



# Improvised Explosive Devices (IED) awareness and recognition course

## Appendices



# Appendix 1: chemicals and agents used in an NBC attack

Dirty bomb
Contains a mixture of explosive and radioactive material
Explosive material scatters radioactive dust and debris causing contamination
Causes serious injury and damage to property
Radioactive dust can pose a danger to health
Symptoms of high-level radiation: nausea, diarrhea, swelling and redness of skin

## Nuclear devices

### *Dirty Bomb*

A dirty bomb is device that contains a mixture of explosives combined with radioactive material such as radioactive powder or pellets. When the explosive material detonates the blast carries radioactive material into the surrounding area.

They differ from atomic or nuclear bombs which involve the splitting of atoms and a huge release of energy that produces the atomic mushroom cloud. A dirty bomb works in a completely different way and do not create an atomic blast

Instead a dirty bomb uses its explosive material to scatter radioactive dust, debris, smoke or other material in order to cause radioactive contamination to the surrounding area.

The initial and main danger from a dirty bomb is from the principal explosion which can cause serious injuries and property damage to the immediate surrounding area. The radioactive materials used in a dirty bomb would probably not create enough radiation exposure to cause immediate serious illness, except to those people who are very close to the centre of the blast site.

However, the radioactive dust, debris and smoke may spread farther away and could pose a danger to health if inhaled. Due to the fact that people cannot see, smell, feel, or taste radiation they may not be aware that they have been exposed.

Low levels of radiation exposure, such as those expected from a dirty bomb being detonated, do not cause any symptoms. However higher levels, or prolonged exposure, to radiation may produce symptoms, such as nausea, vomiting, diarrhoea, and swelling and redness of the skin.

## Biological devices

### *Anthrax*

Anthrax is a serious disease caused by *Bacillus anthracis*, a bacterium that forms spores. A bacterium is a very small organism made up of one cell. Many bacteria can cause disease. A spore is a cell that is dormant (asleep) but may come to life with the right conditions.

There are three types of anthrax:

1. skin (cutaneous)
2. lungs (inhalation)
3. digestive (gastrointestinal)

Anthrax is not known to spread from one person to another.

Humans usually only become infected with anthrax through handling infected animal products or by breathing in Anthrax spores from infected animal products

such as wool. People also can become infected with gastrointestinal anthrax by eating undercooked meat from infected animals. However Anthrax also can be used as a weapon, as happened in the United States in 2001.

The US Centers for Disease Control and Prevention (CDC) classifies agents with potential bioterrorism use into three areas, A, B and C. Anthrax is classified as a Category A agent, the most dangerous, these are agents that:

- ♥ pose the greatest possible threat to public health
- ♥ may spread across a large area
- ♥ need a great deal of planning to protect the public's health

In most Anthrax cases, early diagnosis and treatment with antibiotics can cure cutaneous anthrax, however even if left untreated around 80% of people who become infected with cutaneous Anthrax do not die. Gastrointestinal anthrax is more serious because between 25–50% of cases lead to death. Inhalation Anthrax is much more severe, and in 2001, about 50% of the cases of inhalation Anthrax ended in death.

The symptoms of anthrax vary depending on the type of Anthrax:

1. Cutaneous: The initial symptom is a small sore that develops into a blister, this blister then develops into an ulcer with a black centre. The sore, blister and ulcer do not hurt.
2. Gastrointestinal: The first symptoms are nausea, loss of appetite, bloody diarrhoea and fever usually followed by bad stomach pain.
3. Inhalation: The initial symptoms of inhalation anthrax are very much like cold or flu symptoms and often include a sore throat, mild fever and muscular aches. Later symptoms often include a cough, chest discomfort, shortness of breath, tiredness and muscle aches.

Symptoms most often appear within 7 days of exposure to the bacterium, for inhalation anthrax, symptoms can take up to 42 days to appear.

## Plague

Plague is a disease that is caused by *Yersinia pestis* (*Y. pestis*), a bacterium found in rodents and their fleas in many areas around the world.

