

# **San Joaquin Operational Area**



## **Healthcare Coalition Radiation Surge Annex**

June 29, 2023

**San Joaquin County Emergency Medical Services Agency**  
P.O. Box 220, French Camp, California 95231

San Joaquin Operational Area Healthcare Coalition  
Radiation Surge Annex

**Record of Changes**

<b>Date</b>	<b>Changes</b>	<b>By</b>
3/31/23	Initial draft published	Phil Cook
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# San Joaquin Operational Area Healthcare Coalition Radiation Surge Annex

## 1. Introduction

All hospital Emergency Departments are prepared to receive, stabilize, and manage patients exposed to ionizing radiation. However, given the limited number of Radiation Injury Treatment Network (RITN)<sup>1</sup> hospitals, an emergency resulting in large numbers of radiation patients may require Medical Health Operational Area Coordinator (MHOAC) coordination to ensure those patients who can most benefit from radiation specialty services receive priority for transfer. Additionally, RITN physicians may be able to help identify patients who do not require RITN care and are appropriate for transfer to other health care facilities.

### 1.1 Purpose

This annex applies to a multi-casualty incident with a large number of radiation exposed patients that exceed the capacity of the seven acute care hospitals in the county. It supports the SJOA Healthcare Coalition Emergency Operations Plan by addressing specific needs of radiation exposed patients and supporting appropriate medical care during a disaster. This plan is intended to support, not replace, any existing facility or agency policy or plan by providing uniform response actions in the case of an emergency that involves (or could involve) significant numbers of radiation victims.

### 1.2 Scope

The San Joaquin Operational Area Healthcare Coalition Radiation Surge Annex encompasses all participating healthcare facilities, providers, public and private medical and health agencies/organizations, pre-hospital care service providers, public safety agencies, non-government agencies, and other community partners operating within the geographic boundaries of San Joaquin County.

### 1.3 Authority

This annex is issued under the authority of the San Joaquin County Emergency Medical Services Agency Administrator, who serves as the Medical Health Operational Area *Coordinator (California Health and Safety Code, Division 2.5, Sections 1797.153 and 1797.220)*.

### 1.4 Overview/Background of Healthcare Coalition and Situation

- The population of San Joaquin County is 789,410<sup>2</sup>

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<sup>1</sup> <https://ritn.net/about/about-ritn>

<sup>2</sup> <https://www.census.gov/quickfacts/fact/table/sanjoaquincountycalifornia,CA/PST045219>

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- San Joaquin County has seven acute care receiving hospitals, including one level II trauma center.

Hospital	Address	Trauma Center Designation <sup>3</sup>
Adventist Health Lodi Memorial	975 S. Fairmont Ave. Lodi, CA 95240	N/A
Dameron Hospital	525 West Acacia St. Stockton, CA 95203	N/A
Doctor's Hospital of Manteca	1205 E. North St. Manteca, CA 95336	N/A
Kaiser Hospital Manteca	1777 W. Yosemite Ave. Manteca, CA 95337	N/A
San Joaquin General Hospital	500 West Hospital Rd. French Camp, CA 95231	Level II
St. Joseph's Medical Center	1800 N. California St. Stockton, CA 95204	N/A
Sutter Tracy Community Hospital	1420 N. Tracy Blvd. Tracy, CA 95376	N/A

(Table 1)

- There are five trauma centers designated to receive San Joaquin County trauma patients<sup>4</sup>

Hospital	Address	Trauma Center Designation <sup>3</sup>
San Joaquin General Hospital (Primary)	500 West Hospital Rd. French Camp, CA 95231	Level II
UC Davis Medical Center (Alternate)	2315 Stockton Blvd. Sacramento, CA 95817	Level I
Kaiser South Sacramento (Alternate)	6600 Bruceville Rd. Sacramento, CA 95823	Level II
Doctor's Medical Center (Alternate)	1441 Florida Ave. Modesto, CA 95350	Level II
Memorial Medical Center (Alternate)	1700 Coffee Rd. Modesto, CA 95355	Level II

(Table 2)

<sup>3</sup> American College of Surgeons <https://www.facs.org/quality-programs/trauma>

