

# HEALTHCARE COALITION RADIATION EMERGENCY SURGE ANNEX

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Healthcare Coalition XYZ

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## EXECUTIVE SUMMARY

The 2019-2024 Hospital Preparedness Program (HPP) Funding Opportunity Announcement (FOA) requires Healthcare Coalitions (HCCs) to develop a complementary coalition-level Radiation Surge Annex to its base medical surge/trauma mass casualty response plan to improve capacity and capabilities to manage a large number of casualties. According to the 2017-2020 Health Care Preparedness and Response Capabilities, HCCs “should promote...members’ planning for radiation medical emergencies and foster relationships and initiatives with emergency departments that are able to stabilize and/or manage pediatric medical emergencies” (Capability 4, Objective 2, Activity 4).

This radiation surge focused operational annex is meant to be an annex to a coalition’s HCC Response Plan. It is intended to be a high-level response plan, identifying the experts and specialized resources that exist within the HCC, the mechanisms/processes that will be used to determine which patients go to which facilities, and an understanding of how many casualties each facility will need to plan to receive. Each facility is encouraged to develop more detailed plans that support their individual operations, but that level of detail is not necessary in this annex.

This template provides general headers and descriptions for a sample HCC Radiation Surge Annex Template. The resources used to develop this template include sample HCC plans and the Health Care Preparedness and Response Capabilities.

Additionally, the FOA states that the pediatric annex must consider:

- Local risks for radiation mass casualty events (e.g., power plant, industrial/research, radiological dispersal device, nuclear detonation)
- Detection and dosimetry equipment for EMS/Hospitals
- Decontamination protocols
- On-scene triage/screening, assembly center, and community reception center activities
- Treatment protocols/information
- Coordination mechanisms with hematology/oncology centers and Radiation Injury Treatment Network (RITN)

Prior to developing any emergency operations plan, HCCs should work with jurisdictional emergency management to conduct or participate in a risk assessment/hazard vulnerability assessment and a resource gap analysis to gather the information listed above and understand their risks, hazards, and resources available for a response. It is important to plan for emergency situations that might occur in areas such as places where children routinely spend time separated from their parents, such as early education and childcare facilities or camps. Non-medical supplies that will be important to support the care of children should be included in gap assessments.

## I. Introduction

### A. Purpose

This Annex provides guidance to support a coordinated healthcare response to a radiological or nuclear emergency in which the number and severity of exposed or possibly exposed patients challenges the capability of HCC member facilities. The annex will outline specific incident response, treatment, and response protocol necessary to properly plan for, manage, and care for patients during a radiological emergency

This Annex does not replace other county or local emergency operations plans or procedures, but rather builds upon the existing plans and their annex.

### B. Scope

This section should include:

- Timeframe covered by the plan
- Involved coalition and jurisdictional partners
- General command structure and communication protocols (may refer to base plan)
- Definitions of key terms
- Any necessary disclaimers about the plan (e.g., not to supersede authorities of the participating entities)

### C. Overview/Background of HCC and Situation

This section should include a general overview of the HCC and the community relative to a radiation emergency, including:

- Members
- Demographics (general), at-risk groups (e.g., power plant workers, EMS/first responders, etc.), and vulnerable populations (e.g., elderly, pediatric community).
- Geography including areas at higher risk of a radiological event (e.g., power plants, industrial/research facilities, terrorism risk, etc.).
- Facilities specific for radiation emergency response including healthcare facilities, trauma centers, specialized treatment centers, urgent care facilities, coalition hospitals, and community health centers, to include a description of the healthcare system and their potential role during a radiological incident
- Coalition agreements (e.g., transfer agreements, resource exchanges, staffing transfers)

- Key partners and external resources with the necessary radiological expertise needed to temporarily provide treatment, support, and recovery skills.

