

RADIOLOGICAL ATTACK – RADIOLOGICAL DISPERSAL DEVICES

SCENARIO

The Universal Adversary terrorist group detonates a Radiological Dispersal Device (RDD), or “dirty bomb,” containing cesium chloride in your city. Approximately a thirty-six block area is severely damaged and is contaminated with low levels of radiation. The bomb blast injures a large number of people, some with fragment wounds with radiological material imbedded. There are multiple fatalities. The first EMS and Fire responders into the scene are contaminated with low levels of radiation, but quickly a secure perimeter and triage/decontamination areas are established in the primary impact area.

Your hospital is located 5 miles from the blast zone and the explosion did not disrupt utilities (power, water and communications) to your facility. The local EOC, however, was impacted by the blast as it was located within the thirty-six block area.

Your hospital is notified of the bomb blast and the possible radiological contamination and you immediately prepare for contaminated victims that will self present at the facility without field decontamination.

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INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

1. Does your hospital have a procedure securing the facility and controlling access and egress?
 2. Does your security department receive regular training on managing facility security and personal protection during a radioactive event?
 3. Does your hospital have a plan for decontamination of radiologically contaminated victims, including monitoring of staff and decontamination of the facility?
 4. Does your hospital train staff on radiological emergencies, including the appropriate level and type of personal protective equipment required?
 5. Does your hospital have a process to determine the safety threat to your facility from the radiological dispersal device blast and whether you need to shelter-in-place?
 6. Does your hospital have a procedure to obtain incident specific details from the emergency management agency and/or local Emergency Operations Center?
 7. Does your hospital have a procedure for detecting for and monitoring radiation levels in the facility and in people? If not, who would you contact to provide this service if needed?
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Response & Recovery

1. Does your hospital have radiological response and victim decontamination plan?
 2. Does your hospital have a plan to implement radiological monitoring and detection for staff, patients and visitors?
 3. Does your hospital have a protocol and criteria for determining shelter-in-place and/or evacuation of the facility is needed?
 4. Does your hospital have a procedure to provide appropriate PPE to staff and provide “just-in-time” training for staff participating in contaminated patient care?
 5. Does your hospital consider the possibility of being a secondary terrorist target and take appropriate measures to protect the facility?
 6. Does your hospital have a security plan to lock down the facility and control access and egress?
 7. Does your hospital have a protocol or know the process for establishing contact with the alternate local EOC in the case of the primary local EOC being rendered non-functional by the blast?
 8. Does your hospital’s security plan include the preservation and securing of evidence, contaminated patient belongings and specimens?
 9. Does your hospital have a procedure to interface with local, state and federal law enforcement agencies to interview patients, gather evidence and investigate the incident?
 10. Does your hospital prepare for the possibility that the perpetrator(s) is among the injured?
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11. Does your hospital have a procedure/system to obtain current information from local officials about the RDD (e.g., plume direction, weather considerations, damage assessments, progress reports, etc.)?

 12. Does your hospital have a communications plan that includes coordination with the local public health department and the local EOC/Joint Information Center?

 13. Does your hospital have a triage process to separate contaminated victims from non-contaminated persons presenting for care that were not involved in the incident?

 14. Does your hospital have procedures to manage radioactive shrapnel in traumatically injured and contaminated patients in surgery?

 15. Does your hospital have procedures to manage arriving patients with blast injuries?

 16. Does your hospital have a system and procedures to determine status of other area hospitals?

 17. Does your hospital have a procedure to obtain specialized equipment and supplies?

 18. Does your hospital have a procedure to establish a media conference area and provide regular briefings and updates, in collaboration with the JIC?

 19. Does your hospital have criteria to prioritize business continuity and recovery activities?

 20. Does your hospital have procedures to manage contaminated fatalities in conjunction with medical examiner and emergency management agency?