<sup>4</sup> EMS Policy No. 4709 Trauma Center Service Areas <https://www.sjgov.org/departments/ems/policies>

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- Radiation Injury Treatment Network (RITN)<sup>5</sup> participating hospitals (Northern California)

Hospital	Address	Phone
UC Davis Medical Center	2315 Stockton Blvd. Sacramento, CA 95817	916-734-3355
UC San Francisco Medical Center	505 Parnassus Ave. San Francisco, CA 94143	415-476-2188
Stanford Hospital	500 Pasteur Dr. Stanford, CA 94305	650-725-7121

*(Table 3)*

- Approximately four shipments of defense related radioactive waste<sup>6</sup>, generated from the Lawrence Livermore National Laboratory, is transported through San Joaquin County<sup>7</sup> annually.

### 1.5 Assumptions

- All San Joaquin County acute care receiving hospitals are prepared to receive, stabilize, and manage radiation exposed patients.
- All San Joaquin County acute care receiving hospitals have nuclear medicine and/or radiology personnel, capable of detecting the presence of ionizing radiation.
- All seven acute care receiving hospitals in San Joaquin County are equipped and trained to decontaminate contaminated patients.
- The Disaster Control Facility (DCF) at San Joaquin General Hospital has primary responsibility for providing patient destinations during multi-casualty incidents.
- Following a nuclear detonation, three major injury types are expected:
  1. Mechanical (physical) trauma
  2. Thermal burns
  3. Radiation injuries, including both cutaneous radiation injury (e.g., radiation burns) and acute radiation syndrome (ARS)
- Removal of patient clothing can eliminate up to 90% of contamination.

<sup>5</sup> <https://ritn.net/about/participating-hospital-locations>

<sup>6</sup> [https://www.energy.ca.gov/sites/default/files/2020-03/Nuclear\\_TRW\\_Shipments\\_in\\_CA-Fact\\_Sheet\\_ada.pdf](https://www.energy.ca.gov/sites/default/files/2020-03/Nuclear_TRW_Shipments_in_CA-Fact_Sheet_ada.pdf)

<sup>7</sup> [https://www.caloes.ca.gov/wp-content/uploads/Preparedness/Documents/WIPP\\_LLNL\\_I80\\_Route1.pdf](https://www.caloes.ca.gov/wp-content/uploads/Preparedness/Documents/WIPP_LLNL_I80_Route1.pdf)

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- The treatment of patients with life threatening injuries takes priority over decontamination.
- Burn and trauma centers will play a major role in the receipt and care of burn patients.
- Care of critical burns is extremely resource-intensive and requires specialized staff, expert advice, and critical care transportation assets.
- Severe burn patients often become clinically unstable within 24 hours of injury, complicating transfer plans after this time frame.
- The Regional Disaster Medical Health Coordinator (RDMHC) has primary responsibility for the coordination of patient movement within Mutual Aid Region IV.
- Federal resources (e.g., ambulance contracts, National Disaster Medical System teams), though potentially available to assist, cannot be relied upon to mobilize and deploy for the first 72 hours.

### 2. Concept of Operations

All San Joaquin County acute care receiving hospitals are prepared to receive, stabilize, and manage radiation exposed patients. However, patients that meet major trauma triage criteria<sup>8</sup> must be transported to a trauma center for care.

The following EMS Agency policies<sup>9</sup> govern the management of multi-casualty incidents, patient destinations, trauma care, and transportation:

- EMS Policy No. 7010 MCI Field Operations
- EMS Policy No. 7020 MCI Control Facility Operations
- EMS Policy No. 5215 Trauma Patient Destination
- EMS Policy No. 5210 Major Trauma Triage Criteria
- EMS Policy No. 5201 Medical Patient Destination
- EMS Policy No. 5001 Authority for Medical Emergency Management
- EMS Policy No. 4709 Trauma Center Service Areas
- EMS Policy No. 4448 EMS Aircraft Utilization

#### 2.1 Activation

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<sup>8</sup> [https://www.sjgov.org/docs/default-source/emergency-medical-services-documents/policies/section-5000-prehospital-care/5210---major-trauma-triage-criteria---effective-april-1-2023.pdf?sfvrsn=cc69ed31\\_2](https://www.sjgov.org/docs/default-source/emergency-medical-services-documents/policies/section-5000-prehospital-care/5210---major-trauma-triage-criteria---effective-april-1-2023.pdf?sfvrsn=cc69ed31_2)

<sup>9</sup> <https://www.sjgov.org/departments/ems/policies>



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Activation of this annex will be concurrent with the activation of the multi-causality incident, involving a large number of radiation exposed patients. Hospitals will be notified by the Disaster Control Facility, via EMResource<sup>10</sup>.