#### D. Assumptions

This section should outline the key points/assumptions of the plan, for example:

- Radiation incidents may be accidental in nature (e.g., industrial or transportation accident) or purposeful, require prolonged response and extensive resource management challenges.
- Substantial differences in response protocols and priorities exist between power plant / industrial, terrorist (e.g., RDD/dirty bomb) and nuclear bomb detonation. The plan should emphasize the scenario(s) most relevant to the community.
- The coalition annex does not replace the need for protocols at each hospital and EMS agency
- Different agencies may have authority over management of power plant, transportation, and terrorist incidents, including the authority to implement shelter-in-place and evacuation orders.
- The roles and responsibilities of agencies and organizations will change depending on the severity and scale of the incident and the respective level of activation by impacted jurisdictions and should be outlined ahead of an incident.
- Federal, state, and local emergency resources will all be needed during a large-scale event.
- Contamination assessments, proper PPE utilization, and decontamination efforts will be essential in protecting coalition partners, staff, and the public
- Staff at coalition facilities may be impacted by exposure, fear of exposure, or family obligations (e.g., child/family care if schools are closed, acute care facilities are affected).
- Fear from the incident will cause a worried well surge to the emergency departments and pharmacies. Consider how limited understanding of radiation and nuclear contamination will contribute to public anxiety and will require multi-modal solutions.
- Public safety (e.g., police, fire, EMS) and other first responder personnel are considered a high-risk population; the implementation of protocols for monitoring control zones and effective contamination control measures will be essential for workforce protection.
- Federal resources (e.g., ambulance contracts, National Disaster Medical System [NDMS] teams) cannot be relied upon to mobilize and deploy for the first 72 hours.
- Management of contaminated waste from decontamination efforts should be managed in consultation with SMEs, EPA, and local water authorities

**Each facility or healthcare organization should understand expectations specific to them as part of the coalition. For example:**

- Implementation of surge protocol specific to a radiation emergency will occur quickly- staff must be prepared to pivot operational procedures immediately.
- Initial trauma care should precede radiation injury management.
- Radiation contamination assessments will require rapid protocol and education implementation. Staff will need to evaluate real versus possible exposure, internal versus external contamination, and assess overall exposure levels for at-risk patients based on serial blood testing.
- Specialized expertise (such as clinical advisors) will be needed to manage the complexities of a major radiological incident (e.g., dose estimation, exposure type, treatment plans, site evaluations, decontamination protocol).
- Contaminated injury care and decontamination may require rapid expert consultation.
- Community screening sites will be required to assess low-risk patients.
- Depending on the scale of the radiological event, it may be necessary to establish alternate care sites, especially for radiological exposure requiring higher levels of care.
- Emergency departments, outpatient care centers, and alternate care sites, must be prepared to rapidly screen large groups of potentially exposed individuals, triage, and transport as needed.
- Allocation of limited/scarcely resources, and their distribution, should be based on agreed upon prioritization systems / methods.
- Large-scale radiological incidents may require the recruitment of volunteers (e.g., Medical Reserve Corp), retirees, and trainees to support and relieve screeners and healthcare workers.
- Some individual healthcare facilities may require large-scale fatality management support.
- Community-based interventions will require significant public health effort if an evacuation or shelter in place order is necessary. Critical infrastructures will be impacted (e.g., food distribution, isolation assistance, surveillance activities).
- Health concerns, prolonged response requirements, difficult work environments, and stress may present behavioral health challenges among staff of coalition members and the general public.
- Rural areas may be severely impacted by citizens fleeing an affected area and seeking care.



## II. Concept of Operations

### A. Activation

This section should include the annex activation process (and levels, if relevant) and indicators/triggers that initiate the plan (including use of incident command and a description of the system if relevant). This section should also define who is contacted to initiate the coordination response and how that is done. Information should include who will be responsible for characterizing the incident severity level to establish accurate timelines, impact zones, and assess infrastructure damage

### B. Notifications

This section should include alerting/notification strategies specific to a radiation emergency, including who will be notified, by whom, when, and how. Content should address communication systems, information management needs, and include coordination strategies between the HCC, healthcare facilities, specialty facilities, and with local, state, and federal agencies. Consider what mechanisms are in place, or needed, to properly notify all responding agencies/organizations in a timely manner to ensure they take proper protective measures.

### C. Roles and Responsibilities

This section should define HCC, agency, and specialty facility support and coordination roles specific to a radiation emergency. This should include:

- Detection equipment and resources for pre-hospital and hospital use including screening equipment at each hospital.
- The expected decontamination capabilities of each facility.
- Whether or not facilities have radiation safety/nuclear medicine services/staff.
- Whether or not a facility can provide oncology/hematology services.
- Identifying a specific institution, agency, or partner to coordinate healthcare aspects of the response. Note: this may be the same agency listed in an all-hazards plan or there may be a need to designate specialized entities to assist with the coordinated movement of radiation affected individuals, evacuation or shelter in place activities, and decontamination efforts.
- The designated lead agency for radiologic event response, lead agency to operate community reception centers.

