

C-18845



The City of REVERE, MASSACHUSETTS

Office of the Mayor
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THOMAS G. AMBROSINO
Mayor

June 29, 2004

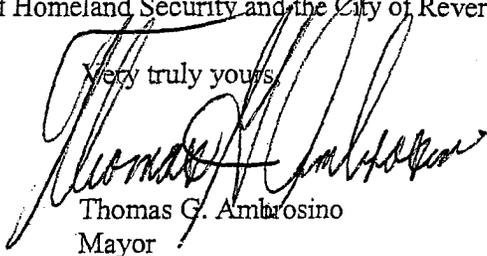
Carlo Boccia, Director
Boston Mayor's Office of Homeland Security
Boston City Hall
One City Hall Plaza
Boston, Massachusetts 02201

Re: *Memorandum of Agreement*

Dear Ms. Boccia:

At your request, I have enclosed the original executed version of the Memorandum of Agreement between the Boston Mayor's Office of Homeland Security and the City of Revere.

Very truly yours,



Thomas G. Ambrosino
Mayor

Cc: Fire Chief Gene Doherty

Memorandum of Agreement between
the Boston Mayor's Office of Homeland Security
and the City of Revere

This agreement, made as of this 15th day of June, 2004, by and between the City of Boston Mayor's Office of Homeland Security (hereinafter "the Boston MOHS"), acting by and through its Mayor, and the City of Revere, acting by and through its Mayor, referred hereinafter collectively as "the Parties", witness,

Whereas, the Boston Urban Area (BUA) was created under the Urban Areas Security Initiative (UASI) of the Office of Domestic Preparedness in the Department of Homeland Security and administered by the Commonwealth of Massachusetts, Executive Office of Public Safety; and

Whereas, the City of Boston, in accordance with the Department of Homeland Security UASI II Program Requirements, is designated as the Urban Area Core City, and with this designation assumes the responsibility for the coordination of UASI funds for the BUA; and

Whereas, the City of Revere was selected to be among 9 (nine) communities to comprise the BUA;

Now, therefore, the Parties hereto mutually agree as follows:

Section 1.0 Scope of Services

The Boston MOHS and the City of Revere will participate and work cooperatively within the BUA structure to implement the BUA Strategy (Attachment A) and increase regional ability to prepare for, respond to, and recover from a WMD/CBRNE event.

Section 2.0 Funding

Funding is set forth in Appendix A. Amendments to Funding, to be made in accordance with Sections 3.c, 3.d, and 6.0 of this Memorandum, will be made through amplification of Appendix A, or subsequent appendices.

Section 3.0 Responsibilities

- (a) The Boston MOHS will provide support to the City of Revere in areas relating to UASI financial management. This will be done through:
 - i. The creation and maintenance of the City of Boston Auditing/Grant Management web site, to include relevant policies and procedures
 - ii. Initial and on-going training in UASI fiscal management practices
 - iii. Fiscal support provided by Boston MOHS financial staff
- (b) The Boston MOHS will perform periodic audits to help ensure that the City of Revere is up-to-date and prepared for State or Federal audits
- (c) In regard to equipment and supply expenditures:

- i. The Boston MOHS will act as sole purchasing agent for all UASI supply and equipment related expenditures of the City of Revere. Equipment and Supplies will be shipped directly to a location designated by the City of Revere.
 - ii. The Boston MOHS will develop and supply reports on purchasing data.
 - iii. The City of Revere will ensure that equipment and supplies are received in complete and working condition, and are stored, tracked and maintained appropriately.
 - iv. The Boston MOHS will create and manage an inventory tracking and maintenance protocol to aid the City of Revere.

- (d) In regard to personnel expenditures:
 - i. The Boston MOHS will reimburse to the City of Revere approved and documented UASI personnel expenditures, as determined through the annual budget (see Appendix A).
 - ii. For reimbursement, the City of Revere will supply a detailed invoice to the Boston MOHS, listing: employee name; title/rank; dates worked; total earnings; fringe rate and total fringe costs; and percentage charged to grant. Copies of a payroll register, indicating check number associated with grant related earnings, will be supplied with the invoice. Originals of these, and such records as may be reasonably necessary to facilitate an effective audit, must be kept for a period of seven (7) years following completion of the grant. Full instructions on the reimbursement process will be available on the forthcoming City of Boston's Auditing/Grant Management web sit.

- (e) The City of Revere will take an active role in the annual Funding Allocation process, and all subsequent meetings on the allocation and reallocation of funds. In conjunction with this, the City of Revere will name an individual to be the Financial Point of Contact (FPOC) to work with the Boston MOHS financial staff.

- (f) The City of Revere will take an active role in the annual strategy and program reviews, and all subsequent meetings on the direction of Homeland Security initiatives. To that end, the City of Revere will establish a Local Homeland Security Coordination Team with an individual representing each discipline. Further, the City of Revere will name one member of the Local Homeland Security Coordination Team to be the Primary Point of Contact (PPOC) who will work with the Boston MOHS staff and serve as the City of Revere's representative to the Metro-Boston Homeland Security Working Group.

- (g) The City of Revere agrees to comply with the requirements of OMB Circular A-133. The City of Revere further agrees to provide the Boston MOHS, in a timely manner, with copies of any of the independent auditors' reports that present instances of noncompliance with Federal laws and regulations that bear directly on the scope of services laid out in this Memorandum and its attachments and appendices. In cases of such noncompliance, the City of Revere will provide copies of responses to auditors' reports and a plan for corrective action(s). All reports prepared in accordance with the requirements of OMB Circular A-133 shall be available for inspection by

representatives of the Boston MOHS. The City of Revere agrees that it shall keep for a period of seven (7) years following completion of the grant such records as may be reasonably necessary to facilitate an effective audit.

- (h) The City of Revere shall cooperate with the Boston MOHS in resolving questions it may have concerning the auditors' report and plan for corrective action. If the City of Revere does not submit the auditor's report in timely manner, the Boston MOHS may take action, up to and including the withholding of all or a portion of payments, until the form is received.
- (i) The City of Revere will comply with the policies and procedures established in the forthcoming City of Boston Auditing/Grant Management Web Site.

Section 4.0 Term of Agreement

This Agreement shall be effective on the date first written above and shall remain in effect thereafter, until terminated, in accordance with the provisions of Section 5.0 of this Agreement: "Termination of Agreement".

Section 5.0 Termination of Agreement

This Agreement may be terminated by either party by giving ninety (90) days prior written notice of termination to the other party.

Section 6.0 Amendment of Agreement

This agreement may be amended from time to time hereafter only by a writing duly executed by the Parties hereto.

Section 7.0 Government Immunity, Liability & Indemnification

Performance under this Agreement by the Parties, their agents, servants, and employees, shall be for public and governmental purposes, and all privileges and immunities from liability enjoyed by governmental units, their agents, servants and employees, shall extend to performance under this Agreement to the extent permitted by Massachusetts and Federal law; provided that, notwithstanding any provisions of law or charter to the contrary, neither the City of Revere nor the Boston MOHS shall be exempt from liability for its obligations under this Agreement.

To the extent permitted by Massachusetts and Federal law, the City of Revere and the Boston MOHS agree to assume the defense of, and hold each other, their agents, servants, and employees, harmless from all suits and claims brought by third parties against them, or any of them, arising out of any act or omission by the City of Revere and/or the Boston MOHS, their agents, servants or employees, under this Agreement. Each Party hereto shall inform the other of any such claim as soon as possible after receipt thereof, and each party shall be permitted to participate in the defense of any such claim, and no claim shall be settled or comprised without the written consent of the Chief Legal Counsel of the City of Revere and the Corporation Counsel of the City of Boston.

The above obligation to indemnify shall not apply to claims which allege intentional, willful, or malicious acts or omissions, by either Party, their agents, servants or employees, or if the act or omission which gave rise to the claim was not provided for, or contemplated, as within the scope of this Agreement.

The agents, servants or employees of the Parties, while engaged in performing any service, activity or undertaking contemplated under this Agreement, shall be deemed to be engaged in the service and employment of such unit, notwithstanding the fact that such service, activity or undertaking is being performed in or for another governmental unit.

Section 8.0 Successors and Assigns

The provisions of this Agreement shall be binding upon, and shall inure to the benefit of, the successors and assigns and the public body or bodies succeeding to the respective interests of the City of Revere and the Boston MOHS.

Section 9.0 Section Headings

The headings of the Sections set forth herein are for convenience of reference only and are not part of this Agreement and shall be disregarded in constituting or interpreting any of the provisions of this Agreement.

Section 10.0 Execution of Counterparts

This Agreement may be executed in any number of counterparts. All such counterparts shall be deemed to be originals and together shall constitute but one and the same instrument.

Section 11.0 Signatories

In Witness Whereof, the Parties have caused this Agreement to be signed, sealed and delivered as of the day and year first written above.

The Boston MOHS	The City of Revere
Approved as to Form:	Approved as to Form:
By: <i>Mark Sweeney</i> Name: Merita Hopkins Title: Corporation Counsel	By: <i>Paul Capizzi</i> Name: <i>Paul Capizzi</i> Title: <i>Asst. City Solicitor</i>
By: <i>Carlo Boccia</i> Name: Carlo Boccia Title: Director, Mayor's Office of Homeland Security	By: <i>Thomas G. Ambrosino</i> Name: <i>Thomas G. Ambrosino</i> Title: <i>Mayor</i>

Appendix A - Funding
City of Revere

CATEGORY	DISCIPLINE	DESCRIPTION	QTY	Unit Cost	Total Cost
EQUIPMENT	EMS	2000 North American Emergency Response Guidebook, US Department of Transportation	7	\$6.00	\$42.00
EQUIPMENT	EMS	Atropine Auto-injectors	20	\$22.00	\$440.00
EQUIPMENT	EMS	Automatic biphasic external deibrillators	2	\$1,725.00	\$3,450.00
EQUIPMENT	EMS	Chemical Resistant Tape	19	\$13.33	\$253.27
EQUIPMENT	EMS	Cyanide Kits	20	\$168.71	\$3,374.20
EQUIPMENT	EMS	Escape Mask	18	\$110.00	\$1,980.00
EQUIPMENT	EMS	Handheld computers for emergency response applications	2	\$500.00	\$1,000.00
EQUIPMENT	EMS	Hardhat/Helmet	14	\$150.00	\$2,100.00
EQUIPMENT	EMS	Hazmat Gear Box	14	\$250.00	\$3,500.00
EQUIPMENT	EMS	Individual Portable Radios	2	\$2,500.00	\$5,000.00
EQUIPMENT	EMS	Level C Boots	14	\$60.00	\$840.00
EQUIPMENT	EMS	Level C Gloves	14	\$20.00	\$280.00
EQUIPMENT	EMS	Level C Hoods	14	\$120.00	\$1,680.00
EQUIPMENT	EMS	Level C Outer Boots	14	\$2.00	\$28.00
EQUIPMENT	EMS	Level C Suits/Clothing	14	\$60.00	\$840.00
EQUIPMENT	EMS	Manual biphasic defibrillator	1	\$22,440.00	\$22,440.00
EQUIPMENT	EMS	M-Size Oxygen Cylinders	2	\$210.00	\$420.00
EQUIPMENT	EMS	M-Size Oxygen Regulators	2	\$60.00	\$120.00
EQUIPMENT	EMS	Multi-lators	2	\$1,300.00	\$2,600.00
EQUIPMENT	EMS	NIOSH Hazardous Materials Pocket Guide	7	\$18.00	\$126.00
EQUIPMENT	EMS	PAPR	14	\$600.00	\$8,400.00
EQUIPMENT	EMS	Personal Dosimeters	14	\$279.00	\$3,906.00
EQUIPMENT	EMS	Portable ventilators	20	\$60.00	\$1,200.00
EQUIPMENT	EMS	Rechargeable Equipment Batteries	14	\$60.00	\$840.00
EQUIPMENT	FD	AV3000 Face Pieces for Scott 4.5 SCBA	57	\$175.00	\$9,975.00
EQUIPMENT	FD	CBRNE Compliant Scott 4.5 Positive Pressure SCBA	40	\$2,395.00	\$95,800.00
EQUIPMENT	FD	Scott AirPak Integrated PASS Device	4	\$450.00	\$1,800.00
EQUIPMENT	LE	CBRN 40 mm connector	86	\$30.00	\$2,580.00
EQUIPMENT	LE	Chemical Resistant Tape	24	\$5.00	\$120.00
EQUIPMENT	LE	Equipment bag	86	\$45.00	\$3,870.00
EQUIPMENT	LE	Level C Boots	86	\$50.00	\$4,300.00
EQUIPMENT	LE	Level C Gloves	86	\$30.00	\$2,580.00
EQUIPMENT	LE	Level C Outer Boots	86	\$3.00	\$258.00
EQUIPMENT	LE	Level C Suits/Clothing	86	\$35.00	\$3,010.00
EQUIPMENT	LE	Scott AV2000 Facepiece	86	\$175.00	\$15,050.00
EQUIPMENT	LE	WMD filter canister	86	\$22.00	\$1,892.00
EQUIPMENT	PH	EQUIPMENT-SUBGRANT - REVERE (held)	1	\$44,953.98	\$0.00*
TRAINING	LE	Level C PPE Training (Backfill)	86	\$912.00	\$78,432.00

\$219,667.00

*Amount Held by MA EOPS



BOSTON URBAN AREA HOMELAND SECURITY STRATEGY

Submitted to
Office of Domestic Preparedness
U.S. Department of Homeland Security

Submitted by
City of Boston
Mayor Thomas M. Menino
On behalf of the Boston Urban Area

November 30, 2003

TABLE OF CONTENTS

EXECUTIVE SUMMARY	i
SECTION I: Boston Urban Area Strategy Introduction	1
A. Purpose	1
B. Vision Statement	1
C. Focus	1
D. Strategy Coordination	2
E. Descriptions of Jurisdictions	3
F. Jurisdiction Assessment Process	4
SECTION II: Goals, Objectives, and Implementation Steps	6
A. Goal #1: Preparedness and Training	6
Objective #1	6
Objective #2	11
Objective #3	12
Objective #4	20
Objective #5	22
Objective #6	24
Objective #7	27
B. Goal #2: Response	29
Objective #1	29
Objective #2	35
C. Goal #3: Recovery	41
Objective #1	41
SECTION III: Evaluation Plan for the Boston Urban Area Strategy	44
A. Evaluation Plan	44
B. Research and Analysis	45

BOSTON URBAN AREA STRATEGY EXECUTIVE SUMMARY

The Boston Urban Areas Security Initiative (BUASI) defines the philosophy, framework and purpose for its membership in preparing and training for, responding to, and recovering from a chemical, biological, radiological, nuclear, and/or explosive (CBRNE) weapon of mass destruction (WMD) incident in the Boston Urban Area (BUA), which includes Boston, Brookline, Cambridge, Chelsea, Everett, Quincy, Revere, Somerville and Winthrop. Each of these communities has dense populations with critical infrastructures or responsibilities for critical infrastructure protection, as well as well defined and exercised working relationships or mutual aid agreements in place with each other, especially in the areas of Fire, Emergency Medical Services and Public Health.

