

**MEDICAL RESPONSE TO CHEMICAL
WARFARE AND TERRORISM 2000
VIDEO COURSE**



**Based on the Live
SATELLITE BROADCAST**

Site Facilitator Guide

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ABOUT THIS GUIDE

This comprehensive guide provides you with all of the necessary instructions for running a successful video course. Because all of the pages in the guide are ready for you to reproduce, we suggest that you single side it when printing.

This guide is prepared for a 3-day video course, approximately 4 hours each day. You may choose to view the video series differently. Your own judgment should be used in conjunction with your primary mission when determining a viewing schedule

 **Don't have time to read the entire guide?** We have indicated the critical parts of the guide with ambulance icons.

KEY INFORMATION

Videotapes	Topics/Content	Run Times
Tape 1	Introduction, Pulmonary Agents, and Vesicants	1 hr. 54 min.
Tape 2	Vesicants	1 hr. 6 min.
Tape 3	Nerve Agents, Cyanide Introduction & History	1 hr. 54 min.
Tape 4	Cyanide	1 hr. 40 min.
Tape 5	Field Management	1 hr. 51 min.
Tape 6	Triage (cont'd), Counterterrorism, Chem Jeopardy, and Q&A	1 hr. 53 min.

ROLE OF SITE FACILITATOR

 Thank you for serving as a Site Facilitator for “Medical Response to Chemical Warfare and Terrorism 2000” Video Course. You are very important to the success of this course. Your commitment to making sure the program runs smoothly is an integral part of this presentation.

OVERVIEW OF RESPONSIBILITIES

DETAILS FOR THESE TASKS ARE INCLUDED IN THE NEXT PAGES

1. Market the program: Add your name and telephone number to the Fact Sheet, page 14 of this guide, and post it on bulletin boards or in high traffic areas.

 Register as a facilitator by visiting <http://ccc.apgea.army.mil>. Once at the site, click on the banner at the bottom of the page to access the registration area.



- Keep track of the total number of participants who register for your facility.
2. Encourage participants to register for the video course by visiting <http://ccc.apgea.army.mil>. Once at the site, click on the banner at the bottom of the page to access the registration area.

 Participants are required to register and take the examination on-line to receive credit for the course. Participants will receive immediate credit after successfully completing the examination.
 3. Visit the viewing site to ensure that the equipment is in working order. Ensure that there is sufficient seating capacity for the number of registered students.
 4. Make an adequate number of copies of the agenda, room direction sign, and examination.
 5. Bring and distribute materials on program days.
 6. Facilitate all three sessions.

7. After the last session: Remind participants to take the examination on-line.

AGENDA FOR THE SATELLITE VIDEO COURSE

MEDICAL RESPONSE TO CHEMICAL WARFARE AND TERRORISM 2000 VIDEO COURSE

Presented by
U.S. Army Medical Research Institute of Chemical Defense
Aberdeen Proving Ground, Maryland

Course Director: COL Charles G. Hurst, MC

The agent segments listed below will include discussion of: the history of the agent development and use, its physical properties, mechanism of action, and clinical effects and treatment. Interviews with clinicians who have treated exposures as well as interviews with scientists researching medical countermeasures and case studies or scenarios will be presented.

Tape 1

Presents an overview of **Pulmonary Agents** and **Vesicants**

Tape 2

Presents an overview of **Vesicants**

Tape 3

Presents an overview of **Nerve Agents** and **Cyanide**

Tape 4

Presents an overview of **Cyanide (cont'd)**

Tape 5

Present discussions on **Field Management**

The field management segment will include discussion and demonstration of decontamination issues, triage issues, and mass-casualty management issues. These

issues will be discussed from both the military and domestic preparedness perspectives.

Tape 6

Present discussions **Field Management (cont'd) and Antiterrorism**

The antiterrorism segment will include discussion of the structure, operations, and capabilities of crisis and consequence management organizations with reference to both military and domestic preparedness perspectives.

Final Examination

CONDUCTING A SUCCESSFUL VIDEO COURSE

Three Weeks Prior to the Course

1. Copy the Fact Sheet on page 14 and post it in various locations to promote the video course. Distribute the sheet to interested persons. A downloadable fact sheet is also located on the Internet at <http://ccc.apgea.army.mil>. Click on the Satellite 2000 link. Then click on the Course Materials link.
2. Reserve a viewing site and identify the site contact. Schedule the viewing site for the three days that you will be viewing the videotapes. Ensure the site can accommodate the expected number of attendees. Reserve a room with tables and chairs, TV monitor(s), and VCR.
3. Identify a technical contact at the viewing site for possible assistance before and during the video course.
4. Tell the site and technical contact you would like to make a site visit 2 weeks prior to the course.