Plague is a disease circulating mainly among small animals and their fleas, but the bacteria *Yersinia pestis* can also infect humans. It is most often transmitted to humans via the bite of infected fleas, direct contact, inhalation and rarely, ingestion of infective materials. Plague can be a very severe disease in people, with a mortality rate of around 30–60% if left untreated.

Most infected persons usually start with 'flu-like' symptoms after an incubation period of 3–7 days. Patients typically experience a sudden onset of chills and fevers followed by head and body aches, a general feeling of weakness with often vomiting and nausea.

Clinical plague manifests itself in three forms depending on the route of infection:

Anthrax
A serious disease caused by <i>Bacillus anthracis</i>
Spread by spores from infected products and inhalation
25–30% of cases are fatal
There are 3 types: <ol style="list-style-type: none"> <li>1. Skin (cutaneous)</li> <li>2. Lungs (inhalation)</li> <li>3. Digestive (gastrointestinal)</li> </ol>
Symptoms: Sores and blister, nausea, diarrhea, or fever and flu-like symptoms



Plague
A disease caused by <i>Yersinia pestis</i> , a bacterium found in rodents
Spread by flea bites, direct contact and inhalation
Mortality rate of around 30–60% if left untreated
It manifests in 3 main forms: 1. Bubonic (flea bite) 2. Septicaemic (bloodstream) 3. Pneumonic (respiratory)
Symptoms: Fever, weakness, pneumonia, vomiting, abdominal pain, bloody sputum, shock and sudden death

1. Bubonic – This is the most common form of plague usually as a result of the bite of an infective flea. The bacterium enters the body and travels to the nearest lymph node, which then becomes inflamed. The inflamed lymph node is called a 'bubo' which is very painful and can become suppurated as an open sore in advanced stage of infection.

2. Septicaemic – Is a form that occurs when the infection spreads directly through the bloodstream without evidence of a 'bubo'. Septicaemic plague may result from flea bites and from direct contact with infective materials through cracks in the skin.

3. Pneumonic – this is the most virulent, but least common, form of plague. Untreated pneumonic plague has a very high case-fatality ratio.

Pneumonic plague can be transmitted from person to person; bubonic plague cannot. Pneumonic plague affects the lungs and is transmitted when a person breathes in *Y. pestis* particles in the air. Bubonic plague is transmitted through the bite of an infected flea or exposure to infected material through a break in the skin. Symptoms include swollen, tender lymph glands called buboes. Buboes are not present in pneumonic plague. If bubonic plague is not treated, however, the bacteria can spread through the bloodstream and infect the lungs, causing a secondary case of pneumonic plague.

Patients usually have fever, weakness, and rapidly developing pneumonia with shortness of breath, chest pain, cough, and sometimes bloody or watery sputum. Nausea, vomiting, and abdominal pain may also occur. Without early treatment, pneumonic plague usually leads to respiratory failure, shock, and rapid death.

#### **Why are we concerned about pneumonic plague as a bioweapon?**

*Yersinia pestis* used in an aerosol attack could cause cases of the pneumonic form of plague. One to six days after becoming infected with the bacteria, people would develop pneumonic plague. Once people have the disease, the bacteria can spread to others who have close contact with them. Because of the delay between being exposed to the bacteria and becoming sick, people could travel over a large area before becoming contagious and possibly infecting others. Controlling the disease would then be more difficult. A bioweapon carrying *Y. pestis* is possible because the bacterium occurs in nature and could be isolated and grown in quantity in a laboratory. Even so, manufacturing an effective weapon using *Y. pestis* would require advanced knowledge and technology.

### **Smallpox**

Smallpox is an acute, contagious, and sometimes fatal disease caused by the *Variola* virus, and marked by fever and a distinctive progressive skin rash.

The disease, for which no effective treatment was ever developed, killed as many as 30% of those infected. Between 65–80% of survivors were marked with deep pitted scars (pockmarks), most prominent on the face, blindness was another complication.

