Health Care Coalition Chemical Emergency Surge Annex Template

Updated July 2026

The FY 2024-2028 Hospital Preparedness Program Cooperative Agreement Notice of Funding Opportunity (NOFO) requires Health Care Coalitions (HCCs) to perform specific core functions to include specialty care planning. The development of a complementary coalition-level **Chemical Emergency Surge Annex** supplements the coalition's base medical surge/trauma mass casualty response plan to improve capacity and capabilities during a medical surge incident.

The initial response to a chemical incident lies with first responders and the hospitals, but HCCs can support a coordinated, consistent response, particularly in the planning phase. The Occupational Safety and Health Administration (OSHA) document Best Practices for Hospital-Based First Receivers contains critical information to help hospitals meet Hazardous Waste Operations and Emergency Response (HAZWOPER) standards for decontamination response that is tailored to their role. Emergency medical service (EMS) agencies must meet these HAZWOPER standards in accordance with their response roles (e.g., required operations-level training for any direct contact with contaminated casualties as such contact often cannot be prevented due to individuals fleeing the chemical release area).

This chemical-focused operational annex is meant to complement the HCC Response Plan. It is intended to be a high-level, incident-specific strategy that identifies the available experts and specialized resources that exist within, or are external to, an HCC. Each hospital and EMS agency has obligations under OSHA, and other regulations, to maintain detailed policies and procedures that support their individual operations. However, that level of detail is not necessary in this annex. Importantly, and especially for chemical response, the Annex should identify the responsible agency/entity and summarize their respective plans. This will provide a comprehensive overview of chemical response capabilities across the jurisdiction by HCC partners, regardless of the specific role the HCC plays in a chemical exposure event.

This template provides general headers and descriptions needed to develop a sample HCC Chemical Emergency Surge Annex. The resources used to develop this template include

sample HCC plans and Health Care Preparedness and Response Capabilities for Health Care Coalitions guidance. This document is organized to include:

- Sample plan headings/sub-headings,
- Descriptions and considerations,
- Sample resources/plans/templates that may provide guidance to assist HCCs in their planning efforts. *Please note: there is no guarantee the resource(s) listed directly apply to the unique circumstances of the HCC.*
- A sample annex outline in Appendix A.

While developing this annex, it is important to note that health care organizations respond to emergent patient care needs daily and prepare for and simultaneously respond to emerging threats that might impact the public's health. The FY 2024-2028 NOFO states, "In addition to the usual information management and resource coordination functions, each specialty surge annex should be similarly formatted and emphasize the following **core elements**:

- Indicators/triggers and alerting/notifications of a specialty event,
- Initial coordination mechanism and information gathering to determine impact and specialty needs,
- Documentation of available local, state, and interstate resources that can support the specialty response and key resource gaps that may require external support (including inpatient and outpatient resources[1]),
- Access to subject matter experts (SMEs) – local, regional, and national,
- Prioritization method for specialty patient transfers (e.g., which patients are most suited for transfer to a specialty facility),
- Relevant baseline or just-in-time training to support specialty care,
- Evaluation and exercise plan for the specialty function."

Additionally, the FY 2024-2028 NOFO states that the chemical emergency surge annex should:

[1] While some resources may not be located within the health care coalition itself, the availability of resources can vary and effective response efforts may require coordination with entities both within and beyond the coalition's geographic region.

- Determine risks for community chemical events (e.g., industrial, terrorist, transportation-related).
- Consider decontamination assets and throughput (pre-hospital and hospital) including capacity for dry decontamination.
- Determine EMS and hospital personal protective equipment (PPE) for hazardous material (HAZMAT) events.
- Review and update Chemical Hazards Emergency Medical Pack (CHEMPACK) and/or other chemical countermeasure mobilization and distribution plan.
- Coordinate training for HCC members on the provision of wet and dry decontamination and screening to differentiate exposed from unexposed patients.
- Ensure involvement and coordination with regional HAZMAT resources (where available) including EMS, fire service, health care entities, and public health agencies (for public messaging.
- Develop plans for a radiation event community reception center with public health partners.

Prior to developing any emergency response plan, HCCs should work with jurisdictional emergency management to complete a new risk assessment and should conduct a hazard vulnerability assessment (HVA) for their state or jurisdiction. HCCs should also consider identifying incident-specific essential elements of information, integrating with state and local crisis standards of care plans, and assessing supply stockpiles and their policies for activation and use.