Information should differentiate the roles between agencies involved directly with clinical surge care and those actively navigating environmental components of a radiological incident to include evacuation orders, contamination and decontamination efforts, environmental

monitoring, population-based screening, investigations, and safety assessments. Some of these roles may vary between a nuclear power plant and a terrorist incident.

Consider how to identify and manage issues and gaps among responding members, other coalitions, or jurisdictions to improve response activities.

This section should also explain the application of crisis standards of care principles with essential radiation exposure protocol following a nuclear detonation and how critical resources will be allocated across a region as well as how new clinical policy will be developed, approved, and implemented

This section should define HCC, agency, and specialty facility support and coordination roles specific to a radiation emergency:

- Identify which facilities can provide care for patients with severe radiation injury (e.g., hematology/oncology services, familiar with chemotherapy patients).
- Define expectations of EMS regarding initial patient distribution from a radiological incident and mutual aid for secondary transfers.
- Establish who has responsibility for patient movement activities including matching patients to available resources.
- Emphasize and discuss the coordination plan with regional trauma centers and identify local, regional, and national sub-specialty sources of expertise available to support a response-or provide specialty consult (this may include radiation safety officers, health physicists, and other consultation resources such as regional Radiation Injury Treatment Network (RITN) centers, Radiation Emergency Assistance Center/ Training Site (REAC/TS), and others).
- Describe how radiation treatment expertise is obtained for crisis standards of care decision making that is consistent with facility, HCC, and state crisis standards of care plans.
- Describe initial coordination and information gathering strategies to determine impact, contamination levels, and specialty transportation needs. This should include essential elements of information to be gathered on all patients according to coalition requirements.
- Determine the specific roles of public health entities and emergency management personnel in assessing exposed citizens without acute medical needs (e.g., at community reception centers).

## D. Logistics

This section should outline any anticipated resource issues during a radiological incident and the strategies for the HCC and member facilities to address these challenges. These should include resource shortages, resource allocation, and supply chain issues. Include protocol for how resources are requested and thresholds to identify inadequate supply levels to meet demand consistent with the HCC crisis standards of care plans. Include specific mechanisms to prioritize resource allocation.

Include documentation of available local, state, and interstate resources and activation procedures that can support the specialty response as well as key resource gaps that may require external support (including inpatient and outpatient resources). This should also include behavioral health support for patients, families, and staff.

There may be a need to collect and process evidence and utilize laboratory resources to assess bodily fluids and other samples. Depending on the severity of the incident, this may cause strain on existing resources. Policies and plans should include strategies for expanding laboratory capabilities and consider safety guidance and protocol for safe evidence gathering/processing

### a. Space

This section should include information on the available space needed for a radiation emergency response, including strategies for setting up, occupying, and managing these spaces. This should include regulatory considerations, use limitations, access restrictions, and security needs. Coalition members may integrate at the jurisdictional EOC during a radiation event. Consider the need for community reception centers, shelter in place sites, alternate care sites, triage/screening space, specialty treatment facilities or at-risk/vulnerable population needs (e.g., pediatric care, prisons, homeless shelters).

Include alternate plans if there is a need to meet virtually, in addition to a Continuity of Operations (COOP) site.

### b. Staff

This section should include strategies for increasing/maintaining staffing levels, including specialty care staff. Identify the necessary skills and expertise needed to adequately respond to a large-scale radiological event. Outline recruitment, training, and use/allocation strategies. This section may reference surge capacity plans, in the coalition base plan, or anticipated Federal requests.

- Consider how limited staffing may impact facilities, healthcare providers, and overall HCC duties during a surge event. Some staff may have to shelter in place or may be

unable to travel. Consider developing a secondary plan with limited staffing to account for these circumstances.