Smallpox had two main forms, *Variola major* and *Variola minor*, the two forms show similar lesions. The disease followed a milder course in *Variola minor*,

which had a fatality rate of around 1% whereas the fatality rate of *Variola major* was around 30%. There are two very rare forms of smallpox, haemorrhagic and malignant. The haemorrhagic form is invariably fatal with the rash being accompanied by haemorrhage into the mucous membranes and the skin. Malignant smallpox is characterised by lesions that did not develop to the pustular stage but remained soft and flat. It was almost invariably fatal.

The incubation period of smallpox is usually 12–14 days during this period, the person looks and feels healthy and cannot infect others. The incubation period is followed by the sudden onset of influenza-like symptoms including fever, malaise, headache, prostration, severe back pain and, less often, abdominal pain and vomiting. Two to three days later, the temperature falls and the patient feels somewhat better, at which time the characteristic rash appears, first on the face, hands and forearms and then after a few days progressing to the trunk. Lesions also develop in the mucous membranes of the nose and mouth, and ulcerate very soon after their formation, releasing large amounts of virus into the mouth and throat.

The distribution of lesions, which later form pustules, more prominent on the face and extremities than on the body, is a distinctive diagnostic feature of smallpox and gives the trained eye cause to suspect the disease. Around 8 to 14 days after the onset of symptoms, the pustules form scabs which leave depressed scars upon healing. Persons carrying the virus during the incubation period cannot infect others, the frequency of infection is highest after contact with a patient after the fever has begun and during the first week of rash, when the virus is released via the respiratory tract. Patients remain infectious until the last scabs fall off, although exposure to patients in the late stages of the disease is much less likely to produce infection.

Smallpox is transmitted from person to person by infected aerosols and air droplets spread in face-to-face contact with an infected person after fever has begun, especially if symptoms include coughing. The disease can also be transmitted by contaminated clothes and bedding, though the risk of infection from this source is much lower.

In 1980, the disease was declared eradicated following worldwide vaccination programs. However in the aftermath of the events of September and October, 2001, governments are taking precautions to be ready to deal with a bioterrorist attack using the deliberate release of smallpox.

## Chemical devices

### ***Botulism***

Botulism is a very serious but rare muscle-paralysing disease caused by a toxin made by a bacterium called *Clostridium botulinum*, this bacterium is used today as a cosmetic treatment to reduce wrinkles and is known as Botox. Luckily person to person transmission of botulism does not occur.

Ingestion of the toxin present in improperly prepared food is dangerous and may be fatal. Botulism is mainly a food borne intoxication but it can also be transmitted through wound infections or intestinal infection in infants.

Smallpox
An acute disease caused by the <i>Variola virus</i>
Spread by contact from lesions that ulcerate and coughing
Mortality rate of around 30%. 65–80% are left scarred
There are 2 main forms: 1. <i>Variola major</i> 2. <i>Variola minor</i>
Symptoms: Fever, headache, prostration, back and abdominal pain, followed by rashes



Botulism
A serious muscle-paralysing toxin – the bacterium <i>Clostridium botulinum</i>
Spread by spores from infected products and inhalation
Fatal in 5–10% of cases
There are 3 types: 1. Food borne 2. Infant botulism 3. Wound botulism
Symptoms: Fatigue, weakness, vertigo, blurred vision, paralysis of muscles

There are three main kinds of botulism:

1. Food borne botulism – this occurs when a person ingests preformed toxin that leads to illness within a few hours to days
2. Infant botulism – may occur in a small number of susceptible infants each year who have the bacterium in their digestive tract
3. Wound botulism – this may occur where a wound is infected with *C. botulinum* that begins to secrete the toxin

The symptoms are not caused by the organism itself, but by the toxin that the bacterium releases. They usually appear within 12 to 36 hours after exposure. Incidence of botulism is low, but the mortality rate is high if treatment is not immediate and proper. The disease can be fatal in 5 to 10% of cases.