NOTE TO COALITIONS: Although jurisdictions are not required to use this template or follow its format, they are encouraged to do so. While there are many acceptable planning methods and document formats, this template specifically considers coalition and jurisdictional needs that promote operational planning and capability-based response during a medical surge event. It is also structured to address the necessary elements of the FY 2024-2028 NOFO as previously outlined. The planning process should be collaborative between hospitals, community-based health care facilities, public health departments (particularly with local and state response

teams), EMS, emergency management agencies, and other community organizations to discuss, strategize, and plan for the level of care that can be provided and resources available during and after a chemical emergency. This annex template is consistent with our base Health Care Coalition Response Plan format and supports a seamless planning process and facilitated response. The length and complexity of the annex is directly proportional to the diversity of resources and members within the coalition.

Additional templates and resources developed by ASPR TRACIE to support HCCs can be found on their Health Care Coalitions Resource Page. For more information, visit https://asprtracie.hhs.gov or contact our Assistance Center at 1-844-5-TRACIE or askasprtracie@hhs.gov.

Acknowledgements

Contributors and reviewers of this document are listed alphabetically and include: **John Hick**, MD, ASPR TRACIE and Hennepin Healthcare; **Ziad Kazzi,** MD, FAAEM, FACEP, FACMT, FAACT, Co-Director, Center for Advanced Emergency Care, Director, International Medical Toxicology Fellowship Program, Associate Medical Director, Southern Regional Disaster Response System, Emory University; **Annette Newman**, MS, RN, CCRN, Utah Hospital Association, Western Region Burn Disaster Coordinator, State Coordinator WRAP-EM; and **Mary Beth Skarote**, MEP, Healthcare Coalition Division Manager, All Clear Emergency Management Group.

1. Introduction

Section Headers/ Subheadings	Description and Considerations	Sample Resources
1.1 Purpose	This section describes what the Chemical Surge Annex will address and the related HCC goals/objectives for this annex. **Sample language:** This annex describes a coordinated health care response to a large-scale chemical emergency in which the number and severity of exposed or possibly exposed patients challenges the capability of HCC member facilities. The annex outlines the specific incident and response protocols necessary to properly plan for, manage, and care for patients during a chemical emergency. This annex does not replace jurisdictional emergency operations plans or procedures; it refers to and builds upon the existing plans to provide additional health care response details. The annex also does not replace the need to have separate chemical protocols, equipment, and training for each health care facility or EMS agency. This annex should ensure that during a chemical emergency: • Coalition members understand their roles and responsibilities for containing contamination, decontaminating patients, and providing patient care. • Resources within and external to the coalition are documented and coalition members understand the timeframe for resource activation and arrival. • Each health care facility and EMS agency has a plan, proper training, and the necessary equipment to address the needs of patients impacted by a chemical incident, including the provision of dry and wet decontamination.	Agency for Toxic Substances Disease Registry (ATSDR) Information for Emergency Responders Allen County Office of Homeland Security Local Emergency Planning Committee Hazardous Materials Emergency Response Plan Albuquerque Emergency Operations Plan ESF #10: Hazardous Materials ASPR TRACIE Resources • Chemical Hazards Topic Collection • Hospital Readiness and Response Online Guidebook: Chemical Hazardous Material Decontamination • Exchange Issue 9 Preparing for and Responding to Chemical Incidents • Continuity of Operations (COOP)/Business Continuity Planning Topic Collection Biomedical Advanced Research and Development Authority (BARDA) Primary Response Incident Management (PRISM)