This annex can also be activated upon the request for radiation surge assistance from any of the seven acute care receiving hospitals.

## 2.2 Notifications

### 2.2.1 Multi-Casualty Incidents (MCI)

- Prehospital personnel will notify the Disaster Control Facility (DCF), via radio or cell phone, of a MCI.
- The DCF creates a MCI Haz Mat event in EMResource to notify and poll receiving hospitals for the numbers of immediate, delayed, and minor patients they can receive, as well as the hospital's ability to decontaminate patients.

### 2.2.2 The Emergency Medical Services Agency Duty Officer is available on a 24/7 basis as the point of contact for the Medical Health Operational Area Coordinator (MHOAC)<sup>11</sup>.

- Dispatch (209) 236-8339

## 2.3 Roles and Responsibilities

### 2.3.1 Prehospital

- Respond to incident
- Notify the Disaster Control Facility of a multi-casualty incident
- Manage Medical Branch or Group operations
- Ensure contaminated patients are decontaminated prior to transport
- Triage, treat and transport patients

### 2.3.2 Disaster Control Facility

- Create a MCI Haz Mat event in EMResource to notify and poll receiving hospitals for the numbers of immediate, delay,

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<sup>10</sup> <https://emresource.juvar.com/login>

<sup>11</sup> EMS Policy No. 7001 [https://www.sjgov.org/docs/default-source/emergency-medical-services-documents/policies/section-7000-multi-casualty-incident-and-disaster-medical/7001---on-call-ems-duty-officer-notification---effective-april-1-2023-v2.pdf?sfvrsn=d736efd0\\_2](https://www.sjgov.org/docs/default-source/emergency-medical-services-documents/policies/section-7000-multi-casualty-incident-and-disaster-medical/7001---on-call-ems-duty-officer-notification---effective-april-1-2023-v2.pdf?sfvrsn=d736efd0_2)

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and minor patients they can received, as well as each hospital's ability to decontaminate patients.

- Provide patient destinations to the Patient Transportation Group Supervisor, in the field.

### 2.3.3 Receiving Hospitals and Trauma Centers

- Receive patients
- Decontaminate patients, as needed
- Provide patient care and treatment
- Transfer patients to a higher level of care, as needed
- Activate facility medical surge plan, as needed
- Activate family reunification plan, as needed
- Discharge patients

### 2.3.4 Medical Health Operational Area Coordinator (MHOAC)

- Coordinate patient movement with Region IV, as needed.
- Submit Medical Health Situation Reports to Region IV and the state, as needed.
- Provide a list of hospitals that received patients from the multi-casualty incident to the San Joaquin County Office of Emergency Service to assist with family reunification, as needed.

## 2.4 Logistics

### 2.4.1 Space

Hospitals will use conventional patient care areas to treat radiation exposed patients. When necessary, hospitals will activate their medical surge plans to expand care into contingency spaces and/or implement alternate care sites.

Each hospital maintains 12 to 24 portable medical beds for rapid deployment to expand capacity. In addition, over 500 portable beds are maintained in the healthcare coalition cache, which are available upon request through the MHOAC program.

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### Northern California Burn Center Bed Capacities

Hospital	ICU Burn	Non-ICU Burn	Total Beds	Surge Capacity
UC Davis Medical Center <sup>12</sup>	12	10	22	18
Shriners Hospitals for Children <sup>13</sup>	10	20	30	N/A
Santa Clara Valley Medical Center <sup>14</sup>	8	N/A	8	12
San Francisco General Hospital <sup>15</sup>	4-6	6	10-12	N/A
Bothin Burn Center <sup>16</sup>	16	10	26	26
Community Regional Leon S. Peters Burn Center <sup>17</sup>	10	10	20	15
<b>Totals</b>	<b>60-62</b>	<b>56</b>	<b>116-118</b>	<b>71</b>

*(Table 6)*

#### 2.4.2 Staff

Hospitals manage their staffing needs by routinely calling back staff during periods of high census and/or medical surge, in accordance with their surge plans. When necessary, hospitals can submit a staffing flexibility request to the California Department of Public Health, Center for Health Care Quality<sup>18</sup> to address staffing shortages.

