DEPARTMENT OF THE NAVY
NAVAL MEDICAL COMMAND
WASHINGTON, D.C. 20372-5120

IN REPLY REFER TO
NAVMEDCOMINST 3440.4
MEDCOM-27
28 Mar 89

NAVMEDCOM INSTRUCTION 3440.4

From: Commander, Naval Medical Command

Subj: ACTIVITY DISASTER PREPAREDNESS PLANS AND MATERIAL FOR DISASTER PREPAREDNESS TEAMS

Ref: (a) OPNAVINST 3440.16A
(b) Accreditation Manual for Hospitals (AMH/88), Joint Commission on Accreditation of Health Care Organizations, 1988
(c) NAVMEDCOMINST 3440.1
(d) NAVMEDCOMINST 6440.2
(e) SECNAVINST 5720.44A
(f) OPNAVINST 3100.6D
(g) NAVMEDCOMINST 6530.1
(h) NAVMED P-5055, Radiation Health Manual
(i) Defense Nuclear Agency Instruction 5100.1
(j) NAVFACINST 3440.17

Encl: (1) Terms and Definitions
(2) Proposed Annexes for a Disaster Preparedness Plan
(3) Proposed Checklist for a Disaster Preparedness Plan
(4) List of Disaster Medical Teams

1. Purpose. To provide Department of the Navy (DON) and Commander, Naval Medical Command (COMNAVMEDCOM) policy, planning guidance, operational structure, and assigned responsibilities for the implementation of references (a) through (j). To assist DON planning agents in support of civil disaster planning and operations. To establish personnel radiation protection standards and issue regulations which specify personnel exposures in various levels of nuclear, biological, or chemical (NBC) contamination.

2. Cancellation. BUMED Instruction 3440.4.

3. Background. Many COMNAVMEDCOM activities have disaster preparedness plans in effect that are based upon obsolete, canceled, and outdated guidance. The Naval Inspector General (NAVINSGEN) discovered that many COMNAVMEDCOM activities were not developing their plans in conjunction with the line regional planning agents (RPAs). Reference (a) provides Navy disaster preparedness ashore policy and assigns specific responsibilities to develop such plans to the principal planning agents (PPAs) and the RPAs. Therefore, all COMNAVMEDCOM activities will revise their current disaster preparedness plans to incorporate

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PROPOSED ANNEXES FOR A DISASTER PREPAREDNESS PLAN

1. Concept of Operations and Command Relations
2. Disaster Control Command Center: Organization and Procedures
3. Disaster Preparedness Organizational Composition
4. Warning Signals and Emergency Instructions
5. Emergency Communications
6. Logistics: Supply and Financial Responsibilities
7. Fire Protection
8. Security (Classified Material)
9. Public Affairs
10. Training and Readiness
11. Recall of Personnel
12. Nuclear, Biological, and Chemical Warfare Defense
13. Reports (OPREP, SITREP, RPA, GEOCOM, MEDCOM, etc.)
14. Internal Disaster Evacuation Plan
15. Mass Casualty Reception, Treatment, and Admission Plan
16. Destructive Weather Plan
17. Management of Radiological Casualties Plan
18. Snow Condition One and Two
19. National Disaster Medical System
20. Nuclear, Biological, and Chemical Disaster
21. Counter-Terrorism Measures
22. Emergency Blood Support
23. Mutual Cooperation and Assistance with Civil Agencies
24. Bed Expansion
25. Distribution

PROPOSED CHECKLIST FOR A DISASTER PREPAREDNESS PLAN

1. Is the plan classified (normally should not be necessary)?

2. Does the plan list the references on which it is based and pertinent points included in the plan?

3. Are the annexes referenced within the basic plan?

4. Are the assumptions on which the plan is based valid or necessary?

5. Is the concept of operations reasonable?

6. Does the plan provide an Internal Disaster Plan to cope with emergency situations within the facility? For MTFs, is there a provision for patient evacuation from one part of the facility to another, and a provision for evacuation of the entire facility?

7. Are annexes included for specific disasters (i.e., fire, flood, chemical or hazard waste spill, NBC accident, terrorist activity, etc.)? Are they adequate for the level of planning required?

