Implications of an Improvised Nuclear Device Detonation on Command and Control for Surrounding Regions at the Local, State, and Federal Levels

David Pasquale
Richard Hansen

CTOS – Center for Radiological/Nuclear Training at the Nevada National Security Site
National Security Technologies, LLC

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Nationwide Response Issues after an Improvised Nuclear Device Attack: Medical and Public Health Considerations for Neighboring Jurisdictions
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CTOS Training Development

• DHS/FEMA tasked to develop multi-course training programs for IND response:
  – Operations Level/First Responder
  – Incident Commander/Command and General Staff

• The command and control issues identified through workshops and course development

• Future training programs for IND response for Emergency Managers and Public Health
Changes to Command and Control

Would the current command and control framework change in the face of an IND incident?

- No, the basic framework using the Incident Command System (ICS) and the National Incident Management System (NIMS) would not change
- Develop specific plans and policies addressing IND required
- Plan for complex commands throughout region
- Collaborative effort
  - Sharing of plans pre-incident
  - Rapid collection and sharing of situational awareness
- Expanded Continuity of Operations Planning (COOP)
Management of Operations 1

What would the management of operations look like as the event unfolded?

• Unified Commands will be utilized as soon as possible in each jurisdiction
• Multiple jurisdictions in the region, each with incident command post (ICP) and emergency operations center (EOC)
  – Competition for resources
  – Various levels of needs
• ICP: authority of managing the incident
• EOC: operational coordination and support to command

Key

= ICP
Management of Operations 2

What would the management of operations look like as the event unfolded? (continued)

- Area Command may be established
  - Oversee several ICPs
  - May be expanded to Unified Area Command
  - Delegation of Authority if crossing jurisdictional boundaries
- Over-arching approach to ICP and EOC
  - More partners involved early in the incident than “normal” emergencies
  - Atypical partners
  - Public Health
Local & State Coordination or Multi Agency Coordination 1

How do neighboring and/or affected jurisdictions coordinate with the state?
How do neighboring and/or affected jurisdictions coordinate with the state?
Local & State Coordination or Multi Agency Coordination 3

**ICPs**

- **Area Command**
  - Complex

**Local EOC**

**State EOC**

**States**

**Federal Resources**

Management of the Incident

Key:

- = 3 Incident Command Posts (ICPs)
- = Incident Command Post (ICP)
If the target city’s command and control infrastructure is destroyed or disabled, how could neighboring jurisdictions assist with command and control of the targeted jurisdiction?
Command and Control for Targeted Area 2

• Through *pre-planned* agreements, one jurisdiction may request another to assume some functions
  – Incident command
  – Emergency management coordination
  – Dispatch / communications
• Pre-planning should include:
  – Joint Power Agreements (JPAs)
  – Memoranda of Understanding (MOUs)
  – Delegation of authority documents
• These functions may be temporary
How would public health and medical services fit into the command and control structure?

• Local command and control must partner with and support the medical community from the inception of the incident in order to develop a plan of action

• Organization dependent on impact to surrounding jurisdiction & role in response effort
Public Health 2

How would public health and medical services fit into the command and control structure? (continued)

• Most current models for public health and emergency medical services conclude public safety’s involvement when the patient is transferred to hospital care

• An IND response will require a whole community approach throughout the incident to effectively treat the impacted population
  – Non-governmental Organizations (NGOs)
  – Atypical resources and volunteers
How would public health and medical services fit into the command and control structure? (continued)

• Senior staff representatives from public health and local health care in unified incident command structure’s planning section and EOC
• Local command staffs and emergency managers work with the medical community to:
  – Provide timely care and assistance to the incoming injured requiring urgent care
  – Population monitoring of the local and incoming population
• Coordinate transport and transfer patients
• Help to determine triage, stabilization, contamination, and decontamination issues required for treatment and transport
Pre-Planning and Common Policies 1

How can pre-planning and common policies improve coordination and response effectiveness?

• Pre-planning and preparation with partners throughout the region is a key to success
• Predetermine roles, responsibilities, and likely taskings for response to an IND detonation in target area(s) and in neighboring jurisdiction(s) in the region

- Identify command structures and how information will flow
- Coordinated regional planning for surge of injured and evacuees out of area and surge of resources into area
- How to integrate federal resources into command structures in the region
- Pre-incident education and training for public and responders
Regulatory and policy concerns

- Command and control functions can be streamlined if operational action levels and waivers are developed and adopted prior to the incident, by occupational and enforcement agencies using a scaled approach based on resource capability.

- DHS *National Preparedness Goal* (2011) Legal, policy, and regulatory waivers / exemptions/exceptions will be required to achieve many of the operational targets selected by command and control.
Pre-Planning and Common Policies 2

Regulatory and policy concerns

• Examples of areas that need consensus
  – Contamination levels
    • Scalable
    • “Clean enough for now”
  – Minimum PPE requirements for responders and workers in contaminated areas and working with contaminated people, vehicles, objects
Consistent Guidelines and Policies Needed

Example of possible flow of victims/patients

Key:
- DMAT-Disaster Medical Assistance Team
- EMS-Emergency Management Services
- NDMS- National Disaster Medical System
- RTR-Radiation Triage, Transport, and Treatment
Advice & Guidance on IND Radiation Issues

Where can public health officials get federal guidance on radiation, contamination and other health and safety issues for IND response planning and operations?

• Pre-Incident
  – Work out questions and solutions in advance and have them adopted throughout region and nationwide

• During incident
  – Advisory Team for Environment, Food, and Health (Advisory Team)
  – Contact through local EOC to State EOC
  – EPA, USDA, FDA, CDC, and other federal agencies
  – Coordinated federal, *advice and recommendations*
  – Integrates into planning section at ICP and/or collocates with the Federal Radiological Monitoring and Assessment Center (FRMAC)
  – Liaisons at state and local EOCs
Conclusion

• Preplanning; foundation for success
• All incidents begin as local incidents
• An IND detonation will immediately become a regional and national incident
• Plan, develop, adopt “The New Normals” required for an IND

“Those who lead emergency response efforts must communicate and support engagement with the whole community by developing shared goals and aligning capabilities to reduce the risk of any jurisdiction being overwhelmed in times of crisis. Layered, mutually supporting capabilities of individuals, the private sector, NGOs, and governments at all levels allow for coordinated planning in times of calm and effective response in times of crisis.”

Contact Information

David Pasquale, Senior Operations Specialist
(702) 295-0724
PasquaDA@nv.doe.gov

Richard Hansen, Senior Scientist
(702) 295-7813
HansenRG@nv.doe.gov