Metropolitan Medical Response System (MMRS)
Fiscal Year 2004 Program Continuation Grant Guidance

Attachments:

1 – Listing of 124 current MMRS jurisdictions
2 – Listing of the Urban Area Security Initiative (UASI) jurisdictions
3 – MMRS Resources List

I. Purpose: The overall purpose of the FY 2004 MMRS Program Continuation Grant Guidance is to provide direction and assistance for developing program narratives to maintain and enhance integrated, systematic mass casualty preparedness until significant external assistance arrives; with primary focus on terrorist events using radiological, nuclear, chemical, biological, or explosive agents; but also applicable to epidemic disease outbreaks, large scale hazardous materials accidents, or major natural disasters.

II. Authorities and Background: MMRS derives its authority from the Defense Against Weapons of Mass Destruction Act of 1996, which directed the Secretary of Defense to enhance capability and support improvements of response agencies. The Nunn-Lugar-Domenici Amendment to the National Defense Authorization Act for FY 1997 authorized funding for "*medical strike teams,"* and the subsequent development of the MMRS Program. Ongoing Congressional appropriations have funded support for 124 MMRS jurisdictions.

III. NIMS Compliance as required by Department of Homeland Security policy: Compliance with the National Incident Management System (NIMS) is a condition for award of this grant. Major components of NIMS include incident command and management, preparedness, resource management, communications and information management, supporting technologies, and ongoing management and maintenance.

IV. The period of performance for these grants is October 1, 2004 through September 30, 2005.

V. Funding Uses:

A. MMRS funds can only be used for activities that support the capability focus areas, sustainment of enhanced capabilities, and special projects. MMRS funds cannot be used for fixed facility construction or to purchase self-propelled wheeled vehicles or support vehicle maintenance operations. Jurisdictions are encouraged to utilize the Health Resources and Services Administration National Bioterrorism Hospital Preparedness Program funding for the construction or renovation of fixed facilities for victim decontamination.

B. Notwithstanding the migration to grants, all previously established contract deliverable obligations remain in effect. The capability enhancement and maintenance specified therein is considered to be an essential component of every MMRS.

C. Jurisdictions are advised that there is to be no duplication of Federal benefits in executing these MMRS grants. No other Federal funding, from the Department of Homeland Security, or any other Federal executive branch entity, may be used to pay for

the same services and commodities paid for under this grant. Jurisdictions are encouraged to seek funding for bilateral activities such as pandemic disease threat capabilities and hospital preparedness through other funding sources, such as the U.S. Department of Health and Human Services' Health Resources and Services Administration and Centers for Disease Control. Other funding may also be found through the Department of Homeland Security's Office of State and Local Government Coordination. MMRS funding is to be integrated with regional/State and or multi-State/regional capabilities and the planning of other local, State and Federal programs.

D. Any sub-grantees of FY 2004 MMRS funding must be provided this guidance to ensure compliance.

VI. FY 2004 Grants Components: FY 2004 appropriated funds are to be utilized to further enhance the local MMRS jurisdictions' integrated, systematic preparedness for mass casualty events for capability focus areas (available to all 124 jurisdictions), sustainment of enhanced capabilities (only available to jurisdictions that have completed there baseline capabilities), and special projects, as applicable to the 124 current MMRS jurisdictions (Attachment 1). Certain aspects of this guidance is differentiated between MMRS jurisdictions which are high threat urban areas eligible for funding under the Urban Area Security Initiative (UASI) Grants (Attachment 2) and those which are not so designated.

A. Capability Focus Areas: For FY 2004, the following focus areas for MMRS have been identified: Radiological medical and health effects preparedness; operational viability of mass care shelters and medical treatment facilities; emergency alerting system/ emergency public information; NIMS compatibility; quarantine and isolation preparedness; Geographic Information Systems; updated MMRS Steering Committee; and pharmaceutical cache status reporting. This funding is available to all 124 MMRS jurisdictions.

1. Radiological medical and health effects preparedness to manage exposed and contaminated victims, population protection, and environmental health impacts of a radiological release/nuclear detonation by terrorists. MMRS operational planning must address radiological release/nuclear detonation for the effects of a radiological dispersal device, an improvised nuclear device, or a designed nuclear warhead. Visit the American College of Radiology for more information on medical preparedness health impacts of a radiological release/nuclear detonation by terrorists.

   - Coordinate with medical society MMRS Steering Committee members, a partnership with the radiology departments in jurisdiction's local area hospitals and medical societies, on impact of radiological medical preparedness on routine medical practice (i.e. Routine work of hospital radiology department may be dramatically different from essential capabilities required for local medical preparedness).
   - Coordinate with hospital, medical and EMS MMRS Steering Committee members to partner with local medical radiology departments and emergency medical

services to identify the radiological medical management and treatment duties delegated to first responders.