Two Weeks Prior to the Course

1. Call your viewing site contact and make an appointment to visit the site.
2. During the visit, complete the following:
 - Meet the technical contact that will be available during the viewing of the videotapes.
 - Know the location of restrooms, snack bar, telephone, etc.
 - Know the procedure for handling emergencies (technical contact, fire exits, etc.).
 - Know facility rules concerning smoking, food, etc.
 - Obtain permission and locations to post classroom location signs. See the sample contained in this guide on page 15.
 - Arrange for use of a photocopy machine to reproduce student materials.
 - Make arrangements for comfortable tables and chairs, preferably arranged in classroom style.
 - Note parking arrangements and availability.

- Ensure TV monitors or projection screens are appropriate sizes for the audience.
 - Get maps or directions to the site and become familiar with them.
3.  Monitor number of participants in relation to room capacity. Make changes to your on-line facility information.

One Week Prior to the Course

1. Download course materials. Be sure you have a sufficient number of student materials.

 Remember, students will be taking the examination on-line. Student materials can be obtained at the Chemical Casualty Care Division website at <http://ccc.apgea.army.mil>.
2. Monitor number of participants in relation to room capacity. Make changes to your on-line facility information.
3. Review instructions (included in this guide) for completing registration and evaluation forms.
4. Make copies of Sign-In sheets for each session. You will need these sheets to update your on-line student roster.
5. Remind the site contact of any special classroom arrangements.
6. Review the video course agenda.

One Day Prior to the Course

1. Assemble the following to bring to your viewing site:
 - Copies of all student materials. These are available on the Internet at <http://ccc.apgea.army.mil>. Click on the 2000 Satellite Broadcast link. Then click on the Course Materials link.
 - Site Facilitator's Guide, available on the internet at <http://ccc.apgea.army.mil>. Click on the 2000 Satellite Broadcast link. Then click on the Course Materials link.
 - A sufficient number of signs identifying the entrance(s) to your viewing site.
 - Name, telephone number and pager number of your site's technical contact.
 - Sign-In sheets.
 - Participant roster.

First Day of the Course

1. Bring a generous supply of humor and patience to deal with potential problems.
2. Arrive 1 hour early to post signs, check the room, set up course materials, etc.
3. When participants arrive, welcome them and have them sign-in.
4. Ask participants if they have registered on-line. If they have not, encourage them to do so at <http://ccc.apgea.army.mil>. Click on the Satellite banner at the bottom of the page. Once in the registration area, click on the participant button on the left of the screen.

30 Minutes Prior to Program Start Time

1. Introduce yourself and your agency (see the script below), and identify yourself as the training facilitator for the three-day video course.
2. Provide students with the location of restrooms, vending machines, pay phones, and other pertinent information related to the facility. Inform them of any rules regarding food or beverages in the viewing area, and ensure students have parked in approved areas. Below is a suggested script.

Welcome, my name is _____. I represent the _____ (agency). I will be your Site Facilitator for each of our sessions.

- *Go over instructions for how the course will operate on a daily basis.*
- *Review registration and examination procedures.*

The final exam is an open book examination and can be taken on-line after registration is completed.

The restrooms/snack bar are located _____.

If any of you have parked in the _____ zone, you may want to move your car. This is the only parking place where you might get a ticket or be towed. You can find plenty of parking in the _____ zone.

This video course is based on the live Satellite Broadcast that was presented on 5-7 December 2000.

3.  Instruct students on registration procedures. Individuals must register on-line and are expected to go back on-line to complete the evaluation and examination. After completing the exam, students will print their Continuing Education certificate from their computer.

DURING THE VIDEO COURSE

- During local group activities, encourage participants to work on scenarios presented in the video series. Printable versions of the activities are available at <http://ccc.apgea.army.mil>. Click on the 2000 Satellite Broadcast link and then on the Course Materials link.

DAY 2 AND DAY 3 OF THE VIDEO SERIES

- Remind students to sign-in. Encourage participation in the scenarios during the course. Remind students of the registration/examination procedures.

AT THE END OF THE LAST DAY

-  Remind students that individuals must register on-line and go back on-line and complete the evaluation and examination. After completing the exam, students will print their Continuing Education certificate from their computer.
-  **Important** Remind participants that they must answer evaluation questions to receive credit.
- Collect sign-in sheets. Inform students that the registration and test must be completed in order to receive course credit. **(Utilization of on-line registration and exams are mandatory.)**
- Thank participants for their attendance.
- Remove the signs you posted.
- Thank your viewing and technical site contacts.



