

A vertical rainbow-colored brushstroke on the left side of the slide, transitioning from purple at the bottom to yellow at the top.

MEDICAL RESPONSE SURGE EXERCISE

DIALYSIS

Medical Response Surge Exercise

- Does your facility have a medical surge plan? When and how is it activated? Have staff been trained in medical surge operations?
- Does your facility have a Command Center? If so, are your staff trained in the Incident Command System (ICS)? What would the ICS structure look like at your facility for this type of incident?

Medical Response Surge Exercise

MCI-Radiological Device

Scenario

A dirty bomb explosion has occurred at a mass gathering event near your facility resulting in a large-scale multi-casualty incident (MCI). Many victims self-transported from the scene to local hospitals. Multiple other patients will be transported to hospital emergency departments throughout the county due to injuries related to a radiologic incident. HAZMAT and Public Health's Radiation Management team confirmed the detonation and release of Caesium-137.

Hospital emergency departments are receiving a large influx of self-transport victims and patients arriving by EMS with radiation and other injuries. The patients arriving by EMS have been triaged by personnel in the field in the Immediate, Delayed, and Minor categories.

Dirty bomb

- ❖ **Dirty bomb is a RDD (radioactive dispersal device) that combines a conventional explosive, such as dynamite, with radioactive material.**
- ❖ **a dirty bomb's radiation could be dispersed within a few blocks or miles of the explosion.**
- ❖ **weapon of mass disruption," where explosion could create fear and panic, contaminate property and require potentially costly cleanup.**
- ❖ **It is the conventional explosive itself would be more harmful to people than the radioactive material.**



Impact of Dirty Bombs

The extent of local contamination would depend on several factors:

- size of the explosive
- the amount and type of radioactive material used,
- the means of dispersal, and
- weather conditions.

Those closest to the RDD would be the most likely to be injured by the explosion. As radioactive material spreads, it becomes less concentrated and less harmful.

Immediate Health Effects

- ❖ The effects of radiation exposure would be determined by:
 - The amount of radiation absorbed by the body;
 - The type of radiation (gamma, beta, or alpha);
 - The distance from the source of radiation to an individual;
 - The means of exposure – external or internal (absorbed by the skin, inhaled or ingested); and
 - The length of time exposed.
- ❖ The health effects of radiation tend to be directly proportional to radiation dose. In other words, the higher the radiation dose, the higher the risk and severity of injury

Protective Measures

Prompt detection of the type of radioactive material used will greatly assist local authorities in advising the community on protective measures, such as

A. Minimizing the time exposed to radioactive materials, e.g.,

- ☐ If people are near the site of a dirty bomb or release of radioactive material, they should: 1. Stay away from any obvious plume or dust cloud. 2. Cover their mouth and nose with a tissue, filter, or damp cloth to avoid inhaling or ingesting the radioactive material. 3. Walk inside a building with closed doors and windows as quickly as can be done

B. Shielding from external exposure and inhaling radioactive material

- ☐ sheltering in place
- ☐ Evacuation*

C. Maximizing the distance from the source of radiation

*Evacuation as a plume is passing could result in greater exposures than sheltering in place. The best course of action will be provided by emergency officials who may use computations from models of plume travel and potential radiation health effects.

Dialysis Exercise Objectives (Capability 2)



MAINTAIN APPROPRIATE
COMMUNICATIONS



SHELTER IN PLACE



RESOURCE SHARING

Objective 1

Maintain Appropriate Communications

Emergency
Preparedness

Activate & Test
Communication
Plan

text

On Alert

ReddiNet

email

Breaking News

Podcast

Maintain Appropriate Communication



Objective 2

Shelter in Place (or Evacuation)



Objective 2

Shelter in Place



EP-0022 = A means to Shelter-in-place for patients, staff, and volunteers who remain in the facility if an evacuation cannot be facilitated.



Implement the facility's shelter in place (SIP) plan upon notification that the facility is within the affected area within allowed timeframe



Operationalize strategies and tactics for the implementation of the SIP plan



Ensure supplies for SIP are available and adequate for number of staff, patients, and MDs

Objective 2

Evacuation if not SIP

EP- 0020 Safe evacuation from the ESRD facility , which includes consideration of care and treatment needs of evacuees ; staff responsibilities ; transportation; identification of evacuation location(s) ; and primary and alternate means of communication with external sources of assistance.

- Facilitate transferring of patients to alternate settings as needed
- Identify available relocation sites
- Staff responsibilities and the need of patients
- Identify transportation resources needed for evacuation
- Collect and organize appropriate medical records to accompany relocated patient while maintaining Health Insurance Portability and Accountability Act (HIPAA) compliance
- Identify resources (e.g., medication, supplies, staff, etc.) that will be needed to accompany evacuated patients