- Coordinate with local health department Steering Committee members on all public health educational and message programs, designed for radiological release/nuclear detonation by terrorist.
- Coordinate all training needs for radiological medical and health effects preparedness, including Continuing Medical Education (CME) and Continuing Nursing Education (CNE) courses.
- Identify radiation and nuclear detection equipment that identify nuclear elements released in a radiological release/nuclear detonation.
- Identify Personal Protective Equipment (PPE) safe for first responders and safe for initial remediation workers, their location and type, and ensure equipment is in accordance with DHS equipment standards. Ensure agreements are in place to access equipment if needed, complete with timelines and identified skilled personnel to operate the equipment.
- Be prepared to provide treatment for victims of a radiological/nuclear incident, such as decontamination, immediate medical treatment, reception centers, mass care shelters, and a plan to address the local mental health services, to include needs of the worried well.
- Research lessons learned about potential unknown human health effects of a radiological release/nuclear detonation. Consider 'lessons learned' from documented and alleged human health consequences of the World Trade Center incident, where individuals were potentially exposed to chemical byproducts released by an explosion of mixtures of several unknown chemicals, potentially enhancing their toxicity in exposed individuals.

In establishing/enhancing the capabilities described above, new MMRS threshold capacity levels for catastrophic incident response planning for a radiological release/nuclear detonation are identified as follows:

- Jurisdictions ranked 1-21 on the UASI Grants list (attachment 2): 100,000 contaminated victims (50,000 acutely exposed and 50,000 moderately exposed) and 100,000 displaced persons.
- Jurisdictions ranked 22-50 on the UASI Grants list: 50,000 contaminated victims (25,000 acutely exposed and 25,000 moderately exposed) and 50,000 displaced persons.
- Remaining MMRS jurisdictions: 25,000 contaminated victims (10,000 acutely exposed and 15,000 moderately exposed) and 25,000 displaced persons.

2. Ensure operational viability of mass care shelters and medical treatment facilities. Mass care shelter planning should be coordinated with the American Red Cross. The public must be made aware of where these shelters are, and procedures for entrance.
   - Revise or update current plans to include the provision of hazardous/toxic substances portal and point detection and monitoring, decontamination and public safety support to mass care shelters and medical treatment facilities by designated personnel and equipment.

- Consider the establishment of reception centers, which consolidate monitoring, triage, decontamination, and registration of affected persons.
- Identify agent antidotes by types and dosage volumes and planning for storage, dispersal, and dispensing, and awareness of how agent antidote dosages may impact the health of vulnerable populations (such as immune-suppressed individuals, children)**.**
- Ensure that alternate medical treatment facilities have immediately available electric power, water and sewer, environmental controls, and other necessary infrastructure support to become operationally viable on short notice.

3. Emergency Alerting System/ Emergency Public Information. Review and revise planning for pre-event emergency public information message content scripting/templates and arrangements for multiple modes of message dissemination. Ensure that the distinctive characteristics of radiological, biological, and chemical agents are reflected in template messages and that self-help contamination avoidance and decontamination actions are also included.

4. Compliance with the National Incident Management System (NIMS) is a condition for award of this grant. The NIMS is a comprehensive incident response system, developed by Homeland Security at the request of the President. The NIMS Integration Center will oversee all aspects of the NIMS, including the development of NIMS-related standards and guidelines and the provision of guidance and support to incident management and responder organizations as they implement the system. The Center also will validate compliance with the NIMS and National Response Plan responsibilities, standards and requirements.

   Major components of NIMS include incident command and management, preparedness, resource management, communications and information management, supporting technologies, and ongoing management and maintenance. MMRS jurisdictions must prepare new, revise existing, or provide a copy of existing operational plans, which address:

   - The identification of local units of government, appropriate State departmental regional/area boundaries, a description of how mass casualty incident response planning is coordinated among them, and a listing of relevant mutual aid agreements in effect.
   - The incident command/unified command/area command system description for the MMRS operational area, to include a copy of the incident command Standard Operating Procedure, organization chart, and roster of pre-designated, qualified incident commanders.
   - Resource management process and supporting automated system(s), with emphasis on: identifying and typing resources; certifying and credentialing personnel; inventorying resources; identifying resource requirements; ordering and acquiring resources; and tracking and reporting resources.
   - NIMS implementation training; to document all related training to implement NIMS capability with MMRS funding.