8. Is a command and control center designated and outfitted with the necessary communications gear? Is an alternate center designated?

9. Is there an annex on training? Does it assign responsibilities and tasks? Does it include training for the triage team? Does it include training for admission procedures during mass casualty situations? Does it include training for disaster control teams? Does it provide for training in assembly of team material?

10. Does the plan provide for shelters? Does it list location, capacity, shelter manager and alternate, etc?

11. Is an area map included? A station map? Do they show traffic patterns for getting on and off the base during an emergency?

12. Are warning signals listed? Are they compatible with civil defense signals?

13. Does the plan provide for recall and assembly of personnel?

14. Does the plan outline measures to be implemented on receipt of a disaster or attack warning?

15. Does the plan explain how, when, and by whom it will be activated?

16. Does the plan provide for succession to command?

17. Does the plan clearly indicate lines of command authority? Are organizational charts used?

18. Does the plan provide adequate information and procedures for supply and resupply of the facility during emergency conditions?

19. Does the plan provide information and procedures for monitoring and decontamination of patients? Does the plan indicate the location of medical material for casualties? Is any other information on NBC warfare necessary?

20. Does the plan contain an annex on disaster control teams which lists responsibilities and provide a tactical organization which will function during disaster or attack? Are team equipment listings and responsibilities for assembly included? Is there a provision for central coordination control of these teams? What transportation will be provided?

21. What provisions are made for emergency sources of power and water?

22. Does the plan provide for a realistic and functional triage center where casualties are screened? What communications to the wards, operating room, x-ray, surplus personnel pool, blood bank, and command center are provided? Is there a planned traffic pattern for triaged patients out of the triage center and into treatment or waiting areas?

23. What provisions are made for reception of relatives and public media? Is there a public affairs annex, detailing the structure, organization, and reporting responsibilities of a CIB? General organization and planning standards for a CIB are contained in article 0311 of reference (e).

24. Is there a provision for emergency operation of the blood bank and emergency expansion of blood collection capability?

25. Are provisions for emergency food service included in the plan?

26. What provisions are made for accelerated admission procedures in emergencies? What procedures are made for starting the clinical chart for each patient during a mass casualty situation?

27. Is the plan thoroughly coordinated with the inpatient and outpatient aspects of the hospital?

28. Is the basic plan brief and to the point? If not, what information may be removed from the basic and included with the annexes? Is there any superfluous information in the annexes?

29. Was every consideration given to the proper use of medical and dental personnel?

30. Is the plan worded in a clear and understandable manner? Was it proofread before printing? Is the final copy (printing, paper, covers) of good quality?

LIST OF DISASTER MEDICAL TEAMS

1. Physical augment
2. Triage
3. Field first aid
4. Litter bearer
5. Ambulance
6. Personnel rescue
7. Engineering repair
8. Mortuary
9. Disaster ward
10. Command Information Bureau (CIB)
11. Decontamination
12. Blood support
13. Patient evacuation

significant changes, as appropriate, based upon this instruction and the references listed. Enclosure (1) provides terms and definitions.

4. Action

a. Activity Disaster Preparedness Plans

(1) The geographic naval medical commanders (GEOCOMs) and mission-specific commanders will provide support to their subordinate activities to develop their disaster preparedness plans. Commanders will provide guidance through annual onsite inspections and as members of subordinate activities observation teams during disaster preparedness exercises.

(2) To meet the requirements of references (a) and (b), each COMNAVMEDCOM activity must assign in writing a disaster preparedness officer and supporting staff. All subordinate activities will prepare, maintain, and test their written disaster preparedness plans, following references (a) and (b) as applicable. These plans must be coordinated with the disaster preparedness officer assigned to the RPA. Enclosure (2) provides a list of proposed annexes for planning purposes. Enclosure (3) provides a proposed checklist to determine if the local disaster preparedness plans are adequate and complete, and will assist the disaster preparedness officer with its development and maintenance. An effective plan should allow for the myriad of elements and relationships required to respond to disaster conditions. Each COMNAVMEDCOM activity will forward a signed copy of its Disaster Preparedness Plan to COMNAVMEDCOM (MEDCOM-27) and to its cognizant RPA. Change transmittals should be forwarded as they occur.