- Utilize available health care facility (HCF) radiation safety/nuclear medicine personnel to assist with critical decision making and response coordination.
- Consider cross-training staff on radiological safety and response protocol and leveraging staff from Radiation Injury Treatment Network (RITN) medical centers, pediatric critical care hospitals, or other major medical centers.
- Ensure decontamination teams at hospitals have protocols in place to guide radiologic decontamination activities within those facilities.
- Consider what sharing agreements are in place, (e.g., shifting and sharing staff from HCC partners, vendors, other non-impacted health system facilities).
- Leverage existing government and non-governmental volunteer registration programs (e.g., Emergency System for Advance Registration of Volunteer Health Professionals [ESAR-VHP] or MRC personnel) or NDMS staffing support.
- Outline plans to expedite credentialing, licensing, and onboarding while reducing liability, compensation policies for temporary staff.
- Include policies and procedures for engaging volunteers; define thresholds for when these supplemental staff activities should start
- Incorporate hospital, HCC, jurisdictional, or state-based medical assistance teams into medical surge planning and response. Anticipate the need for supplemental staff for extended periods of time-depending on the scale and severity of the event.
- Consider support services, including healthcare and non-healthcare staff or material resources required to support the care of radiologically exposed patients (e.g., blood banks/ blood product providers, laboratories, waste and contaminated material management, food and dietary services, pharmacy, and environmental services).
- Consider long-term engagement with a specialist or subject matter experts (e.g., radiologists, radiation oncologists, medical physicists)

### c. Supplies

This section should document the coalition-level equipment expectations of member healthcare facilities relevant to a radiological incident and coalition-level strategies to ensure adequate supply levels and available equipment. This section may also include coalition-level resources.

- Document essential elements of supply information to be shared across the coalition including, bed availability, ICU availability, specialized equipment availability (e.g.,

detection and dosimetry equipment), and current capacity relevant to a radiological emergency.

- List current HCC PPE and other stockpile data. Ensure local PPE, stockpile release, replenishment, and sharing policies are clear (e.g., who gets what, when).
- Include policies to request, receive, and distribute radiation incident specific assets in accord with jurisdictional public health and emergency management processes, including personal protective equipment (PPE), respirators, medical treatments, radiation countermeasures, and decontamination materials/supplies.
- Document public safety and hospital radiation assessment resources (e.g., dosimeters, hand-held and portal detectors/survey instruments, etc.).
- Document appropriate PPE resources needed for hospital decontamination, equipping community reception sites, including stockpiling considerations; consider vendor managed inventory and the potential extended use or reuse of equipment
- Include state plans to request and distribute local, state, and federal radiation countermeasures (e.g., Prussian Blue for cesium 137, bone marrow cytokines for acute radiation illness).
- Define baseline preparedness thresholds for hospitals/EMS agencies as appropriate.
- Describe strategies to overcome inventory management, supply chain, or delivery issues; include promising practices or lessons learned during other radiological emergencies.
- Identify HCC partners/networks to access private sector assets; consider timelines for order/delivery/transfer of these supplies (e.g., delivery mechanisms, storage, location barriers)

## E. Operations – Medical Care

This section should document categories of clinical care and emergency management needs associated with a radiation emergency. Specific operational requirements for each category should be outlined.

### a. Triage and Screening

This section should include triage guidelines for exposed, or possibly exposed patients, and outline expectations for hospital transport to adequate treatment facilities (e.g., use of the Exposure and Symptom Triage (EAST) sorting tool after a nuclear detonation, establishing screening criteria for community reception centers, capabilities for conducting outpatient absolute lymphocyte counts)

List available local experts in radiation injury / response. Likely, experts outside the immediately affected area will need to be engaged.

- Outline the basis for prioritizing patient screening, treatment, transport (e.g., dose rate, exposure severity, longevity, other trauma)
- Consider the need for screening and care to occur in separate areas to avoid overload and contamination. Know what types of spaces coalition partners can make available and what additional spaces may be leveraged for a large-scale incident.
- Highlight what information is needed (e.g., exposure level, patient history, diagnostic data, lab/test results) to support decision-making. Note how information will be collected, documented, shared.
- Establish how the coalition will engage with needed experts.

#### **b. Patient Care/Management**

This section should describe the HCC resources available to support radiation emergency surge operations. Management It should include the HCC role in developing and helping to implement strategies to maintain patient care when the system is overwhelmed. Plans should include the ability to shift from conventional to contingency to crisis care and back as the situation requires.

- Outline what guidelines will be used to prioritize treatment or decontamination efforts (e.g., extent of trauma, external contamination counts, partial or whole-body exposure, etc.).
- Outline coalition involvement in surge activities, coordination of emergency response efforts.
- Describe how just-in-time training will be conducted to support care of radiation patients in a limited resource setting, and how related information will be circulated to other facilities.
- Consider how treatment and patient conditions will be documented and shared.
- Describe how patient movement will be coordinated and by whom.
- Consider the potential need to move a large number of patients with minimal current symptoms but who are at significant risk for complications due to significant radiation exposure.
- Outline mechanisms and processes to track patients, contamination, lab results, and treatments.