- Interoperability of command and control and operations communications to include standards/requirements, network diagrams, communications management plan, and first tier frequency, circuit, and device allocations as Stated within DHS's Science & Technology Directorate and their Statement of Requirements (SoR) for Interoperability:

  - Address existing barriers and establish milestones and mechanisms for identifying and prioritizing uses of emerging technologies (e.g., the credentialing of individuals across State lines, automated tracking, etc.)
  - Define activities for ensuring consensus among various standards-setting organizations and document whether the State has issued guidance relative to the interoperability and back up of communication and IT systems among functional response areas and political boundaries.
  - Assure a Statement of interoperability compliance and communications for the jurisdiction's designated operational area among the NIMS and other voice/data communications among all MMRS response elements.

5. Quarantine and isolation preparedness for a very large number of persons and sizeable geographic area(s). Ensure the adequacy of preparedness for this functional capability area, to include:

   - Identification of local officials (by office title) with appropriate legal authority to establish quarantine/isolation areas, or to rapidly obtain such action from State officials (identified by position title) with necessary legal authority.
   - Resource allocation of law enforcement personnel to enforce quarantine/isolation areas.
   - Work with MMRS Steering Committee members from local health department and hospital system to publicize local public health and hospital capabilities to do surveillance on, and identify, infectious agents endemic to the jurisdiction's metropolitan area, such as the animal-form of anthrax, and new infectious diseases, such as SARS.
   - Coordinate with MMRS public health, medical and hospital Steering Committee members to create awareness of emerging infectious diseases that may be candidates for future quarantine and isolation actions, such as new infectious diseases that no one knows how people become infected, and/or no one knows how people become cured.
   - Partner with MMRS public health Steering Committee members on drafting emergency public information messages about the establishment of quarantine/isolation areas.
   - Explain why quarantine is a public health intervention taken only when other actions have failed. Describe previous actions taken by the local public health actions to control the spread of the infectious disease, and their failure to prevent infectious disease transmission.
   - Describe the public health/medical emergency requirements of the specific disease outbreak containment practices decided by the health department and

included in the quarantine protocol, and actions to be carried out by individuals inside and outside of the quarantine/isolation areas.

6. Jurisdictions should explore the types of Geographic Information System data available through the Federal Geospatial-One-Stop portal and apply any of the available GIS tools deemed appropriate to support MMRS risk assessment, planning, training, exercising, and operations. MMRS funds may be spent on activities, when it is determined that "no cost" options are not available, which combine, blend, populate with jurisdictionally-specific data, and/or make interactive, sets of automated GIS tools; or which achieve interoperability between automated GIS tools with other electronic information in support of MMRS requirements.

7. MMRS Steering Committee establishment and operation requirements, as stipulated among the deliverables under the original MMRS jurisdictional contact, remains in effect. Additional guidance updating its composition and emphasizing readiness is as follows:

   - Revise the minimum requirements of MMRS Steering Committee Membership to include:
     - Local Homeland Security Advisor/Coordinator;
     - State Homeland Security Advisor;
     - State Emergency Management Agency Director;
     - State Public Health Director;
     - Urban Area Security Initiative Grant coordinator, if applicable
     - Representatives from entities in which the jurisdiction has a mutual aide agreement;
     - Local private sector;
     - Local public schools, colleges and universities;
     - Citizen Corps Council representative

   - Examine the relationship between the MMRS Steering Committee in the jurisdiction's emergency management system and other emergency management organizations. Should the totality of recommended membership for the MMRS Steering Committee be present in another existing local organization, then that other organization may take on and carry out the functions of the MMRS Steering Committee, or establish a subcommittee to accomplish the same mission and functions. The MMRS Steering Committee, whatever its form, may establish sub-committees, working groups, etc., as it deems best.
   - The MMRS Steering Committee's authorities and activities shall include, but not be limited to: implementation of Federal MMRS program guidance; review and approval or all deliverables and/or activities required of MMRS jurisdictions via this grants guidance, and through all previously Federally-issued MMRS contract Statements of work, modifications thereto and associated guidance material.
   - The primary MMRS jurisdiction must inform the Federal regional project officer and the MMRS National Program Office of the organizational name, and membership (name, title, organizational affiliation) of the MMRS Steering

Committee, or other organization functioning as the MMRS Steering Committee, the jurisdiction's Point of Contact, and any standing sub-committees/working groups, no later than October 29, 2004.

- A quarterly report (as of December 31, March 31, June 30 and September 30) of MMRS Steering Committee meeting minutes, activities, and membership changes shall be provided, preferably in electronic form, to the Federal regional MMRS project officer and the MMRS National Program Office.
- The MMRS Steering Committee will oversee all activities, accomplishments, and products resulting from approved MMRS special projects, and establish and maintenance a jurisdictional master library of MMRS program material, in electronic and paper forms.

