

# Facility Nuclear Surge Emergency Checklist

**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](#).

## Pre-Incident Checklist

Check	All exercises, procedures, and resources needed to be prepared for a nuclear emergency.	Notes
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Understand the Radiation Treatment, Triage, and Transport system.</li> <li>• Establish radiation exposure guidance, possibly in collaboration with other facilities in the region for consistency.</li> <li>• Assure personal dosimeters and Geiger-Muller counters available to the ED and assure radiation safety/nuclear medicine personnel who can assist with radiation monitoring are involved in planning process.</li> <li>• Consider radiation portal-monitor system for emergency department EMS entrance to identify individuals requiring further decontamination.</li> </ul>	
<input type="checkbox"/>	<p><b>Survey staff to identify in-house (and possibly community) burn or trauma expertise:</b></p> <ul style="list-style-type: none"> <li>• Hospitals and networks should survey staff and admitting physicians to develop a database of personnel with burn and trauma experience, training, and willingness to participate in a disaster response</li> <li>• Identify key positions that staff will occupy in a disaster (see below)</li> <li>• Include notification procedures for key staff and response team members in the plan</li> </ul>	
<input type="checkbox"/>	<p><b>Create nuclear emergency leadership positions for key personnel and qualified staff:</b></p> <p><b>Nuclear Emergency Preparedness Coordinator:</b></p>	

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	<ul style="list-style-type: none"> <li>• May be a nurse, physician, or emergency manager with burn/trauma experience</li> <li>• Has a planning role distinct from any response roles they may hold</li> <li>• Will likely be the critical ‘champion’ that leads preparedness/advocacy efforts at the institution</li> </ul> <p><b>Burn or Trauma Technical Specialist – usually a physician:</b></p> <ul style="list-style-type: none"> <li>• Serves as regular member of the Hospital Emergency Preparedness Committee</li> <li>• Specialist should take trainings on radiological injuries and/or burn injuries (resources can be found on the <a href="#">REMM Website</a>, or the <a href="#">MDH Burn Surge Website</a>)</li> <li>• During a response determines overall priorities for patients</li> <li>• Logistics Section:               <ul style="list-style-type: none"> <li>○ Plans for burn/trauma-specific supply needs in conjunction with other members of the planning team</li> <li>○ During a response, ensures that patients’ needs are addressed by Logistics, including transportation, materials, and nutrition</li> </ul> </li> </ul>	
<input type="checkbox"/>	<p><b>Revise your facility’s Emergency Operations Plan to include a Nuclear Emergency Surge Annex:</b></p> <ul style="list-style-type: none"> <li>• Development of the plan will drive subsequent actions below</li> <li>• Above experts should participate in plan development, along with the Emergency Preparedness committee and other stakeholders</li> <li>• Assure adequate Continuity of Operations (COOP) planning for utilities failure, other logistical and service interruptions</li> <li>• <a href="#">Health Care Facility Nuclear and Radiation Emergency Plan Template (Word)</a></li> </ul>	
<input type="checkbox"/>	<p><b>Incorporate nuclear emergency exercises and drills into facility Training and Exercise Plan:</b></p> <ul style="list-style-type: none"> <li>• Determine (or review) medical and nursing staff training requirements to assure that appropriate basic and advanced emergency care and trauma life support can be offered (Including credentialing or pre-requisite requirements to working in the ED, etc.)</li> <li>• Arrange updates and re-certifications as needed</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Develop and implement training on the nuclear emergency surge annex at the facility</li> <li>• Arrange brief, scenario-driven trainings in clinical areas</li> <li>• Conduct drills and exercises and identify and correct deficiencies</li> </ul>	
<input type="checkbox"/>	<p><b>Include an equipment plan in the facility’s annex:</b></p> <ul style="list-style-type: none"> <li>• Establish disaster equipment needs – obtain and maintain stocks</li> <li>• Consider creating and stocking disaster carts in designated areas, including a cart specifically for Pediatric Critical Care in the event a pediatric patient gets transported to a non-pediatric medical facility</li> </ul>	
<input type="checkbox"/>	<p><b>Include a pharmaceutical plan:</b></p> <ul style="list-style-type: none"> <li>• Establish procedures for dosing (resuscitation medications/kits/color-coded bags)</li> <li>• Maintain and update an inventory of essential disaster drugs (consider 96-hour supply of key medications)</li> <li>• Define plans for receipt and distribution of supplies from Strategic National Stockpile. (Including basic medical supplies and cytokines, etc)</li> </ul>	
<input type="checkbox"/>	<p><b>Include a nutrition plan in the facility’s Surge Annex:</b></p> <ul style="list-style-type: none"> <li>• Be sure your plan is compliance with the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule<sup>1</sup></li> <li>• Facilities have flexibility in identifying their individual subsistence needs that would be required during an emergency.</li> <li>• A standard emergency preparedness measurement is to have supplies to maintain self-reliance for 72 hours.</li> </ul>	
<input type="checkbox"/>	<p><b>Patient Tracking/Reunification Procedures</b></p> <ul style="list-style-type: none"> <li>• Establish tools and/or methods for patient and victim tracking which integrate into community plan. Disaster plan to include how documentation may be simplified during mass casualty incident.</li> <li>• Establish plans for missing persons / patient hotline at facility</li> <li>• Plan a space to hold uninjured, displaced or released children who are awaiting arrival of adult caregivers or whose caregivers are being treated</li> <li>• Develop a system to track both accompanied and unaccompanied children</li> </ul>	

