

Deployment of EFCOG Medical Assets in Case of a National Rad/Nuc Mass Casualty Event







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Options for organization and efficient deployment





# **Department of Homeland Security** (DHS) **National Response Plan Rad/Nuc Event** DOE **Emergency Response**





# DOE Emergency Response NNSA NA 40-42

### Federal Radiation Monitoring and Assessment Center (FERMAC)





#### **Status of Discussions and Planning**

- Proposal presented to NA 40-42 and to HSS/HS-10
- > Agreement in principal
  - Administration
  - Funding: phased start this fiscal year?
  - Malpractice insurance or equivalent
  - Medical/disability insurance
  - Meeting with prime contractors.
  - SEE MEMO FROM THE ADMINISTRATOR





DOE Medical Resources Emergency Response REAC/TS:

> 4 teams - forward deployment

- 2 teams: each with MD, RN, HP
- 2 teams: each with MD, HP (RN)

 Home team: MD, HP, admin (communications & support center)





Proposed Medical Resources for Emergency Response

> EFCOG teams: (~35 DOE facilities, not all with integral OM units)

- 8-12 (so far) agreed to provide team:
  - MD, RN
  - MD, RN, HP
  - MD, RN, psychologist
  - MD, RN, Admin.
- Strong interest from Psych in participating
- Deployment to rear (not in warm zone).





#### Med-ConOps Rad/Nuc Mass Casualty Event > EFCOG teams:

- Teams members are DOE contractor volunteers (no pay), as is true of other DOE teams (RAP, etc)
- DOE to provide logistics (travel, transportation, lodging), maybe through REAC/TS
- Treated as federal employees for insurance purposes
- Some EFCOG teams may be utilized at home site or away from event site.
  - IE: answering medical calls, advice and consultation





#### Med-ConOps

Rad/Nuc Mass Casualty Event

- > REAC/TS (support center) arranges
  - Briefing, event description and preparation
  - Logistics (travel, lodging, ground transportation (MD, RN, etc) through FRMAC, NNSA emergency op center
  - Logs team for DOE (name, address, etc) and administratively handle per diem for NNSA.
  - Supports team on the road, as necessary.





- > Advantages/benefits
  - REAC/TS directly in chain of command with FRMAC and NNSA (high level access)
    - Ensure good coordination
  - Deployment coordination and support, including rotation
  - Leverage benefits for team and EFCOG
    - Funding for rad and emergency training?
  - Help U.S. when in need





#### Disadvantages

- Med/nursing staff shortages at facilities (perhaps up to one week, maybe more)
- Pay by DOE contractor companies, unless otherwise agreed by DOE





#### Next steps

- Now Need REAC/TS EFCOG OM (REOM) TEAM details:
- Name, background (MD, HP, RN, etc) of volunteer,
- > Assessment of education needs (by clinic director)
- > Discription of team members.
- Name of supervisor/contact person and contact numbers for each participating facility





> Assessment of health status and special needs, if any.

More to Come





### Med-ConOps Training

- Radiation Emergency Medicine (REM) Courses: 3.5 -4.5 days every three years.
- > 10-15 CME Units via interactive teleconference (REAC/TS is developing)
- > And/or
- Web-based training (REAC/TS will develop, steal or borrow.





#### Med-ConOps Rad/Nuc Mass Casualty Exercise

- Funded by DOE, NA-40-42
- Three to five days,
- Limited number of teams
- "If you don't exercise it, it doesn't work!"





## Questions





### Status of Ca- and Zn-DTPA Study

> NDA product expires end of Nov 2006

- Negotiations underway with Strategic National Stockpile for NDA product and consideration as a forward deployment site (stockpile)
  - Agreement in principle
  - May have special storage requirements
  - US Government interagency agreement –time!





### Status of Ca- and Zn-DTPA Study

- Estimated receipt of drug product from SNS: first quarter CY 2007
- What to do in the meantime:
  Revert to IND (expiration date November 2007)
  Ships this month, with forms.





#### Status of Ca- and Zn-DTPA Study

## **Questions?**