8. Pharmaceutical Cache Management and Status Reporting: In support of the Strategic National Stockpile program's Cities Readiness Initiative, all jurisdictions which have been awarded UASI grants, must update their Mass Prophylaxis plans to be able to provide for the distribution of pharmaceuticals to their entire population within 48 hours of receiving an allocation from the Strategic National Stockpile. All jurisdictions are to provide detailed information, in quarterly reports to the FEMA Regional Project Officers, on the MMRS local pharmaceutical cache to include:
   - Pharmaceutical products contained; inventory of jurisdiction's pharmaceutical cache in units of dosage;
   - Names and official titles of individuals authorized to release cache pharmaceuticals;
   - Each product's Lot Number;
   - The cost of each Lot;
   - Date of expiration of each Lot;
   - Which Lots expire in 2004, and 2005; and
   - Pharmaceutical storage management and conditions including percentage stored in hospitals and other fixed facilities, and percentage forward deployed on first responder vehicles.

B. Sustainment of MMRS Capabilities: The purpose of this funding is to provide sustainment of enhanced response capabilities in MMRS jurisdictions gained through completion of baseline grant deliverables (e.g., updated planning and procedures, the maintenance of pharmaceuticals/equipment and supplies caches, ongoing training, and exercise activities); and, optionally, to expand existing jurisdictions' operational area and/or undertake local-State cooperative capability enhancement, including enhanced mutual-aid, for response to a WMD mass casualty event.

For FY04, sustainment funding will focus on updating the Sustainment Plan; Pharmaceutical Cache Management; Assuring Currency of Planning, Training, Exercising and Equipping for the following incidents and events in priority order: (a) Radiological/Nuclear, (b) Biological (c) Chemical (d) High-yield Explosives; and continuing operational area expansion initiated with the FY03 Program Support Contracts.

1. Submit Updated Sustainment Plan: This Plan should include estimates of the resources (human and material) necessary to sustain and enhance MMRS activities in your MMRS jurisdictional area for a period of two years. The first year should correspond to Federal fiscal year 2005 (October 1, 2004 through September 30, 2005). The second year should correspond to Federal fiscal year 2006 (October 1, 2005 through September 30, 2006). The first year is intended as the sustainment execution year; the second year is intended as the sustainment-planning year. Appendix C, Sustainment Template, is attached for use and submission in this effort.

   Resources from local, State and Federal sources, integrated in support of the MMRS planning components should be identified, by program, and included, in a spreadsheet format, as an attachment to this Sustainment Plan.

   Response Plan Maintenance discussions on the ongoing process of preserving integrated MMRS planning activities, including expanded efforts to incorporate new partnerships, should include:

   - Frequency and cost of existing and expanded steering committee meetings with an updated membership roster;
   - Frequency, cost and methods used to update and integrate MMRS planning components into the jurisdiction's and State's Emergency Operations Plans and related documents. MMRS plans must by fully compliant with State plans;
   - An updated budget showing estimated vs. actual expenditures of original MMRS funds (e.g., $600,000 Baseline Contract, $280,000 Program Support Contract, Special Project funding, etc.);
   - Information on individual salaries needed to support plans, and;
   - Any additional planning efforts you identify as required to specifically maintain, enhance, or expand the MMRS.

2. Pharmaceuticals Cache Management: Clearly identify the expenses to procure, sustain, and dispense MMRS pharmaceutical needs.

   - Provide a two-year phased approach to maintenance and cache rotation. Include reference to MMRS planning components, and a discussion of methods implemented, or proposed to implement, which reduce the cost burden of pharmaceutical rotation.
   - Pharmaceuticals Dispensing Capability: Local authorities derive benefits from the local MMRS pharmaceutical cache, SNS stockpile, and CHEMPACK, each with advantages and disadvantages based on decision making, amounts, storage management and control, dispersal, and dispensing capabilities. Following jurisdictional protocols:
     - Indicate how, and under what circumstances the local MMRS pharmaceutical cache will be dispensed. For example, only under MMRS can a local jurisdiction store pharmaceuticals on first responder vehicles and provide

them pre-event to individuals for immediate use in events such as a terrorist act.

- Document those planning and response capabilities, and applicable costs, required to support the effective receipt and distribution of the Strategic National Stockpile (SNS) commodities.
- If the MMRS jurisdiction has access to CHEMPACK, document these dispensing capabilities and limitations.