The Boston Urban Area was organized by the ten disciplines mandated by the UASI guidelines, which are: government administrative, public health, health care, HAZMAT, fire, emergency management, public works, law enforcement, emergency medical services, and public safety communications. Each jurisdiction selected a representative from their community to serve as the Boston Urban Area Point of Contact (POC), who was responsible for ensuring that a UASI team of all the ten disciplines was created in their city or town, and who would represent their jurisdiction's disciplines at the Boston Urban Area Working Group. Discipline Workgroups were established where at least one member of the respective discipline from each Boston Urban Area jurisdictions was represented. The Boston Urban Area had a central administrative staff, which includes a representative from the Mayor's Office, the Boston Emergency Management Agency and the Boston Police Department (the local POC) that coordinated the efforts of the jurisdiction's emergency response agencies in the assessment activities and strategy development.

The overall vision of the Boston Urban Area Strategy is to develop those capabilities for the Boston Urban Area necessary to deter, respond to and recover from a CBRNE WMD attack from the land, sea or air. This strategy defines the overall plan for the Boston Urban Area and presents what the Boston Urban Area's emergency response professionals feel is necessary to plan for a mutual aid CBRNE WMD incident, and protect the BUA residents, commuters, visitors and emergency response personnel, now and into the future.

The BUA Strategy outlines three goals concerning CBRNE events, focusing on *preparedness and training; response; and recovery*, for emergency professionals from ten disciplines. Each goal has multiple objectives with corresponding implementation steps according to a UASI identified "solution area", e.g., planning, organizing, equipping, training and exercising, and that are associated with one or more of the ten discipline needs. Each implementation step has a basic time frame for completion in order to prioritize those steps that were most vital, which includes "critical", to be completed immediately; "short-term", to be completed at a date within a year's time; and "long-term", a status assigned to ongoing initiatives/projects.

The first goal of the BUA Strategy is to *develop and/or complete a regional preparedness & training strategy to ensure urban area is prepared to respond to a potential WMD incident*. The following briefly outlines the seven objectives identified to prepare and train for a CBRNE event:

- 1) Establish formal governmental and discipline specific "buy-in" and if applicable, memorandums of understanding among all Urban Area jurisdictions;
- 2) Implement new and strengthen existing multi-discipline task forces to provide general oversight, cross coordination and decision-making concerning each stage in a CBRNE WMD incident (prevention, response, and recovery);
- 3) Plan, develop and conduct interdisciplinary and discipline specific training and exercises to effectively prepare for and respond to a CBRNE/WMD incident;
- 4) Develop centralized databases for Urban Area information gathering and exchange;
- 5) Development of an enhanced interoperable communications network to provide efficient communications between disciplines in a CBRNE WMD incident, leveraging new technologies as they emerge;
- 6) Establish resource inventories, including equipment and personnel, and begin the process of standardizing future equipment; and
- 7) Coordinate fiscal plans for overtime associated with training costs and staff backfilling.

The second goal of the BUA Strategy is to *develop a regional response capability to ensure appropriate, efficient incident response coverage*. Two objectives were identified with corresponding implementation steps according to applicable solution areas, which are:

- 1) Develop regional response plans to effectively prepare for (and respond to) a CBRNE/WMD incident; and
- 2) Develop a regional medical services plan to effectively prepare for (and respond to) a CBRNE/WMD incident.

The third and final goal of the BUA Strategy is to *develop a regional recovery plan to ensure community and business recovery and continuity of government in the Boston Urban Area*, where the sole objective identified for this goal is:

- 1) Develop a regional recovery plan to effectively prepare for (and respond to) a CBRNE/WMD incident.

With the acceptance of this strategy, the work of the Boston Urban Area Working Group will continue to monitor and measure the work that we are doing as we implement the planning, equipment, training and exercise programs outlined here.

SECTION I: BOSTON URBAN AREA STRATEGY INTRODUCTION

A. Boston Urban Area Homeland Security Strategy Security Strategy Purpose

The Boston Urban Areas Security Initiative (BUASI) defines the philosophy, framework and purpose for its membership in preparing and training for, responding to, and recovering from a chemical, biological, radiological, nuclear, and/or explosive weapon of mass destruction incident in the Boston Urban Area (BUA). This strategy will define the overall plan for the Boston Urban Area. It should be noted that the current available UASI funding does not dictate this strategy and its implementation, as the BUA Strategy was developed as a living document that goes beyond the current 24-month funding period. However, the strategy outlined here presents what the Boston Urban Area's emergency responders who participated in the Assessment and Strategy development feel is necessary to protect the BUA residents, commuters, visitors and emergency response personnel.

B. Boston Urban Area Homeland Security Strategy Vision Statement

The overall vision of the Boston Urban Area Strategy is to develop those capabilities for the Boston Urban Area necessary to deter, respond to and recover from a CBRNE WMD attack from the land, sea or air.

C. Focus of Boston Urban Area Homeland Security Strategy

While each of the nine jurisdictions included in the Boston Urban Area had been working on the improving their capabilities for responding to a terrorist incident, the attacks of September 11, 2001 resulted in a reassessment of our independent and collective vulnerabilities.

A common theme among the region's mayors and public safety officials is the Port of Boston, specifically the fuel shipments and facilities of liquefied natural gas (LNG) in Boston's Dorchester section and the City of Everett, as well as the bulk fuel in East Boston, and the cities of Chelsea, Everett and Revere. Additional concerns were raised with respect to the Massachusetts Water Resources Authority's Deer Island Treatment Plant on Deer Island.

The Boston area is the scene of a number of special events that draw large crowds from in and around the Urban Area. In addition to Boston's First Night (New Year's Eve celebration), The Boston Marathon, and the Fourth of July on the Esplanade, 2004 will see our city hosting

Sail Boston 2004 and the Democratic National Convention. The President has declared the DNC a National Security Special Event. For these reasons, the Boston Urban Area will focus its Strategy on the Chemical, Biological and Radiological Weapons of Mass Destruction range as it prioritizes its goals and objectives in its initial phase. The Strategy will focus on addressing the gaps identified during the UASI assessments. The intent is to immediately develop the largest CBRNE response team across the Boston Urban Area, using the first day of the Democratic National Convention as a target date to achieve this goal. Effective August 2004, the second phase of the Strategy's implementation plans focuses on the remainder of the gap analysis.

D. Boston Urban Area Homeland Security Strategy Coordination

1. Describe the Urban Area organizing and strategy development and approval.

The Boston Urban Area was organized by the ten disciplines mandated by the UASI guidelines. These Discipline Workgroups were comprised of at least one member of the respective discipline from each Boston Urban Area jurisdiction. The Boston Urban Area had a central administrative staff, which includes a representative from the Mayor's Office, the Boston Emergency Management Agency and the Boston Police Department (the local POC) that coordinated the efforts of the jurisdiction's emergency response agencies in the assessment activities and strategy development.

In late June 2003, a kick off meeting was hosted by Boston Mayor Thomas Menino at Boston's Parkman House to present the Urban Areas Security Initiative. Present at this meeting were Cabinet members of Menino's Administration representing the ten emergency response agencies, CEO's and senior staff members from each of the eight partnering jurisdictions, and representatives from both the Massachusetts' Executive Office of Public Safety and the Office of Domestic Preparedness. The meeting served to provide information and planning direction concerning the Boston Urban Areas Security Initiative and to explain the process and timeline of the UASI. Each jurisdiction selected a representative from their community to serve as the Boston Urban Area Point of Contact (POC), who was responsible for ensuring that a UASI team of all the ten disciplines was created in their city or town, and who would represent their jurisdiction's disciplines at the Boston Urban Area Working Group. Workshops were conducted with the Boston UASI POCs, and technical assistance concerning the assessment process was provided for any city or town as requested. A central clearinghouse of frequently asked (and

answered) questions was established on the Internet to facilitate ongoing communication, planning, and UASI project clarification.

2. Describe urban area efforts to ensure coordination of strategy development and assessment activities among emergency response agencies within the urban area.

In early September 2003, each Discipline Workgroup met for a facilitated working session to develop a discipline specific strategy with formal goals, objectives and implementation steps according to the five solution areas (e.g., planning, organizing, equipping, training and exercising). The Discipline Group Leader was responsible for having the Discipline Group review and comment on the session's products, prepared by one of five private consultants hired by the Boston Urban Area Working Group to facilitate these sessions, prior to inclusion into the overall Boston UASI Strategy. The goal specific objectives and the implementation steps identified by each discipline group were then collated and collapsed into a formal document by a representative from the Boston Urban Area Working Group, which streamlined common objectives identified by each of the ten discipline groups. The Strategy was then provided to each Discipline Group Leader, who had the decision-making authority for the Discipline Group regarding the Strategy, for review and comment. Once approved by each Discipline Leader, the Strategy was then submitted for approval to the Boston Urban Area Point of Contact, Boston Police Commissioner Paul Evans and Acting Police Commissioner James Hussey, on behalf of Boston Mayor Thomas Menino.

E. Description of the Boston Urban Area Jurisdictions

The City of Boston, as required by the Department of Homeland Security, has identified eight communities that comprise the Boston Urban Area. A four-part criteria system was established in an effort to realistically and accurately assess those cities and towns around Boston that would most appropriately be included. Communities were selected based on the following four criteria: (1) level of risk faced by a community, based primarily on potential target infrastructure; (2) level and availability of resources a community can bring to bear to assist Boston; (3) a community's role in assisting in an evacuation of the City of Boston in the event of a critical incident; and (4) whether a community is contiguous with Boston.

Based on these criteria, the City of Boston and Mayor Thomas M. Menino proposed that the following communities be considered under the Urban Area Definition and be members of the

Boston Urban Area Working Group: Boston, Brookline, Cambridge, Chelsea, Everett, Quincy, Revere, Somerville and Winthrop.

The majority of the communities are older cities (with Brookline and Winthrop being suburban towns). All communities have dense populations with critical infrastructures or responsibilities for critical infrastructure protection. All of these communities have well defined and exercised working relationships or mutual aid agreements in place with each other, especially in the areas of Fire, Emergency Medical Services and Public Health. The fourteen acute care teaching hospitals in Boston (as well as their clinics in some of these communities) serve the resident population of the Urban Area.

This strategy was developed by members from each community based upon the UASI assessments. It represents the collective thoughts of over one hundred emergency response professionals to plan for a mutual aid CBRNE WMD incident. The strategy for the Boston Urban Area encompasses the five solution areas of the UASI across each community in the Boston Urban Area. With the acceptance of this strategy, the work of the Boston Urban Area Working Group is not finished. It is only the end of the beginning. The Working Group will continue to monitor and measure the work that we are doing as we implement the planning, equipment, training and exercise programs outlined here.

F. Jurisdiction Assessment Process

The Boston Urban Area Working group followed the assessment instructions provided by ODP to the letter and then some in completing the jurisdiction assessments. As the core city, Boston acted as a host and resource to the other eight jurisdictions in the Boston Urban Area throughout the assessment process. This effort included providing central staff, coordinating and hosting meetings, and obtaining professional services when necessary. An ODP sponsored UASI training held in New York City was also attended by personnel from a number of Urban Area jurisdictions, where each jurisdiction representative received both the UASI State Homeland Security Assessment and Strategy Program's Urban Area Jurisdiction Handbook.

Assessment workshops were conducted with the Boston UASI POCs and technical assistance was provided for any city or town that requested it. A central clearinghouse of frequently asked (and answered) questions was established on the Internet. Meetings were held with both the jurisdictions and individual disciplines to encourage the assessment process, where each

jurisdiction and discipline group received the ODP assessment tools, either in the original bound form and/or CD-ROM, or photocopies as needed. A schedule was developed concerning formal deadlines for each assessment component (e.g., risk, vulnerabilities, needs) and adhered to during the data collection phase. One main area of support was maintaining credibility and morale of Work Group members during the assessment data entry phase of the project, which began in early September with assistance from ODP's contractor, Texas A&M University.

