

OTHER POTENTIAL INDICATORS

In addition to suspicious injuries, these observations in the pre-hospital or hospital setting might indicate terrorist activity and merit further follow-up with authorities, as appropriate.



Illegal weapons or explosives: Illegal firearms, ammunition, or explosive devices, especially if they are inconsistent with the location or activity being reported



Clandestine labs: Equipment or materials suggestive of a makeshift lab, such as glassware, hotplates, filters, cooling systems, distillers, beakers, or chemical containers, especially if they are found in a residential or unusual setting



Wiring or explosives components: Exposed wiring, batteries, switches, piping, or other components that could be used to construct an improvised explosive device



Suspicious chemicals or substances: Unidentified powders, liquids, or gases; crystals; or putties, especially if they are inconsistent with the location or activity being reported; such substances could be evidence of precursor bombmaking materials



Personal protective equipment: Masks, suits, or other protective gear that could be used to handle hazardous materials or protect against chemical or biological agents

Each indicator listed may be, by itself, lawful conduct or behavior and may constitute the exercise of rights guaranteed by the US Constitution



Unusual or modified vehicles: Vehicles that have been modified to carry or conceal suspicious materials, such as with fake rocker panels or hidden compartments



Surveillance equipment: Cameras, binoculars, unmanned aerial vehicles, or other equipment that could be used to monitor or surveil a target, especially if they are found in a suspicious or unusual location



Terrorist messaging and English-language publications: Documents, books, posters, icons, or other materials that promote or glorify violence, such as violent extremist literature, videos, or audio recordings; these items could be obvious or subtle, and an understanding of current violent extremist symbols could assist first responders and hospital staff in recognizing such material^a

^a Note the mere advocacy of or presence in groups that advocate political or social positions, political activism, use of strong rhetoric, or generalized philosophical embrace of violent tactics does not necessarily constitute violent extremism and may be constitutionally protected. Such strong rhetoric and divisive terms should not be assumed to reflect or further violent extremist activity, absent additional information, and should be considered in the context of all applicable laws and policies regarding privacy, civil rights, and civil liberties.

JCAT^b and Other Federal Resources:

- ▶ Bystander Awareness and Suspicious Activity Reporting (SAR) for Public Health and Health Care Partners: <https://www.dhs.gov/nationwide-sar-initiative-nsi>
- ▶ FBI Joint Terrorism Task Forces are highly trained and locally based investigators and analysts of US law enforcement and intelligence. For more information, visit <http://www.fbi.gov/contact-us/field-offices>
- ▶ FBI Prevent Mass Violence: <https://www.fbi.gov/investigate/how-we-investigate/prevent-mass-violence>
- ▶ NCTC-DHS-FBI Mobilization Indicators Booklet: <https://www.fbi.gov/file-repository/counterterrorism/us-violent-extremism-mobilization-indicators-2025-pdf/view>
- ▶ First Responder Toolboxes: available on JCAT's website, <https://www.dni.gov/index.php/nctc-how-we-work/joint-ct-assessment-team/first-responder-toolbox>
 - ▶ IED Manufacturing Components
 - ▶ Reporting Suspicious Activity – Critical for Terrorism Prevention
 - ▶ Threat Assessment and Threat Management (TATM)
- ▶ Health and Human Services CBRN Resources: <https://asprtracie.hhs.gov/cbrn-resources>
- ▶ Health and Human Services Threat Assessment and Management in Healthcare Resources: <https://files.asprtracie.hhs.gov/documents/threat-assessment-and-management-in-healthcare-ppt.pdf>

^b JCAT is a collaboration by NCTC, FBI, and DHS to improve information sharing among federal, state, tribal, territorial governments and private sector partners. This product is not a response to a specific threat against the United States and provides general awareness to help mitigate potential terrorist threats.



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PRE-HOSPITAL AND HOSPITAL OPPORTUNITIES FOR TERRORISM PREVENTION

A GUIDE FOR FIRST RESPONDERS AND HOSPITAL PROFESSIONALS

Recognizing and reporting suspicious injuries and behaviors as terrorism indicators can enhance terrorism prevention and promote public safety.

Pre-hospital care is an essential part of the continuum of emergency health care frequently initiated by a 9-1-1 call. First responders, such as emergency medical services and fire service and law enforcement personnel, are often on the scene of an initial health care emergency. They can be the first to recognize and share potential suspicious indicators of terrorist activity with the appropriate partners for timely follow-up.

Hospitals, to include emergency departments, are often the next step in the continuum of emergency health care. Hospital staff often work with first responders in the transfer of care, receiving relevant information gathered in the pre-hospital setting.

Health care professionals in urgent care facilities, medical facilities, and walk-in clinics may also be positioned to observe suspicious injuries and behaviors.

POSSIBLE SUSPICIOUS INJURIES

Establishing a basic understanding of common mobilization indicators may help first responders and hospital professionals recognize possible indicators of terrorist activity.

- ▶ **UNEXPLAINED BURNS** on the hands, arms, or face; or clothing inconsistent with the patient's reported activities or suggestive of chemical or explosives exposure
- ▶ **SHRAPNEL WOUNDS** caused by small, sharp objects that are embedded in the skin, which could be indicative of exposure to an explosive device
- ▶ **SIGNS OF CHEMICAL EXPOSURE**, such as blistering, rashes, or respiratory distress, dizziness, or odors, which could be indicative of handling or exposure to hazardous materials
- ▶ **MULTI-SYSTEM INJURIES** related to explosions; blast injuries may cause several categories of injuries
- ▶ **UNEXPLAINED EYE INJURIES**, including burns or vision impairment possibly related to chemical or explosives exposure
- ▶ **INJURIES TO THE HANDS OR FINGERS** consistent with mishandling of explosive or hazardous materials, including missing digits
- ▶ **UNUSUAL LACERATIONS** consistent with mishandling of explosive or hazardous materials
- ▶ **INJURIES RELATED TO EXPOSURE TO HIGH PRESSURES** may manifest as bleeding from the ears or hollow organs; signs may include respiratory distress/arrest from over pressurization of the lungs or hypotension because of significant internal blood loss
- ▶ **UNUSUAL ILLNESS** because of non-circulating or atypical infection
- ▶ **OTHER UNEXPLAINED INJURIES** inconsistent with the patient's reported activities, including multiple injuries, especially if they are at different stages of healing

To report any leads, threats, and suspected criminal/terrorist activity, visit <https://tips.fbi.gov/> or contact your local FBI office: <https://www.fbi.gov/contact-us>.

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IDENTIFYING AND REPORTING SUSPICIOUS ACTIVITY

First responders and health care professionals may, during the course of everyday duties, observe suspicious activities or behaviors that may raise red flags and be potential indicators of terrorist activity. Seemingly routine responsibilities—including treating a patient for a medical condition, interacting with community members, or conducting inspections—can provide a continuum to observe and legally report suspicious behavior and potential indicators of terrorist activity.

Always follow organizational reporting guidelines and applicable laws and regulations. This guide is not an exhaustive list of indicators of terrorist activity and is not a substitute for local reporting of infectious disease, abuse, or other mandated reporting requirements. The indicators discussed in this document in and of themselves may not be indicative of unlawful conduct and may implicate rights guaranteed by the US Constitution. Moreover, no indicator should be used as the basis for action solely on its own. These indicators are intended to be evaluated in conjunction with one another and with consideration of all relevant circumstances.