##### 2.4.2.1 Staff Training

- Clinicians and patient decontamination team personnel should complete radiation response training, such as the Radiological Training for Hospital Personnel course, developed by the U.S. Department of Energy and the Federal Emergency Management Agency (FEMA).
- Additional radiological training resources are available in Appendix 3.3

<sup>12</sup> <https://ameriburn.site-ym.com/members/Default.asp?id=20875320>

<sup>13</sup> <https://ameriburn.site-ym.com/members/Default.asp?id=20875319>

<sup>14</sup> <https://ameriburn.site-ym.com/members/Default.asp?id=20875324>

<sup>15</sup> <https://ameriburn.site-ym.com/members/Default.asp?id=20875323>

<sup>16</sup> <https://ameriburn.site-ym.com/members/Default.asp?id=20875322>

<sup>17</sup> <https://ameriburn.site-ym.com/members/Default.asp?id=20875316>

<sup>18</sup> <https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph5000a.pdf>

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- Trauma center nurse training includes adult and pediatric burn care, which is part of the required Trauma Nursing Core Course (TNCC)<sup>19</sup> curriculum. Many acute care hospitals encourage Emergency Department nurses complete the TNCC course as well.
- The Prolonged Care of the Burn Patient in a Non-Burn Facility Following a Mass Casualty Incident E-Learning modules (also known as the 96 Hour Plan) are available, at no cost, through the University of Utah Health Crisis Standards of Care website. See Appendix 3.4 Burn Training Resources for the login information.
- Additional burn care training is available through the American Burn Association. See Appendix 3.4 Burn Training Resources for more information.

### 2.4.3 Supplies

Hospitals will utilize their normal supply chains to procure and maintain necessary medical equipment and supplies required to stabilize and manage burn patients.

Hospitals with immediate unmet medical supply and/or equipment needs can request resources from other healthcare coalition member organizations, in accordance with the San Joaquin Operational Area Healthcare Coalition Memorandum of Understanding (MOU)<sup>20</sup>. In addition, resource requests can be submitted through the Medical Health Operational Area Coordinator (MHOAC)<sup>21</sup> program, by entering requests into the WebEOC Resource Request and Deployment Module (RRDM)<sup>22</sup>.

The San Joaquin Operational Area Medical Health Multi-Agency Coordination (Med MAC) Group<sup>23</sup> will be activated, as needed, to establish priorities related to the allocation of critical resources.

## 2.5 Special Considerations

### 2.5.1 Behavioral Health

Given the nature and scope of a radiological multi-casualty incident, it can be expected that a number of those who witnessed, were

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<sup>19</sup> <https://www.ena.org/education/tbcc>

<sup>20</sup> <https://www.sjgov.org/department/ems/Menu/emergency-preparedness/coalition>

<sup>21</sup> California Code, Health and Safety Code Section 1797.153

<sup>22</sup> <https://www.sjgov.org/ems/webecinfo.htm>

<sup>23</sup> <https://www.sjgov.org/department/ems/Menu/emergency-preparedness/coalition>

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injured by, or responded to the event will experience some mental trauma in relation to the incident. Healthcare facilities should be prepared to identify and respond to these issues in their patients, patients' families, and their staff to the best of their ability.

In a large-scale disaster scenario, psychological first aid is an evidence informed approach, whose purpose (according to The American Psychological Association) is to "assess the immediate concerns and needs of an individual in the aftermath of a disaster". Psychological First Aid advocates that mental health clinicians and emergency response workers work to understand the victim's world view, project a sense of calm, normalize feelings and reactions, provide information needed to de-escalate acute distress and provide education to the individual or family regarding "next steps" to take.