3. Update the Planning, Training, Exercising and Equipping for the following mass casualty incidents/events in priority order:

   a. Radiological/Nuclear: Jurisdictional planning for a radiological/nuclear event and its serious consequences must garner intensive collaborative efforts at all levels. Ensure mutual aid doctrines are in place and updated. Public messaging must be planned in advance, administering to victims and the worried well considered, and family and community self-help activities heralded. Identify and prepare reception centers and mass care shelters.

   b. Biological: Biological threats may be thwarted with new technological advancements, such as BioWatch, for early response and detection; and Project Bio-Shield, for the effective development of pharmaceuticals to combat attack using a biological or chemical weapon. Strengthen jurisdictional capabilities by maintaining a current, stocked pharmaceutical cache and keeping abreast of technological innovations. Research and update MMRS plans with current quarantine/isolation appropriate legal authority.

   c. Chemical: Chemical antidotes are needed at the time of the incident, immediately. Continue planning efforts to assist victims on a timely basis. Update decontamination techniques. Maintain and rotate the local MMRS pharmaceutical cache, ensuring its utilization on emergency vehicles for instant access.

   d. High-Yield Explosives: Update MMRS plans to ensure plans are ready to be activated upon a high-yield explosive with the possibility of a radiological dispersal device. Ensure responders and providers are prepared to care for victims of this type of incident through training and exercises.

   Ensure the essential functional capabilities of the MMRS plan(s) and related operational documents are extensively included in jurisdictional planning, training, exercising and equipping activities. Priority shall be given to DHS approved/recommended training sources.

   Exercise planning shall maximize opportunities to combine/link exercises required by various State and Federal requirements. The exercise program must include a corrective action component, which is consistent with the DHS/FEMA National Emergency Management Capability Assessment Program.

4. Operational Area Expansion: Grant funding is available to support operational area expansion of current MMRS jurisdictions incorporating additional, contiguous jurisdictions within their MMRS planning, preparedness and response geographical area and for WMD planning, preparedness and response initiatives with State, regional governments, and organizations. This "regional" approach is a hallmark of the MMRS Program and achieves efficiency and economy by providing protection for a greater at-risk population, and by incorporating more highly trained response personnel (e.g., hospitals, etc.) and special-purpose resources (e.g., pharmaceuticals, equipment, etc.). Some States have already achieved, or are initiating efforts to achieve, State-wide/MMRS planning and preparedness. To complete this deliverable, the documentation for MMRS area expansion efforts should include:

   - Name(s) of new jurisdiction(s) to be incorporated in MMRS planning and preparedness;
   - Name, title, and contact information (e.g., daytime telephone number, mailing address and email address, etc.) for a point-of-contact by each added jurisdiction;
   - A Statement from both the existing MMRS jurisdiction and the new "partnering" jurisdiction(s) that they are both committed to achieving this expanded MMRS planning and preparedness area;
   - A Statement detailing the assistance to be provided by the existing MMRS jurisdiction to the "partnering" MMRS jurisdiction(s) and the assistance to be provided by the "partnering" MMRS jurisdiction(s) to the existing MMRS jurisdiction (e.g., the resources each jurisdiction will commit, to include, but not be limited to first responder units, medical treatment facilities, emergency management/emergency operation center support, qualified specialists, planning and preparedness development and maintenance, joint training/exercises, etc.);
   - A Statement that mutual aid/mutual assistance agreements exist, or that they will be developed, to provide for first responder and medical treatment personnel reciprocity and liability protection;
   - A Statement that the plans, policies, and procedures of the expanded operational area will be compatible with the Department of Homeland Security National Incident Management System; and
   - A two-year estimate of MMRS program costs for (a) the parent jurisdiction and (b) the new "partnering" jurisdiction(s) for achieving WMD operational capabilities in the designated expanded MMRS planning and preparedness area.

   If discussing MMRS existing jurisdictional expansion and State capability enhancement, this deliverable should include:

   - Name(s) of new State jurisdiction(s) and State organizations to be incorporated in MMRS planning and preparedness;
   - Name, title, and contact information (e.g., daytime telephone number, mailing address and email address, etc.) for a point-of-contact by each added State jurisdiction and State organization;
   - A Statement describing the scheduled activities and expected outcomes in the first

year of cooperative engagement;
- A two-year cost estimate to include the new State jurisdiction(s) and State organization(s) planning and preparedness;
- A Statement that the plans, policies, and procedures developed will be compatible with the Department of Homeland Security National Incident Management System;
- A Statement that the State jurisdiction(s) and State organization(s) will comply with Department of Homeland Security, and other Federal Government guidance regarding communications interoperability, chemical/biological/nuclear/ radiological detection and identification protocols, and other operational capability enhancement activities.

C. Special Project funding is available to support innovative projects with the potential for widespread application to improve automated systems and interoperable communications support to MMRS command decision-making and resource management, training delivery, and emergency public warning/risk communications.

1. Program Applicability: Is the proposal directly applicable to existing/ongoing MMRS activity? If so, does this applicability impact on the national MMRS program (e.g., all jurisdictional MMRS programs) or on a specific individual jurisdiction's MMRS? Explain how the proposal will benefit the MMRS national program, a jurisdictional-specific MMRS program, or both.

2. Responds to "Gap": Does the proposal respond to a current "gap" in MMRS response preparedness? If so, what "gap"? How does the proposal improve/enhance and potentially eliminate said gap?

