulmonary (Choking) Agents

1. Vapor hazard

2. Damage lung tissue and cause pulmonary edema
3. Chlorine
    a. Green haze that smells of bleach
    b. Produces upper airway irritation and choking sensation
    c. Similar substance created by combining household bleach and ammonia
4. Phosgene
    a. Odor of freshly mown grass
    b. Onset of symptoms may take hours.
    c. Severe exposure may cause hypovolemia from pulmonary edema.
5. Treatment
    a. Remove patient from contaminated atmosphere.
    b. Aggressively manage ABCs by ventilation, oxygenation, and suctioning.
    c. There are no antidotes.
    d. Provide rapid transport.

D. Nerve Agents

1. Most deadly chemicals
2. Organophosphates cause the organs of the body to become overstimulated by blocking an enzyme.
3. Two classes of agents
    a. G agents
    b. V agents (more persistent and more lethal)
4. Symptoms (SLUDGEM)
    a. Salivation, sweating
    b. Lacrimation (excessive tearing)
    c. Urination
    d. Defecation, drooling, diarrhea
    e. Gastric upset and cramps
    f. Emesis (vomiting)
    g. Muscle twitching
5. Symptoms (DUMBELS)
    a. Diarrhea
    b. Urination
    c. Miosis (pinpoint pupils)
    d. Bradycardia, bronchospasm
    e. Emesis
    f. Lacrimation (excessive tearing)
    g. Seizures, salivation, sweating
6. Nerve agent treatment
    a. Ensure decontamination has occurred.
    b. Airway and ventilatory support

c. MARK1 kits (nerve agent antidote kits [NAAK])
   i. Contain atropine and 2-PAM
   ii. Delivered with same technique as an EpiPen or auto-injector

E. Industrial Chemicals/Insecticides

1. Insecticides are organophosphates.
   a. These have a lesser concentration than nerve agents.
   b. Symptoms and treatment are the same.
2. Metabolic agents (cyanides)
   a. Affect the body's ability to use oxygen
   b. Can kill within seconds
   c. Found in many industrial settings
   d. Signs and symptoms include shortness of breath, tachypnea, flushed skin, tachycardia, altered mental status, seizures, coma, apnea, and cardiac arrest.
   e. Treatment: decontamination, support ABCs

F. You are the Provider (continued)

Slide: 21

Lecture/Discussion

1. Continue reading the case study provided on the slide:
   a. When you arrive on scene, you park some distance from the area where affected people are waiting. You are the first on scene. Many people are walking around the area. Some are yelling, some are crying; everyone looks confused and scared. Everyone anxiously looks at you for help. One woman comes running towards you screaming.
   b. *Why is it important not to forget to assess the scene for safety beyond just calling the HazMat team and having enough resources to treat all victims?*
   c. *What should you consider as possibilities to be prepared for in responding to this call?*
   d. *What steps have to be followed before patients can be treated?*
      - Terrorists meaning to truly make a statement beyond the initial attack may plant a secondary device, meant to harm responding departments and media. It is your responsibility at *all times* to assess and keep re-assessing the area for safety concerns. In dealing with any kind of possible chemical exposure, remember that things as simple as a change in wind direction can immediately affect the number of patients emergency personnel must handle. Consider the possibility of a secondary device, chemical or explosive; consider distance from the scene if you suspect that it involves any kind of chemical agent; consider cross-contamination among those who are already affected and their unaffected co-workers; consider route of exposure and contact and/or vapor hazards. The woman running towards you is probably affected by what you suspect is a chemical attack. You should try to let the people in the area know what the steps in treating them will be, in what order, and your reasons behind it. You cannot compromise your own safety by treating just one person who ran towards you out of panic. You will need to get as much information about the situation as possible, but need to remember that until HazMat has declared the area/victims decontaminated, no contact or

treatment can take place. Further steps include establishing medical command until additional resources arrive, if necessary. You may need to set up triage and transportation units, and treatment steps when other personnel arrive.

V. Biological Agents

Time: 15 minutes

Slides: 22–32

Lecture

A. Viruses, Bacterium, or Neurotoxins

1. Can be spread by dissemination
   a. Poisoning water supply
   b. Aerosolizing the agent into the air

B. Viruses

1. Germs that require a living host to survive
2. Replicate themselves within healthy cells.
3. Smallpox
   a. Highly contagious
   b. Good BSI must be utilized.
   c. Disease begins with high fever and body aches.
   d. Lesions identical
   e. Blisters begin on face and extremities.
   f. Most contagious when blisters begin to form
   g. Vaccine does exist, but is linked to medical complications.
4. Viral hemorrhagic fevers
   a. Include Ebola, Rift Valley, and yellow fever
   b. Cause blood to seep from tissues and blood vessels
   c. Initially present with flu-like symptoms
   d. Good BSI must be used.