Healthcare coalition organizations can request Psychological First Aid (PFA) assistance for patients and/or family members by contacting the San Joaquin County Behavioral Health Services Crisis Center<sup>24</sup>, any time, at 209-468-8686.

The San Joaquin Area Critical Incident Support Team (SJACIST) is a group of volunteer chaplains and peer support personnel, trained to assist and support victims, their friends and relatives, as well as healthcare workers, during time of crisis and stress. The team is available 24/7, at no cost.

See Appendix 3.3 Behavioral Health Resources for more information.

### 2.5.2 Decontamination

Contaminated patients should be decontaminated in the field prior to transport, however the treatment of patients with life threatening injuries takes priority over decontamination. All receiving hospitals have been trained and equipped to safely decontaminate patients.

Hospitals need to be prepared to receive contaminated patients that self-present to the Emergency Department.

## 2.6 Operations – Medical Care

### 2.6.1 Triage

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<sup>24</sup> [https://www.sjcbhs.org/crisis\\_intervention.aspx](https://www.sjcbhs.org/crisis_intervention.aspx)

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Patients from multi-casualty incidents will be triaged in accordance EMS Policies No. 7010 Multi-Casualty Incident Filed Operations and 5210 Major Trauma Triage Criteria.

Secondary triage at trauma centers and/or acute care hospitals should be consistent with the triage criteria developed by the U.S. Department of Health and Human Services – Radiation Emergency Medical Management (REMM)<sup>25</sup> and/or Burn Triage and Treatment guide from the American Burn Association<sup>26</sup>.

### 2.6.2 Treatment

The prehospital treatment for patients in the field will be conducted in accordance with EMS Policy Section 5000 Prehospital Care<sup>27</sup>.

The treatment of radiologically exposed patients will be determined by the attending physician, in consultation with a Radiation Injury Treatment Network (RITN) hospital and/or any of the organizations listed in Appendix 3.1

The course of treatment for burn patients, in a trauma center and/or acute care hospital, will be determined by the attending physician, in consultation with a burn center.

### 2.7 Transportation

Patients at a multi-casualty incident will be transported by Advanced Life Support (ALS) ambulance to the appropriate hospital, as directed by the Disaster Control Facility.

Inter-facility transfers will be transported by Basic Life Support (BLS), Advanced Life Support (ALS), Critical Care Transport (CCT), Specialty Care Transport (SCT) or Air Ambulance, as determined by the transferring physician.

The California Patient Movement Plan<sup>28</sup> will be activated once the need to transport patients outside of Mutual Aid Region IV has been identified.

Patients transported outside of the state will be coordinated by the California Medical Health Coordination Center (MHCC) and the National Disaster Medical System (NDMS)<sup>29</sup>.

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<sup>25</sup> <https://www.remm.nlm.gov/burns.htm>

<sup>26</sup> <http://ameriburn.org/quality-care/disaster-response/>

<sup>27</sup> <https://www.sjgov.org/departments/ems/policies>

<sup>28</sup> [https://emsa.ca.gov/wp-content/uploads/sites/71/2019/03/Patient-Movement-Plan\\_Final-3-6-19.pdf](https://emsa.ca.gov/wp-content/uploads/sites/71/2019/03/Patient-Movement-Plan_Final-3-6-19.pdf)

<sup>29</sup> <https://www.phe.gov/Preparedness/responders/ndms/Pages/default.aspx>

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## 2.8 Tracking

Patients from multi-casualty incidents will be tracked by the Disaster Control Facility (DCF) and Patient Transportation Group Supervisor.

Inter-facility transfers will be tracked by the transferring hospital.

## 2.9 Reunification

A list of hospitals that received burn patients from a multi-casualty incident will be collected by MHOAC, or designee, and forwarded to the San Joaquin County Office of Emergency Service (OES) to make available to the public, as needed.

Each hospital will activate their reunification plans to reunite patients with family members, as needed.

## 2.10 Deactivation and Recovery

MCI field operations will be terminated by the Medical Branch Director, after all patients have been transported off scene. The Patient Transportation Group Supervisor will notify the Disaster Control Facility (DCF) when the incident has ended. The DCF will end the MCI event in EMResource, which will notify the activated trauma centers and receiving hospitals, that field operations have been terminated. Hospitals will deactivate surge plans once the surge of patients has ended. The MHOAC, or designee, will deactivate once Operational Area and/or Regional coordination is no longer required.