3. Pragmatic Funding: Does the proposal include sufficient funding information? Is this funding adequate for successfully completing the proposal's scope of work in the defined time period? What is the funding source? Is there a backup funding source in the event that the primary resource becomes unavailable?

4. State/Regional Integration: Does the proposal incorporate State/regional/jurisdictional areas? If so, how large (in square miles and population) is this area? Are there any unique characteristics of the area? If so, how will the proposal impact on these unique characteristics?

5. Health/Medical Focus: How does the proposal emphasize public health/medical concerns? If so, what are these public health/medical (to include emergency medical and hospital) issues? How will these issues impact on the national or jurisdictional MMRS program(s)?

6. Overall Uniqueness: Is the proposal sufficiently distinctive in scope of work to be identified as an exclusively individual effort? If so, how will the individuality impact on the national and/or jurisdictional MMRS program(s)?

To be considered for funding of a Special Project MMRS jurisdictions must submit a detailed proposal, based on specific criteria, as part of their grant application.

VII. Grantee Eligibility: Applicants of the MMRS program are predetermined based on estimated threat and population. These are noncompetitive grants.

VIII. Application Information: The electronic version of the grants package is posted at http://mmrs.fema.gov for downloading and sharing within jurisdictions. Technical assistance will be available to the jurisdictions during the application preparation period, from FEMA regional MMRS project officers, and, if necessary, from FEMA headquarters. The grant applications will be concurrently reviewed by FEMA regional MMRS project officers and headquarters staff and the awards will be announced and funds obligated by FEMA headquarters no later than September 30, 2004. Applications should be submitted to:

Department of Homeland Security
Federal Emergency Management Agency
Grants Management Branch, FAMD
500 C Street, SW, Room 334
Attn: Assistance Officer – MMRS
Washington, DC 20472

IX. Match: No matching funds are required for this grant.

X. Other Information:
Formats. The Department of Homeland Security business enterprise software is Microsoft Office ®. Accordingly, deliverables required by this guidance should be provided in electronic form produced by, or which is readable by, Microsoft Office ® components. In addition, paper copies of deliverables may also be requested.

Attachment 1: Listing of 124 Current MMRS Jurisdictions

Alabama – Birmingham; Mobile; Montgomery; Huntsville
Alaska – Anchorage; Southeast Alaska
Arkansas – Little Rock
Arizona – Phoenix; Tucson; Mesa; Glendale
California – Los Angeles; San Francisco; San Diego; San Jose; Long Beach; Oakland; Sacramento; Fresno; Santa Ana; Anaheim; Riverside; Glendale; Huntington Beach; Stockton; Bakersfield; Fremont; Modesto; San Bernardino
Colorado – Denver; Aurora; Colorado Springs
Connecticut – Hartford
Florida – Miami; Jacksonville; Tampa; St. Petersburg; Hialeah; Ft. Lauderdale; Orlando
Georgia – Columbus, Atlanta (full MMRS)
Hawaii – Honolulu
Illinois – Chicago
Indiana – Indianapolis; Ft. Wayne
Iowa – Des Moines
Kansas – Wichita; Kansas City
Kentucky – Louisville; Lexington/Fayette
Louisiana – New Orleans; Baton Rouge; Shreveport; Jefferson Parrish
Maine – (State-wide as part of Northern New England MMRS)
Maryland – Baltimore
Massachusetts – Boston; Springfield; Worcester
Michigan – Detroit; Grand Rapids; Warren
Minnesota – Minneapolis; St. Paul
Mississippi – Jackson
Missouri – Kansas City; St. Louis
Nebraska – Omaha; Lincoln
Nevada – Las Vegas
New Hampshire – (State-wide as part of Northern New England MMRS)
New Mexico – Albuquerque
New Jersey – Newark; Jersey City
New York – New York City; Buffalo; Rochester; Yonkers; Syracuse
North Carolina – Charlotte; Raleigh; Greensboro; Columbia
Ohio – Columbus; Cleveland; Cincinnati; Toledo; Akron; Dayton
Oklahoma – Oklahoma City; Tulsa
Oregon – Portland
Pennsylvania – Philadelphia; Allegheny County
Rhode Island – Providence
South Carolina – Columbia
Tennessee – Memphis; Nashville; Chattanooga; Knoxville
Texas – Houston; Dallas; San Antonio; El Paso; Austin; Fort Worth; Arlington; Corpus Christi; Garland; Lubbock; Amarillo; Irving; Southern Rio Grande
Utah – Salt Lake City
Vermont – (State-wide as part of Northern New England MMRS)
Virginia – Virginia Beach; Norfolk; Richmond; Chesapeake; Newport News; Arlington County
Washington – Seattle; Spokane; Tacoma
Wisconsin – Milwaukee; Madison
(Washington, DC remains in Metropolitan Medical Strike Team status)