C. Bacteria

1. Do not require a host
2. Can be fought with antibiotics
3. Most infections begin with flu-like symptoms.
4. Anthrax
   a. May be cutaneous or inhaled
   b. Inhaled form is most deadly (90% mortality if untreated).
   c. Vaccine exists.
5. Plague
   a. Bubonic plague infects the lymphatic system.
   b. Lymph glands will swell.

c. Pneumonic plague infects the lungs.
d. Pneumonic plague results from inhaling bacteria.
e. Pneumonic plague has a higher death rate than bubonic.

D. Neurotoxins

1. Most deadly substances known
2. Produced by plants, marine animals, molds, and bacteria
3. May be inhaled, ingested, or injected
4. Botulinum toxin
   a. Produced by bacteria
   b. Most potent neurotoxin
   c. Affects the nervous system
   d. Causes paralysis that leads to respiratory arrest
5. Ricin
   a. Derived from castor beans
   b. Causes pulmonary edema and respiratory and circulatory failure
   c. Treatment includes respiratory and cardiovascular support.

E. Paramedic Roles During a Biological Event

1. Syndromic surveillance
   a. Monitoring for influx of unusual signs and symptoms
   b. Dispatchers may identify a large number of calls for an "unexplainable flu."
2. Strategic National Stockpile
   a. Push packs delivered by the Centers for Disease Control and Prevention (CDC)
   b. These packs are delivered to areas in need during an event.
   c. EMTs may have a role in distribution.

F. You are the Provider (continued)

Slide: 33

Lecture/Discussion

1. Continue reading the case study provided on the slide:
   a. Once the HazMat team has arrived and declared patients decontaminated and safe to treat, and additional resources have arrived, you are informed by a supervisor that around 11:30 that morning, an unmarked package was opened by the mail unit of the shipyard. Inside the box was an unidentified machinery part, covered in an oily, brownish yellow substance that smelled strongly of garlic. The people in the mail unit were confused, but no one suspected anything wrong and the package was set aside.
   b. Eleven people are complaining of symptoms. Eighteen people work in the mail department, and all were present when the package was opened. At some point, they all passed by it during the day.
   c. *Should you consider immediately calling for antidotes to the most well-known chemical agents?*
   d. *Priority for patient treatment should be in what order?*

- No, you shouldn't worry about calling for antidotes for the most common chemical agents used in terrorism attacks. The hospital you take the patients to will decide for certain what the agent was; if there is an antidote (there is none for mustard gas) they will take care of administering it. Your priorities are decontamination, treating the symptoms, and rapid transport to a hospital. Priority for patient treatment would be the same as in any triage setting. ABCs (airway, breathing, circulation) are evaluated first, and other symptoms fall behind the ABCs. The most severely affected should be treated first. In the event you think a patient has little or no chance of survival, you would move to a patient with less severe injuries. The goal of triage is to treat the most people as quickly as possible (review point from EMT-B). No paramedic wants to let a patient die, but if there is irreversible damage or you cannot maintain an airway without all your efforts being put on that one patient, you must move on to those who have more of a chance of benefiting from your care.

VI. Radiological/Nuclear Devices

Time: 10 minutes

Slides: 34–38

Lecture

A. What is radiation?

1. Ionizing radiation is energy emitted as rays or particles and is found in radioactive material.
2. Radioactive material is any material that emits radiation.
3. Types of radiation
   a. Alpha rays
   b. Beta radiation
   c. Gamma/x-rays
4. Sources of radiological material
   a. Hospitals
   b. Colleges and universities
   c. Chemical and industrial sites
   d. Power plants

B. Radiological Dispersal Devices

1. "Dirty bombs"
2. Designed to spread radioactive material
3. Used to create fear
4. Are not much more effective than regular explosives

C. Nuclear Energy

1. Made by altering (splitting) radioactive atoms
2. Result in immense amount of energy that usually takes the form of heat
3. Used in medicine, weapons, naval vessels, and power plants

D. Nuclear Weapons

1. Small nuclear devices may be available to terrorists (special atomic demolition munitions).
2. A nuclear missile or bomb is difficult to acquire.

E. How Radiation Affects the Body

1. Varies depending on amount of radiation and route of exposure
2. May be ingested, inhaled, or absorbed
3. Blast will also cause traumatic injury.
4. Low exposure
   a. Nausea
   b. Vomiting
   c. Diarrhea
5. Moderate exposure
   a. First-degree burns
   b. Hair loss
   c. Depletion of immune system
   d. Cancer
6. Severe exposure
   a. Second- and third-degree burns
   b. Cancer
   c. Death

F. Medical Management

1. Exposure to radiation does not make the patient radioactive (a patient receiving an x-ray does not become radioactive).
2. Patients with radioactive sources on their bodies will require decontamination.
3. Support ABCs.
4. Treat burns or trauma.