 21. Does your hospital have a procedure to track patients, beds, personnel and materiel?

 22. Does your hospital have a facility decontamination plan and procedures?

 23. Does your hospital have procedures to restore the facility and operations to normal?

 24. Does your hospital have a plan to provide mental health support and stress management debriefings to staff, patients and families?
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INCIDENT RESPONSE GUIDE

Mission: To provide care to radiologically contaminated and blast injuries after a terrorist attack with a radiological dispersal device that does not directly impact or contaminate the hospital.

Directions

- Read this entire response guide and review incident management team chart
 - Use this response guide as a checklist to ensure all tasks are addressed and completed
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Objectives

- Protect the facility, patients and staff from contamination and injury
 - Detect and monitor radiation levels
 - Provide patient care and decontamination
 - Communicate with the local EOC and emergency response partners
 - Cooperate with and assist law enforcement with investigative activities
 - Safely decontaminate the facility and restore normal operations
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Immediate (Operational Period 0-2 Hours)

COMMAND

(Incident Commander):

- Appoint Command Staff, Section Chiefs and Medical/Technical Specialist – Radiological
- Activate the Emergency Operations Plan and the radiological decontamination plan
- Determine the radiological threat to the facility and the need for shelter-in-place

(PIO):

- Establish a media staging area and prepare media briefings in collaboration with the Joint Information Center and other area hospitals

(Liaison Officer):

- Establish contact with the alternate local EOC, other response partners and area hospitals to determine incident details, community status and estimates of casualties
 - Contact appropriate authorities and experts for support and recommendations for radiological contamination
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INCIDENT RESPONSE GUIDE

COMMAND

(Safety Officer):

- Ensure activation of the radiological decontamination plan
- Ensure the safe and consistent use of appropriate personal protective equipment by staff

(Medical/Technical Specialist-Radiological):

- Assist in obtaining specific information regarding radiological agent such as antidotes, treatment, decontamination procedures, etc.
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OPERATIONS

- Activate the radiological decontamination plan
 - Secure the facility and establish access and egress routes and crowd control protocols
 - Conduct a census of inpatients and clinic patients and prioritize for discharge or cancellation of appointment/procedures to accommodate the incoming surge of patients
 - Activate the shelter-in-place plan, if necessary
 - Establish and secure area(s) for collection of contaminated belongings and valuables
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PLANNING

- Initiate patient, bed, personnel and materiel tracking
 - Establish operational periods and develop Incident Action Plan, in collaboration with the Incident Commander
 - Initiate patient, bed, personnel and materiel tracking
 - Establish operational periods and develop incident objectives and the Incident Action Plan, in collaboration with the Incident Commander
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LOGISTICS

- Ensure internal and external communications and IT/IS systems are operational
 - Initiate staff radiation monitoring
 - Anticipate an increased need for medical and surgical supplies, medications and equipment and take actions to obtain needed supplies
 - Initiate staff call-in systems to increase hospital staffing
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INCIDENT RESPONSE GUIDE

Intermediate (Operational Period 2-12 Hours)

COMMAND

(Incident Commander):

- Review the overall impact of the ongoing incident on the facility with Command Staff and Section Chiefs
- Re-evaluate the need to shelter-in-place
- Consider deploying a Liaison Officer to the alternate local EOC

(PIO):

- Establish a patient information center, coordinate with the Liaison Officer
- Establish a media center and conduct regular media briefings
- Coordinate messages with the Joint Information Center

(Liaison):

- Contact area hospitals and healthcare partners through local emergency management to assess their capabilities
- Maintain communication with the local EOC to relay hospital status and requests and obtain current situation status information

(Safety Officer):

- Continue to monitor and ensure proper use of personal protective equipment and decontamination procedures
- Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

(Medical/Technical Specialist-Radiological):

- Support Operations Section as needed. Continue to provide expert input into Incident Action Planning process

OPERATIONS

- Activate fatalities management plan and management of contaminated remains
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PLANNING