Attachment 2: Listing of Urban Area Security Initiative (UASI) Jurisdictions

	Urban Area	State
1	New York	NY
2	Chicago	IL
3	Washington/NCR	DC
4	Los Angeles	CA
5	San Francisco	CA
6	Philadelphia	PA
7	Houston	TX
8	Miami	FL
9	Boston	MA
10	Jersey City	NJ
11	Seattle	WA
12	Baltimore	MD
13	Santa Ana	CA
14	Newark	NJ
15	Detroit	MI
16	Kansas City	MO
17	Cincinnati	OH
18	Minneapolis	MN
19	Phoenix	AZ
20	Dallas	TX
21	Long Beach	CA
22	Pittsburgh	PA
23	St. Louis	MO
24	Atlanta	GA
25	Las Vegas	NV
26	San Diego	CA
27	Cleveland	OH
28	Anaheim	CA
29	Milwaukee	WI
30	Indianapolis	IN
31	Buffalo	NY
32	Memphis	TN
33	San Jose	CA
34	New Haven	CT
35	Tampa	FL
36	Louisville	KY
37	Orlando	FL
38	Columbus	OH
39	Denver	CO
40	Portland	OR
41	Sacramento	CA
42	Oakland	CA
43	St. Paul	MN
44	Charlotte	NC
45	Baton Rouge	LA
46	New Orleans	LA
47	Fresno	CA
48	Albany	NY
49	Richmond	VA
50	San Antonio	TX

Attachment 3: MMRS FY 2004 Resources List

The National Incident Management System (NIMS) establishes standardized incident management processes, protocols, and procedures that all responders – Federal, State, tribal, and local – will use to coordinate and conduct response actions. The NIMS Integration Center was established by the Secretary of Homeland Security to provide "strategic direction for and oversight of the National Incident Management System… supporting both routine maintenance and the continuous refinement of the system and its components over the long term." http://www.fema.gov/nims/.

Website of the American Association of Physicists in Medicine: http://www.aapm.org/.

The Centers for Disease Control and Prevention offers much information to help people be prepared for a radiation emergency, such as medical response, public information, information for first responders, clinicians and hospitals, and CDC's role in a radiation emergency. Visit http://www.bt.cdc.gov/radiation/.

The U.S. Environmental Protection Agency is the primary Federal agency for protecting people and the environment from harmful and avoidable exposure to radiation. Visit http://www.epa.gov/radiation/.

The American College of Radiology provides information on medical preparedness health impacts of a radiological release/nuclear detonation by terrorists, http://www.acr.org/flash.html.

Armed Forces Radiobiology Research Institute: http://www.afrri.usuhs.mil/, specifically note the *Medical Management of Radiological Casualties Handbook, 2nd Edition*, available as a PDF at http://www.afrri.usuhs.mil/www/outreach/training.htm.

The Radiochemistry Society website has helpful information about radiochemistry and courses that you can take: http://www.radiochemistry.org/index.shtml.

Guidelines adopted by the U.S. Department of Homeland Security's Science and Technology Directorate will assist local, State and Federal procurement officials and manufacturers.

Statement of Requirements for Interoperability: The U.S. Department of Homeland Security's Science and Technology Directorate announced the first comprehensive Statement of Requirements (SoR) document outlining future technology requirements for public safety wireless communications and interoperability. http://www.safecomprogram.gov/

World Trade Center Health Registry website provides valuable information on the health and medical effects caused during the September 11 Terrorist attacks: http://www.nyc.gov/html/doh/html/wtc/index.html.

The U.S. Department of Health and Human Services' Health Resources and Services Administration's National Bioterrorism Hospital Preparedness Program: http://www.hrsa.gov/grants/preview/guidancedot/hrsa04biot.htm#introduction.

Standards for Radiation and Nuclear Detection Equipment

Copies of the complete standards are available from IEEE. You can search the IEEE Website by standard number.

ANSI N42.32: Performance Criteria for Alarming Personal Radiation Detectors for Homeland Security
This standard describes design and performance criteria along with testing methods for evaluating the performance of instruments for homeland security that are pocket sized and carried on the body for the purpose of detecting the presence and magnitude of radiation. This standard specifies the performance criteria for radiation detection and measurement instruments that may be used in a variety of environmental conditions. The performance criteria contained in this standard are meant to provide a means for verifying the capability of these instruments to reliably detect significant changes above background levels of radiation and alert the user to these changes.

ANSI N42.33: Radiation Detection Instrumentation for Homeland Security
This standard establishes design and performance criteria, test and calibration requirements, and operating instruction requirements for portable radiation detection instruments. These instruments are used for detection and measurement of photon emitting radioactive substances for the purposes of detection and interdiction and hazard assessment. The informative annexes of this standard provide reference information.

