method for containing and disposing of contaminated runoff. CDC does not recommend establishing fixed decontamination units in prehospital areas because of the expense and inflexibility of such units.

5. Level of Medical Preparedness Training

- At a minimum, train persons designated as prehospital medical responders in evaluating patients exposed to chemical warfare agents, managing patients' airways (excluding intubation), transporting patients, and decontaminating patients.
- Train prehospital responders who have been designated in State or local disaster plans to operate in environments contaminated by a chemical warfare agent in the proper use of PPE in accordance with OSHA guidelines (2).
- Ensure that, at a minimum, physicians who have been designated in State and local disaster plans to provide medical supervision for prehospital emergency responders and to provide medical care for victims of a chemical agent release receive specialized training through continuing education in the emergency response areas specified for prehospital responders.

6. Patient Triage

The basic premise of patient triage, to provide maximum benefit to the greatest number of victims, is of utmost importance during a mass-casualty event involving chemical agents.

- Have the responder most experienced in evaluating patients conduct the triage.
- Base decisions regarding patient triage on local resources, the extent of patient contamination, the type of chemical warfare agent to which the patient is exposed, the patient's clinical status, and the likelihood of additional traumatic injuries.

7. Public Information

- Provide the Joint Information Center (JIC) with appropriate information to inform the public accurately and rapidly about chemical agent exposures that have or may have occurred. If possible, monitor information coming from the JIC and assist in ensuring the accuracy and timeliness of that information.
- Establish, through the local emergency medical services (EMS) and hospital community, a coordinated public information policy for all chemical emergencies.
- Work with public health and emergency management officials to contact local and regional news media in advance and establish an accurate and rapid way of disseminating critical information to the public concerning a chemical agent emergency.
- Ensure that hospital and EMS personnel coordinate their plans to provide public information with the plans of those who have overall responsibility for emergency response.

8. Communication

Medical personnel must have access to the emergency communication network 24 hours a day. Such a network should link the chemical agent depot, local and regional EMS, and all potential receiving hospitals. During any evaluation of preparedness for a chemical warfare release into civilian communities:

- Have medical personnel demonstrate the ability to access the emergency communications network.
- Ensure that the hospitals' emergency communications system allows hospital personnel to verify rapidly whether a chemical warfare agent release has occurred.

9. Transporting Exposed Victims

- Coordinate the transportation of chemical agent-exposed victims with the overall disaster response plan and include a method for tracking transported patients during an emergency response.
- Transport contaminated patients only after they have been properly decontaminated.
- Transport decontaminated patients to medical facilities (e.g., hospitals, clinics, and urgent care centers).
- Formal agreements such as memorandums of understanding (MOUs) between organizations that transport patients and the medical facilities that receive them must be part of the planning process. Medical facilities designated to receive these patients should be capable of evaluating and managing those exposed to chemical agents as described later in the hospital section (Section IV) of this document.
- Base decisions regarding urgent and emergency transfers of decontaminated patients on the capabilities of the receiving facilities, transportation resources, demand for hospital services, and the clinical condition of the patients. Certain medical care (e.g., for burns, pediatric emergencies, trauma, or pulmonary complications) might require prearrangements for patients to be transferred to a tertiary treatment center. CDC recommends that transfer and evacuation plans for victims exposed to chemical warfare agents call for land—rather than air—transportation.

10. Medical Evaluation and Treatment

- Train medical response personnel specifically to assess and manage patients exposed to chemical agents stored at the nearby military depot.
- Decontaminate all exposed patients as described above.
- Provide medical treatment (during or after contamination), according to accepted treatment modalities, to patients exposed to nerve or mustard agents. If antidotes to nerve agents are used in the field by civilian medical responders as designated in State or local disaster plans, CDC recommends using single-dose, pre-armed auto injectors, unless a higher level of medical response has already been integrated into EMS operations. Additional information on the effects of chemical warfare agents and accepted medical protocols for caring for patients exposed to mustard or nerve agents is available (5–14).

IV. Recommendations for Hospital Preparedness

1. Primary Receiving Hospitals

A primary receiving hospital is a hospital that is designated by State or local disaster plans to provide initial medical care to the civilian population in the event of a chemical warfare agent release. Such hospitals must have established protocols detailing evaluation, decontamination, and treatment procedures for patients exposed to chemical warfare agents. These hospitals should include:

- Evaluation, treatment, and decontamination protocols in the hospitals' disaster plans.
- Chemical warfare agent scenarios in disaster drills for hospitals that have been designated in State or local disaster plans to receive patients exposed to chemical warfare agents.

2. Triage Considerations

- Do not allow patients exposed to a chemical warfare agent to enter the emergency department without adequate evaluation and decontamination. Signs of mustard agent exposure, in particular, may require 24–48 hours before they become clinically evident.
- Train medical staff designated by the hospital disaster plan to perform triage during an emergency related to chemical warfare agents to recognize the physical signs and symptoms of patients who have been exposed to such agents.
- Base modifications to patient triage procedures on the extent of patient contamination, the type of chemical warfare agent to which the patient has been exposed, the patient's clinical