As stated above during the Strategy Development phase, the jurisdictions and disciplines were brought together again to share thought, visions and realities as we continued through the next phase of UASI.

GOAL #1: PREPAREDNESS & TRAINING

Develop and/or complete a regional preparedness & training strategy to ensure urban area is prepared to respond to a potential WMD incident.

Preparedness Objective #1: Establish formal governmental and discipline specific "buy-in" and if applicable, memorandums of understanding among all Urban Area jurisdictions.

A. Planning (if applicable)**Implementation Step #1**

The Urban Area Working Group, represented by all ten disciplines, will collectively assess existing memorandums of understanding, both across jurisdictions and within disciplines, and examine the need for new and/or updated mutual aid agreements among different branches of responders across the region (SHORT TERM).

Implementation Step #2

The Urban Area's Working Group, with direction from representatives of the Government Administrative Workgroup will continue to encourage municipal officials throughout the UA to think regionally when moving forward with steps on planning, training and equipping their organizations to respond to CBRNE incidents (CRITICAL).

Implementation Step #3

As the core city, the City of Boston will develop and staff a Mayor's Office of Homeland Security (MOHS). The role of MOHS will be to direct, administer and provide oversight of the Urban Areas Security Initiative grant program, as well as other Department of Homeland Security grants (CRITICAL).

Implementation Step #4

The Government Administrative Workgroup members will build buy-in from top executives regarding the importance of all aspects of emergency preparedness, response and recovery by (1) developing, with their Emergency Management directors, clear written policies in support of emergency operations and establishing clear lines of responsibility, and (2) by developing an executive training program which will regularly educate top executives regarding its importance, and their roles in these efforts (CRITICAL).

Implementation Step #5

In an effort to get agreement from the teaching hospitals and public health organizations, the Director of Boston Mayor's Office of Homeland Security (approved under original 25% UASI budget) in concert with COBTH, Boston Metropolitan Medical Response System (MMRS), Boston Emergency Management Agency (BEMA) and the Boston Public Health Commission (BPHC), will work with and encourage administrators to prioritize memorandums of understanding between each other, pairing hospital administrators together to promote mutual buy-ins. A starting point on this implementation step will be to assure representation and participation by the Conference of Boston Teaching Hospitals (COBTH). With assistance from the Mayor's Office of Homeland Security Director and representatives of both the public health and health care sectors throughout the Urban Area, they will address barriers to coordination (CRITICAL).

Implementation Step #6

In addition to developing plans for public mutual aid agreements and MOU's, the City of Boston's Mayor's Office will work to develop flexible cooperative relationships with utility companies and local private companies (e.g., construction, demolition, licensed environmental cleanup companies, etc.) throughout the Urban Area. These relationships prove critical in plans to effectively recover from a CBRNE and/or terrorist incident, including prioritizing hospitals for electric, heat and water service restoration, as well as establishing plans with companies to coordinate effective communication during an incident. Local private companies names, representatives and emergency contact information must be made accessible to all UA jurisdictions (LONG TERM).

B. Organizing (if applicable)**Implementation Step #1**

Following the assessment of existing memorandums of understanding/agreements throughout the Boston Urban Area, the City of Boston Mayor's Office (including the Government Administrative Workgroup) and the Boston Emergency Management Agency (BEMA) will provide assistance to each discipline in coordinating the development and/or enhancement of newly formed agreements. Their role will include assisting in the creation of

coordinated MOU's and ensuring that each plan is seen and understood by other agencies (see also Implementation Steps #2) (LONG TERM).

Implementation Step #2

The Boston Emergency Management Agency will establish a formal, regional memorandum of agreement/mutual aid agreement with its Urban Area emergency management partners (LONG TERM).

Implementation Step #3

The Urban Area's HAZMAT group will begin to enhance, expand and formalize mutual aid agreements and cross-jurisdiction procedures in responding to a HAZMAT specific incident. The Boston and Cambridge HAZMAT squads will take the lead on this step, and will look to the existing mutual aid agreement that fire has, the Metro Fire Association, for technical assistance. A working group will be established to be tasked with developing a HAZMAT running card for mutual aid that will parallel and augment the existing running card for mutual aid. The preliminary content of the mutual aid agreement for HAZMAT would require two phases of response, normal and immediate/urgent. The "normal" response protocol would require that the incident commander immediately notify the Urban Area partners to alert them for readiness should assistance be needed, and should the incident increase in severity, the incident commander will then formally request assistance. The "immediate/urgent" response protocol would require an incident commander request immediate response from the Urban Area, where the UA partner HAZMAT squads respond immediately with a first round of equipment (which may be limited). The UA will then follow up the first immediate response with more fully equipped units. The HAZMAT Workgroup anticipates a completed mutual aid agreement by summer 2004 (CRITICAL).

Implementation Step #4

Using the existing mutual aid agreement modeled by the Boston Fire Department and its regional Metro Fire Association partners, the Law Enforcement Workgroup, directed by the Boston Police Department will formalize mutual aid agreements among law enforcement agencies across the Urban Area (LONG TERM).

Implementation Step #5

The Urban Area Working Group, which includes representation of each discipline, will identify and assess existing standard operating procedures (SOP) and will work to create a

regional standard operating procedure to have in place in the event of a CBRNE incident. This SOP will integrate and build upon those existing standard operating procedures from various disciplines throughout the UA jurisdictions.

The Boston Urban Area's SOP will identify and lay out key resources and sources of specified expertise, which may be needed to call upon in the event of a CBRNE incident (e.g., public health, hospitals), where these relationships will be formalize. General topics to be addressed in this SOP include: means of identifying potential threats, issues concerning the personal safety of first responders, measures to ensure the safety of the general public, employment issues raised by mutual aid during an incident, continuity of operations (COOP), continuity of government (COG), and training and exercises. The UA Working Group hopes to be able to develop these integrated response procedures across responding agencies, including the public safety and public response organizations (CRITICAL).

Implementation Step #6

The Health Care Workgroup seeks to enhance the existing capabilities of hospitals throughout the Urban Area (the majority of which are located in the City of Boston), creating a greater degree of cross-agency collaboration among hospital and public health agencies. To do this, the workgroup will assess the level, methods, and means of communication that exist between hospitals and other members of the public health and medical communities, and will coordinate these with the Massachusetts Department of Public Health (MDPH) and the Massachusetts Hospital Association (MHA). The Workgroup will request that COBTH and the Boston Public Health Association (BPHC) act as coordinators and represent the health care discipline for this DHS effort, as with other efforts. Also, each lead hospital representative will be directed to participate in all related WMD preparedness and planning, which will be tailored to the administration in each hospital in an effort to get buy-in/support using Hospital Emergency Incident Command System (HEICS) (CRITICAL).

C. Equipping (if applicable)

Not applicable.

D. Training (if applicable)

Implementation Step #1

The Government Administrative Workgroup, in developing its training of top executives, will include familiarity with the succession plan, the city's emergency management plan, and every department's individual role in that plan. This training will also emphasize the importance of all aspects of the strategic plan. In this process, GAS may pursue an "emergency management" certification process for new chief executives and top staffers to ensure continuity of training/preparedness in times of government turnover (CRITICAL).

Implementation Step #2

Members of the UA Emergency Management Agency Workgroup will work to enhance the UA leadership's knowledge concerning the role of emergency management, articulating the "big picture" to include all disciplines' collectively, through training and education (CRITICAL).

Implementation Step #3

The Boston Urban Area Emergency Management Workgroup will use existing relationships with regional emergency management agencies, such as Massachusetts Emergency Management Agency (MEMA) and the Federal Emergency Management Agency (FEMA) to maximize training resources, e.g., academies, for the Urban Area's emergency responder disciplines (emergency management, law enforcement, fire, EMS). The Workgroup will further identify regional staff and available training facilities, and meet with representatives of EMA training coordinators to establish availability of regional and coordinated training opportunities, including ODP trainings (CRITICAL).

E. Exercising (if applicable)

Implementation Step #1

Develop and implement an exercise to test the procedures for enacting the cross jurisdiction memorandums of understanding, e.g., notification protocol, response procedures, reporting, and oversight issues (CRITICAL).

Preparedness Objective #2: Implement new and strengthen existing multi-discipline task forces to provide general oversight, cross coordination and decision-making concerning each stage in a CBRNE WMD incident (prevention, response, and recovery).

A. Planning (if applicable)

Implementation Step #1

A "Master Plan" will be created in concert with Boston MMRS and COBTH efforts already underway, accounting for additional resources for all hospitals for operational response to a CBRNE WMD event. The plan will include staffing levels and training preparedness, developing consistency in hospital staff training and equipment needs, and a universal equipment list will be developed (LONG TERM).

B. Organizing (if applicable)

Implementation Step #1

The Urban Area will continue discipline specific working groups/workgroups, which were established to address specific issues concerning each discipline independently (CRITICAL).

Implementation Step #2

Representatives from the Urban Area Public Safety Communications Workgroup will create an oversight Task Force, which will include representatives from each of the nine Urban Area communities. Members of the following agencies will also be invited to be sit on the Task Force: private ambulance providers such as Cataldo and Fallon; the Massachusetts Bay Transit Authority (MBTA), Massachusetts Port Authority (MassPort); private security firms, and law enforcement representatives from local colleges and universities throughout the Urban Area. This task force will build on the existing Boston Interoperable Communications Committee, and will be formally in place by November 2003. A representative from the Public Safety Communications Task Force will also sit on the UASI Working Group, which will continue to meet regularly (SHORT TERM).

Implementation Step #3

The Health Care Workgroup will work to identify key participants and clarify roles for the planning and implementation process (of both before and during an incident). COBTH and

BPHC will be tasked to continue leading hospital coordination during the planning and implementation process of these plans. The roles of these leaders will be clarified and a memorandum of understanding will be put in place. Effective methods for ongoing meeting and communication will be reviewed; using existing regional models as a guide, as well as existing mechanisms such as COBTH, Boston MMRS, Boston Emergency Management Agency (BEMA), and the Local Emergency Planning Committee (LEPC) which resides in the Boston Fire Department's Emergency Management Division (CRITICAL).

C. Equipping (if applicable)

Not applicable.

D. Training (if applicable)

Not applicable.

E. Exercising (if applicable)

Not applicable.

Preparedness Objective #3: Plan, develop and conduct interdisciplinary and discipline specific training and exercises to effectively prepare for and respond to a CBRNE/WMD incident.

A. Planning (if applicable)

Implementation Step #1

The Urban Area Working Group's subcommittees will work towards developing a training exercise plan and structure that reflects existing training capabilities and specific training needs among staff in their respective disciplines, the end result being an assessment of appropriate training for differing staff needs. Each discipline will be responsible for assessing existing training capabilities among their staff, utilizing the data submitted via the ODP collection tool as guidance. Questions to be considered include who will receive what type of training (with close consideration of whether their role requires such training), and when the training will take place. The Urban Area hopes to conduct much of it's training across

disciplines, as appropriate, whereby a better understanding of what is expected of each discipline is more likely to be gained.

It should be noted that some discipline groups will have a greater challenge in identifying their respective training needs, including that of public works agencies and public safety communications group (as it includes representatives from fire, emergency medical services, emergency management and law enforcement) (CRITICAL.)

Implementation Step #2

An assessment will be conducted of hospital staff training and readiness for a CBRNE WMD incident, using a common assessment tool. The assessment will include identifying staffing numbers and necessary specialties to determine what staff needs basic awareness training versus specific, more technical training (SHORT TERM).

Implementation Step #3

The Urban Area Working Group will coordinate with each workgroup leader to ensure that all training meets ODP regulatory requirements. To achieve this planning objective, groups will inventory federal, state, and facility regulations and build regulations into trainings, as needed (LONG TERM).

Implementation Step #4

The Urban Area Working Group, with assistance from the Boston Emergency Management Agency, plan standardized Level I (basic awareness) training for municipal employees, to be used region-wide. The standardized basic awareness training will be implemented to adhere to current ODP guidelines. The training will be provided to staff as part of new employee orientation. A shorter training program will be identified to better attract involvement from top executives and other senior leadership in the Urban Area communities (CRITICAL).

Implementation Step #5

The Emergency Management Workgroup (with direct oversight from the Boston Emergency Management Agency) will assess current training capabilities, and develop a core curriculum for each training, including incident command, National Incident Management System, and WMD Level I response for emergency management staff. The training will adhere to current ODP guidelines (LONG TERM).

Implementation Step #6

The Boston Emergency Management Agency (BEMA) will be tasked to plan and coordinate routine cross-disciplinary training and full-scale exercises on WMD incident preparedness for the Urban Area, targeting the exercises for senior leadership and front-line staff. Emergency management will schedule one to two functional exercises per year, and three to four facilitated tabletop exercises per year (CRITICAL).

Implementation Step #7

The Law Enforcement Workgroup will identify a training plan for law enforcement officers responding to WMD threats. The training will identify common issues concerning a CBRNE WMD event, such as traffic and crowd control, perimeter containment for different types of threats, personal safety, recognition of WMD threats (*see also Organizing Implementation Step #2*), call/contact protocol, and the roles of various agencies and different levels of government. Also to be considered is identifying the personnel to be trained (currently the focus is on line officers) (CRITICAL).