- Update and revise the incident objectives and the Incident Action Plan
 - Continue patient, bed, personnel and materiel tracking
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INCIDENT RESPONSE GUIDE

LOGISTICS

- Continue employee monitoring for radiation and provide appropriate follow up
 - Establish family care area, if needed
 - Continue to inventory supplies, equipment, blood products, medications and obtain additional supplies as needed
 - Ensure safety of the facility and provide essential services
 - Initiate staff call-in and provide additional staff to impacted areas
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FINANCE

- Track response expenses and expenditures
 - Investigate staff or patient exposures or injuries and implement risk management/claims procedures
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Extended (Operational Period Beyond 12 Hours)

COMMAND

(Incident Commander):

- Reassess incident objectives and Incident Action Plan, revise as indicated by the response priorities and mission

(PIO):

- Provide briefings and situation updates for staff, patients, visitors and families
- Continue to conduct regular media briefings in coordination with the JIC

(Safety Officer):

- Continue to oversee safety measures and use of personal protective equipment for staff, patients and visitors
- Monitor radiation exposures and decontamination operations

(Medical/Technical Specialist-Radiological):

- Continue to support Operations Section as needed. Continue to provide expert input into Incident Action Planning process
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INCIDENT RESPONSE GUIDE

OPERATIONS

- Continue patient care and management activities
 - Continue security measures and control of traffic and crowds
 - Ensure enforcement of hospital policies and provide liaison with local, state and federal law enforcement agencies when interviewing patients and collecting evidence
 - Provide for facility decontamination
 - Initiate return to normal activities of the hospital, as appropriate
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PLANNING

- Continue patient, bed, materiel and personnel tracking
 - Update and revise the Incident Action Plan, in collaboration with the Incident Commander
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FINANCE

- Continue to track response costs and expenditures and prepare regular reports for the Incident Commander
 - Facilitate procurement of needed supplies, equipment and contractors
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Demobilization/System Recovery

COMMAND

(Incident Commander):

- Ensure demobilization and recovery is in progress
 - Announce termination of event or “all clear” when appropriate
 - (PIO):
 - Conduct final media briefing including hospital status, appropriate patient information and incident status, in coordination with the JIC
 - Deactivate the patient information center
 - Communicate final status to the JIC
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INCIDENT RESPONSE GUIDE

COMMAND

(Liaison Officer):

- Communicate hospital status and demobilization to the local EOC, area hospitals and other local officials

(Safety Officer):

- Ensure safe return of hospital to normal operations
 - Ensure facility decontamination
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OPERATIONS

- Return patient care and services to normal operations
 - Ensure decontamination of facility
 - Ensure proper disposal of contaminated waste and waste water
 - Provide mental health support services for patients and their families
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PLANNING

- Write after-action report and improvement plan to include the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
 - Recommendations for future response actions
 - Recommendations for correction actions
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LOGISTICS

- Restock all hospital supplies, equipment and medications to normal levels
 - Initiate long term monitoring of employees exposed to radiation and/or participating in decontamination or patient care activities
 - Assist in restoring hospital services to normal operations
 - Provide mental health support and stress management services, as appropriate
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INCIDENT RESPONSE GUIDE