The characteristic early symptoms and signs are marked fatigue, weakness, and vertigo, usually followed by blurred vision, dry mouth, and difficulty in swallowing and speaking. Vomiting, diarrhoea, constipation and abdominal swelling may occur. The disease can progress to weakness in the neck and arms, after which the respiratory muscles and muscles of the lower body are affected. The paralysis of breathing muscles can cause a person to stop breathing and die, unless assistance with breathing (mechanical ventilation) is provided. There is no fever and no loss of consciousness. Similar symptoms usually appear in individuals who shared the same food.

Most cases recover, if given proper and immediate treatment, including prompt diagnosis, early administration of antitoxin and intensive respiratory care.

### Cyanide

Cyanide is a rapidly acting, potentially deadly chemical that can exist in various forms. Cyanide can be a colourless gas such as Hydrogen Cyanide or a crystal form such as Sodium Cyanide.

Cyanide sometimes is described as having a 'bitter almond' smell, but it does not always give off an odour, and not everyone can detect this odour.

Cyanide is released from natural substances in some foods and in certain plants such as cassava. Cyanide is contained in cigarette smoke and the combustion products of synthetic materials such as plastics. In manufacturing, cyanide is used to make paper, textiles, and plastics, it is also present in the chemicals used to develop photographs.

You could be exposed to cyanide by breathing air, drinking water, eating food, or touching soil that contains cyanide. Cyanide enters water, soil, or air as a result of both natural processes and industrial activities. In air, cyanide is present mainly as gaseous hydrogen cyanide. Smoking cigarettes is probably one of the major sources of cyanide exposure for people who do not work in cyanide-related industries.

Breathing cyanide gas causes the most harm, but ingesting (swallowing) cyanide can be toxic as well. Cyanide is more harmful to the heart and brain than to other organs because the heart and brain use a lot of oxygen.

Cyanide
A deadly, rapidly acting chemical, in gas or crystal form
Exposure by contaminated air, water, food or soil
Fatal in 5–10% of cases
There are 3 types: 1. Food borne 2. Infant botulism 3. Wound botulism
Symptoms: Restlessness, increased respiratory rate, giddiness, palpitations and convulsions

Cyanide poisoning is treated with specific antidotes and supportive medical care in a hospital setting. The most important thing is for victims to seek medical treatment as soon as possible.

People exposed to a small amount of cyanide by breathing it or absorbing it through their skin the initial symptoms are restlessness and increased respiratory rate. Other early symptoms are giddiness, headache, palpitations and respiratory difficulty. These are later followed by vomiting, convulsions, respiratory failure and unconsciousness.

If the poisoning occurs as a result of extremely high concentrations then the victims might experience convulsions, low blood pressure, lung injury, loss of consciousness leading to respiratory failure and death

Hydrogen cyanide, under the name *Zyklon B*, was used as a genocidal agent by the Germans in World War II.

Reports have indicated that during the Iran-Iraq War in the 1980s, Hydrogen Cyanide gas may have been used, along with other chemical agents, against the inhabitants of the Kurdish city of Halabja in northern Iraq.

### ***Mustard Gas (Sulphur Mustard)***

Sulphur mustard is a type of chemical warfare agent. These kinds of agents are called blistering agents, because they cause blistering of the skin and mucous membranes on contact.

Sulphur mustard is also known as mustard gas or mustard agent. Sulphur mustard sometimes smells like garlic, onions, or mustard and sometimes has no odour. It can be produced as a vapour, oily-textured liquid or a solid. Sulphur Mustard can be clear to yellow or brown when it is in liquid or solid form.

Sulphur mustard was introduced in World War I as a chemical warfare agent. Until recently, it was available for use in the treatment of a skin condition called psoriasis, but it currently has no medical use.

If sulphur mustard is released into the air as a vapour, people can be exposed through skin contact, eye contact, or breathing. Sulphur mustard vapour can be carried long distances by wind. If sulphur mustard is released into water, people can be exposed by drinking the contaminated water or getting it on their skin.