(3) Reference (b) requires that each inpatient treatment facility have a written, detailed Disaster Preparedness Plan to handle a mass casualty situation. References (a) and (b) may be met by a single plan which provides the necessary elements for supporting external and internal disasters: receiving, triaging, and treating mass casualties.

(4) Per reference (b) and at the direction of the RPA or host commander, each inpatient treatment facility must be prepared to participate in mass casualty exercises. The movement of casualties from an outside point to the treatment facility must be conducted at least twice yearly. Each exercise must include the transportation, reception, triage, and proper disposition of each patient. At least one exercise must be command wide and involve the use of moulages or other means of injury simulation to lend realism and practicality to the mass casualty exercise. During each exercise, the commanding officer or officer in charge must

designate an observation team, who will critically analyze all phases of the exercise. This analysis will be used to refine the facilities' Disaster Preparedness Plan to provide not only for better health care delivery but also for the optimum use of medical personnel. Disaster drills and mass casualty exercises should be held in conjunction with the base commander to simulate response to identified threats.

b. Disaster Control Teams. While developing the Disaster Preparedness Plan, activities will emphasize the command's mission and identify those disaster control teams necessary to care for casualties of other military activities and the civilian populace, when so directed. Enclosure (4) provides a basic guidance to the type of teams to be considered. Each command must decide the type of teams in terms of both staffing and medical equipment and supplies needed. Reference (c) assigns responsibilities and guidance on the use of Medical Department personnel in forming disaster control teams. Disaster preparedness plans must provide general responsibilities of all medical, dental and civilian personnel attached to the command as well as transportation, public works, communication assets, and interface with the RPA. Activities must make every effort to use Medical Department personnel to their fullest potential (e.g., placement of dental officers in the triage area, trauma rooms, minor treatment areas, and operating rooms).

c. Mobile Medical Augmentation Readiness Teams (MMART). COMNAVMEDCOM (MEDCOM-27) sponsors, develops, and manages the MMART Program following reference (d). The primary purpose of an MMART is to augment rapidly the Operating Forces with organized teams of Medical Department personnel for limited (nonmobilization), short-term (less than 180 days) military operations, disaster relief missions, fleet and Fleet Marine Force exercises, and scheduled deployments. Local commanders and commanding officers may use MMART assets to meet local or regional disaster relief missions. Prior approval is not required in emergency situations. Notification of use of intended use must be made as soon as feasible. Telephonic notification is encouraged. Material requirements beyond local capability should also be considered and may be able to be met by MMART blocks. Reference (d) provides a brief description of the types of the various MMART blocks. Request for MMART blocks must be addressed to COMNAVMEDCOM with NAVMEDMATSUPPCOM FT DETRICK MD and CG MCLB BARSTOW CA //SBM/DC// as information addressees.

d. Navy Blood Program. COMNAVMEDCOM (MEDCOM-27) manages the Navy Blood Program per reference (g). The primary purpose is to provide a safe and adequate blood supply for health care operations and emergencies. Emergency blood needs should be passed to MEDCOM-273 for assistance. Alternate means for emergency blood procurement should include local civilian resources and blood draws.

e. Reference (e), article 0311, contains staffing guidance for a Command Information Bureau (CIB).

5. Radiation Accident or Incident Protocol

a. Medical treatment facilities will develop specific plans for emergency response and triage in direct support of activities associated with nuclear weapons or nuclear reactor repair work. Specific guidance is in references (h) through (j). Contact MEDCOM-21 for assistance to develop and review radiological response plans. Reference (i) may be requested from the Defense Nuclear Agency, Washington, DC 20305.

b. National Naval Medical Center Bethesda and Naval Hospital San Diego are designated to provide extended care of radiation injuries. These facilities will develop plans for providing long-term care of radiation injuries.

6. Medical Material. When developing a Disaster Preparedness Plan, COMNAVMEDCOM activities must identify medical material and equipment needed to support their own and field disaster teams.

