NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

16-03

STATEMENT OF POLICY

Local Radiation Preparedness

Policy

The National Association of County and City Health Officials (NACCHO) supports effective radiation emergency preparedness and response efforts at local health departments. Although the likelihood of a radiation emergency may be lower compared to other hazards, the consequences are extreme. Therefore, NACCHO encourages all local health departments to conduct radiation preparedness and response planning with community partners in order to prepare for radiation emergencies, such as nuclear power plant incidents, accidental releases, radiological dispersal devices (RDDs), radiological exposure devices (REDs), and the detonation of improvised nuclear devices (INDs) or nuclear weapons. Local health departments may include a radiation annex to their all-hazards preparedness plans (as is done with the National Response Framework) or develop a stand-alone radiological response plan in coordination with local law enforcement, emergency management, hazardous materials specialists, and other relevant partners unique to the jurisdiction. NACCHO is committed to enhancing readiness for radiation emergencies in order to mitigate potentially disastrous public health outcomes.

NACCHO urges the following radiation preparedness and response planning actions in the areas of funding, training and exercises, and awareness:

- Funding:
  - Federal and state agencies should provide sufficient financial support to local health departments and other relevant local stakeholders to engage in multidisciplinary radiation preparedness planning activities.
- Training and Exercises:
  - Local health departments should work with state and/or other local health departments to train appropriate personnel (a principal and a backup) as Radiological Operations Support Specialists (ROSS).[1]
  - Federal, state, and local agencies should work jointly to provide basic radiation safety training for local health department staff to help overcome technical and emotional obstacles for radiation-related responses and maintain institutional knowledge.[2,3]
  - Local health departments should develop policies and programs in collaboration with the joint efforts mentioned above to include radiation emergency training for all local health department staff and volunteers who will have a role in a radiation response.
  - Local health departments should conduct, or participate in, regular radiation drills and exercises to demonstrate the ability to execute radiation preparedness plans and

continuously improve and vet existing radiation preparedness plans. While local health departments will usually not lead responses to radiological incidents, federal, state, and local agencies should integrate local health departments into radiation emergency preparedness planning efforts and exercises to assure that roles, assets, and the level of assistance coming to local health departments is well understood and practiced.[4]

- Federal, state, and local agencies should, when able, incorporate the functionality of Community Reception Centers (CRCs) into exercises. CRCs are critical to alleviating public concern about radiological contamination and its potential health consequences in the aftermath of a radiation emergency.

- Readiness:
  - Federal, state, and local agencies with public health mandates should strengthen partnerships with key national organizations to maintain awareness and foster inter-agency communications about radiation emergency planning, operational guidance, general policy, and radiation detection and reporting resources (e.g., Rad-Responder, National Alliance for Radiation Readiness, and the Radiation Injury Treatment Network).
  - Local health departments and hospitals should support and engage local Medical Reserve Corps and Radiation Response Volunteer Corps volunteers to prepare for radiation emergencies and to test deployment, communication, and coordination capabilities.
  - Local health departments, federal, and state agencies should partner regularly in order to:
    - Prepare/acquire radiological response guidance for first responders, including the review, revision, and socialization of the guidance.[5,6,7,8,9]
    - Perform needs assessments for local responding agencies in coordination with a prioritization of response-training, radiological equipment, and tactical response requirements.
    - Establish and share viable tactical radiation emergency response plans.
      - Radiological emergency response plans should be:
        - Inclusive of the needs of the whole community with emphasis on vulnerable populations frequently underserved in all emergencies.
        - Developed using existing federal and state guidance to facilitate a nationwide accepted standard of response, which fosters a common operating language and the sharing of expertise in a real emergency.
    - Prepare and assess public messaging using radiation subject matter experts (e.g., Disaster Response Crisis Counselors and Health Physicists) in advance of and during radiation emergencies.