Medical Response to Chemical Warfare and Terrorism 2000 Video Series

Based on the Live Satellite Broadcast
Sponsored by the U.S. Army Medical Command

Military and civilian medical systems must be prepared to care for casualties of battlefield or terrorist use of chemical agents. In support of that mission, the United States Army Medical Research Institute of Chemical Defense (USAMRICD) presented its second annual live satellite broadcast on the Medical Response to Chemical Warfare and Terrorism 2000 on 5-7 December 2000.

The video course is targeted to clinical health care professionals but is appropriate for all personnel involved in the management and care of persons exposed to chemical agents. The course will inform and educate health care professionals and first responders serving the military and supporting civil defense/domestic preparedness programs about chemical agents and the proper medical responses in the event of intentional or accidental chemical agent exposure. It also will discuss battlefield management, decontamination of casualties, and personal protective equipment. Discussions on antiterrorism are integrated throughout. The program features discussions with world-renowned scientists, researchers, clinicians and counterterrorism experts.

6-Set Video Series

- TAPE 1 – Introduction, Pulmonary Agents, Vesicants
- TAPE 2 - Vesicants (cont'd)
- TAPE 3 - Nerve Agents, Cyanide Intro & History
- TAPE 4 - Cyanide
- TAPE 5 - Field Management
- TAPE 6 - Triage (cont'd), Counterterrorism, Chemical Jeopardy, Q&A

**At the conclusion of this program,
The viewers should....**

- Be able to list the 4 major chemical agent classes and discuss the key effects of each on the human organism
- Be able to identify the key elements of pre-hospital medical management for each of the 4 major chemical agent classes
- Be able to identify cutting edge diagnostics and therapeutics for vesicants and nerve agents
- Be able to identify and describe each of the three tiers of response to a disaster

**For more information visit us at
<http://ccc.apgea.army.mil>**

Viewing Site: _____

Site Facilitator: _____

Phone Number: _____

Accreditation Statement:

The U.S. Army Medical Command is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The U.S. Army Medical Command takes responsibility for the content, quality, and scientific integrity of this CME activity.

Credit Designation Statement:

The U.S. Army Medical Command designates this educational activity for a maximum of 12 hours in category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

Individual Registration Instructions

To receive credit for the course, facilitators and participants must register online by visiting <http://ccc.apgea.army.mil>. Once at the site, click on the Medical Response to Chemical Warfare and Terrorism 2000 banner at the bottom of the page to access the facilitator and participant registration website. From this website, both facilitators and participants can register for the program. Facilitators can register their site and participants can register under that particular site. Participants should call or email the site facilitator immediately after making your selection to reserve your seat and to confirm your registration.

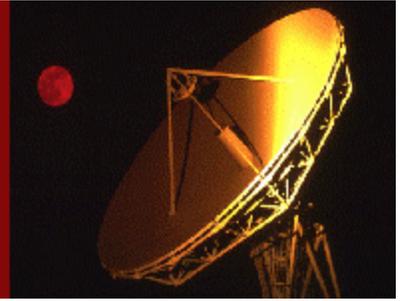
Obtaining Video Series

DoD – Contact the Chemical Casualty Care Division at ccc@apg.amedd.army.mil

Non-DoD – Available through NTIS at <http://www.ntis.gov>, phone 1-800-553-6847, order number AVA20893VNB6, cost \$135.00

The United States Army Medical Research
Institute of Chemical Defense Presents:

**Medical Response to
Chemical Warfare and Terrorism**
A Live Satellite Broadcast



**What: Medical Response to Chemical
Warfare and Terrorism 2000
Video Course**

Where: Building _____
Room # _____

Date: _____

Time: _____

**MEDICAL RESPONSE TO CHEMICAL WARFARE AND TERRORISM 2000
FINAL EVALUATION AND EXAMINATION**

The following are 8 course critique questions. Please read each of the statements and select the response that best reflects your feelings about the course. Following the critique, are 32 questions regarding the medical management of chemical agent casualties. Please read each question thoroughly and select the answer that is the MOST appropriate choice.