Sulphur mustard can last from 1 to 2 days in the environment under average weather conditions and from weeks to months under very cold conditions.

Sulphur mustard is a powerful irritant and blistering agent that damages the skin, eyes, and respiratory (breathing) tract. Exposure to sulphur mustard is usually not fatal, in fact when it was used during World War I it killed fewer than 5% of the people who were exposed and got medical care.

People may not know right away that they have been exposed, because sulphur mustard often has no smell or has a smell that might not cause alarm, typically, signs and symptoms do not occur immediately. Depending on the severity and length of the exposure the symptoms may not occur for 2 to 24 hours.

Mustard gas
Sulphur mustard is a blistering agent, introduced in World War I
A powerful irritant than damages the eyes, skin and respiratory tract
Fatal in fewer than 5% of cases
Exposure of skin and eyes to gas and inhalation
Symptoms: <i>Skin</i> – redness and itching <i>Eyes</i> – irritation, pain, tears <i>Respiratory tract</i> – sneezing, runny or bloody nose, breathlessness and coughing <i>Digestive tract</i> – pain, diarrhea, nausea and vomiting



Sulphur mustard can have the following effects on specific parts of the body:

*Skin:* redness and itching of the skin which occur within 2 to 48 hours after exposure and change eventually to yellow blistering of the skin.

*Eyes:* irritation, pain, swelling, and tearing may occur within 3 to 12 hours of a mild to moderate exposure. A severe exposure may cause symptoms within 1 to 2 hours and may include the symptoms of a mild or moderate exposure plus light sensitivity, severe pain, or blindness which may last up to 10 days.

*Respiratory tract:* runny nose, sneezing, hoarseness, bloody nose, sinus pain, shortness of breath, and cough within 12 to 24 hours of a mild exposure and within 2 to 4 hours of a severe exposure.

*Digestive tract:* abdominal pain, severe diarrhoea, fever, nausea, and vomiting.

Ricin
A poisonous byproduct from the process of making castor oil
A powerful irritant than damages the eyes, skin and respiratory tract
Deadly, if the dose is high enough. Death occurs during the first 3–5 days
Injection, swallowing or inhalation
Symptoms: <i>Inhalation</i> – breathing difficulties <i>Ingestion</i> – vomiting, diarrhea <i>Skin and eye exposure</i> – redness and pain

### **Ricin**

Ricin is a poison that is often produced from the waste left over from processing castor beans to make castor oil. Ricin is part of the leftover waste, or 'mash', which is produced when castor oil is made. Ricin does have some potential medical uses, such use in treating cancer (to kill cancer cells). Ricin can be produced in several forms such as a powder, a liquid mist or a pellet, it can also be dissolved in water.

It would take a deliberate act to make Ricin and use it to poison people; accidental exposure to Ricin is highly unlikely. People can breathe in Ricin mist or powder and be poisoned; also it maybe placed in water or food and then swallowed. Pellets of Ricin, or Ricin dissolved in a liquid, can be injected into people's bodies.

Depending on the method of exposure, such as injection or inhalation, as little as 500 micrograms, about the size of a pin head, of Ricin could be enough to kill an adult. If the Ricin was swallowed then a larger amount would be needed to kill.

The most famous incident of Ricin poisoning is occurred in 1978 when Georgi Markov, a Bulgarian writer and journalist who was living in London, died after he was attacked by a man with an umbrella. The umbrella had been rigged to inject a poison Ricin pellet under Markov's skin.

Some reports have indicated that Ricin may have been used in the Iran-Iraq war during the 1980s and that quantities of Ricin were found in Al Qaeda caves in Afghanistan.

Ricin poisoning is not contagious. It cannot be spread from person to person through casual contact. The major symptoms of Ricin poisoning depend on the route of exposure and the dose received, though many organs may be affected in severe cases. Initial symptoms of Ricin poisoning by inhalation may occur within 8 hours of exposure. Following ingestion of Ricin, initial symptoms typically occur in less than 6 hours.