FINANCE

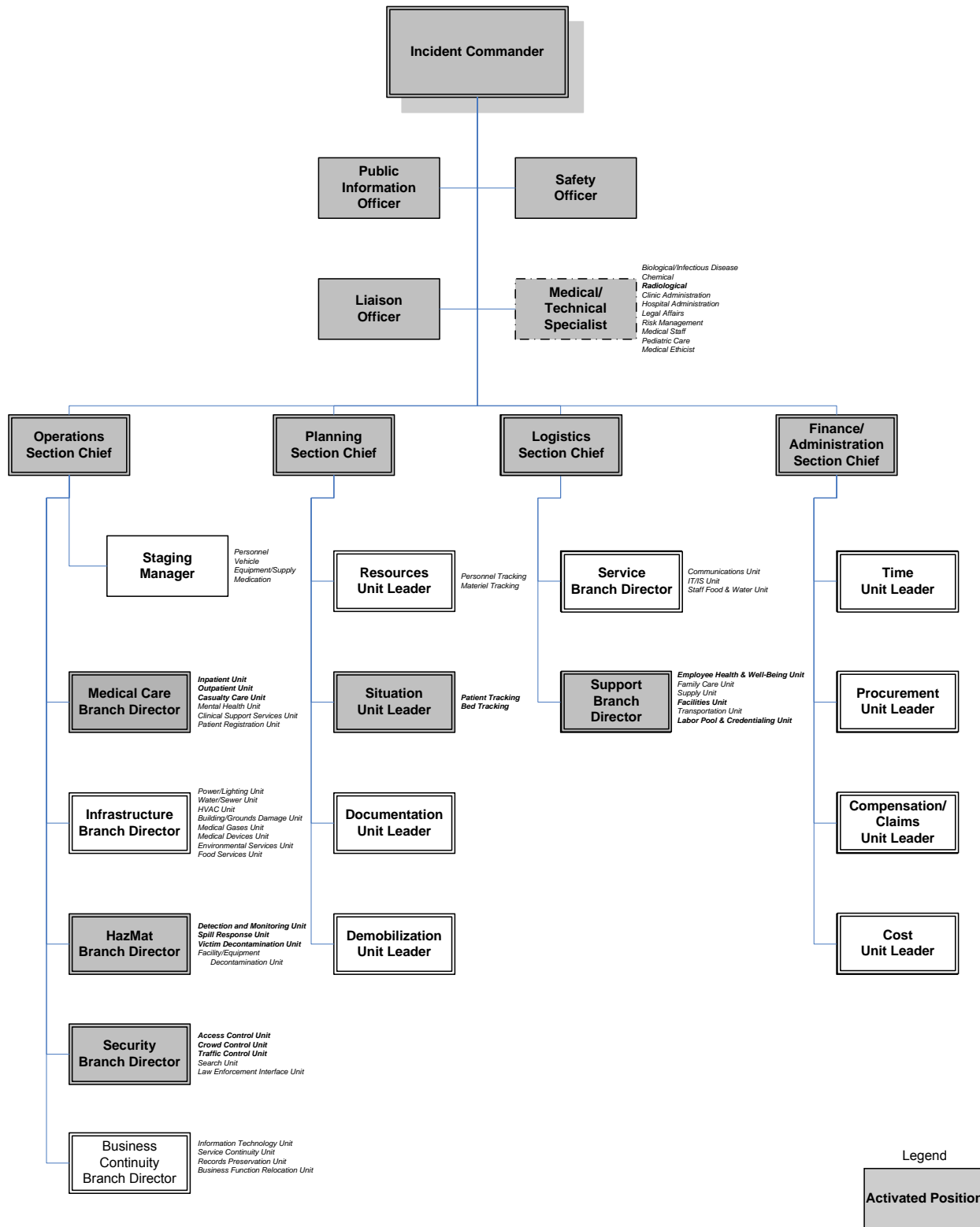
- Compile final response and recovery expenditure and expense reports and submit to the Incident Commander for approval and to distribution to appropriate authorities for reimbursement
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Documents and Tools