ANSI N42.34: Performance Criteria for Hand-Held Instruments for the Detection and Identification of Radionuclides
This standard addresses instruments that can be used for homeland security applications to detect and identify radionuclides, for gamma dose rate measurement, and for indication of neutron radiation. This standard specifies general requirements and test procedures, radiation response requirements, and electrical, mechanical, and environmental requirements. Successful completion of the tests described in this standard should not be construed as an ability to successfully identify all isotopes in all environments.

ANSI N42.35: Evaluation and Performance of Radiation Detection Portal Monitors for Use in Homeland Security
This standard provides the testing and evaluation criteria for Radiation Detection Portal Monitors to detect radioactive materials that could be used for nuclear weapons or radiological dispersal devices (RDDs). Portal monitors may be used in permanent installations, in temporary installations for short-duration detection needs, or as a transportable system. These systems are used to provide monitoring of people, packages and vehicles to detect illicit radioactive material transportation, or for emergency response to an event that releases radioactive material.

Standards for Personal Protective Gear for First Responders

NIOSH Chemical, Biological, Radiological and Nuclear (CBRN) Standard for Open-Circuit Self-Contained Breathing Apparatus (December 2001)
This standard establishes performance and design requirements to certify Self-Contained Breathing Apparatus (SCBA) for use in chemical, biological, radiological, and nuclear (CBRN) exposures for use by emergency responders

NIOSH Standard for Chemical, Biological, Radiological, and Nuclear (CBRN) Full Facepiece Air Purifying Respirator (APR)**
The purpose of this standard is to specify minimum requirements to determine the effectiveness of full facepiece air purifying respirators (APR), commonly referred to as gas masks, used during entry into chemical, biological, radiological, and nuclear (CBRN) atmospheres not immediately dangerous to life or health (IDLH)

NIOSH Standard for Chemical, Biological, Radiological, and Nuclear (CBRN) Air-Purifying Escape Respirator and CBRN Self-Contained Escape Respirator**
The purpose of this standard is to specify minimum requirements to determine the effectiveness of escape respirators that address CBRN materials identified as inhalation hazards from possible terrorist events for use by the general working population.

NFPA 1951, Standard on Protective Ensemble for USAR Operations
Based on work begun in 1997, this standard answers the need for personal protective equipment for fire and emergency services personnel operating at technical rescue incidents involving building or structural collapse, vehicle accidents, confined spaces, trench cave-ins, scaffolding collapses, high angle climbing accidents, and similar incidents. The first edition of this standard was issued in July 2001.

NFPA 1981, Standard on Open-Circuit Self-Contained Breathing Apparatus for Fire and Emergency Services
Based on work begun in 1975, this standard specifies the minimum requirements for the design, performance, testing, and certification of open-circuit self-contained breathing apparatus (SCBA) and combination open-circuit self-contained breathing apparatus and supplied air respirators (SCBA/SAR) for the respiratory protection of fire and emergency responders where unknown, IDLH (immediately dangerous to life and health), or potentially IDLH atmospheres exist. The first edition was issued in July 1981 and the current edition, issued in July 2002, is the fifth edition.

NFPA 1991, Standard on Vapor-Protective Ensembles for Hazardous Materials Emergencies
Based on work begun in 1986, this standard specifies the minimum requirements for the design, performance, testing, and certification of vapor-protective ensembles and individual protective elements for chemical vapor protection for fire and emergency service personnel. Additional optional criteria are provided for ensembles and individual protective elements that provide protection for chemical flash fire escape, liquefied gas, chemical and biological warfare agents, and chemical and biological terrorism incidents. The first edition was issued in January 1990 and the current edition, issued in January 2000, is the third edition.

NFPA 1994, Standard on Protective Ensembles for Chemical/Biological Terrorism Incidents
Based on work begun in 1998, this standard specifies the minimum requirements for the design, performance, testing, and certification of protective ensembles for fire and emergency services personnel operating at domestic terrorism incidents involving dual-use industrial chemicals, chemical terrorism agents, or biological terrorism agents. The intent is that the ensembles would be available in quantity, easily donned and used, and designed for single exposure use. The first edition of this standard was issued in July 2001.

NFPA 1999, Standard on Protective Clothing for Emergency Medical Operations
Based on work begun in 1990, this standard specifies the minimum requirements for the design, performance, testing, and certification of new single-use and multiple-use emergency medical protective clothing, including garments, gloves, footwear, and face protection devices, used by fire and emergency services personnel performing patient care during emergency medical operations for protection against exposure to blood and body fluid-borne pathogens. The first edition was issued in July 1992 and the current edition, issued in January 2003, is the third edition.