- Consider the need for palliative care which could be critical during a large-scale incident.

### c. Treatment

This section should include the coalition role in planning for and implementing monitoring and treatment protocols for radiologically exposed patients. This should include how specialty consult will be initiated and maintained for the duration of patient care, including transport to a different facility. Provide an overview of the coalition role in distribution/administration of treatments.

- Consider establishing consultation and coordination mechanisms with hematology, oncology, radiology facilities. Include engagement with the Radiation Injury Treatment Network (RITN) and other similar organizations to stay up to date on currently approved treatment protocol.
- If the healthcare system utilizes Epic electronic medical records system download the acute radiation syndrome treatment medical orders developed by RITN.
- Incorporate established radiation treatment plans (e.g., diagrams, flow charts, and algorithms) to ensure best practice treatment methods.
- Consider use of radiation countermeasures. Ensure understanding of the request process and guidance for use.

### d. Safety and Control Measures

This section should discuss the coalition role in establishing and implementing necessary safety and control measures during a radiological emergency (i.e., limiting exposures and avoiding spread of radioactive/contaminated materials) alongside deeper understanding of the time/distance/shielding principles to reduce dose rates. HCC plans should incorporate jurisdictional emergency management protocols if already outlined in local emergency response plans.

- Outline the coalition involvement and strategy for supporting and communicating evacuation or shelter in place orders.
- Consider the need for large-scale disposal of contaminated waste from decontamination and patient care operations.
- Consider any special transportation waste management protocol (e.g., state, local regulations). Some jurisdictions may have limitations on the disposition, or transportation of, certain types of medical waste (to include nuclear contaminated materials).

- Reference specific decontamination protocols for self-care, pre-hospital, community reception centers, and healthcare facilities, as well as the need for just-in-time training on standard safety measures.
- Include relevant waste management protocols for EMS agencies.
- Ensure there are local protocols for establishing thresholds for rescue (e.g., > 10 mrem/h) and safe zones (e.g., <1 mrem/h) for first responder operations.

#### e. Fatality Management

This section should describe the HCC role in helping to develop and disseminate decedent handling guidance for contaminated casualties to healthcare agencies and relevant partners during a mass casualty event.

#### f. Transport

This section should refer to transport policies, plans and procedures, including transport of potentially contaminated casualties and the mass movement of persons with significant radiation exposure but who have minimal current symptoms (i.e., latent phase radiation illness). Reference any use of EMS for “level loading” during a radiological emergency. Consider the need for safe inter-facility transport of stable, unstable, and potentially unstable or contaminated patients. Include regional resources for ground and air transport for movement of seriously affected individuals.

#### g. Surveillance, Tracking, and Situational Awareness

This section should describe the HCC’s role in monitoring populations impacted by a radiological incident (e.g., how does healthcare support public health registries). This should include the coalition strategies for patient tracking and documenting specific radiological exposure information. This section should also outline the HCC’s role in maintaining and promoting situational awareness.

Outline coalition-based protocol for developing and sharing critical situational awareness information (e.g., patient/bed tracking, availability of essential resources and burn beds, ability to maintain services, surge capacity status, decontamination, shelter in place, evacuation status).

Plans should consider the need for family reunification efforts in especially catastrophic radiological events. Families of patients may strain a healthcare system through information-seeking about loved ones or concerns about exposure/illness.



## **h. Rehabilitation, Outpatient Follow-Up Services**

This section should discuss the use of a registry and patient tracking of all those who were screened and treated. This should include outpatient follow-up services such as serial lymphocyte counts (as appropriate), coordination of continued care following a surge event, and procedures for repatriation of any patients transferred out of the area as needed. Address possible need for long-term care of affected patients, include plans for tracking patients and monitoring treatment.

## **i. Deactivation and Recovery**

This section should include considerations for deactivation of the annex, continuity of recovery efforts, the after-action report process, reimbursement, and analysis and archiving of incident documentation. The plan should define the expected contributions of the coalition to the incident action plan at the jurisdictional or regional level.