- Hospital Emergency Preparedness Plan
 - Disaster Plan Call List
 - Hospital Damage Assessment Procedures
 - Hospital Decontamination Plan
 - HICS forms
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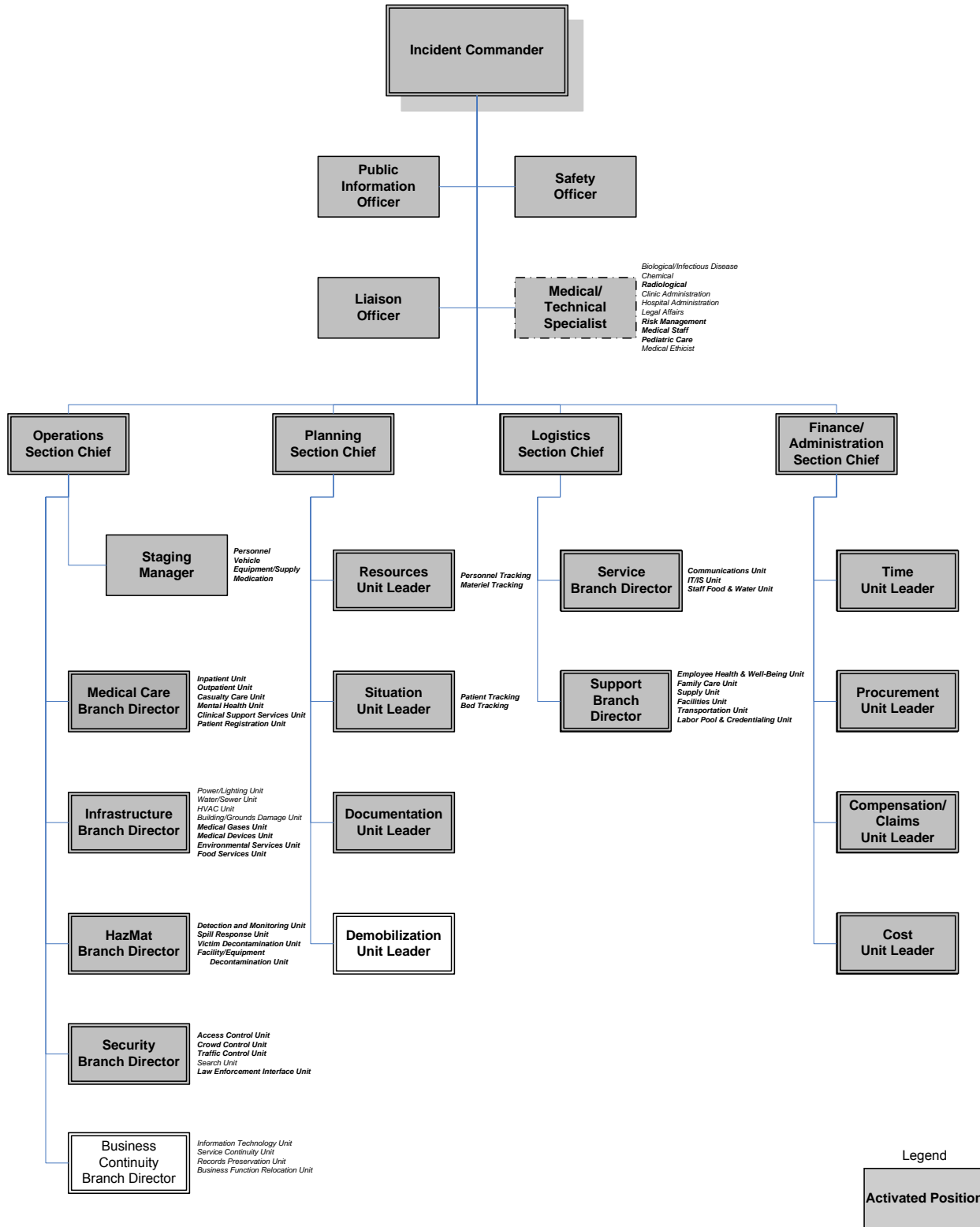
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INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