Prehospital, hospital and MHOAC program personnel will conduct incident critiques or hot washes, after the incident, to identify strengths, areas for improvement, and if needed, corrective actions. Findings will be documented in After Action Reports.

## 3 Appendices

### 3.1 Radiation Care Resources

3.1.1 Radiation Emergency Assistance Center/Training Site (REAC/TS)  
Oak Ridge Institute for Science and Education  
<https://orise.orau.gov/resources/reacts/index.html>

3.1.1.1 General Information:  
1-865-576-3131

3.1.1.2 After-Hours:  
1-865-576-1005 (Ask for REAC/TS)

3.1.5.3 REAC/TS Rad Med App

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- App Store  
<https://apps.apple.com/us/app/reac-ts/id1472260982?ls=1>
- Google Play  
[https://play.google.com/store/apps/details?id=com.quickseries.rca.REAC.TS&hl=en\\_CA](https://play.google.com/store/apps/details?id=com.quickseries.rca.REAC.TS&hl=en_CA)

3.1.2 Radiation Injury Treatment Network  
<https://ritn.net/>

3.1.3 U.S. Department of Health and Human Services – Radiation  
Emergency Medical Management (REMM)  
<https://remm.hhs.gov/index.html>

3.1.3.1 Interactive Tool to Determine Triage Category and  
Myeloid Cytokine Use After a Nuclear Detonation  
<https://remm.hhs.gov/triagetool5.htm>

3.1.3.2 Does Estimator for Exposure – 3 Biodosimetry Tools:  
[https://remm.hhs.gov/ars\\_wbd.htm](https://remm.hhs.gov/ars_wbd.htm)

3.1.3.3 Biodosimetry Reference List  
[https://remm.hhs.gov/biodosimetry\\_refs\\_mindnode.htm](https://remm.hhs.gov/biodosimetry_refs_mindnode.htm)

3.1.2.3 Managing Internal Radiation Contamination  
[https://remm.hhs.gov/int\\_contamination.htm#blockingagents](https://remm.hhs.gov/int_contamination.htm#blockingagents)

3.1.2.4 REMM Mobile App

- App Store  
<https://apps.apple.com/us/app/id372600451>
- Google Play  
<https://play.google.com/store/apps/details?id=gov.nih.nlm.sis.remm>

3.1.4 Centers for Disease Control and Prevention (CDC)  
<https://www.cdc.gov/nceh/radiation/emergencies/index.htm>

3.1.4.1 Information for Clinicians  
<https://www.cdc.gov/nceh/radiation/emergencies/clinicians.htm>

3.1.4.2 Acute Radiation Syndrome: A Fact Sheet for Clinicians



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<https://www.cdc.gov/nceh/radiation/emergencies/arsphysicianfactsheet.htm>

- 3.1.4.3 Medical Countermeasure (Treatment) for Radiation Exposure and Contamination  
<https://www.cdc.gov/nceh/radiation/emergencies/countermeasures.htm>

### 3.2 Burn Care Resources

- 3.2.1 ASPR-TRACIE Burn Collection  
<https://asprtracie.hhs.gov/technical-resources/28/burns/0>

- 3.2.2 American Burn Association  
<http://ameriburn.org/>

- 3.2.2.1 Burn Center Referral Criteria  
<http://ameriburn.org/wp-content/uploads/2017/05/burncenterreferralcriteria.pdf>

- 3.2.2.2 Western Region Burn Disaster Consortium – Burn Mass Causality Operations Plan  
<http://ameriburn.org/wp-content/uploads/2021/03/final10.2020-wrbdc-bmci-operations-plan.pdf>

- 3.2.3 University of Utah Health Crisis Standards of Care  
<https://crisisstandardsofcare.utah.edu/Pages/home.aspx>

- 3.2.3.1 Burn CSC App
- App Store  
<https://apps.apple.com/us/app/uofu-health-burn-csc/id1521337083>
  - Google Play  
[https://play.google.com/store/apps/details?id=com.universityofutahhealth.csc&hl=en\\_US&gl=US](https://play.google.com/store/apps/details?id=com.universityofutahhealth.csc&hl=en_US&gl=US)