Justification

According to the 2015 National Security Strategy, "No threat poses as grave a danger to our security and well-being as the potential use of nuclear weapons and materials by irresponsible states or terrorists."[10] Weapons such as INDs and RDDs have the potential to inflict physical and

widespread psychological damage. After September 11, 2001, both IND and RDD terrorism became critical federal government concerns.[11]

Radiation emergencies may be less likely than some hazards, but the consequences can be extreme. Radiation emergencies negatively impact the health of individuals and severely threaten national security. During a radiation emergency, local health departments may engage Emergency Support Function 8 (ESF-8) and are responsible for managing population monitoring. The Federal Emergency Management Agency *Nuclear/Radiological Incident Annex* states that, regarding public decontamination, "[s]tate and local officials retain primary responsibility for public monitoring, screening, and decontamination operations."[12] Beyond infrastructure damage and physical health effects, local organizations must be ready to accommodate the psychological impact of a radiation emergency. Even jurisdictions with no known radiation hazards may be overwhelmed by those fleeing an incident involving radiation.

There is insufficient awareness and general knowledge of radiation by both the general public and the majority of potential responders, which can impede and complicate response operations and communications. In addition, it is essential that radiation preparedness plans incorporate considerations for vulnerable populations that may have difficulty evacuating an affected area (e.g., the elderly, those dependent on medical equipment, those in assisted living or nursing facilities, and those with functional and accessibility needs). Economically disadvantaged populations must be considered, especially if they suffer from poor access to transportation, communications, and other services. These populations, as well as daycare facilities and schools, may require special accommodations to ensure access to family reunification, CRC services, public health information about radiation and the incident, and other associated resources.

To effectively mitigate the situation, radiation emergencies require unique resources, training, and communication beyond an all-hazards disaster response. Too often, the commitment to radiation emergency preparedness suffers because of competing priorities that grab the attention of legislators and the public (i.e., Ebola or Zika virus disease). Regardless of probability, the high consequence of a radiation emergency demands that specific resources, including both staff and funding, must be committed to radiation preparedness activities. Acknowledging the enormous destructive potential of radiation emergencies, it is important that LHDs and other relevant local stakeholders, including law enforcement, emergency management, and hazardous materials response teams, are fully aware of their responsibilities and the state of their existing plans.

Local health departments need a comprehensive set of accessible and consistent guidance, tools, trainings, and resources, easy to digest and adapt, in order to build and sustain radiation preparedness response strategies. Though there are a variety of radiation guidance documents and tools available, challenges persist in finding the time/resources to commit to adapting these materials to fit the needs of a local health department. Additional effort is required to develop the local health department, state, and federal coordination to assure a more robust and comprehensive response to a radiological incident. To ensure that local health departments can incorporate the available radiation guidance, the local health department perspective must be included throughout the entire spectrum of radiation guidance development. A good model of local health department inclusion was the manner in which the Radiological Dispersal Device

Response Guidance was shared with first responders and local health departments. A nationwide educational campaign was implemented by the developers to explain the guidance to first-responder audiences. A similar "national-tour" method was used to encourage IND planning by other federal planners. Vetting with local stakeholders is needed to ensure developed products, or their most important components, can be folded into the existing plans of most local jurisdictions. Including local health departments as part of the process makes these products known to end users and if they are included early on, helps to build relevant, robust, and adaptable guidance.

In preparation for and following a radiation emergency, coordination between local health departments, local response agencies, and other assets that may originate with state and local partners builds a more capable public health response than a local health department can do on its own. Coordination need not stop there. It is just as critical for responding organizations at the local level to coordinate with other surrounding local jurisdictions to accommodate commuters, hospitals to advise on treatment of contaminated patients, emergency medical technicians to assure their safe transport, and other governmental and non-governmental entities, such as environmental protection agencies (to advise on water contamination), the American Red Cross, or other volunteers who may step forward in a crisis.

Effective communications with the public following a radiation emergency are of utmost importance. Naturally, there is fear and misunderstanding in the public perception of the implications of a radiation emergency. Thus, the development of messaging templates vetted by public information subject matter experts in advance of an emergency is critical. Direct, clear communications with the public about a technological incident of this nature presents significant hurdles best overcome in advance—to the extent possible. Here too, guidance at the federal level exists, but can only be effectively implemented if it is coordinated within a multi-agency framework to assure consistent messaging that builds public confidence in the response.

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Record of Action

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