G. Protective Measures

1. Time
   a. Radiation has a cumulative effect.
   b. Limit the amount of exposure time.
2. Distance
   a. Radiation is limited as to how far it can travel.
   b. Alpha radiation only travels inches.
   c. Stage a safe distance from the incident.
3. Shielding
   a. Concrete shielding will stop strong radiation.
   b. Buildings and walls may provide shielding.

H. You are the Provider Summary

1. Continue reading the case study provided on the slide:
   a. Report your patient's vital statistics, the suspected cause of the incident (chemical exposure in this case), your treatment steps, and your ETA (estimated time of arrival) to the receiving hospital. Remember that in the case of vesicants, or blister agents, hospitals with burn centers may be the most well equipped to deal with your patient's injuries, as well as the possibility of secondary infection at the burn sites. En route, monitor vital signs every 5 minutes and be prepared for possible declining airway symptoms.
   b. The patient is treated at a hospital with a burn facility, and remains in the hospital for a few days with some airway damage, but has no permanent skin or eye damage.
   c. Quick thinking, common sense, and rapid transport are essential.

I. Summary

1. Terrorist events
2. Chemical and biological agents
3. Nuclear devices

Post-Lecture

I. Prep Kit Activities

Time: 65 minutes

Note: This section contains various student-centered end-of-chapter activities designed as enhancement to instructor's preparation. As time permits, these activities may be presented in class. They are also designed to be used as outside homework/activities.

A. Assessment in Action

Time: 20 minutes

Individual/Small Group Activity/Discussion

Purpose

This activity is designed to assist students in gaining a further understanding of the chapter content. This activity allows students an opportunity to analyze an emergency care scenario, develop responses, and integrate what they have learned.

Instructor Directions

1. Direct students to read the "Assessment in Action" scenario located in the Prep Kit at the end of Chapter 48.
2. Direct students to read and individually answer the quiz questions at the end of the scenario. Facilitate a class review and dialogue of the answers, allowing students to correct responses as may be needed. Use the quiz question answers noted below to assist in building this review.

3. You may also wish to assign these as individual activities and ask students to turn in their comments on a separate piece of paper.

Answers to Multiple-Choice Questions

Events over the past decade have shown that terrorists, foreign and domestic, are willing to attack American interests at home and abroad. Terrorists now have access to a broad array of lethal materials worldwide and can strike a specific target at any given time. Terrorists are no longer limited to conventional weapons

1. As a paramedic you must be familiar with the nonconventional agents that may be used in a WMD attack. All of the following are nonconventional weapons, EXCEPT:

   A. chemical.
   B. nuclear.
   C. biological.
   D. explosives.

Answer: D. International and domestic terrorists are no longer limited to conventional weapons. There is concern that chemical, biological, and radiological agents are their weapons of choice. Explosives have been used since before World War I to cause mass casualties; however, it should be noted that terrorists have used explosive and incendiary devices as a means of intimidation for many years. These devices are still their choice of weapons.

2. A weapon of mass destruction is any agent that will bring about:

   A. mass casualty.
   B. mass death.
   C. massive damage to infrastructure.
   D. all of the above.

Answer: D. Weapons of mass destruction (WMDs) are devices or agents that will bring about mass disability and death, and also damage to infrastructure. When WMD agents are utilized, their primary goal is to bring about chaos and instill fear in others.

3. Terrorism carried out by individuals or groups who are not from the host country is known as:

   A. domestic terrorism
   B. doomsday terrorism
   C. international terrorism
   D. Al Qaeda.

Answer: C. Terrorism is the unlawful use of force or violence by individuals or groups against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof to further political, social, or religious objectives. Terrorism committed by those from the host country is called domestic terrorism. Terrorism committed by people outside of the terrorist's host country is called international

terrorism. This type is also called cross-border terrorism. Doomsday cults may engage in terrorist activities. Al Qaeda is a terrorist organization.

4. When you come on duty you are told during briefing that the Department of Homeland Security has posted the threat level to be yellow. What threat level does this color represent?

   A. Low
   B. Elevated
   C. High
   D. Severe

Answer: B. The Department of Homeland Security (DHS) has devised a color-coded threat level system that is used to communicate with public safety officials and the public at large through a threat-based, color-coded system so that protective measures can be implemented to reduce the likelihood or impact of an attack. The color red indicates the most severe threat level, orange is high, yellow is elevated, blue is guarded, and green is low.

5. Chemical agents are manmade substances that can have devastating effects on living organisms. All of the following are agents that can be used for chemical warfare, EXCEPT:

   A. nerve agents.
   B. pulmonary agents.
   C. bacterial agents.
   D. blood agents.

Answer: C. All of the agents except bacteria are chemical agents. Bacteria is a primary biological agent that is used in terrorism. Biological agents are organisms that cause disease.

