Planning for Response

1. National Response Plan
   a. Describes how federal government will coordinate operations
   b. Outlines procedures, roles and responsibilities for specific contingencies
   c. Defines resources/groups most likely needed during an incident
   d. Remember: “All emergencies are local.” Federal/state resources will require many hours to days before arriving

2. CDC’s Strategic National Stockpile Program
   a. Mission
      To maintain a national repository of life-saving pharmaceuticals and medical materiel that could be delivered to the site of a terrorism event in order to reduce morbidity and mortality

(SNS Stockpile pallets)
b. Community Emergency Planning

3. Immediate Response Issues

   a. Facility preparation
   b. Surge capacity
   c. Health care provider safety
   d. Patient decontamination
   e. Triage
   f. Medical management of life-threatening injuries or illness (takes priority)

4. Facility Preparation

   a. Activate hospital plan
   b. Obtain radiation survey meters and personal dosimeters for staff
   c. Contact in-house radiation professionals (Radiation Safety Officer, Nuclear Medicine, Radiation Oncology)
   d. Establish triage and decontamination areas with warm and cold zones
   e. Establish areas for patient treatment with system for patient transportation
   f. Establish crowd control plan with adequate security
5. **Medical Triage Planning**  
**Victims Response to Disaster**

- **a.** How do victims arrive at the hospital?
  - Murrah Federal Building, Oklahoma City, 1995 (400 treated)  
    Ambulance 33%; Private vehicles 56%; Walk-ins 10%  
  - Sarin Attack, Tokyo, 1995 (4,000 treated)  
    Walk-ins 35%; Taxi 24%; Private vehicles 13%; Fire/Police 14%; ambulance 7%  
    (Academic Emergency Medicine, 5(6): 613-617, 1998)

- **b.** Majority of patients seeking care in the immediate post-event time period are self-referrals
- **c.** People most likely go directly to closest or most familiar hospitals
- **d.** Most who arrive will be ambulatory and minimally injured, or not hurt but concerned
- **e.** Being concerned is natural response to mass casualty incident

6. **Medical Triage Planning**

- **a.** Triage Strategy: Categorize the Risk
  - Medium to high risk – severe physical trauma, significant exposure or internal contamination; refer to ED as condition requires
  - Low risk – Limited trauma, exposure and contamination: treat, decon, observe
  - Negligible risk – minimal or no trauma/exposure/contamination; may require decon; will require reassurance, information.

7. **Triage and the Secondary Assessment Center**

- **a.** Establishment of secondary assessment centers
  - Basic step in protecting hospital
  - Useful for pre-clinical screening, assessing exposure and contamination, conducting triage & decon, reuniting families

- **b.** Establish by working with communities and local/state agencies in advance

- **c.** Consider nontraditional sites and personnel
  - Community facilities (schools, churches)
  - Allied health professionals, retired health care workers, community nurses
8. SUMMARY

a. Remember: “All emergencies are local.”
   • Federal/state resources will require many hours to days before arriving

b. The majority of patients seeking care in the immediate post-event are self-referrals

c. In addition to clinical personnel, have available:
   • Radiation experts
   • Radiation survey meters and personal dosimeters

d. For mass casualties, plan for establishing secondary assessment centers

Source: "Radiological and Nuclear Terrorism: Medical Response to Mass Casualties," a self-study training program for clinicians, developed by the Centers for Disease Control and Prevention, 2006.

For copies of this product, email cdcinfo@cdc.gov.

To learn more about responding to a radiological incident, visit http://www.bt.cdc.gov/radiation