**Inhalation:** Within a few hours of inhaling significant amounts of Ricin, the likely symptoms would be respiratory distress (difficulty breathing), fever, cough, nausea, and tightness in the chest. Heavy sweating may follow as well as fluid

building up in the lungs (pulmonary oedema). This would make breathing even more difficult, and the skin might turn blue. Excess fluid in the lungs would be diagnosed by x-ray or by listening to the chest with a stethoscope. Finally, low blood pressure and respiratory failure may occur, leading to death. In cases of known exposure to Ricin, people having respiratory symptoms that started within 12 hours of inhaling Ricin should seek medical care.

**Ingestion:** If someone swallows a significant amount of Ricin, he or she would develop vomiting and diarrhoea that may become bloody. Severe dehydration may be the result, followed by low blood pressure. Other signs or symptoms may include hallucinations, seizures, and blood in the urine. Within several days, the person's liver, spleen, and kidneys might stop working, and the person could die.

**Skin and eye exposure:** Ricin in the powder or mist form can cause redness and pain of the skin and the eyes.

Death from Ricin poisoning could take place within 36 to 72 hours of exposure, depending on the route of exposure (inhalation, ingestion, or injection) and the dose received. If death has not occurred in 3 to 5 days, the victim usually recovers. Showing these signs and symptoms does not necessarily mean that a person has been exposed to Ricin.

## **Sarin**

Sarin is a human-made chemical warfare agent classified as a nerve agent. Nerve agents are the most toxic and rapidly acting of the known chemical warfare agents. Sarin originally was developed in 1938 in Germany as a pesticide, it is a clear, colourless, and tasteless liquid that has no odour in its pure form. However, sarin can evaporate into a vapour and spread into the environment.

Sarin and other nerve agents may have been used in chemical warfare during the Iran-Iraq War in the 1980s; it was also used in two terrorist attacks in Japan in 1994 and 1995.

Following release of sarin into the air, people can be exposed through skin contact or eye contact. They can also be exposed by breathing air that contains sarin. Sarin mixes easily with water, so it could be used to poison water. Following release of sarin into water, people can be exposed by touching or drinking water that contains sarin. Following contamination of food with sarin, people can be exposed by eating the contaminated food.

Symptoms will appear within a few seconds after exposure to the vapour form of sarin and within a few minutes up to 18 hours after exposure to the liquid form.

Sarin is highly volatile, which means that it can easily and quickly evaporate from a liquid into a vapour and spread into the environment. Due to the fact that it evaporates so quickly, sarin presents an immediate but short-lived threat.

People may not know that they were exposed because sarin has no odour.

People exposed to a low or moderate dose of sarin may experience some or all of the following symptoms within seconds to hours of exposure:

Runny nose



Sarin
A nerve gas, colourless and tasteless, developed from a pesticide
A powerful irritant than damages the eyes, skin and respiratory tract
Respiratory failure can lead to death
Exposure to the liquid or inhalation of the vapour
Symptoms: <i>Small dose</i> – Watery/painful eyes, respiratory problems, vomiting, diarrhea, urination, headache, confusion, increased heart rate and blood pressure <i>Large dose</i> – convulsions, paralysis, unconsciousness

- Watery eyes
- Small, pinpoint pupils
- Eye pain
- Blurred vision
- Drooling and excessive sweating
- Cough
- Chest tightness
- Rapid breathing
- Diarrhoea
- Increased urination
- Confusion
- Drowsiness
- Weakness
- Headache
- Nausea, vomiting, and/or abdominal pain
- Slow or fast heart rate
- Low or high blood pressure
- Even a small drop of sarin on the skin can cause sweating and muscle twitching where sarin touched the skin.
- Exposure to large doses of sarin by any route may result in the following harmful health effects:
- Loss of consciousness
- Convulsions
- Paralysis
- Respiratory failure possibly leading to death
- Showing these signs and symptoms does not necessarily mean that a person has been exposed to sarin.
- Mild or moderately exposed people usually recover completely. Severely exposed people are not likely to survive. Recovery from sarin exposure is possible with treatment, but the antidotes available must be used quickly to be effective.