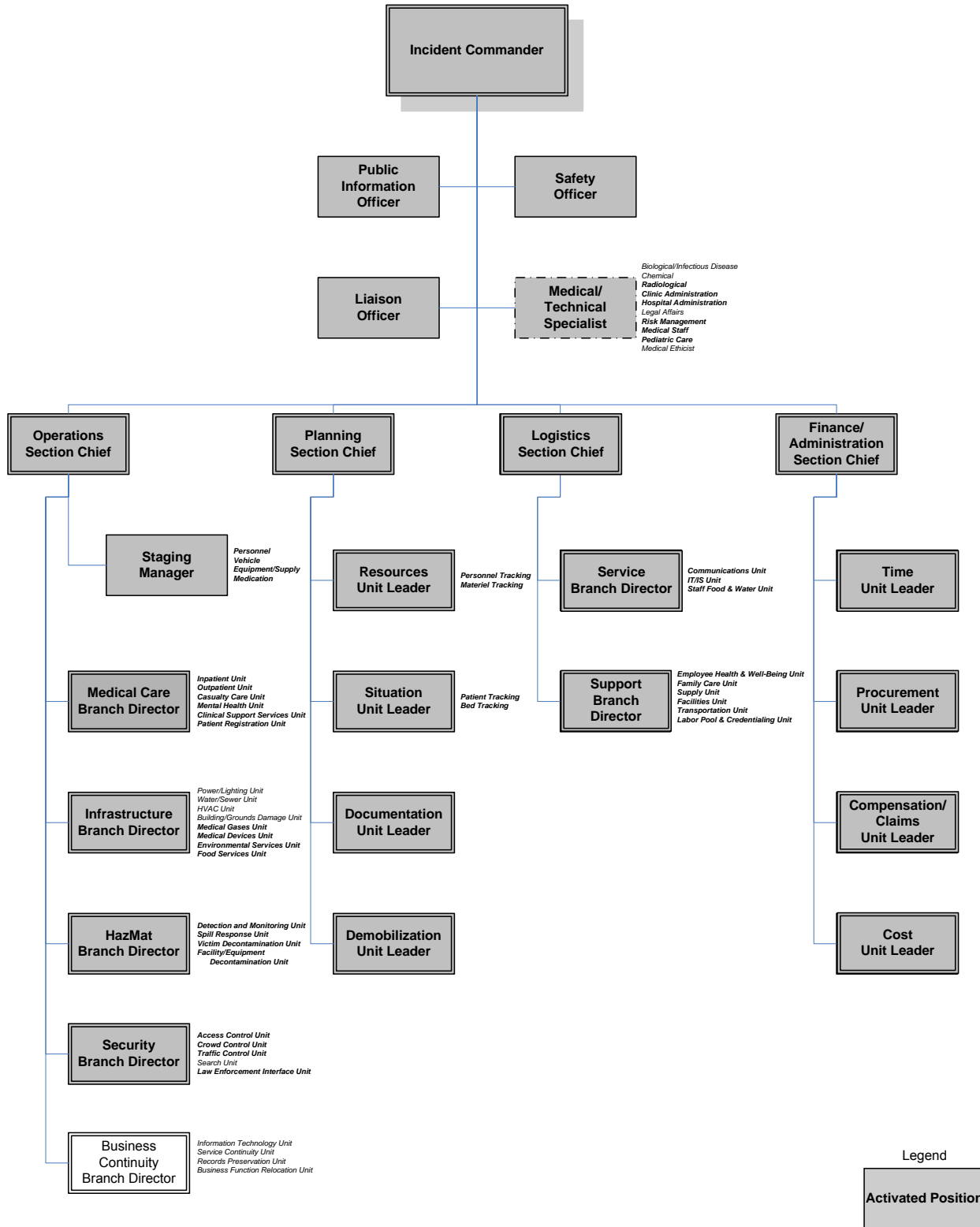
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INCIDENT MANAGEMENT TEAM CHART -- INTERMEDIATE



RADIOLOGICAL ATTACK – RADIOLOGICAL DISPERSAL DEVICES

INCIDENT MANAGEMENT TEAM CHART -- EXTENDED



RADIOLOGICAL ATTACK – RADIOLOGICAL DISPERSAL DEVICES

INCIDENT MANAGEMENT TEAM CHART -- DEMOBILIZATION