**MEDICAL RESPONSE TO CHEMICAL WARFARE AND TERRORISM 2000
SATELLITE BROADCAST COURSE CRITIQUE**

- 1. This course was a valuable educational activity.**
 - a. Agree
 - b. No Opinion
 - c. Disagree
 - a. Not applicable

- 2. Which of the following topics would you like covered more extensively in the future?**
 - a. Pulmonary Agents
 - b. Nerve Agents
 - c. Cyanide
 - d. Vesicants
 - e. Field Management (Equipment/Decontamination/Triage/Evacuation/Protection)

- 3. Which part of the course was the most interesting to you?**
 - a. Pulmonary Agents
 - b. Cyanide
 - c. Vesicants
 - d. Nerve Agents
 - e. Field Management and Antiterrorism

- 4. What was your overall impression of the course?**
 - a. Superior
 - b. Excellent
 - c. Good
 - d. Satisfactory
 - e. Poor

5. I prefer to attend satellite broadcast training as opposed to regular classroom training because:

- a. It fits into my work schedule
- b. I prefer the format and structure
- c. It allows me to avoid extensive travel
- d. There is a significant cost savings for me
- e. I do not prefer satellite broadcast training

6. What was the most important factor in your decision to participate in this satellite broadcast?

- a. Content
- b. Continuing Education
- c. Required to take the course
- d. Supervisor recommended
- e. Other

7. The promotional material for the broadcast adequately described the training and its content.

- a. Agree
- b. No Opinion
- c. Disagree
- d. Not applicable

8. The pre-registration process for participation in the broadcast was user friendly.

- a. Agree
- b. No Opinion
- c. Disagree
- d. Not applicable

**MEDICAL RESPONSE TO CHEMICAL WARFARE AND TERRORISM 2000
SATELLITE BROADCAST COURSE EXAMINATION**

- 9. Protective equipment is assigned an OSHA ranking (A through D) based on the following**
- a. Level of dermal protection afforded
 - b. Level of respiratory protection afforded
 - c. How uncomfortable it is to wear
 - d. A and B
 - e. All of the above
- 10. Of the following, the earliest indicator of pulmonary edema in a casualty exposed to a respiratory agent is:**
- a. An abnormal arterial-blood-gas (ABG) test
 - b. Dyspnea (shortness of breath)
 - c. A pattern of scattered infiltrates with Kerley B lines on PA and lateral chest radiographs
 - d. Dullness to percussion on physical examination
 - e. Wheezing
- 11. In a person severely intoxicated by nerve agent, atropine administration should be titrated to which of the following?**
- a. Clinical reduction of bronchospasm and secretions
 - b. Clinical restoration of normal heart rate and blood pressure
 - c. Clinical reduction of skeletal muscle fasciculations and twitching
 - d. Clinical reduction of gastrointestinal distress and spasm
 - e. Clinical resolution of miosis and eye pain
- 12. All of the following are true regarding the radiomimetic effect of sulfur mustard on bone marrow EXCEPT:**
- a. Assessment of the cellular components of the blood can be used to identify the severity of sulfur mustard exposure.
 - b. Early decline in numbers of lymphocytes predict subsequent decline in the platelet count.
 - c. Very early (1-2 hrs.) simple measurement of the total white blood cell count can be used to predict severity of exposure and need for early evacuation.
 - d. Following a severe exposure to sulfur mustard, lymphocyte count rapidly decreases, while the number of granulocytes increases.

- 13. It is important to decide whether a patient is exposed to nerve agent vapor or to nerve agent liquid agent because:**
- a. The strength of bleach chosen depends upon whether the agent is a vapor or a liquid.
 - b. Clinical effects from liquid exposure may be delayed.
 - c. Wearing the mask may not be necessary if the agent is liquid.
 - d. Diazepam is never given for exposure to nerve-agent vapor.
- 14. Which of the following is true concerning peripherally acting pulmonary agents?**
- a. Symptoms never precede signs.
 - b. They cause clinical effects that mimic adult respiratory distress syndrome (ARDS).
 - c. Irritation of the nose and mouth with coughing and bronchospasm generally excludes these agents.
 - d. Their peripheral airway effects are probably caused by hydrochloric acid.
 - e. In most cases, prophylactic administration of antibiotics is a reasonable medical option.
- 15. An individual who is vomiting and fasciculating reports nerve agent exposure. He does not have miosis (pinpoint pupils). An appropriate response includes which of the following:**
- a. Discharge from care
 - b. Administer nerve agent antidotes
 - c. Observe for pinpoint pupils before administering antidote
 - d. A and C above
 - e. None of the above
- 16. A cyanide casualty who is not breathing but still has a pulse just entered your Battalion Aid Station. He/she:**
- a. Should be given the three separate antidotes in the military cyanide antidote kit.
 - b. Should receive sodium thiosulfate followed by sodium nitrite.
 - c. Should be considered expectant.
 - d. Should immediately have blood drawn to determine the level of cyanide in the blood.
 - e. Should be given sodium nitrite followed by sodium thiosulfate.
- 17. Someone with severe systemic effects from a nerve agent should initially receive:**
- a. Three MARK I kits
 - b. One Diazepam
 - c. Three MARK I kits and diazepam
 - d. One MARK I kit
 - e. Three Mark I kits and an additional 2 mg of atropine