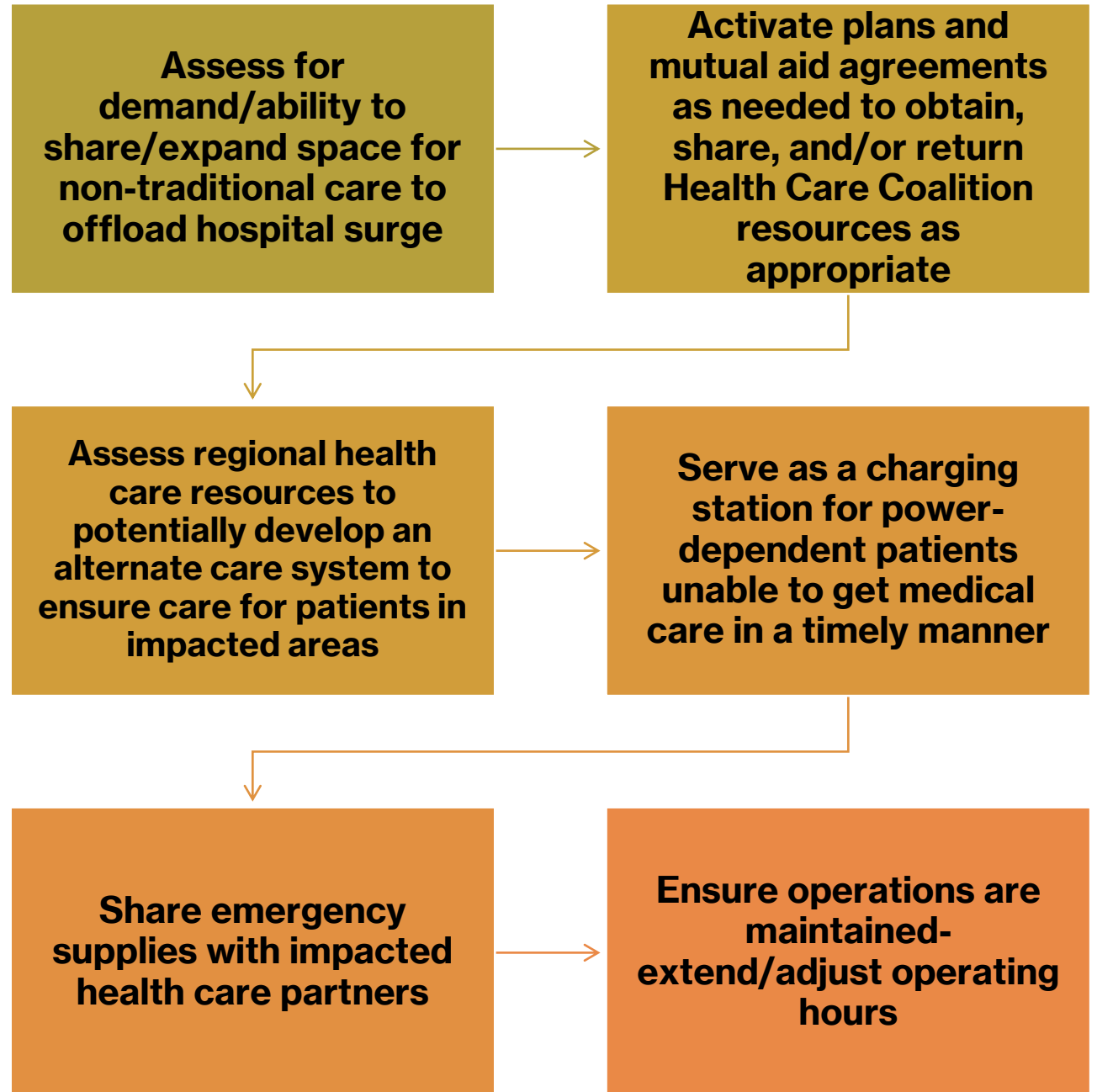
Objective 2

Evacuation if not SIP

EP- 0020 Safe evacuation from the ESRD facility , which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.

- Conduct a coordinated evacuation effort with ERSD Network 18, local emergency management officials and state survey agencies to ensure the safe evacuation and transfer of patients
- Triage – Designate who could be tasked with making triage decision. Considerations for prioritization may be based on, acuity, mobility status (stretch-bound/wheelchair/ambulatory), location of the facility and availability of a known transfer destinations
- Outline primary and alternate means for communication with external sources for assistance.

Objective 3 Resource Sharing



Other contact information

A number of federal agencies have responsibilities for dealing with RDDs. Their public affairs offices can answer questions on the subject or provide access to experts in and out of government. Their websites are: •

Department of Homeland Security: DHS Radiological Attack Fact Sheet.

Environmental Protection Agency: EPA Radiological Emergency Response.

County of Los Angeles Public Health Environmental Health-Radiation Management (213) 351-7897

Federal Emergency Management Agency: FEMA Dirty Bomb Fact Sheet

Additional Resources

- [Radiation Emergency Assistance Center/Training Site](#)
 - 24/7 response capability for advice and consultation on radiological emergencies
 - General information - 865-576-3131, General email - reacts@ornl.gov
 - ***After-hours number*** - 865-576-1005 (Ask for REAC/TS)
- [U.S Department of Health & Human Services Radiation Emergency Medical Management](#)
 - Guidance for health care providers, about clinical diagnosis and treatment of radiation injury during radiological and nuclear

The background of the slide is white and features several large, overlapping speech bubbles in shades of orange, pink, and teal. Below the speech bubbles, there are four large question marks in the same color palette. In the bottom right corner, there are several smaller, semi-transparent circles in shades of grey, green, and blue.

QUESTIONS

Thank
You

Marlene De Vera
VP Clinical Affairs
National Renal Care
(562) 541-4796

mdevera@nationalrenalcare.com