Implementation Step #8

In an effort to provide public works agencies with better tools to prepare for and respond to a CBRNE incident, the UA Working Group's Public Works Workgroup will identify existing regional and national training opportunities and materials designed for public works agencies in particular. Specifically, the Workgroup has focused on identifying a training vehicle that will simulate a WMD incident that requires a regional response for public works departments, as opposed to those geared for traditional emergency responders. The Workgroup will work to seek out existing training opportunities that may be able to be formatted for the public works agencies specific needs.

The public works training is advantageous on three counts. First, it provides first hand training on CBRNE WMD response for non-traditional emergency responder agencies that previously had small roles in response. Second, it helps to define the roles that each public works agency may have in a CBRNE incident, and lastly, as these roles are defined, each agency will be able to better ascertain where the gaps are in their response protocol, equipment, and overall awareness of potential CBRNE WMD events. The Public Works Workgroup will also develop a plan to provide training for public works staff regarding computer and software skills, personal

protective equipment training, necessary decontamination equipment, and basic CBRNE Awareness Training (CRITICAL).

Implementation Step #9

Central training for staff in the public health sector, local hospital staff, and EMS exists in the Boston Public Health Commission's DelValle Institute for Emergency Preparedness. Support will be provided for the expanded role of the DelValle Institute and Boston MMRS (CRITICAL).

Implementation Step #10

The Law Enforcement Workgroup will develop public education strategies for key groups to support preparedness and prevention efforts. Key groups will be identified, such as landlords, business community representatives, and existing crime watch and neighborhood groups with whom law enforcement agencies have existing relationships). The public awareness/education will focus on how to provide the public with the tools to recognize suspicious or unusual activity. The Workgroup will review existing community education curriculums, like that of the CATS Eye community program. Once a training curriculum is selected, the Workgroup will work to implement ongoing public education activities across the Urban Area (LONG TERM).

Implementation Step #11

The Boston Urban Area Working Group will develop and expand training opportunities for residents and community groups in order to improve preparedness and emergency response. Utilization of programs new and existing programs like Citizen Corps and the medical reserve corps will train and equip volunteers with an emphasis on personal safety (LONG TERM).

B. Organizing (if applicable)Implementation Step #1

The Health Care Workgroup looks to leverage and expand the training currently provided to healthcare, public health, and EMS professionals across Urban Area jurisdictions at the Boston Public Health Commission's DelValle Institute for Emergency Preparedness, specifically, to make available the common curriculum and training format/structure in the Urban Area that already exists within the City of Boston (CRITICAL).

Implementation Step #2

The Law Enforcement Workgroup will identify a law enforcement specific training curriculum to improve each individual jurisdiction's ability to recognize WMD threats. The objectives of the Level I training curriculum will address baseline training on WMD threats, (e.g., what to look for), WMD components, personal safety of first responders, etc. Key personnel to be trained, and to what level, will be identified, while assessing the availability of cross-training opportunities with other agencies such as Massport, INS, and public health (for biological attack surveillance). This Level I training should begin as soon as possible (CRITICAL).

Implementation Step #3

The Law Enforcement Workgroup will identify a law enforcement specific training curriculum to improve each individual jurisdiction's ability to respond WMD threats (Level II training). The objectives of the Level II training curriculum will address responder operations during a WMD incident. Key personnel to be trained, and to what level, will be identified, while assessing the availability of cross-training opportunities with other agencies such as Massport, INS, and public health (for biomedical threat awareness). This Level I training should begin as soon as possible. Level II response training should begin for identified law enforcement personnel as soon as possible (SHORT TERM).

Implementation Step #4

Tapping from Boston Emergency Medical Services (BEMS) and private EMS training resources, Boston EMS seeks to develop a system of initial and ongoing training designed to enable all public and private EMS personnel throughout the Urban Area to achieve minimum WMD-related training standards (further training specifications provided under the "Training" section) (CRITICAL).

*C. Equipping (if applicable)*Implementation Step #1

The Public Works Workgroup seeks to purchase training manuals and personal protective equipment necessary for public works response (CRITICAL).

Implementation Step #2

As identified in the Urban Area Equipment Assessment, the Law Enforcement

Workgroup seeks to purchase personal protective equipment for WMD training (CRITICAL).

*D. Training (if applicable)*Implementation Step #1

Related to *Planning Implementation Step #4*, the Government Administrative Workgroup will conduct basic Level I awareness training for all municipal employees identified as needing said training (SHORT TERM).

Implementation Step #2

Up to 40 EMS personnel at a time will be trained to 24-hour Operations Level training, 4-hour Mass Casualty Incident (MCI) training, and mass-prophylaxis distribution training (SHORT TERM).

Implementation Step #3

The Urban Area Working Group, with coordination support from the Mayor's Office of Homeland Security Programs and the Boston Emergency Management Agency, will engage Urban Area stakeholders in inter-agency, multi-disciplinary Incident Command System (ICS) training. All front-line public safety and public health emergency first responders (EFRs) will be trained to the ICS-100 level. All front-line public safety and public health officials in supervisory positions will be trained to the ICS-300 level. All public safety and public health officials in command-level and senior staff positions will be trained to the ICS-400 level. Public safety and public health executives may be trained in ICS-400 and/or ICS for Executives. Special arrangements will also be made to train key Mayoral cabinet and staff members in the principles of ICS and incident management (CRITICAL TO SHORT TERM).

Implementation Step #4

A yearly 8-hour HAZMAT refresher course (including ICS 100) will be provided for all EMS personnel (SHORT TERM).

Implementation Step #5

All paramedics and EMS medical directors will be trained to WMD EMS Technician level. Medical control physicians will also be encouraged to attend (CRITICAL).

Implementation Step #6

Via the Boston Public Health Commission's DelValle Institute for Emergency Preparedness, a quarterly academy will be established for new public and private EMS recruits

(SHORT TERM).

Implementation Step #7

Medical Reserve Corps personnel will be provided with 8-hours of WMD training

(LONG TERM).

Implementation Step #8

All employees identified in the training levels by discipline will be trained to 4-hour WMD awareness level one training. Additional training will continue for personnel above the basic four-hour awareness training following the completion of the basic training (CRITICAL).

Implementation Step #9

Train all fire personnel to Level II plus training in Level A personal protective equipment for rescue and extraction in two phases. Phase I will train all fire personnel in chemical protective clothing equipment, a 6-hour training course, by July 2004. Phase II will train all fire personnel to Level 2 certification (24 hour training), achieving as many Level 2 certified personnel by July 2004 as possible (CRITICAL).

Implementation Step #10

Select and train at least 16 fire personnel in each Urban Area community to Level 3 certification (HAZMAT Tech Level), totaling approximately 100 fire personnel (CRITICAL).

Implementation Step #11

Establish four, 6-week regional Level 3 training sessions for Boston Fire personnel totaling approximately 160 hours, beginning January 2004. Each training cycle will train 25 personnel, achieving 100 Level 3 certified personnel in the Urban Area (SHORT TERM).

Implementation Step #12

Treatment/response training for health care staff will be provided, and will relate to decontamination procedures, communication systems, safety, clean up, and crowd control in and around public health and hospital areas. The health care training will be organized and conducted at three different levels, (1) awareness for all; (2) hazardous materials operations for staff designated to respond; and (3) disaster management training for leadership and management. This training should go forward utilizing a tiered approach, beginning in the spring of 2004 (CRITICAL).

D. Exercising (if applicable)

Implementation Step #1

Tabletop, function and full-scale exercises for the Urban Areas disciplines (independently and together) will begin in 2004 and continue through 2005. The Boston Emergency Management Agency will work to establish a regional schedule for exercises, by discipline (LONG TERM).

Implementation Step #2

Hospitals will continue annual individual facility drills tailored to meet their individual training needs and regulatory requirements. Working with COBTH, Boston Public Health Commission, Boston Emergency Management Agency, Boston EMS, Boston Fire Department and other agencies, health care facilities will participate in multi-agency or community wide drills at least once per year. Tabletop and full-scale exercises will be scheduled in collaboration with BEMA (LONG TERM).

Implementation Step #3

Tabletop exercises for law enforcement will be conducted on response to WMD threat at Democratic National Convention (DNC) by June 2004. Primary issues to be covered in the exercises will be WMD scenarios, perimeter control, and communication logistics during a WMD event. DNC tabletop exercises should extend to all Urban Area disciplines, a goal that is currently being proposed through the DNC Training Subcommittee (CRITICAL).

Implementation Step #4

By the first quarter of 2005, the Urban Area will have a cross-disciplinary full-scale exercise with all ten disciplines participating (LONG TERM).

Implementation Step #5

The Boston Emergency Management Agency, in conjunction with the Massachusetts Emergency Management Agency (MEMA), will conduct a regional Emergency Operation Center (EOC) exercise following the full equipping of the interim Boston EOC, which is anticipated by January 2004. This exercise will be conducted using a matrix of Senior Leaders regarding their role (CRITICAL).

Preparedness Objective #4: Develop centralized databases for Urban Area information gathering and exchange.

A. Planning (if applicable)

Implementation Step #1

The Boston Urban Area Working Group, with direction for the Law Enforcement Workgroup will work to develop a formal plan for intelligence sharing on WMD threats across urban area communities and disciplines, improving upon existing organizational relationships between local, state and federal government. Currently, there is limited lateral information sharing, where most information flows vertically, between each local agency and the federal agencies. This plan will investigate and implement methods for improving intelligence sharing with state and federal law enforcement agencies, including the Massachusetts Port Authority and the Immigration and Naturalization Service (INS), and incorporate formalizing each jurisdiction's relationship with the Federal Bureau of Investigation's Joint Terrorism Task Force and the US Attorney's Anti-Terrorism Advisory Committee (ATAC).

Specifically, the Law Enforcement Workgroup will continue to build upon the regional process of intelligence gathering and information sharing, focusing on prevention, preparedness and operational procedures pertaining to intelligence sharing. Issues to be addressed include: identifying new members of the existing intelligence community (including the Federal Bureau of Investigation's Joint Terrorism Task Force); examining the potential of expanding the Boston Police Department's secure web site for intelligence gathering and sharing; revising and adding names to a distribution list for intelligence information; and establishing classification procedures and methods to maximize timeliness of the information being shared.

The Urban Area's HAZMAT group seeks to incorporate a HAZMAT focus into the existing cross-community Fire Investigation Unit (FIU) for intelligence sharing and prevention purposes, specifically, the development of HAZMAT "bulletins" to be distributed via an e- list server to FIU members after each event. Providing these notices e-mail on the Department of Public Health's communication system will also be considered (SHORT TERM).

Implementation Step #2

Boston EMS its EMS partners from the other eight Urban Area communities, along with Urban Area public health agencies, will develop an information dissemination and documentation system for WMD or CBRNE intelligence sharing. Specifically, an email list-serve will be developed for appropriate public and private agency personnel to routinely share information and documentation related to current threat information and details; unusual or suspicious medical cases; and potential targets (SHORT TERM).

Implementation Step #3

The Boston Urban Area Working Group, with coordination among all ten disciplines, will establish a system to track victims during and after a CBRNE WMD incident. Ideally, the development of this prospective tracking system will be incorporated with the current and ongoing Urban Area Mass Casualty Incident planning process. Boston EMS and the Boston Public Health Commission Legal Counsel's Office will be tasked to determine legal issues surrounding the tracking and sharing of information related to victims/patients during and after a WMD event (LONG TERM).

B. Organizing (if applicable)

Not applicable.

C. Equipping (if applicable)

Not applicable.

D. Training (if applicable)

Not applicable.

E. Exercising (if applicable)

Implementation Step #1

Related to Planning Implementation Step # 1, the Law Enforcement Workgroup, with direction from the Boston Police Department, will develop and conduct a tabletop exercise on intelligence activities (e.g., deficiencies in current information flow, knowledge gaps) with representatives from each of the urban area's law enforcement agency, by April 2004 (CRITICAL).

Preparedness Objective #5: Development of an enhanced interoperable communications network to provide efficient communications between disciplines in a CBRNE WMD incident, leveraging new technologies as they emerge.

A. Planning (if applicable)

Implementation Step #1

The Boston Urban Area's Public Safety Communications Workgroup will continue to work to develop a three phased (immediate, short and long term), cross disciplinary and cross jurisdictional interoperable communications network system. The development of this system is currently being overseen by the existing Boston Interoperable Communications Committee (BIOC), which has representatives from emergency management, police, fire, emergency medical services and the City of Boston's Management Information Systems Group (SHORT TERM). The BIOC will continue to build upon and enhance interoperability, using resources recently awarded by the Department of Justice for its project.

Implementation Step #2

The Public Safety Communications Workgroup seeks to create an oversight Task Force for the interoperable communications system. Additional representation will be solicited from the Urban Area's jurisdictional partners (the eight other cities/towns); private ambulance agencies; the Massachusetts State Police; Massachusetts Bay Transportation Authority (MBTA); Massachusetts Port Authority (MassPort); local college/university public safety agencies; and possible private security firms (SHORT TERM).

Implementation Step #3

A Boston Urban/Regional Back Up Center with back-up dispatch and communication systems will be developed, to prepare for any event where communications facilities or frequencies are interrupted and/or destroyed due to a CBRNE WMD incident. The plan to create this back-up center will address such things as the goal of the center, the number of communities to be backed up, and the location of the center. It will also include a back-up technology plan in the case that land phone lines and cell phones will be disabled (LONG TERM).