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TERMS AND DEFINITIONS

Chief of Naval Operations (OP-606). Responsible for managing the overall DON Civil Disaster Assistance Program, and for ensuring that subordinate organizations have a standing program to support civil authorities in the disaster contingencies outlined in reference (a).

Civil Defense. Activities and measures designed to minimize effects upon the domestic civilian population caused by an enemy attack upon the United States.

Civil Disaster. Any domestic event having a significant potential for causing the loss of life, injury, human suffering, or property damage to the civilian community. Civil disasters include civil emergencies, civil disturbances, and civil defense.

Civil Disturbances. Group acts of domestic violence and disorders, prejudicial to public law and order within the 50 states, the District of Columbia, Puerto Rico, United States possessions and territories, or any political subdivision thereof. This includes all domestic conditions requiring the use of Federal Armed Forces under chapter 15 of title 10, U.S.C.

Civil Emergency. Any domestic occurrence or threat other than civil defense or civil disturbance which may cause substantial harm or substantial property damage or loss.

Declared Emergency or Disaster. A civilian emergency or disaster declared by the President to be of such severity and magnitude as to warrant Federal assistance under the provisions of Public Law 93-288 (Disaster Relief Act of 1974).

DON Host Activity Commanders. Heads of host Navy and Marine Corps activities and commands who are tasked as local planning agents (LPA) for civil disaster planning as required by the appropriate RPA. These commanders, regardless of service, have overall responsibility for planning and providing assistance to civil authorities in civil emergencies and disasters. They will use, as mission requirements permit, existing organizational structure and available resources to render assistance to civil authorities in civil disasters.

DON Tenant Activities. Will support, as mission requirements permit, the host-base civil assistance program outlined in host-tenant agreements, memorandums of understanding, or host-base plans and instructions. Support is to include participating in emergency planning and exercises, scheduling personnel for training, and furnishing a proportionate share of personnel for civil emergency and disaster operations.

Federal Coordinating Officer (FCO). Upon Presidential declaration of a major disaster, an FCO must be appointed by the President to operate within the affected area. The FCO must make an initial appraisal of the types of relief most urgently needed, establish such field offices as deemed necessary and authorized by the President, and coordinate the administration of Federal relief operations.

Federal Emergency Management Agency (FEMA). A civilian agency which was created to provide a coordination point for emergency preparedness, response, recovery, and mitigation activities of the Federal Government.

Foreign Disaster. A civil emergency that occurs outside the United States and its territories and possessions.

Marine Corps Principal Planning Agent (MCPPA). The Commandant of the Marine Corps has designated the Commanding General, Fleet Marine Force, Atlantic and the Commanding General, Fleet Marine Force, Pacific as MCPPAs to plan and coordinate Marine Corps participation in the DON civil disaster program.

Navy Liaison Officer (NLO). Navy Selected Reserve officers assigned to appropriate civil and military headquarters (FEMA, U.S. Readiness Command, Continental U.S. Armies, etc.) to represent DON planning agents in planning and coordinating DON assistance to civil authorities in civil emergencies and disasters.

Principal Planning Agent (PPA). The designated CNO representative responsible for planning, coordinating, and executing the DON response to civil disasters within an assigned geographic area.

Regional Planning Agent (RPA). The designated representative of the PPA responsible for planning, coordinating, and executing the DON response to civil disasters within a specific region.

CIB	Command Information Bureau
COMNAVMEDCOM	Commander, Naval Medical Command
DON	Department of the Navy
FEMA	Federal Emergency Management Agency
FCO	Federal Coordinating Officer
GEOCOM	Geographic Naval Medical Command
LPA	Local Planning Agent
MCPPA	Marine Corps Principal Planning Agent
MMART	Mobile Medical Augmentation Readiness Team
MTF	Medical Treatment Facility
NAVINSGEN	Naval Inspector General
NAVMEDMATSUPPCOM	Naval Medical Materiel Support Command
NBC	Nuclear, Biological, and Chemical
NDMS	National Disaster Medical System
NLO	Navy Liaison Officers
OPREP	Operational Report
OR	Operating Room
PPA	Principal Planning Agent
RPA	Regional Planning Agent
SITREP	Situation Reporting