

ACTIONS TO INCREASE HEALTH-MEDICAL READINESS

This section outlines crisis actions which may be taken by local government health departments—supported by organizations of physicians and other health professionals—to increase readiness to deal with the health and medical problems which could be created by a nuclear attack upon this country.

This section is not intended as a detailed guide for health-medical readiness actions to meet a possible nuclear attack. These must be defined by the application of the professional knowledge and skills of local public health officers and medical professionals.

The actions suggested in this section are aimed at increasing readiness progressively from a review of health-medical emergency plans to full readiness to carry out the local actions planned.

The Increased Readiness actions described in this section would be the responsibility of the local public health officer—supported by key members of organizations of physicians (for example, president of the county medical society) and of other health professionals. The public health officer would act under directions from the head of local government and would coordinate as necessary with other department heads and the civil defense director.

Actions to Increase Health-Medical Readiness

1. Review and Update Emergency Health Service Plans

Local public health officer, president of the local medical society, and representatives of local hospitals, pharmacies, and medical and allied health personnel review and update as necessary emergency health-medical plans. These may include basic health-medical emergency operations plan, mobilization plan, accelerated emergency training plan, and interjurisdictional mutual-aid plans.

Ensure that each general hospital, special hospital (for example, neuropsychiatric, tuberculosis), clinic, and nursing home has an up-to-date disaster plan, including both casualty care and in-patient fallout protection

Check plans with chief executive(s), civil defense director(s), and other department heads

concerned to ensure all plans are compatible, and that civil defense plans provide for essential nonmedical support to health services during emergencies. Note that health-medical plans will frequently be countywide as a result of normal professional organization and practice in medicine. Where a countywide coordinating agency for civil defense does not exist, coordination of health-medical plans with each jurisdiction may be necessary.

2. Review Personnel Assignments

Review nuclear attack emergency assignments of all medical, allied health, and ancillary personnel to ensure that all have current assignments.

In providing the best available health-medical staffing for public shelters and medical installations, do not overlook the skilled manpower available among retired medical and allied health personnel, veterinarians, former military medical enlisted personnel, and Red Cross and other home nursing and first aid trainees, as well as students in medical, nursing, pharmacy, X-ray, and laboratory schools which may be in the area.

Determine requirements for any additional Medical Self-Help, home nursing, and first aid graduates, and include these in accelerated training plans. (See Section Four of this guide, on accelerated training.)

Determine mobilization requirements for non-professional manpower needed to support the emergency health services (e.g., additional clerical, housekeeping, and maintenance personnel) and submit requirements to CD director and/or State employment service local office.

3. Check Readiness of Health-Medical Facilities and Equipment

Check the availability and operational readiness of facilities, equipment, and supplies for emergency health-medical services, including medical supplies that may be in public fallout shelters, and sanitation and vector control supplies and equipment, as well as mobile equipment.

Check the availability and operational readiness of special equipment such as radiological monitoring instruments and food and water for hospital in-patients' use during shelter period.

Check readiness (fallout protection, communications, etc.) of any support EOC(s) needed for direction and control of Emergency Health Service operations (for example, in a fallout-protected area in a local hospital).

4. Correct Deficiencies in Facility and Equipment Readiness

Accelerate maintenance of all types of equipment needed for health-medical emergency operations, to ensure maximum availability.

Commence procurement of any equipment or supplies for which shortages were identified in step 3 above.

Increase bed capacity of hospitals as appropriate.

5. Alert Health-Medical Personnel

Alert both on-duty and off-duty health and medical personnel and emergency supporting personnel. Brief them on their emergency assignments, the nuclear attack emergency plan of the facility to which they are assigned, and any special instructions. Also brief personnel as necessary on weapons effects and hazards, shelter, etc.

Request employers of health-medical personnel to cancel vacations for their employees and request self-employed or retired professionals to cancel travel and remain in the area. Direct emergency supporting personnel to stand by for call to duty.

Advise all personnel to review shelter and survival plans for their families.

6. Commence Accelerated Training, as Necessary

Conduct professional conferences for physicians, nurses, and other as appropriate on disaster health-medical care, stressing such departures from normal practice as sorting of patients (triage) and allocation of medical care on the basis of probable results vs. efforts required. Also review the effects of nuclear radiation and treatment of radiation casualties.

Commence accelerated training of home nursing and first aid personnel determined to be required in step 2 above.

Obtain nonprofessional staffing needed to support the emergency health services (for example, additional clerical, housekeeping, and maintenance personnel) from the local CD director and/or local office of the State employment service, and commence training them in their emergency duties.

7. Reduce Nonemergency Patient Load

Urge attending physicians to suspend elective surgery and noncritical diagnostic studies for duration of the crisis.

Urge attending physicians to evaluate all patients, releasing them from hospital and/or active care as rapidly as possible, consistent with safety.

8. Conduct Public Sanitation Campaign

In conjunction with the local Emergency Public Information Officer, conduct a sanitation campaign—urging all citizens to eliminate unsanitary conditions and assist sanitarians in destroying disease vectors and their breeding and feeding areas.

Similarly, instruct the public in emergency sanitation requirements and procedures such as safe disposal of human and kitchen wastes if normal sewer and garbage collection services should be disrupted. Coordinate all actions relating to the public with the local Emergency Public Information Officer. (See Section Two of this guide on emergency public information.)

9. Mobilize Health-Medical Personnel

Call all regular and emergency augmentation health-medical personnel to duty and deploy them to their initial nuclear attack emergency assignments.

Move all hospital in-patients to fallout-protected areas of the hospital, releasing as appropriate those not critically ill to go to fallout shelters with their families.