Implementation Step #4

The Urban Area's Public Safety Communications Workgroup will work with each Urban Area community to develop individual back up plans for their dispatch center and communications systems, should one not be formalized yet. The PSC Workgroup will provide technical assistance to achieve this step (LONG TERM).

Implementation Step #5

The Government Administrative Workgroup will work with the Public Safety Communications Workgroup to ensure that each community's municipal chief executives have access to government emergency phone services and satellite phones as needed (LONG TERM).

Implementation Step #6

The Urban Area will develop a plan for effective communication between public health agencies/organizations and among public health officials across the Urban Area communities in the event of a CBRNE WMD threat or attack. The Public Health and Public Safety Communications workgroups will work together to assess existing communications and capabilities needs among public health officials across and health care workers, as well as other relevant medical response officials (LONG TERM).

B. Organizing (if applicable)

Not applicable.

C. Equipping (if applicable)

Implementation Step #1

The Public Safety Communications Workgroup will create a smaller subgroup, to be tasked with decision making for equipment purchasing. Inform public on equipment capabilities and strategies during an incident (LONG TERM).

D. Training (if applicable)

Implementation Step #1

The Public Safety Communications Workgroup will be tasked to develop training programs for dispatch center staff from public safety communications' agencies on suspicious substances and Standard Operating Procedures. As part of the process to develop this training, staff will research what training tools exist, such as videos, texts, etc. to assist (SHORT TERM).

Implementation Step #2

The UA Emergency Management Workgroup will conduct training on communication systems for EMA. These communication systems include: Five (5) radio control stations that support the Boston Police, Boston Fire, Boston Emergency Medical Services, Boston Public Health Commission, and Boston Basic City Services representatives; an 800 MHz portable radio

system that will be distributed to senior agency personnel in Boston Basic City Services, Transportation, Public Works, Parks, Emergency Management and Inspectional Services Departments, thus expanding the number of agency's on the Interoperability Channel during an emergency, or special event (SHORT TERM).

E. Exercising (if applicable)

Not applicable.

Preparedness Objective #6: Establish resource inventories, including equipment and personnel, and begin the process of standardizing future equipment.

A. Planning (if applicable)

Implementation Step #1

The Urban Area Working Group, represented by all ten disciplines/workgroups, will work toward standardizing all equipment across disciplines and jurisdictions, as possible, with a priority on communications systems (see also Preparedness Objective #5) (LONG TERM).

Implementation Step #2

The Urban Area will develop a system for effective stockpile management plan for each discipline. Current equipment supplies will first be assessed as to the adequacy of equipment and current needs of each discipline/agency (the UA will refer to the Equipment Assessment data submitted to ODP). A rotation schedule must be created for equipment with expiration dates, such as personal protective equipment and medical supplies, particularly applicable to public health, hospitals and emergency medical services. This management plan will also look to develop a protocol on using expired equipment in training's and exercises, so as to get the most out of all equipment. Each discipline in the UA Working Group will be responsible for managing their respective stockpile equipment plan (LONG TERM).

Implementation Step #3

The Urban Area's Workgroups will create protocols to improve equipment procurement and maintenance procedures, to ensure access to useful and up-to-date equipment. Included in this plan will be approaches to staying informed on advances in various technologies, new equipment opportunities and how they relate to changing threats. Procedures will be created to concerning how collaborate on equipment purchases across localities, designed to provide ease

in equipment training across jurisdictions in that agencies can train together using the same equipment. Improve procedures for maintaining existing equipment. Procedures will also be reviewed concerning the equipment that is to be taken along for various types of threats (LONG TERM).

Implementation Step #4

Urban Area Working Groups will work to develop a uniform system to secure each discipline's respective agency infrastructure, vehicles, and personnel equipment. The system will include security credentialing for public and private agency personnel who will be involved in responding to a CBRNE WMD incidents. Upon completion, the Urban Area will review its development and usage in considering its voluntary application to other disciplines (SHORT TERM).

Implementation Step #5

Boston EMS will have in place a database or master list of Urban Area EMS assets and specialized personnel. To assist in this initiative, Boston CMED will evaluate and inventory all available public and private EMS assets in the Urban Area during a major incident. A working group of Boston EMS and private EMS service providers will be coordinated to examine equipment, assets, and resources for compatibility and interoperability. The database will be aligned with database or master list of Urban Area Assets and specialized personnel (LONG TERM).

B. Organizing (if applicable)

Implementation Step #1

The Urban Area Working Group will identify points of contact for each equipment inventory system within each jurisdiction (CRITICAL).

Implementation Step #2

The Boston Urban Area's workgroups will develop a centralized equipment inventory database, which will include existing resources and resources still needed (using the data collected from the ODP Assessment tool). Once completed, equipment inventory details will be made available across the Urban Area communities in an effort to document the Boston Urban Area's current equipment capabilities, and the availability of resources to be shared, if necessary, during and following a CBRNE incident. Similarly, Urban Area workgroups will develop

Implementation Step #3

Each discipline will be responsible for developing a financial plan that prioritizes the training/exercises to be held, the specific number of staff required attending the trainings/exercises, and overtime cost estimates associated with the training/exercises (CRITICAL).

Implementation Step #4

The Public Safety Communications Workgroup has identified the need for additional staffing, dedicated to the overall research, coordination and communication networking (CRITICAL).

B. Organizing (if applicable)Implementation Step #1

The Emergency Management Workgroup will build across disciplines for staffing the Urban Area's Emergency Management structure (LONG TERM).

C. Equipping (if applicable)Implementation Step #1

The Urban Area Working Group, in coordination with the City of Boston's Management Information Systems Office, seeks to procure adequate hardware and software to support this objective (LONG TERM).

D. Training (if applicable)

Not applicable.

E. Exercising (if applicable)

Not applicable.

GOAL #2: RESPONSE

Develop a regional response capability to ensure appropriate, efficient incident response coverage.

Response Objective #1: Develop regional response plans to effectively prepare for (and respond to) a CBRNE/WMD incident.

A. Planning (if applicable)Implementation Step #1

The Urban Area Working Group will identify lead personnel and other key roles from each discipline to assist in coordinating a formal, unified Boston Urban Area response plan. Each of the ten workgroups will be tasked to define operational responsibilities and protocol for their respective disciplines (with attention to the details of existing or planned mutual aid agreements, if applicable) in CBRNE WMD incidents. The overall response plan will establish basic principles, a planning and command structure across the Urban Area (both for the UA and within each community), communication procedures, protocols for sharing of resources across communities. The plan will also work toward developing common terminology within disciplines, and will integrate this language in developing Urban Area Standard Operating Procedures across disciplines and use state cross training to instruct on revised language (LONG TERM).

Implementation Step #2

The Boston Urban Area Working will assess and complete existing plans and procedures as documented in the ODP Task By Discipline Assessment piece, to include all partial and currently not in place plans (LONG TERM).

Implementation Step #3

The Urban Area Working Group will task each discipline to identify existing and/or develop new protocols and procedures for requesting assistance from another Urban Area community (this corresponds with the development of mutual aid agreements/memorandums of agreement detailed under Preparedness Objective #1) (LONG TERM).

Implementation Step #4

The Urban Area Working Group will develop contingency plans to reconstitute services and revive public confidence following a CBRNE WMD incident (CRITICAL).

Implementation Step #5

A working group directed by Boston EMS with representation from private EMS

providers will enhance and expand upon written contingency plans and procedures for the emergency medical services agencies in responding to a CBRNE event. These plans will include, but are not limited to: managing backlog of non-incident-related emergent EMS calls immediately following a CBRNE WMD incident as well as addressing non-emergent transport needs; verification of decontamination; warm-zone treatment and triage protocols (communicating with hospitals and HAZMAT on this); tracking of patients from incident to tertiary care sites; necessity and set-up of field medical stations; verification of safety of cold-zone treatment areas; replacing affected personnel; changing shift schedules and staffing allocations; integration of Medical Reserve Corps and Community Emergency Response Team volunteer assets; ensuring presence of necessary medical supplies through local stockpiling and utilization of federal assets through the strategic national stockpile and other resources such as Vendor Managed Inventory, Chem-Pak, and Event-Pak; re-establishing supply chain; and personnel and supply cost recovery. Once completed, these contingency plans will be documented for accountability purposes and incorporated into all personnel and service contracts (LONG TERM).

Implementation Step #6

The Health Care Workgroup will review existing hospital response plans and assist as needed in developing plans concerning decontamination procedures. Each hospital/medical facility will designate a representative to take the lead on decontamination in their facility and will coordinate these decontamination efforts with other public agencies responsible for decontamination, e.g. Fire, HAZMAT, and EMS. Upon review, the Workgroup may consider recommending the COBTH HAZMAT preparedness guidelines to hospitals throughout the Urban Area (LONG TERM).

Implementation Step #7

The Health Care Workgroup has identified the need for a centralized communication resource regarding hazardous materials incidents by expanding the regional Central Medical Emergency Direction (CMED) system already in place and by investigating web-based options (SHORT TERM).

Implementation Step #8

Healthcare agencies, COBTH and the Boston Public Health Commission (BPHC) will remain actively involved in surge planning with other outside agencies (CRITICAL).

Implementation Step #9

A working group of Boston EMS and private EMS providers will work to develop a uniform Phased Response System for all CBRNE WMD mass-casualty incidents in the Urban Area, building upon existing Phased Response levels. To accomplish this step, the group will schedule one to three days of working sessions to create and disseminate the new Phased Response System. The Phased Response System is a mass-casualty-incident management system that defines pre-determined responses depending on the circumstances of the incident (CRITICAL).

Implementation Step #10

The Emergency Management Workgroup, with direction from the Boston Emergency Management Agency, will develop a regional CBRNE- WMD Terrorism Incident Annex that will encompass information from all UA jurisdictions (SHORT TERM).

Implementation Step #11

The Boston Urban Area Working Group, with assistance from the Boston Police Department and Boston Fire Department, will collate a "library" of floor plans of key buildings and structures in each community (such as the John Hancock Tower, Harvard University, nuclear medicine facilities at area hospitals, tunnels, etc.). These plans will be made available to all Urban Area communities to effectively respond to a CBRNE incident, and will be contained both as hard copies and online (if possible) for dispatchers and ground personnel responding to an incident (e.g., should a particular structure/building have been targeted) (CRITICAL).

Implementation Step #12

Similar to that of the Public Safety Communications Workgroup, Boston Police Department and Boston Emergency Management Agency, the Public Works Workgroup will create an inventory of the public utility infrastructure. This inventory will collate details of significant infrastructure pieces, including vulnerability issues (maximum weight height limits, etc.), identify emergency access points (for example, in tunnels), and maintain emergency contact information for those sites (LONG TERM).

Implementation Step #13

The Public Works Workgroup will develop a Public Works Infrastructure Plan. The plan will integrate all utilities works plan, assessing the necessary people, equipment and training, licensure, major contractual services, equipment, rolling Stock, communications equipment, etc. Specifically, the group will integrate into the plan specific response roles according to

jurisdictional boundaries (including State agencies), identifying ownership/ responsibility of large Urban Area infrastructures such as the Leonard Zakim Bridge and area tunnels. Also identified in the plan will be information on access and egress- road closures, and locations for potential staging areas (LONG TERM).

B. Organizing (if applicable)

Implementation Step #1

The Public Works Workgroup will identify a lead point of contact to coordinate the public works response during the response and recovery phases of a CBRNE incident (CRITICAL).

Implementation Step #2

The Public Works Workgroup will develop a centralized Public Works Operations Center, to be located at the Boston Emergency Management Agency, in order to effectively coordinate resources and distribute tasks immediately following a CBRNE event in the short term and during the recovery period in the long term (CRITICAL).

Implementation Step #3

Each Urban Area workgroup will develop discipline specific plans concerning staffing needs during/following a CBRNE WMD incident, including defining the minimum necessary amount of staff to effectively respond to a variety of incidents. The staffing plans will include plans to replace affected personnel and making changes to hours of work and staffing allocations, integrating CERT and Medical Reserve Corps assets (LONG TERM)

Implementation Step #4

With direction and oversight from the Mayor's Office of Homeland Security Programs and technical assistance provided by the Government Administrative, Public Safety Communications, EMS, Public Health, Health Care/Hospitals and Law Enforcement workgroups, the Urban Area Working Group will develop a public communication/unified media response for all affected communities in the Boston Urban Area to effectively communicate with the public immediately following a CBRNE WMD event, including communicating in different languages as needed in each community.

Building on existing public emergency response systems, the UA Working Group will review updated emergency alert systems, coordination with the television media, and coordinating status reports to the public and coordination with media. Training videos for public

television media will be developed concerning awareness of suspicious substances and behaviors. Existing public awareness materials will be examined concerning the management of public anxiety and fears through media and other communications and a review of lessons learned from previous incidents such as anthrax and the World Trade Center attack will be conducted. The Mayor's Office Of Homeland Security Programs will also coordinate with and organize press office staff across the region to assist in this initiative.

The group will identify local resources to assist in the development of this plan, including media, and agency representatives with special expertise such as infectious disease specialists. In an effort to complete this task expeditiously, the Mayor's Office Of Homeland Security Programs will meet quarterly, possibly in coordination with other regional meetings such as the Metropolitan Area Planning Council (MAPC), and will create the capacity to meet via conference calls, listservs, and email exchanges (CRITICAL).