## Appendix 2

Personal Security Action Plan	Yes	No	Unsure
Are any unused offices, rooms or areas kept secured and locked?			
Is access to parking facilities restricted to authorised vehicles only?			
Are all public access areas monitored and checked regularly?			
Are all staff and visitors required to wear ID badges when in your building?			
Have public areas been designed to restrict opportunities to hide potential devices?			
Do you keep external areas, entrances, stairs and public areas clean and tidy?			
Have the entrances and emergency exits to your building been secured to prevent unauthorised access?			
Are visitors escorted at all times whilst on the premises?			
Are staff encouraged to report any suspicious behaviour, packages or objects?			
Are you aware of your buildings emergency and evacuation procedures?			
What is your role in an emergency evacuation?			
Do you know where your appointed muster or gathering point is located?			
Does your building have an operational real time CCTV system?			
Can you clearly identify individuals from the images on your CCTV system?			
Are the images time and date stamped?			
Does your building operate a search policy either personal, bags or vehicles?			
Is your building regularly searched for possible unidentified packages?			
Do you have a security team in your building?			
Are your evacuation routes and muster points searched before they are used?			
Do you have a security policy that details all operating security procedures?			
Is this document regularly reviewed and updated?			
Do you know how to contact your local Counter Terrorism Security Advisor?			
Do you have regular evacuation or emergency situation drills and rehearsals?			

If you have answered 'No' to a question then you should examine the issue in question and seek to address this security area as soon as possible.

If you have answered 'Unsure' to a question you should check with the person responsible for security or safety in your organisation or building to find out the relevant information. This will help to ensure that you are aware that the issue is being dealt with, also it will highlight the fact that this information is not being shared within the organisation.

Even if you have answered 'Yes' to a question it is vital to remain alert to these issues and constantly review your security and safety measures to ensure they are effective.

## Appendix 3

### National Contacts List

**National Counter Terrorism Security Office (NaCTSO)**

Tel: 020 7931 7142

Web: [www.nactso.gov.uk](http://www.nactso.gov.uk)

**Security Service**

Web: [www.cpni.gov.uk](http://www.cpni.gov.uk)

**Home Office**

Tel: 020 7035 4848

Web: [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)

**Anti Terrorist Branch**

Hotline: 0800 789321

**Preparing for Emergencies**

Web: [www.pfe.gov.uk](http://www.pfe.gov.uk)

**Association of Chief Police Officers (ACPO)**

Tel: 020 7227 3434

Web: [www.acpo.police.uk](http://www.acpo.police.uk)

**Chief Fire Officers Association**

Tel: 01827 302300

Web: [www.cfoa.org.uk](http://www.cfoa.org.uk)

**The Samaritans**

Tel: 08457 909090

Web: [www.samaritans.org](http://www.samaritans.org)

**Victim Support**

Tel: **0845 3030900**

Web: [www.victimsupport.org.uk](http://www.victimsupport.org.uk)

## Appendix 3 (continued)

### Local Contacts List

#### Building Security Manager

Name: .....

Tel: .....

Email .....

#### Health and Safety Manager

Name: .....

Tel: .....

Email: .....

#### Counter Terrorism Security Advisor (CTSA)

Name: .....

Tel: .....

Email: .....

#### Local police station

Tel: .....

#### Local fire station

Tel: .....

#### Local hospital

Tel: .....





Rutherford Group  
Rutherford House, Chapel Lane, Wadebridge, Cornwall, PL27 7NJ  
phone: 01208 816709 fax: 01208 895034

e-mail: [training@rutherford-group.co.uk](mailto:training@rutherford-group.co.uk)  
web: <http://www.rutherford-group.co.uk>