6. Time, distance, and shielding are the three most important factors in staying safe when dealing with what type of WMD?

   A. Chemical weapon
   B. Radiological weapon
   C. Biological weapon
   D. Bacterial weapon

Answer: B. When dealing with nuclear/radiological weapons and fallout, time, distance, and shielding are the most important factors in staying safe. Radioactivity in fallout weakens rapidly in the first few hours after an explosion. This weakening is called decay. After about 7 hours, fallout loses about 90% of its strength. The more distance that is between you and the fallout, the less amount of exposure you will receive. In addition, the heavier and denser the shielding material (such as thick concrete or brick barriers or walls), the less amount of fallout you will receive.

7. A chemical agent that is described as highly persistent can:

   A. evaporate relatively fast.

B. remain in the environment for weeks to months.
C. cause extensive blistering within minutes.
D. all of the above.

Answer: B. A chemical agent that is described as highly persistent (such as VX, a nerve agent) can remain in the environment for weeks to months, whereas an agent that is highly volatile (such as sarin, also a nerve agent) will turn from liquid to gas (evaporate) within minutes to seconds.

Challenging Questions

You are responding to a train station where there was a reported small explosion. Dispatch reports there are now a number of patients complaining of difficulty breathing and nausea. As you walk into the station you observe that two patients are unconscious and seizing, while numerous others are pleading with you to help them.

8. What type of event do you suspect?

Rationale: As a paramedic, you are trained to provide quality, compassionate medical care to those in need of assistance; however, in this scenario, you have become a potential patient yourself by overlooking scene safety. As a provider, you should suspect a WMD incident. This also has the potential to become an MCI event.

9. What concerns do you have for your safety?

Rationale: You should be concerned with the potential effects that the agent may have on you and your partner. You should also be concerned with potential secondary devices. As a provider who has been exposed, you need to take care of yourself first. You should have also notified other potential public safety officials of the incident so they do not become victims as well.

B. Points to Ponder

Time: 20 minutes
Individual/Small Group Activity/Discussion

This activity addresses the affective objectives of the chapter, allowing you to help students probe the more difficult situations that they face. Use this as an opportunity to allow them to express differences of opinion and approach, while directing them to be thorough and decisive in their answers. Encourage challenges.

Purpose

To allow students an opportunity to apply critical thinking analysis to a given case study.

Instructor Directions

1. Direct students to read the "Points to Ponder" scenario found in the Prep Kit at the end of Chapter 48.
2. You may wish to assign students to a partner or a group and direct them to review the discussion question at the end of the scenario and prepare a response. Facilitate a class dialogue centered on the discussion point.

3. You may also ask students to complete this activity on their own and hand in their comments on a separate piece of paper.
4. Personally review the scenario and discussion question based on your experience and knowledge as an emergency care worker. Develop your own key points for guiding this discussion.

Scenario

You are responding to a WMD incident where a primary explosion has disseminated chemical agents at the State Bank. You are told by incident command (IC) to stage about two blocks from the incident location while they wait for the HazMat team to evaluate the situation. The staging area is near a park, and the IC wants triage to be set up in the park. There are about 40 patients confirmed by IC. A total of six ambulances within the city are responding.

What are your concerns with both the location of the triage area and the number of ambulances that are responding?

What do you want to know about the chemical agent?

Issues

Scene Safety, Staging Location, Incident Command, Need for Decontamination, Secondary Devices.

Discussion

No matter where the incident occurs, there is always concern regarding where you should stage. Is the triage area far enough from the incident location? The location also depends on weather and topographical factors. Terrorists usually research the surrounding areas to calculate where they should place secondary devices. Areas of concern include potential areas of IC location, staging location, and triage location. Based on the number of patients and the lack of resources at this scene, you determine that this is most likely going to be an MCI. You will want to know what agent has been used. You will also want to know the amount of agent that was utilized and how it was disseminated. This will aid in making appropriate PPE decisions, staging location decisions, and treatment decisions.

II. Lesson Review

Time: 10 minutes

Discussion

Note: Facilitate the review of this lesson's major topics using the review questions as direct questions or overhead transparencies. Answers are found throughout this lesson plan. Each question includes a reference to the slide where the information is covered.

1. What does the acronym WMD stand for? (Lecture II-A)
2. List the four different categories of chemical agents that may be used in terrorism. (Lecture II-D)

3. Explain why biological agents can affect a larger population than chemical agents can with a similar exposure. (Lecture V-A)
4. List the symptoms of a nerve agent. (Lecture IV-D)
5. What are the three types of radiation? (Lecture VI-A)

III. Assignments

Time: 5 minutes

Lecture

1. Review all materials from this lesson and be prepared for a lesson quiz to be administered (date to be determined by instructor).
2. Read Chapter 49: *Rescue Awareness and Operations* for the next class session.