Implementation Step #5

Public Health Workgroup will examine strategies for effective risk communication (public notice of existing risks) to the general public, incorporating lessons learned from recent experiences such as West Nile Virus, SARS and the 2001 anthrax attacks (including availability of call centers for communicating with the public) (SHORT TERM).

Implementation Step #6

The Boston Public Health Commission will upgrade and expand its secure web site for health care providers which is used to communicate fluctuations in volume of disease as well as notify providers about unusual occurrences; and will expand its multi-lingual website designed to disseminate information to the general public regarding emergency preparedness issues (CRITICAL).

Implementation Step #7

The Boston Urban Area Working Group will establish a smaller working group tasked to develop a plan for temporarily relocating resources and personnel during a CBRNE event, and identify potential relocation facilities (SHORT TERM).

C. Equipping (if applicable)

Implementation Step #1

Corresponding with Planning Implementation Step #11, the Public Safety Communications Workgroup seeks to acquire computer scanners and CD burners in an effort to

make building and structural floor plans electronic, thereby having the plans online for public safety communication dispatchers when responding to calls (SHORT TERM).

Implementation Step #2

The Public Works Workgroup has identified personal computers, interoperable communications equipment, fuel, tankers (ICS), and a system of tracking said equipment, including central locations for keys. Other items for purchase include GIS, personal computers, Mapping software and building plans (LONG TERM).

Implementation Step #3

The Government Administrative Workgroup will seek personal protective equipment for their municipal chief executives and selected other municipal administrators to have on hand in the event of a CBRNE WMD incident (CRITICAL).

Implementation Step #4

The City of Boston will seek to purchase a replacement fire boat to provide increased security and response in the Port of Boston, serving as, but not limited to: an on scene command platform and dive platform; a supplemental water supply; a mobile triage center; and hazardous materials spill containment vessel (SHORT TERM).

D. Training (if applicable)

Implementation Step #1

The Health Care Workgroup will look to expand available decontamination training for Levels B&C, utilizing the curriculum and resources currently available through the Boston Public Health Commission's DeValle Institute for Emergency Preparedness (CRITICAL).

Implementation Step #2

Cross disciplinary training will be provided for Boston Urban Area personnel to better respond to obtaining information at the scene of an incident. Specifically this will include GIS training, map reading, and weather map reading (LONG TERM).

Implementation Step #3

The EMS Working Group will develop didactic and practical sessions for Urban Area EMS providers, focusing on the plans and response objectives enumerated in Response Objective #1, Planning Section, Implementation Step #5 (LONG TERM).

Implementation Step #4

Corresponding with Planning Implementation Step #11 and Equipping Implementation

Step #1, communications dispatchers will be provided training on the floor plan system when responding to calls (SHORT TERM).

E. Exercising (if applicable)

Implementation Step #1

The nine Boston Urban Area communities will conduct tabletop exercises related to their continuity of government plans (LONG TERM).

Implementation Step #2

The Public Works group will conduct an exercise on "coordinating function, communication Equipment including the entire list of public/ private resources. Computer compatibility and access to lists (note firewall obstacles)" (LONG TERM).

Implementation Step #3

The EMS Workgroup plans to develop a coordinated, comprehensive exercise program tailored specifically to testing all medical elements of the response plan, including those geared toward EMS (LONG TERM).

Response Objective #2: Develop a regional medical services plan to effectively prepare for (and respond to) a CBRNE/WMD incident.

A. Planning (if applicable)

Implementation Step #1

The Health Care Workgroup, in concert with the Boston Metropolitan Medical Response System (MMRS) and the Public Health and EMS Workgroups, will assess the existing capacity of regional health care systems to care for victims of a CBRNE WMD attack and develop a plan to augment that capacity. An assessment of physical resources, staffing (including staff and volunteers who can be brought in from other states and localities) and other logistical issues related to care for victims of WMD attack will also be conducted. This assessment will be done in collaboration with BEMA, and other regional agencies (LONG TERM).

Implementation Step #2

Expanding on the COBTH and BPHC Surge Planning Process, the Public Health and Health Care Workgroups will develop hospital staffing and coordination capabilities for the Surge Capacity Task Force, and identify ways to fund their expanded role (CRITICAL).

Implementation Step #3

The Health Care Workgroup will examine three distinct time frames when planning the hospitals' response plans. The "Hour One" planning phase refers to the time at which the CBRNE event occurs, or at "direct impact", the period in which the first calls are coming in regarding the nature of the incident and requiring an automatic response. Hour One plans must include: (1) security response plans; (2) a communication plan with other agencies to identify the type of incident; (3) protocols for walk-in victims affected by the event; (4) a personnel notification system; (5) procedures to conduct regular assessment of status of staff and the overall facility; and (7) a shutdown plan for hospital emergency departments in case of contamination. The Health Care Workgroup will work with representatives from Urban Area hospitals to determine the current plans and facility/staffing capacity related to these response plans during "Hour One" (SHORT TERM)

Implementation Step #4

The "Hour Two" phase refers to plans to be in place during the first 24 hours after the event occurred. Working with the MMRS, the Health Care and Public Health Workgroups will include other agencies in this phase's planning. Hour Two plans will address: (1) the credentialing of medical personnel; (2) having interpreters to call upon as needed; (3) incorporation of Massachusetts Department of Public Health standards of care during MCI; (4) a communication/calling system for staff families; (5) the development of patient and staff tracking systems; (6) the development of a process and transportation system for offloading patients and identifying alternate housing plans for staff and patients; (7) development of plans for networks of homebound patients; and (8) develop a supply and staff replenishment plan.

The Health Care Workgroup will work with representatives from Urban Area hospitals to determine the current plans and facility/staffing capacity related to these response plans during "Hour Two". In addition, the various Urban Area Workgroups representing each of the other nine disciplines (and others identified during the process, as needed) will avail themselves to ensure these plans are in place and realistic (e.g., EMS to assist in transportation, government administrative group to assist in communication, etc.) (SHORT TERM).

Implementation Step #5

"Long Term" Planning phase refers to plans to be in place after the first 24 hours have passed, and the response/recovery is in the days following. The "Long Term" plan will address: (1) scheduling conference calls between inter-hospital planning group and appropriate other

agencies to develop a regional strategy to coordinate patient treatment by hospital; (2) coordinate a system with public health and public safety agencies to let essential personnel into the event area; (3) support and standardize the education/ training for hospital staff regarding billing/insurance issues; and (4) provide mental health services for patients and employees (SHORT TERM).

Implementation Step #6

The Public Health Workgroup will develop a plan to for detecting and assessing disease in the event of a biological, chemical and/or radiological attack, including the monitoring of animal vectors for zoonotic illness potentially caused by a biological incident. Specifically, issues to be considered are: (1) assessing staffing, communication, equipment and training requirements; (2) make contact with key stakeholders for animal vector surveillance; and (3) developing a formal plan for an effective and timely epidemiological response (SHORT TERM).

Implementation Step #7

The Public Health Workgroup, in conjunction with Boston Metropolitan Medical Response System and Boston EMS Strategic National Stockpile and Medical Reserve Corps initiatives will continue to develop the plan to organize, equip, train and respond to carry out *mass vaccinations* in the event of a smallpox threat. Specifically, issues to be considered are: (1) an assessment of personnel and logistical capacities to carry out vaccinations, including storage facilities, transportation, potential vaccination locations and staffing; (2) an assessment of the hospitals' capacity to communicate quickly with health workers, law enforcement, media and the general public; (3) an assessment of the methods and feasibility of bringing in staff, supplies and logistical resources from unaffected areas; (4) an assessment of the Urban Area's quarantine capacity and methods; and (5) assess staff training needs. (See also Equipping Implementation Step #1) (SHORT TERM).

Implementation Step #8

The Public Health Workgroup, in conjunction with Boston Metropolitan Medical Response System and Boston EMS Strategic National Stockpile and Medical Reserve Corps initiatives will continue to develop the plan to organize, equip, train and respond to carry out the *distribution of antibiotics* and other medications in the event of a biological, chemical or radiation attack. Specifically, issues to be considered under this plan are: (1) an assessment of potential antibiotic and other medication needs and availability; (2) an assessment personnel and logistical capacity to distribute medication, including storage facilities, transportation, potential

distribution locations and staffing; (3) to assess the hospitals' capacity to communicate quickly with health workers, law enforcement, media and the general public; to assess methods and feasibility of bringing in staff, supplies and logistical resources from unaffected areas; (4) assess effective risk communication strategies for health workers, other responders and the general public; (5) conduct an assessment of staff training needs; and (6) for a biological attack, an assessment of the Urban Area's quarantine capacity and methods (communication will be coordinated with other affected agencies, including law enforcement and emergency medical services) (SHORT TERM).

Implementation Step #9

The Public Health Workgroup will assess the capacity of Boston area health care systems to care for victims of a CBRNE WMD attack, and develop a plan to augment that capacity. Physical resources will be reviewed, such as staffing (including staff and volunteers who can be brought in from other states and local jurisdictions, if necessary) and equipment, and other logistical issues related to the care of an attack. Agreements will also be developed to obtain needed equipment and supplies on short notice between agencies (SHORT TERM).

Implementation Step #10

The Public Health Workgroup will assess and plan for dealing with the impact of a CBRNE WMD event on public health, public safety, and hospital workers, including stress, family concerns and short- and long-term exposure to biological, chemical or radiation hazards. Key issues will be identified that affect public health workers during a CBRNE WMD emergency, incorporating lessons learned from recent experiences such as SARS, the anthrax attacks and the response and clean-up at the World Trade Center (LONG TERM).

B. Organizing (if applicable)

Implementation Step #1

The Public Health/Health Care Workgroups will seek staff to be shared among several communities who could help organize and carry out the aforementioned assessments, an identified need primarily by the smaller Urban Area jurisdictions (CRITICAL).

Implementation Step #2

The Public Health/Health Care Workgroups will coordinate the creation of a work group, which will be tasked to implement action steps in planning, equipping, training and exercising

for vaccinations. Relevant public health and public safety partners will be contacted, and a meeting will be scheduled (SHORT TERM).

Implementation Step #3

Due to the large quantity of EMS assets in the Urban Area, the EMS Working Group seeks staff to focus on the implementation of the regional WMD CBRNE planning and response program identified throughout this strategy (SHORT TERM).

C. Equipping (if applicable)

Implementation Step #1

Based on the Public Health Workgroup, in conjunction with the Regional Strategic National Stockpile Coordinator's mass vaccination assessment conducted in the planning phase (see Planning Implementation Step 7) the Public Health Workgroup will implement a plan for stockpiling or obtaining on short notice equipment and supplies needed to carry out mass vaccinations. Once the supply needs and availability of the needed items are assessed, purchases will be made and formal agreements between various public health agencies and Urban Area hospitals for obtaining supplies and equipment on short notice will be developed (SHORT TERM).

Implementation Step #2

Based on the Public Health Workgroup's antibiotics and mass care capacity assessments conducted during the planning phase (see Planning Implementation Steps 8 & 9, respectively), the supplies and equipment needed will begin to be purchase according to priority, in concert with the Regional Strategic National Stockpile Coordinator. By way of the ODP Equipment Assessment, the workgroup has preliminarily identified items that are needed in large quantities, including gloves, masks and syringes and medical reference materials. Other equipment needs that were identified were storage containers to transport large quantities of vaccine or antibiotics, as well as communications equipment that will allow key public health workers to communicate with each other and with fire, police and clinical providers (SHORT TERM).

D. Training (if applicable)

Implementation Step #1

Based on the assessment conducted in the planning phase, the Public Health Workgroup will formalize plans for training key public health staff to organize and conduct mass

vaccinations will be implemented. Current training curriculums will be revised and expanded, while priority groups will be identified for training. The formal training for mass vaccinations will be held (CRITICAL).

Implementation Step #2

Based on the assessments conducted during the planning phase, the Public Health Workgroup will develop and implement a formal plan to train public health staff responsible for responding to a CBRNE WMD attack. Current training curriculums will be revised and expanded, while priority groups will be identified for training. The formal training for public health responders will be held, using assessment results from the ODP Assessment (SHORT TERM).

E. Exercising (if applicable)

Implementation Step #1

The Public Health Workgroup, in collaboration with the EMS and Health Care Workgroups, will work to conduct tabletop exercises regarding key public health issues concerning CBRNE WMD threats or attacks during the Democratic National Convention, by May 2004. Participants will be identified, including hospital staff and staff from alternative providers such as HMOs, school nurses, and correctional staff (CRITICAL).

Implementation Step #2

A mass vaccination scenario will be incorporated into the tabletop exercises for public health officials, to be held by May 2004 (CRITICAL).

GOAL #3: RECOVERY

Develop a regional recovery plan to ensure community and business recovery and continuity of government in the Boston Urban Area.

Recovery Objective #1: Develop a regional recovery plan to effectively prepare for (and respond to) a CBRNE/WMD Incident.

A. Planning (if applicable)

Implementation Step #1

The Urban Area Working Group will develop a local recovery plan, which will include a terrorism annex for the CEMP within each UA community (LONG TERM).

Implementation Step #2

The Urban Area Working Group will develop a plan for agencies to effectively recover from a CBRNE WMD attack. Key issues will be identified, including securing and managing the CBRNE scene over an extended period of time (using the NYC World Trade Center as a guide); providing means to ensure the personal safety of law enforcement personnel, other responders and the general public in and around the site(s); formalize recovery of evidence plans, in coordination with federal agencies; coordinate centralized on-site resources; public communication; coordination of message with other agencies and other levels of government (need clarification on these things); and scheduling staff coverage as needed (LONG TERM).

