Department of the Army
Federal Emergency Management Agency
Chemical Stockpile Emergency Preparedness Program

CSEPP Policy Paper Number 15 (Revised)

OFF-POST MEDICAL PREPAREDNESS CAPABILITY

This document replaces *CSEPP Policy Paper # 15, dated April 20, 1998,* as the Chemical Stockpile Emergency Preparedness Program (CSEPP) policy for developing off-post civilian medical preparedness capability.

Medical preparedness capability is based on both plans and procedures that detail the medical concept of operations and coordinated response actions to prepare for and respond to a CSEPP incident/accident. These medical plans and procedures should be integrated with the plans of state and local emergency response organizations, and the Army installation. The plans should include anticipated response, necessary resources, training, and exercise actions. Use the guidance contained in *CDC Recommendations for Civilian Communities Near Chemical Weapons Depots: Guidelines for Medical Preparedness; Notice, June 27, 1995* (Annex I of the CSEPP Planning Guidance, May 17, 1996), in developing the plans.

A CSEPP medical concept of operations should be developed and integrated into all appropriate plans. That concept should consider as a minimum the following factors: (1) the number and type of potentially exposed individuals in the projected plume area; (2) implementation of protective action strategies (i.e. evacuation, sheltering, and collective protection); (3) medical screening and appropriate treatment for exposed individuals to include plans for administration of antidote, where necessary; (4) strategies for appropriate use of decontamination to include timely self-decontamination; and, (5) integration with existing hazardous material and/or chemical response, mass casualty incident, and disaster plans.

Medical training will be included as part of existing state and local programs and will be coordinated among state and local departments of health and emergency management agencies. Training should be structured to take advantage of existing federal, state, local and Army training programs such as ACTFAST, DECON, PPE, Use of Auto-injectors, and the Toxic Chemical Training Course for Medical Support Personnel.

Evaluation of the medical preparedness component of the integrated response plans will be accomplished through recurring participation in the CSEPP exercise program and through comparison against established programmatic medical guidance, benchmarks, and/or performance standards.

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The Army will provide technical information about chemical agents, effects, treatment, and support for medical training and exercises using organic resources and contractors. Follow the procedures outlined in CSEPP Policy Paper #17, *Protocols for Communication with Army Soldier and Biological Chemical Command (SBCCOM) CSEPP Technical Support Staff,* and the current supplemental document that outlines the specific process to request medical technical support.

Requests for CSEPP funding for medical equipment, personnel, supplies, training and exercises should be incorporated into the State's annual FEMA Cooperative Agreement process. FEMA Regional review and comment on State requests is the key element of the validation process. The following list of items are considered ineligible for CSEPP funding:

1. Acquisition of medical equipment, supplies, training and exercises to support other mandated (national, state or local) programs (e.g. SARA Title III, HAZWOPER, etc.).

2. Acquisition of medical equipment, supplies, training and exercises specifically to support accreditation or licensing of medical facilities.

3. Acquisition of equipment and supplies beyond the capability of the medical community to effectively utilize, manage, store and maintain them.

4. Acquisition of vehicles specifically to perform emergency medical response activities.

5. Antidote stocking levels above those needed to treat the anticipated number of symptomatic individuals, except for a small additional amount to accommodate an antidote distribution and use plan.

6. Replacement of supplies and equipment used to support other than a CSEPP incident.

7. Cost of medical examinations and spirometric testing required by state or local governments to qualify individuals for employment or other regular occupational duties/activities.

8. Cholinesterase testing of emergency responders (e.g. fire fighters, police, emergency medical technicians, hospital and/or medical clinic staff) prior to their participation in a response to an actual release of nerve agent that departs the installation boundary.

9. Construction of or modifications to fixed medical facilities designed to support decontamination or to obtain facility certification or accreditation.

10. Cost of decontamination capabilities above those needed to provide expedient and effective decontamination to the anticipated site-specific number of affected individuals. Selected systems should be portable, collapsible or small mobile facilities that can be easily moved to meet local decontamination requirements during an actual incident.

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Russell Salter, Director
Chemical and Radiological Preparedness Division
Preparedness, Training, and Exercise Directorate
Federal Emergency Management Agency

Denzel L. Fisher
Office of the Deputy Assistant Secretary of the Army (Environment, Safety and Occupational Health)
OASA (I&E)
Department of the Army