### 3.3 Radiation Training Resources

- 3.3.1 Just-in-Time Training: Acute Radiation Syndrome Healthcare Providers Primer for Healthcare Providers  
<https://ritn.net/training/just-in-time>

- 3.3.2 Radiation Injury Treatment Network (RITN): What You Need to Know  
<https://youtu.be/v-qW-z7qXRw>

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### 3.3.3 Radiation Injury Treatment Network (RITN): Web-Based Training <https://ritn.net/training/web-based-training>

3.3.3.1 Initial Care of Patients with Acute Radiation Syndrome  
<https://cloud.scorm.com/sc/InvitationConfirmEmail?publicInvitationId=e8b27387-b6ca-4856-b5a6-f796f4a5311f>

3.3.3.2 Basic Radiation Training for Healthcare Professionals  
<https://cloud.scorm.com/sc/InvitationConfirmEmail?publicInvitationId=04103a69-ee86-4152-8201-8143fb605bc2>

3.3.3.3 RITN Concept of Operations  
<https://app.cloud.scorm.com/sc/InvitationConfirmEmail?publicInvitationId=b3cda249-6bbf-4394-857c-b102d098be56>

3.3.3.4 Non-Medical Personnel Radiation Awareness  
<https://cloud.scorm.com/sc/InvitationConfirmEmail?publicInvitationId=e2424f58-af16-42b9-9fc8-e3cb0203f33f>

### 3.3.4 CDC Radiological Terrorism: Just-in-Time Training for Hospital Clinicians <https://orau.gov/rsb/video/jit.html>

### 3.3.5 Instrument Training Videos

3.3.5.1 Ludlum Model 3  
<https://www.youtube.com/watch?v=l4hJqzqpD7U>

3.3.5.2 Ludlum Model 9 DP  
[https://youtu.be/UYPJQNVeC\\_I](https://youtu.be/UYPJQNVeC_I)

3.3.5.3 Ludlum Model 14 C  
<https://youtu.be/zDUf-luC2-c>

3.3.5.4 Ludlum Model 26-1  
<https://youtu.be/ijaxlBZjdbE>

3.3.5.5 Ludlum Model 2241-2 Kit  
<https://www.youtube.com/watch?v=iRjmJxHEXHU>

## 3.4 Burn Training Resources

### 3.2.1 University of Utah Health Crisis Standards of Care

3.2.1.1 96 Hour Plan E-Learning Modules (Click request account on the login page)

## San Joaquin Operational Area Healthcare Coalition Radiation Surge Annex

<https://crisisstandardsofcare.utah.edu/Pages/training-96hr-main.aspx>

### 3.2.2 American Burn Association

#### 3.2.2.1 Education Resources

<https://ameriburn.org/education/education-resources/>

### 3.2.3 Emergency Nurses Association

#### 3.2.3.1 Trauma Nursing Core Course (TNCC)

<https://www.ena.org/education/tncc>

### 3.3 Behavioral Health Resources

#### 3.3.1 American Psychological Association

##### 3.3.1.1 Psychological First Aid Resources

<https://www.apa.org/practice/programs/dmhi/psychological-first-aid/resources>

#### 3.3.2 Substance Abuse and Mental Health Service Administration (SAMHSA)

<https://www.samhsa.gov/>

##### 3.3.2.1 SAMHSA Disaster Mobil App

[https://store.samhsa.gov/product/samhsa-disaster?referer=from\\_search\\_result](https://store.samhsa.gov/product/samhsa-disaster?referer=from_search_result)

#### 3.3.3 San Joaquin County Behavioral Health Services - Crisis Center

[https://www.sjcbhs.org/crisis\\_intervention.aspx](https://www.sjcbhs.org/crisis_intervention.aspx)

3.3.3.1 Primary 24/7 Contact:  
209-468-8686

#### 3.3.4 San Joaquin Area Critical Incident Support Team (SJACIST)

<http://www.sjacist.com/>

3.3.4.1 Primary 24/7 Contact:  
209-373-3288

3.3.4.2 Secondary Contact:  
209-479-1414