Implementation Step #3

The Boston Urban Area will develop a cost recovery plan for replacing equipment and materials lost during/following a CBRNE event. Agreements with vendors will be developed in advance (see also Preparedness Goal, Objective #1) to purchase, lease, or borrow equipment, as needed (LONG TERM).

Implementation Step #4

The Urban Area Working Group will develop a regional assistance plan to assist the business community and other private institutions that have been shut down following a CBRNE WMD incident (SHORT TERM).

Implementation Step #5

The Government Administrative Workgroup will assign authority to one individual in each municipality coordinate and maintain a formal Business Continuity Plan, which will ensure

that government operations continue during and after a disaster. This individual will also be responsible for ensuring that training and exercises take place to ensure the success of the plan (LONG TERM).

Implementation Step #6

The Public Works Workgroup will develop a debris management plan for public works agencies in coordination with both public and private partners. A formal command structure will be developed with federal, state and regional local cooperation, and an administrative and financial piece will be included. Also included in the plan will be identifying appropriate methods on collecting the debris, establish how to identify what the debris is, where to put the debris for both short term and long term, and identify the most appropriate means of transporting it (SHORT TERM).

Implementation Step #7

The Health Care Workgroup will work to develop an overall consolidated response plan for hospitals to effectively return to "business as usual" following an incident (LONG TERM).

Implementation Step #8

The Public Health Workgroup will develop mental health response capacity plan, beginning with an assessment of mental health resources available for disaster response. To complete this step, the Boston Public Health Commission will work to create a memorandum of understanding with the Massachusetts Department of Mental Health (DMH). With direction from the DMH and BPHC, the Urban Area Working group will establish plans for long term mental health services for the general public; monitoring of patients from the event; long term staffing coverage for staff out on bereavement or mental health needs (LONG).

Implementation Step #9

Each discipline leader will be tasked to develop plans and procedures in conjunction with the state's Critical Incident Stress Debriefing Team and the existing Employee Assistance Plan, to respond to staff and family trauma and psychological treatment (CRITICAL).

Implementation Step #10

Each discipline will develop a plan for staff backfilling to enable affected personnel to seek assistance (CRITICAL).

B. Organizing (if applicable)

Implementation Step #1

The Government Administrative Workgroup, through each community's financial office, will work with their emergency management division to identify damages, and work directly with FEMA and MEMA to obtain federal funding for repairs (CRITICAL).

Implementation Step #2

Each of the Urban Area workgroups will be tasked to create mechanisms to accurately record damage and seek assistance for repairs following CBRNE WMD event. Specifically, a checklist for recording damage will be prepared by each discipline (CRITICAL).

C. Equipping (if applicable)

Implementation Step #1

The Urban Area agencies will procure/replace any equipment following needed to effective clean up plan, which includes a survey area for contamination and clean up list, need waste and equipment disposal plans, food and sanitary facilities for recovery sites (LONG TERM).

D. Training (if applicable)

Implementation Step #1

The Boston Urban Area Workgroups will develop management and supervisory curriculum as part of contingency planning to assure availability of secondary leadership by discipline in the event of a CBRNE WMD incident (LONG TERM).

E. Exercising (if applicable)

Implementation Step #1

The Boston Urban Area Working Group will conduct exercises concerning recovery operations. The exercises will look at all aspects of recovery from the five CBRNE materials, from the viewpoints of the ten disciplines. We will attempt to follow the process through the incident to the cost recovery phases.

*Addendum to the Memorandum of Agreement between
The Boston Mayor's Office of Homeland Security
And the City of Revere*

I. Purpose

This addendum to the memorandum of agreement (MOA) is between the Mayor's Office of Homeland Security, acting by and through its Director, and the City of Revere, acting by and through its Mayor, referred hereinafter collectively as "the Parties".

II. Duration

This MOA shall remain in effect from June 1, 2004 until December 31, 2007, unless it is modified or terminated by written agreement of the Parties.

III. Fiscal Administration

A. Reimbursement of Costs

1. The following costs related to the MOA are eligible for reimbursement:
 - a. Overtime or Back fill costs for Office of Domestic Preparedness (ODP) approved trainings or exercises that also have PRE-APPROVAL from MOHS.
 - b. Costs related to meetings, exercises or trainings that have been pre-approved by MOHS.
 - c. Procurement of ODP approved equipment ONLY when procurement through MOHS methods has been deemed unacceptable AND prior approval from MOHS for that specific purchase.
 - d. Costs deemed necessary by MOHS to help the Metro Boston Homeland Security Region to: prepare, prevent, and respond to Weapons of Mass Destruction (WMD) / Chemical, Biological, Radiological and Nuclear Events (CBRNE).
2. Reimbursement requests should have sufficient supporting documentation submitted to the appropriate Discipline Coordinator for verification and submission to the Administration and Finance Manager of MOHS unless otherwise directed.
3. All records must be maintained for future audits and the entity being reimbursed will be fiscally responsible for the results of any such Audit.

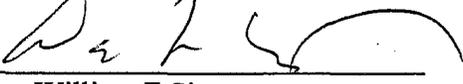
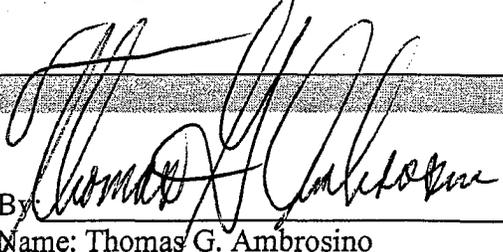
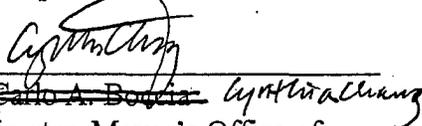
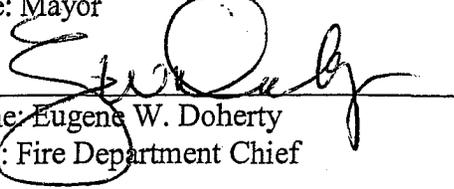
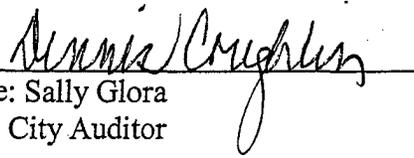
B. Eligible Costs

1. PRE-APPROVAL from MOHS is required for ALL reimbursement requests.
2. For Overtime or Backfill requests, timesheets must either be included with request or be certified that copies are on file and are kept for immediate or future audits.
3. Maximum Limit: costs incurred up to \$611,000 will be reimbursed that are in accordance with grant requirements and are conditional to availability of funding. Any additional costs above the maximum limit will require an additional MOA or MOA amendment.

IV. Modification / Amendments to this agreement

Modifications or amendments to this MOA shall be in writing and duly executed by both Parties to be effective.

The undersigned hereby execute this Memorandum of Agreement Addendum on this date May 15, 2006.

The Boston MOHS	
Approved As To Form: By:  Name: William F Sinnott Title: Corporation Counsel	By:  Name: Thomas G. Ambrosino Title: Mayor
By:  Name: Carlo A. Bourcia Carlo A. Bourcia Title: Director, Mayor's Office of Homeland Security	By:  Name: Eugene W. Doherty Title: Fire Department Chief
By:  Name: Sally Glora Title: City Auditor	

Funding Grant Information:

FFY03 UASI CFDA#16.011 pass thru grant #2003-EU-ITS-004
FFY04 UASI CFDA#97.008 pass thru grant #2004-TU-GE-T4-0050
FFY04 SHSP CFDA#97.067 pass thru grant #2004-GE-T4-0050
FFY05 UASI CFDA#97.067 pass thru grant #2005-TU-GE-T5-0060

***Metro Boston Homeland Security Region
City of Revere***

Regional Homeland Security Training, Exercise, Equipment and Programming Activities

- | | |
|--|--------------|
| 1. Approved Homeland Security Regional Trainings
Overtime and/or Backfill for Community personnel (as approved
by the Mayor's Office of Homeland Security) | \$185,000.00 |
| 2. Approved Homeland Security Regional Exercises
Overtime and/or Backfill for Community personnel (as approved
by the Mayor's Office of Homeland Security) | \$61,000.00 |
| 3. Approved Homeland Security Equipment or Service Purchases
(as approved by the Mayor's Office of Homeland Security when
MOHS methods of purchase are deemed unacceptable) | \$345,000.00 |
| 4. Approved Homeland Security Program Activities
Travel Costs (airfare, hotel, per diem, transportation, and other
costs approved by the Mayor's Office of Homeland Security when
MOHS methods of purchase are deemed unacceptable) | \$20,000.00 |

Approved Training, Exercise, Equipment and Programming costs will be encumbered on an "as requested / approved" basis.

*Addendum to the Memorandum of Agreement between
The Boston Mayor's Office of Emergency Preparedness
And the City of Revere*

I. Purpose

This addendum to the memorandum of agreement (MOA) is between the Mayor's Office of Emergency Preparedness, acting by and through its Director, and the City of Revere, acting by and through its Mayor, referred hereinafter collectively as "the Parties".

II. Duration

This MOA shall remain in effect from June 1, 2004 until December 31, 2008, unless it is modified or terminated by written agreement of the Parties.

III. Fiscal Administration

A. Reimbursement of Costs

1. The following costs related to the MOA are eligible for reimbursement:
 - a. Overtime or Back fill costs for Office of Domestic Preparedness (ODP) approved trainings or exercises that also have PRE-APPROVAL from MOEP.
 - b. Costs related to meetings, exercises or trainings that have been pre-approved by MOEP.
 - c. Procurement of ODP approved equipment ONLY when procurement through MOEP methods has been deemed unacceptable AND prior approval from MOEP for that specific purchase.
 - d. Costs deemed necessary by MOEP to help the Metro Boston Homeland Security Region to: prepare, prevent, and respond to Weapons of Mass Destruction (WMD) / Chemical, Biological, Radiological and Nuclear Events (CBRNE).
2. Reimbursement requests should have sufficient supporting documentation submitted to the appropriate Discipline Coordinator for verification and submission to the Administration and Finance Manager of MOEP unless otherwise directed.
3. All records must be maintained for future audits and the entity being reimbursed will be fiscally responsible for the results of any such Audit.

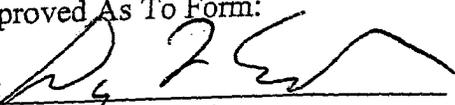
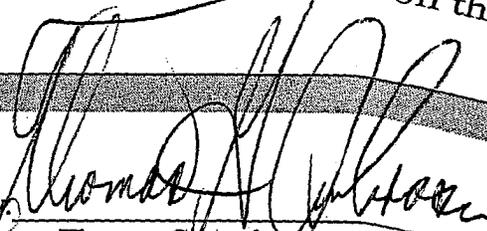
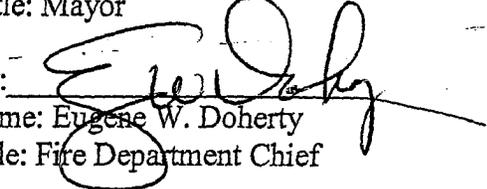
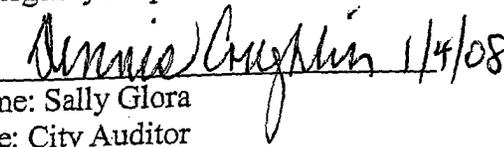
B. Eligible Costs

1. PRE-APPROVAL from MOEP is required for reimbursement requests. **ALL**
2. For Overtime or Backfill requests, timesheets must either included with request or be certified that copies are on file are kept for immediate or future audits.
3. Maximum Limit: costs incurred up to \$611,000 will be reimbursed that are in accordance with grant requirements and are conditional to availability of funding. Any additional costs above the maximum limit will require an additional MOA or MOA amendment.

IV. Modification / Amendments to this agreement

Modifications or amendments to this MOA shall be in writing and duly executed by both Parties to be effective.

The undersigned hereby execute this Memorandum of Agreement Addendum on this date November 27, 2007.

The Boston MOEP	
Approved As To Form:	
By: 	By: 
Name: William F Sinnott	Name: Thomas G. Ambrosino
Title: Corporation Counsel	Title: Mayor
By: 	By: 
Name: James Sullivan	Name: Eugene W. Doherty
Title: Director, Mayor's Office of Emergency Preparedness	Title: Fire Department Chief
By:  1/4/08	
Name: Sally Glora	
Title: City Auditor	

Funding Grant Information:

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- FFY05 UASI CFDA#97.067 pass thru grant #2005-TU-GE-T5-0060
- FFY06 UASI CFDA#97.067 pass thru grant #2006-TU-GE-T6-0070

*Metro Boston Homeland Security Region
City of Revere*

Regional Homeland Security Training, Exercise, Equipment and Programming Activities

- | | |
|--|--------------|
| 1. Approved Homeland Security Regional Trainings
Overtime and/or Backfill for Community personnel (as approved
by the Mayor's Office of Homeland Security) | \$185,000.00 |
| 2. Approved Homeland Security Regional Exercises
Overtime and/or Backfill for Community personnel (as approved
by the Mayor's Office of Homeland Security) | \$61,000.00 |
| 3. Approved Homeland Security Equipment or Service Purchases
(as approved by the Mayor's Office of Homeland Security when
MOHS methods of purchase are deemed unacceptable) | \$345,000.00 |
| 4. Approved Homeland Security Program Activities
Travel Costs (airfare, hotel, per diem, transportation, and other
costs approved by the Mayor's Office of Homeland Security when
MOHS methods of purchase are deemed unacceptable) | \$20,000.00 |

Approved Training, Exercise, Equipment and Programming costs will be encumbered on an "as requested / approved" basis.