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☐	<p><b>Consider Transfer, Transport and Patient Load Balancing Issues:</b></p> <ul style="list-style-type: none"> <li>• Consider signed transfer agreements (See EMS-C templates: <a href="#">Emergency Medical Services Regulatory Board (EMSRB) / Emergency Medical Services Regulatory Board - Minnesota EMSRB (mn.gov)</a>)</li> <li>• Understand regional transport resources</li> <li>• In case transfer is delayed, plan to provide extended care during a disaster</li> <li>• Hospitals without trauma surgeons should develop a plan with referral hospitals to provide support for inpatient / continued care if transfer cannot be accomplished (including telephone consultation and potentially telemedicine or other resource linkages)</li> <li>• Define plans for requesting resources from air and ground EMS services. Understand the physical limitations of facility helipad and anticipate excessive demands on external EMS services.</li> </ul>	
☐	<p><b>Decontamination Considerations:</b></p> <ul style="list-style-type: none"> <li>• Establish plan for victim flow, decontamination / clothing control, control of hospital environment regarding radiation contamination. (Note that after a nuclear detonation, priority is on patient care with containment of contamination rather than full decontamination which would be emphasized in RDD or other limited exposure events.)</li> <li>• Based on threat assessment, stockpile 'dry decon' kits for patients or plan to accommodate large numbers of these patients                         <ul style="list-style-type: none"> <li>○ Work with social workers/American Red Cross to make sure there are various sizes for people.</li> </ul> </li> </ul>	
☐	<p><b>Add special considerations to the facility Decontamination Plan for individuals with special needs:</b></p> <p><b>Pediatric:</b></p> <ul style="list-style-type: none"> <li>• Develop a system to keep children with their caregiver, unless medical issues take priority (or teen-aged children decline to shower with parents)</li> <li>• Assure specifics of supplies and training are addressed</li> </ul> <p><b>Individuals with disabilities:</b></p> <ul style="list-style-type: none"> <li>• Develop a system for those who cannot shower on their own or need a caretaker to be in the same shower to help them.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Have a plan to wipe down medical equipment to decontaminate it</li> </ul>	
<input type="checkbox"/>	Develop a strategy for crisis medical care including management of critical medical supplies. Consider what to potentially stockpile and contingencies for vendor delivery interruption	