

# Emergency Medical Services Checklist for Nuclear Emergency Planning

**AUGUST 2022**

This checklist could be utilized in conjunction with Emergency Medical Services (EMS) emergency operations plans and standard operations procedures (SOPs). This should also be used while actively participating with the regional Health Care Coalition (HCC).

Adapted from [HHS/ASPR: State & Local Planners Playbook for Medical Response to a Nuclear Detonation](#).

Check	EMS Phase 0 Pre-Detonation	Notes
<input type="checkbox"/>	Understand resources available under local MOUs, the Emergency Medical Assistance Compacts (EMAC) and the Federal Ambulance Contract and their timeframe for arrival.	
<input type="checkbox"/>	Define aero-medical resources available within the region and neighboring regions and establish MOU and/or coordination mechanism for catastrophic circumstances.	
<input type="checkbox"/>	Establish plan with regional partners to automatically report to designated staging areas within the region following a nuclear detonation for briefing and assignment.	
<input type="checkbox"/>	Educate providers on zones of operation following a nuclear detonation (as above) as well as sheltering actions should they be in the Dangerous Fallout zone at the time of attack. Providers should be aware that immediate response may not be possible due to requirements for sheltering from fallout.	
<input type="checkbox"/>	Educate providers on variation of a nuclear detonation from: <ul style="list-style-type: none"> <li>▪ Usual incident response plan,</li> <li>▪ Basic triage after a nuclear detonation,</li> <li>▪ Principles of mass casualty care and triage,</li> <li>▪ Appropriate PPE, and</li> <li>▪ Focus on patient care rather than decontamination.</li> </ul>	
<input type="checkbox"/>	Plan with public health and medical system for EMS support for and transport to Medical Care and Community Reception Center sites as well as evacuation hubs.	
<input type="checkbox"/>	Obtain radiation detectors and dosimeters for response vehicles, facilities, and individuals, plan for distribution and use according to community planning and risk profile.	
<input type="checkbox"/>	Assure coordination mechanism and communication plan for the multiple EMS agencies that will be involved with the response.	
<input type="checkbox"/>	Review and update Continuity of Operations plan including for situations where 911 system may be non-functional in certain areas (i.e., what instructions are conveyed to public and how does EMS provide coverage).	
<input type="checkbox"/>	Assure crisis operations plans for agency/system are accomplished including triage of calls at Public Safety Answering Point (PSAP), medical dispatch centers, and on-scene, and including staffing configurations, transport destinations (e.g., delivering patients to non-hospital locations such as RTR3 / Medical Care locations).	

EMS NUCLEAR DETONATION PLANNING CHECKLIST

Check	EMS Phase I 0-24 Hours Post Detonation	Notes
<input type="checkbox"/>	Recognize incident. Implement incident management and response plans, initiate callbacks, and augment personnel.	
<input type="checkbox"/>	Assess status of 911 system and implement call triage at PSAP and medical dispatch – recommend self-transport in all cases when possible.	
<input type="checkbox"/>	Create accountability system to determine which crews are unable to be contacted or are sheltering in dangerous fallout areas. May be unable to contact many crews within a few miles of blast initially due to cell tower damage.	
<input type="checkbox"/>	Request regional EMS resources to staging location and request mutual aid to support briefing and assignment at that location.	
<input type="checkbox"/>	Establish position in EOC / HMCC to coordinate EMS response.	
<input type="checkbox"/>	Emphasize with crews’ coordination with fire department, definition of response zones, direction of walking wounded out of area, focus on hemorrhage control and herding.	
<input type="checkbox"/>	Triage, treatment, transportation of acutely wounded- Triage based on usual trauma criteria including considerations of limitations on critical care and transportation in the early aftermath. Utilize the RTR system for designating sites. RTR-1, -2 and -3.	
<input type="checkbox"/>	Based on evolving response and situational awareness, begin to assign crews to establishing areas of treatment (RTR1,2,3) and assign divisional supervisors to these sites under NIMS – every effort should be made to create unified divisional command with fire and law enforcement.	
<input type="checkbox"/>	Determine access problems to affected LD and MD areas and pass needs/requests to EOC.	
<input type="checkbox"/>	Provide support / care at assembly centers / shelters / medical care sites including directing mutual aid resources to these locations.	

EMS NUCLEAR DETONATION PLANNING CHECKLIST

<b>Check</b>	<b>EMS Phase II 24-96 Hours Post Detonation (in addition to what was started on Day 1)</b>	<b>Notes</b>
<input type="checkbox"/>	Anticipate that victim mixture to begin to change- more radiation victims reaching medical care and trauma victims with radiation from Moderate Damage and Severe Damage zone search and rescue and trauma/burn victims without radiation from Light Damage zones and vehicle collisions.	
<input type="checkbox"/>	Anticipate that triage, treatment, transportation of acutely wounded - RTR-1, -2 largely no longer needed, and RTR -3 transported to Medical Care (MC) center or AC	
<input type="checkbox"/>	Support Urban Search and Rescue and fire crews as they define / grid search zones and begin more systematic searches of moderate damage areas.	
<input type="checkbox"/>	Support care at assembly centers / shelters, support continued emergency response demand. Mutual aid resources support patient evacuation. Assist in administration of palliative care.	
<input type="checkbox"/>	Receive and disseminate to crews any triage criteria for myeloid cytokines treatment or medical referral and the locations of the AC and MC sites.	
<input type="checkbox"/>	Continue to utilize non-traditional transport, batched transport of patients, and other contingency mechanisms.	
<input type="checkbox"/>	Request supplemental staff and resources via EOC including supplies.	
<input type="checkbox"/>	PSAPs continue to triage calls/responses – update criteria as needed in conjunction with PH and healthcare system.	

<b>Check</b>	<b>EMS Phase III Beyond 96 Hours Post Detonation (in addition to what was started on Days 1-4)</b>	<b>Notes</b>
<input type="checkbox"/>	Reallocate resources as last of the victims from Moderate Damage zone rescued, recovery operations commence in Severe Damage zone. Pressure on EMS systems continues due to ongoing patients with complications of ARS and difficulty responding in timely manner due to service area disruptions/access issues.	
<input type="checkbox"/>	RTR sites demobilized. Some RTR-3 sites may function as assembly centers.	
<input type="checkbox"/>	Support care at assembly centers / shelters. Continue transporting victims to evacuation locations, which will decrease after first 10 days. Transport displaced persons with chronic illnesses to appropriate medical or special needs shelter facilities.	