***Addendum to the Memorandum of Agreement between
The Boston Mayor's Office of Emergency Preparedness
And the City of Revere***

I. Purpose

This addendum to the memorandum of agreement (MOA) is between the Mayor's Office of Emergency Preparedness, acting by and through its Director, and the City of Revere, acting by and through its Mayor, referred hereinafter collectively as "the Parties".

II. Duration

This MOA shall remain in effect from June 1, 2004 until December 31, 2010, unless it is modified or terminated by written agreement of the Parties.

III. Fiscal Administration

A. Reimbursement of Costs

1. The following costs related to the MOA are eligible for reimbursement as long as they have been given PRE-APPROVAL by MOEP and reimbursement requests are submitted within 30 days of payroll run, receipt of goods or completion of activity or event:
 - a. Overtime or Back fill costs for Office of Domestic Preparedness (ODP) approved trainings or exercises.
 - b. Costs related to meetings, exercises or trainings.
 - c. Procurement of ODP approved equipment ONLY when procurement through MOEP methods has been deemed unacceptable.
 - d. Costs deemed necessary by MOEP to help the Metro Boston Homeland Security Region to: prepare, prevent, and respond to Weapons of Mass Destruction (WMD) / Chemical, Biological, Radiological and Nuclear Events (CBRNE).
2. Reimbursement requests should have sufficient supporting documentation submitted to the appropriate Regional Planner for verification and submission to be processed by MOEP unless otherwise directed.
3. All records must be maintained for future audits and the entity being reimbursed will be fiscally responsible for the results of any such Audit.

B. Eligible Costs

1. PRE-APPROVAL from MOEP is required for ALL reimbursement requests.
2. For Overtime or Backfill requests, timesheets must be included with request as well as sign-in sheets (if not submitted by activity provider).
3. Maximum Limit: costs incurred up to \$611,000 will be reimbursed that are in accordance with grant requirements and are conditional to availability of funding. (See attached Budget/Funding Appendix) Any additional costs above the maximum limit will require an additional MOA or MOA amendment.

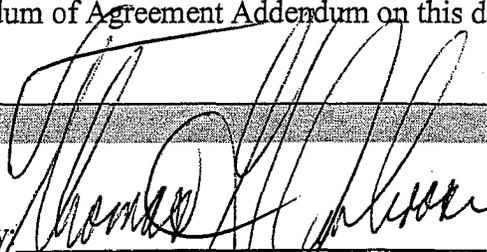
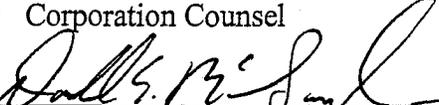
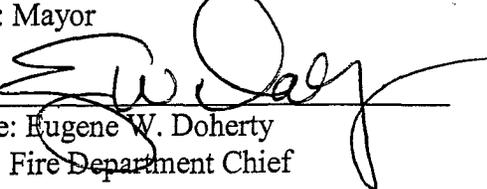
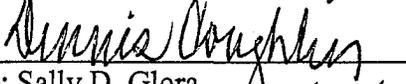
C. Additional Responsibilities

1. A-133 Audit reports must be made submitted annually to MOEP at Audit completion.
2. Site visits and spot inventories of equipment and/or services funded by MOEP grants will be coordinated through the Jurisdictional Point of Contact (JPOC).
3. All goods and services, once deemed acceptable, become the responsibility of the jurisdiction, including maintenance, storage and accountability.

IV. Modification / Amendments to this agreement

Modifications or amendments to this MOA shall be in writing and duly executed by both Parties to be effective.

The undersigned hereby execute this Memorandum of Agreement Addendum on this date December 11, 2008.

The Boston MOEP	
Approved As To Form:	
By:  Name: William F. Sinnott Title: Corporation Counsel	By:  Name: Thomas G. Ambrosino Title: Mayor
By:  Name: Donald McGough Title: Director, Mayor's Office of Emergency Preparedness	By:  Name: Eugene W. Doherty Title: Fire Department Chief
By:  Name: Sally D. Glora Title: City Auditor	

for

11/13/09

*Addendum to the Memorandum of Agreement between
The Boston Mayor's Office of Emergency Preparedness
And the City of Revere
Budget / Funding Appendix*

Regional Homeland Security Training, Exercise, Equipment and Programming Activities

1. Approved Homeland Security Regional Trainings: Overtime and/or Backfill for Community Personnel (as approved by the Mayor's Office of Emergency Preparedness).

\$185,000.00

2. Approved Homeland Security Regional Trainings: Overtime and/or Backfill for Community Personnel (as approved by the Mayor's Office of Emergency Preparedness)

\$61,000.00

3. Approved Homeland Security Equipment or Service purchases (as approved by the Mayor's Office of Emergency Preparedness when MOEP methods of purchase are deemed unacceptable).

\$345,000.00

4. Approved Homeland Security Program Activities, Travel Costs (airfare, hotel, per diem, transportation and other costs approved by the Mayor's Office of Emergency Preparedness and following travel policy guidelines).

\$20,000.00

Approved Training, Exercise, Equipment and Programming costs will be encumbered on an "as requested/approved" basis.

Funding Grant Information:

FFY05 UASI – pass thru grant #2005-TU-GE-T5-0060
FFY06 UASI - pass thru grant #2006-TU-GE-T6-0070
FFY07 UASI – pass thru grant #2007-TU-GE-T7-0080
FFY08 UASI – pass thru grant #2008-TU-GE-T8-0090

UASI – Urban Area Security Initiative CFDA#97.067

*Addendum to the Memorandum of Agreement between
The Boston Mayor's Office of Emergency Management
And the City of Revere*

I. Purpose

This addendum to the memorandum of agreement (MOA) is between the Mayor's Office of Emergency Management (OEM), acting by and through its Director, and the City of Revere, acting by and through its Mayor, referred hereinafter collectively as "the Parties".

II. Duration

This MOA shall remain in effect from June 1, 2004 until December 31, 2012, unless it is modified or terminated by written agreement of the Parties.

III. Fiscal Administration

A. Reimbursement of Costs

1. The following costs related to the MOA are eligible for reimbursement as long as they have been given PRE-APPROVAL by OEM and reimbursement requests are submitted within 30 days of payroll run, receipt of goods or completion of activity or event:
 - a. Overtime or Back fill costs for Federal Emergency Management Agency (FEMA) approved trainings or exercises.
 - b. Costs related to meetings, exercises or trainings.
 - c. Procurement of FEMA approved equipment ONLY when procurement through OEM methods has been deemed unacceptable.
 - d. Costs deemed necessary by OEM to help the Metro Boston Homeland Security Region to: prepare, prevent, and respond to Weapons of Mass Destruction (WMD) / Chemical, Biological, Radiological and Nuclear Events (CBRNE).
2. Reimbursement requests should have sufficient supporting documentation submitted to the appropriate Regional Planner for verification and submission to be processed by OEM unless otherwise directed.
3. All records must be maintained for future audits and the entity being reimbursed will be fiscally responsible for the results of any such Audit.

B. Eligible Costs

1. PRE-APPROVAL from OEM is required for ALL reimbursement requests.
2. For Overtime or Backfill requests, timesheets must be included with request as well as sign-in sheets (if not submitted by activity provider).
3. Maximum Limit: costs incurred up to \$611,000 will be reimbursed that are in accordance with grant requirements and are conditional to availability of funding. (See attached Budget/Funding Appendix) Any additional costs above the maximum limit will require an additional MOA or MOA amendment.

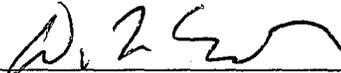
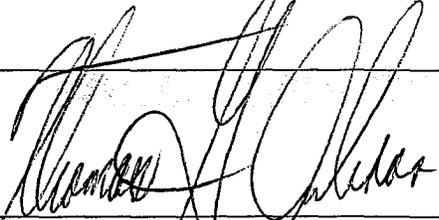
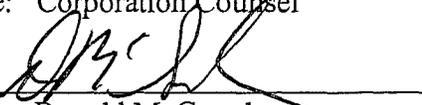
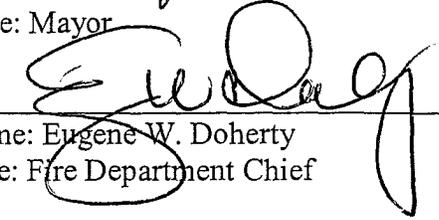
C. Additional Responsibilities

1. A-133 Audit reports must be made submitted annually to OEM at Audit completion.
2. Site visits and spot inventories of equipment and/or services funded by OEM grants will be coordinated through the Jurisdictional Point of Contact (JPOC).
3. All goods and services, once deemed acceptable, become the responsibility of the jurisdiction, including maintenance, storage and accountability.

IV. Modification / Amendments to this agreement

Modifications or amendments to this MOA shall be in writing and duly executed by both Parties to be effective.

The undersigned hereby execute this Memorandum of Agreement Addendum on this date December 31, 2010.

The Boston OEM	
Approved As To Form:	
By: 	By: 
Name: William F. Sinnott (MAP)	Name: Thomas G. Ambrosino
Title: Corporation Counsel	Title: Mayor
By: 	By: 
Name: Donald McGough	Name: Eugene W. Doherty
Title: Director, Mayor's Office of Emergency Management	Title: Fire Department Chief
By: 	By: 
Name: Sally D. Glora	Title: City Auditor
Title: City Auditor	

Jan

***Addendum to the Memorandum of Agreement between
The Boston Mayor's Office of Emergency Management
And the City of Revere
Budget / Funding Appendix***

Regional Homeland Security Training, Exercise, Equipment and Programming Activities

1. Approved Homeland Security Regional Trainings: Overtime and/or Backfill for Community Personnel (as approved by the Mayor's Office of Emergency Management).

\$185,000.00

2. Approved Homeland Security Regional Trainings: Overtime and/or Backfill for Community Personnel (as approved by the Mayor's Office of Emergency Management)

\$61,000.00

3. Approved Homeland Security Equipment or Service purchases (as approved by the Mayor's Office of Emergency Management when OEM methods of purchase are deemed unacceptable).

\$345,000.00

4. Approved Homeland Security Program Activities, Travel Costs (airfare, hotel, per diem, transportation and other costs approved by the Mayor's Office of Emergency Management and following travel policy guidelines).

\$20,000.00

Approved Training, Exercise, Equipment and Programming costs will be encumbered on an "as requested/approved" basis.

Funding Grant Information:

FFY07 UASI – pass thru grant #2007-TU-GE-T7-0080

FFY08 UASI – pass thru grant #2008-TU-GE-T8-0090

FFY09 UASI – pass thru grant #2009-SS-T9-0039

FFY10 UASI – pass thru grant #2010-SS-T0-0022

UASI – Urban Area Security Initiative CFDA#97.067

**MBHSR Public Safety Communications Interoperability
Memorandum of Agreement (MOA) for Use of BAPERN Control Station Equipment**

Section 1.0 Parties

- (a) This document constitutes an agreement between the Boston Mayor's Office of Homeland Security and Emergency Management (MOHSEM) and the City of Revere.

Section 2.0 Purpose

- (a) Background: In the aftermath of September 11, 2001, the United States Department of Homeland Security (DHS) initiated the Urban Area Security Initiative (UASI) to address homeland security issues on a regional basis. UASI identified communications interoperability, the ability of public safety agencies to talk across disciplines and jurisdictions, as a priority for the nation.
- (b) Purpose: The purpose of the MBHSR Public Safety Communications Interoperability Memorandum of Agreement is to ensure that equipment purchased by MOHSEM for the City of Revere is used continuously for the purposes of enhanced communications interoperability. This document allows for that use and defines the policy for any requested changes.

Section 3.0 Principles

The Parties will abide by the following principles:

- (a) The equipment outlined in Attachment A (BAPERN Control Station Equipment List) will be programmed with four BAPERN channels for the purposes of enhanced BAPERN control station capability. These four channels will be comprised of BAPERN 3, BAPERN 4, BAPERN Central, and the jurisdiction's current district BAPERN channel. In addition, this equipment will not be reprogrammed by the indicated jurisdiction without written consent from MOHSEM.
- (b) A written request may be submitted to MOHSEM for alternate use of the equipment. The request will be reviewed within sixty (60) days and approval is at the discretion of MOHSEM.

Section 4.0 Period of Agreement and Modification/Termination

- (a) This Agreement will become effective as to each party hereto upon the party's execution of this agreement. The Agreement will not terminate, but will extend through the life of the equipment and may be amended at any time by mutual agreement of the parties.

Section 5.0 Non-Fund Obligating Document.

- (a) This instrument is neither a fiscal nor a funds obligation document. Any endeavor or transfer of anything of value involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures or other existing applicable memorandum of understanding or agreement.

Section 6.0 Signatories

The undersigned hereby execute this Memorandum of Agreement on this 23rd day of May, 2006.

JURISDICTION

Jurisdiction Name: _____

Authorized Signature: _____

Print Name: _____

Title: _____

REVERE
Eugene W. Doherty
Eugene W. Doherty
Chief of Dept - J.P.O.C.

ATTACHMENTS

A) BAPERN Control Station Equipment List