## **F. Special Considerations**

### **a. Behavioral Health**

This section should include considerations for access to a continuum of stepped-care mental health services for patients, caregivers, and providers with emphasis on radiation survivor support and radiation counseling that include telehealth options. General behavioral health response issues should be addressed in the all-hazards coalition response plan. Consider coalition role in supporting long-term mental health implications in cases with prolonged or severe dose rate exposure.

### **b. Pediatric and At-Risk Populations**

This section should include considerations specific to at-risk populations and people with special needs (e.g., children, communities of color, elderly populations, individuals with underlying physical and behavioral health conditions, persons experiencing access to care issues, language barriers, individuals experiencing homelessness and incarcerated individuals).

The information should ensure that coalition member organizations account for community members who could be more vulnerable during a radiological emergency. Consider the need for supporting special interventions (e.g., higher sensitivity to radiation, smaller body size, physical characteristics, increased stress/panic levels) to ensure access to appropriate services and care. This section should include considerations specific to caring for pediatric cases including triage, specialty care, transport needs or specialty resources/supplies. Decision-making for pediatric patients

with trauma should be highlighted (e.g., is the regional care center that receives children capable of caring for trauma and radiation illness — and if not, what factors will decide where a pediatric patient goes?).

Coalition members should address possible issues surrounding suddenly orphaned children, children separated from family, and the need to reunite family members/caretakers.

### c. Communications

This section should include HCC role in disseminating timely, accurate, and consistent information to partners and the public. Coalition partners should:

- Work with member organizations and local jurisdictions to ensure streamlined communications efforts across the community to prevent the public from overwhelming healthcare systems.
- Ensure consistent messaging and understanding of incident status and severity via use of the Centers for Disease Control Radiation Hazard Scale.
- Have mechanisms in place to maintain awareness of current conditions within the community.
- Monitor multiple sources of information to identify and counter rumors and misinformation.
- Consider the best mechanism to clearly articulate to the public what they can and cannot do (e.g., an incident has occurred at this location, anyone within a 1-mile radius should..., and should not...) Provide specific guidance on what to do if they were in a contaminated area or are experiencing symptoms.
- Provide real-time information through coordinated HCC and jurisdictional public health information sharing systems. Adjust timing and content to fit operational tempo of the response.
- Consider how the HCC will share situational awareness information, or any other essential data received, from the state, Medical Operations Coordination Cell (MOCC), or other organization within the reporting chain.
- Consider designating media-trained clinicians to speak on behalf of the HCC. FEMA offers a Public Information Officer (PIO) training program to teach the essentials of disaster operations public information communications

#### d. Jurisdictional – Special Considerations

This section should outline and specific jurisdictional/demographic/geographic based protocol that could impact response and recovery efforts. (e.g., tribal, or territorial policies, border control laws, etc.).

### III. Appendices

#### A. Training and Exercises

This appendix should include relevant baseline or just-in-time training for radiological incident care.

This section should address how to:

- Develop a coalition-wide training, exercise, and evaluation program to improve response capabilities in a radiological incident scenario. This may include safety, decontamination, and screening or triage training; implementation of acute radiation syndrome resources; and establishment of community reception centers.
- Ensure ongoing training on appropriate use of PPE, radiation, contamination, and exposure assessments, decontamination protocols, and treatment regimens.
- Include radiologic incident specialty personnel and jurisdictional level planning/training/exercises.
- Develop exercise plans to coordinate patient management and distribution for a variety of radiation incident scenarios with differing levels of severity and impacts. These exercises should include assessing and treating complex medical cases, to include vulnerable or at-risk populations.

#### B. Legal Authorities

This appendix should list applicable legal authorities/regulatory information specific or relevant to radiological incidents, mass casualties, and waste management, surveillance and population monitoring, and any pertinent safety and control measures (e.g., evaluation procedures or shelter in place). This may refer the reader back to the all-hazard coalition response plan unless related issues are covered in this section. Inter-state issues of staff licensure/sharing, use of volunteers, or patient transport may be particularly relevant for radiological incidents when both providers and patients may cross state lines.

### C. Additional Resources/References

This appendix lists applicable plans, tools, templates, and/or resources used to develop the radiation emergency surge annex. This may include:

- Decision support tables, graphics
- Sample forms
- Treatment visuals
- Clinical guidance tip sheets
- Decontamination methods
- Media packages related to public messaging and crisis communications best practices