- 18. Which of the following is a necessary part of management for a casualty who has inhaled sulfur mustard?**
- a. Enforced rest and observation for signs and symptoms of pulmonary edema
 - b. Immediate intubation
 - c. Close monitoring of arterial blood gases
 - d. Close observation for the development of partial or complete airway obstruction
 - e. Prophylactic administration of antibiotics
- 19. Decontamination should be performed**
- a. Inside the receiving medical facility (e.g., ER)
 - b. Downwind from the receiving medical facility
 - c. Before any medical care is rendered
 - d. By fully qualified medical personnel
- 20. Of the following, what is the first indication of inhalation of very high concentrations of phosgene?**
- a. Abnormal arterial blood gases
 - b. Chest tightness
 - c. Coughing, hoarseness, and eye irritation
 - d. Cyanosis
 - e. Convulsions
- 21. The two categories of agents that pose the greatest threat on a modern battlefield are:**
- a. Nerve agents and cyanide
 - b. Vesicants and riot agents
 - c. Riot agents and nerve agents
 - d. Vesicants and nerve agents
 - e. Pulmonary agents and vesicants
- 22. Effects after severe cyanide inhalation typically include which of the following?**
- a. Miosis, bronchial hypersecretion, and nausea.
 - b. Brief hyperventilation, loss of consciousness, convulsions, followed by respiratory and subsequent cardiac failure.
 - c. Convulsions, vomiting, and flaccid paralysis.
 - d. Muscle weakness, cyanosis, and secretions.
 - e. Sudden loss of consciousness after a latent period of up to 60 minutes.

- 23. Cyanide is considered an important terrorist threat, but not an effective battlefield agent because:**
- a. Cyanide is more effective in enclosed spaces.
 - b. Cyanide is slightly less dense than air.
 - c. Cyanide is widely used in the chemical industry.
 - d. Cyanide is very volatile.
 - e. All of the above
- 24. In a mass casualty scenario, a casualty exposed 2 hours ago to sulfur mustard vapor now has facial erythema, red eyes, marked difficulty breathing, and a productive cough. This casualty should most appropriately be triaged as:**
- a. Urgent
 - b. Immediate
 - c. Delayed
 - d. Minimal
 - e. Expectant
- 25. The most important purpose of the emergency medical treatment station on the dirty side of the hotline (U.S. Army decontamination model) is:**
- a. To provide full definitive medical treatment for immediate casualties.
 - b. To stabilize patients well enough to survive the decontamination process.
 - c. To remove gross chemical agent contamination from small areas prior to full decontamination.
 - d. To provide a definitive diagnosis of serious poisoning and other conditions in order to expedite later medical care on the clean side of the hot line.
 - e. To allow observation of delayed casualties while they are waiting to proceed through litter decontamination.
- 26. A casualty who collapsed 2 minutes ago and is convulsing:**
- a. Should be restrained until convulsions cease.
 - b. Could be a nerve-agent casualty or a cyanide casualty.
 - c. Should be ventilated before antidotes are given if the diagnosis is nerve agent poisoning.
 - d. Should be triaged as expectant.
 - e. Is not a nerve agent casualty if miosis is not present (i.e., if the pupils are not pinpoint).
- 27. Which of the following is true about centrally and peripherally acting pulmonary acting agents?**
- a. They may be reliably distinguished by their various odors.
 - b. Their site(s) of action in the respiratory tract are determined primarily by their water solubility and their chemical reactivity.
 - c. Even in high concentrations, a centrally acting agent such as mustard is unlikely to produce pulmonary edema.

d. Their clinical effects are usually seen within 2 hours of exposure.

