

# 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

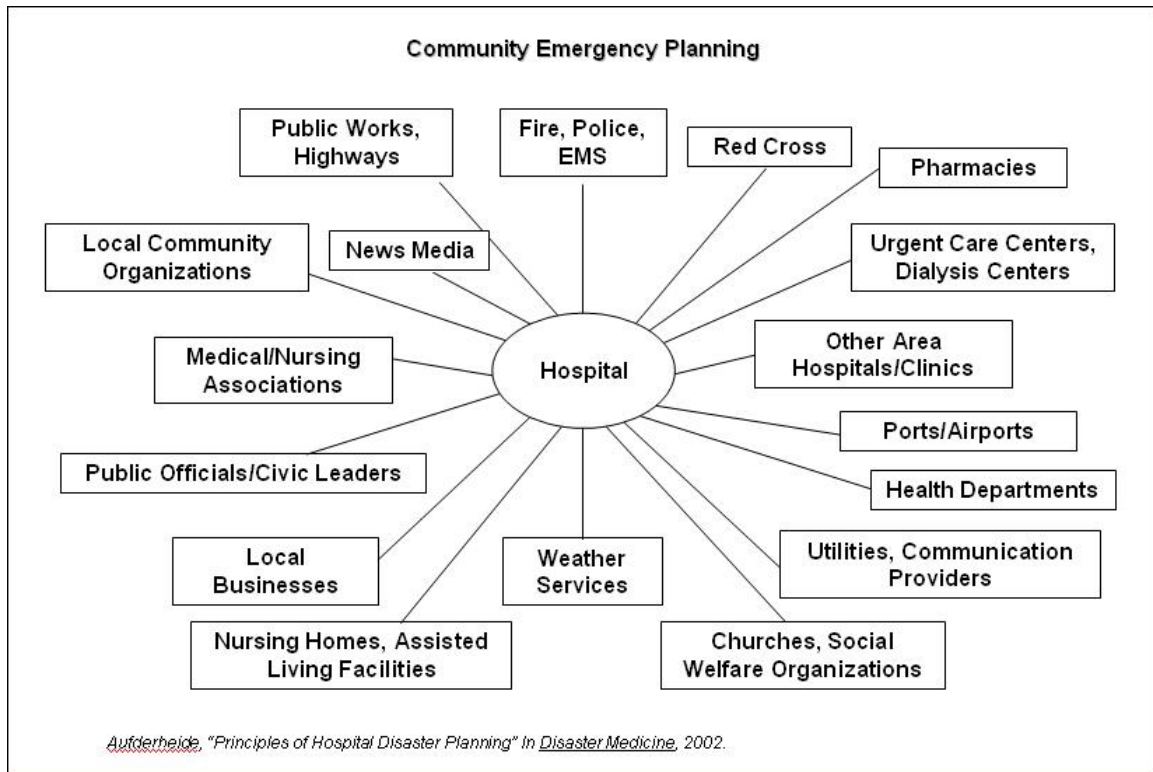
- a. Mission  
To maintain a national repository of life-saving pharmaceuticals and medical materiel that could be delivered to the site of a terrorism event in order to reduce morbidity and mortality



(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

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**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%  
(Annals of Emergency Medicine, 34(2):  
160-167, 1999)
  - 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

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**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.

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**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
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## 8. SUMMARY

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- 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
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*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](mailto:cdcinfo@cdc.gov).*

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