- 28. A casualty was exposed to both nerve agent vapor and liquid 2 hours ago. The casualty immediately developed pinpoint pupils, shortness of breath, tearing, and nasal secretions. The casualty quickly donned a mask, was removed from the area of exposure, and underwent ambulatory decontamination. The casualty now has miosis. How would you manage this patient?**
- a. Tell him/her that the miosis will resolve within 2 to 4 days.
 - b. Triage as minimal.
 - c. Would not expect him/her to get worse, since he/she is no longer being exposed to agent.
 - d. Observe him/her for 12 to 24 hours.
 - e. Administer one or two Mark Is to counter the miosis.
- 29. The most important reason(s) for setting up a casualty decontamination site is to:**
- a. Remove the sources of chemical vapor and liquid hazard
 - b. Protect the receiving medical facility and staff from chemical contamination
 - c. Medically stabilize casualties
 - d. A. and B.
 - e. All of the above
- 30. Which of the following is TRUE concerning cyanide?**
- a. A dependable warning of the presence of AC is its characteristic odor of bitter almonds.
 - b. As a blood agent, cyanide binds avidly to the oxyhemoglobin in blood.
 - c. Cyanosis is diagnostic of the presence of cyanide.
 - d. Cyanide prevents cellular utilization of oxygen.
 - e. Once breathing has stopped, a cyanide casualty should be triaged as expectant.
- 31. Why should all levels of care be prepared to conduct casualty decontamination?**
- a. Potentially contaminated patients may present themselves directly to the nearest facility.
 - b. Casualties may skip echelons of care.
 - c. Lower echelons may not have the resources necessary to decontaminate the casualties requiring evacuation.
 - d. A. and B.
 - e. All of the above

- 32. What is/are the essential component(s) of initial chemical casualty decontamination?**
- a. Decontamination with bleach
 - b. Remove the patient from the contaminated environment
 - c. Remove the contaminant from the patient
 - d. A and B
 - e. B and C
- 33. Personnel operating in protective gear, OSHA level C and higher, are at significant increased risk for**
- a. Heart attack
 - b. Contamination
 - c. Heat stress
 - d. Dehydration
 - e. C and D above
- 34. What are important questions to ask when deciding what type of protective gear to use?**
- a. What is the nature of the threat (respiratory or dermal, hi or lo concentration)?
 - b. Is supplemental air or oxygen required?
 - c. How long will it be worn?
 - d. Is there a legal requirement to be met?
 - e. All of the above
- 35. The Army's M256 detector ticket samples for chemical agent vapors. It detects all of the following EXCEPT:**
- a. Nerve agents
 - b. Pulmonary agents
 - c. Vesicants
 - d. Cyanides
- 36. The medical response to chemical terrorism against a US city or military installation differs from the medical response to chemical agents on the battlefield in which of the following ways?**
- a. Different antidotes are used
 - b. There is less need to protect medical facilities against contamination on the battlefield
 - c. Civilian responders may not be able to provide emergency medical treatment on the dirty side of the hot line (warm zone), whereas military responders probably can do this
 - d. None of these are true
 - e. All of these are true

- 37. Which statement is true concerning responsibility for a chemical terrorist incident in the United States?**
- a. Once the Federal authorities are on the scene, they are in charge.
 - b. Local authorities remain in charge unless the military arrives, at which time the military will be in charge.
 - c. Once State authorities arrive, they will accept responsibility from local authority.
 - d. Local authorities remain in charge throughout the incident.
 - e. Each incident is a unique event and responsibility will be different depending upon circumstances.
- 38. The medical services of which agencies of the US Federal Government have specified roles to play in responding to a chemical terrorist incident?**
- a. Active duty military
 - b. Military reservists
 - c. The National Guard
 - d. Department of Veterans' Affairs (VA)
 - e. All of these
- 39. Under the Federal Response Plan, the Department of Justice is the lead Federal agency during crisis management. What is true concerning the consequence management phase?**
- a. The Department of Justice remains in charge of Federal response.
 - b. The Federal Emergency Management Agency (FEMA) is the lead Federal Agency for consequence management.
 - c. Since the incident started as crisis management it will remain a crisis management incident throughout.
 - d. During consequence management, the Federal authorities will supersede local ones.
 - e. None of these.
- 40. What is true regarding the threat of chemical terrorism in the United States?**
- a. The FBI receives more chem./bio terrorism threats every year than conventional bomb threats.
 - b. Most alleged perpetrators of chemical terrorism in the United States are foreigners.
 - c. All potential chemicals of terrorist interest in the United States are illegal to buy on the open market.
 - d. The amount of money dedicated to fighting chemical terrorism in the United States has plateaued or declined.
 - e. Dual-use technology is a good way to conceal a chemical terrorist program.