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	• Sources of information regarding patient care are documented and readily available (e.g., job aids, technical experts available to consult). • Emergency management and public health agencies should understand the need for rapid communication to the public; the potential need for shelters where victims can perform self-decontamination (e.g., "dry" decontamination at a minimum); additional locations for mass decontamination; the coordination of medical countermeasure deployment (e.g., CHEMPACK, Strategic National Stockpile [SNS]), and secondary transport coordination.	California Emergency Medical Services Authority Resources • Chemical Incident Response Guide • Chlorine Tank Explosion Incident Planning Guide • Chemical Incident Planning Guide • Nerve Agent Incident Planning Guide Albuquerque Emergency Operations Plan ESF #10: Hazardous Materials ASPR TRACIE Resources • Chemical Hazards Topic Collection • Hospital Readiness and Response Online Guidebook: Chemical Hazardous Material Decontamination • Exchange Issue 9 Preparing for and Responding to Chemical Incidents • Continuity of Operations (COOP)/Business Continuity Planning Topic Collection Biomedical Advanced Research and Development Authority (BARDA) Primary Response Incident Management (PRISM) California Emergency Medical Services Authority Resources • Chemical Incident Response Guide
1.2 Scope	This section should be brief and include: • The timeframe covered by the plan. • The geographic area covered by the plan (may refer to base plan). • Involved coalition and jurisdictional partners (may refer to base plan but also include nontraditional coalition partners who may only support the coalition during a chemical surge). • Any necessary disclaimers about the plan (e.g., not to supersede authorities of the participating entities), jurisdictional requirements (e.g., SARA Title III), or acknowledgement of other dedicated community plans (e.g., Local Emergency Planning Committee [LEPC]). This is especially important as a coalition may cross jurisdictional boundaries when responding to a chemical emergency that includes multiple LEPCs.	
1.3 Overview/ Background of HCC and Situation	This section should include a **general overview** of the HCC and the community, relative to a chemical emergency, including: • Members • Demographics • Health care facilities, including relevant trauma centers, other coalition hospitals, and any related transfer agreements (e.g., include a description of the health care system and potential role during a chemical emergency to include burn centers, acute care facilities and their trauma designation).	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	• Chemical emergency resources or capabilities represented in the coalition (e.g., decontamination trailers, fixed decontamination facilities, medical countermeasure assets). • General coalition resources and responsibilities during a chemical emergency vs. other agency responsibilities. • Those potentially at higher risk during a chemical emergency (e.g., industrial/transportation workers, EMS/first responders) and vulnerable populations (e.g., long term care [LTC] facility residents, those with limited evacuation options or in close proximity to a fixed chemical risk, and pediatric patients). • Areas at high risk of an accidental or intentional chemical incident (e.g., industrial plants, research facilities, and transportation hubs). This section may also include a comparison of health care facilities' decontamination projected capacity under normal conditions and projections under surge conditions.	• Chlorine Tank Explosion Incident Planning Guide • Chemical Incident Planning Guide • Nerve Agent Incident Planning Guide California Office of Emergency Services HazMat Toolkit • Part I- Intro • Part 2- Concept of Operations • Part 3- Roles/Responsibilities • Part 4- Attachments
1.4 Assumptions	This section should outline the key points/assumptions of the plan such as: • Each facility or health care organization should understand expectations specific to them as coalition members, especially within the first minutes and hours of a large-scale chemical incident. • Hospitals may need to shelter in place (or, less likely, evacuate) in response to a chemical release or plume. • There should be an understanding of the general expectations for EMS and fire/rescue personnel during a chemical incident response considering regional resources. • Hospitals must have appropriate plans, PPE, and equipment to receive and decontaminate self-referred patients. • On-duty staff will need to quickly evaluate a large number of people to determine actual versus possible exposures. • Job aids will be needed to help initiate response, decontamination, and treatment guidance for these uncommon events. • Specialty consultation (e.g., poison control center, hospital-based medical toxicologists, regional hazardous material [HAZMAT] experts) will be needed quickly to provide specific care recommendations for agent type and magnitude of release.	Centers for Disease Control and Prevention (CDC) • About Chemical Emergencies • National Institute for Occupational Safety and Health (NIOSH) DERMaL eToolkit • Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors - Version 2.0 U.S. Department of Health and Human Services (HHS) Chemical Hazards Emergency Medical Management (CHEMM) Information for Incident Preparedness

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	• Depending on the scale of the chemical incident, establishment of alternate decontamination or screening locations may be required to assess low-risk patients and provide basic decontamination. • There may not be an adequate local supply of specific countermeasures and antidotes for a large-scale chemical emergency. • Health concerns, prolonged response requirements, fatigue, difficult work environments, and stress may contribute to stress and other behavioral health challenges among coalition members. • Depending on scale, severity, and type of chemical emergency, it may be necessary to contract private organizations to assist with large-scale containment and clean-up efforts.	Department of Homeland Security (DHS) • Office of Health Affairs Chemical Resources • Urban Area Recovery Planning with CBR Hazards Department of Transportation • Office of Hazardous Materials Safety Assistance • Emergency Response Guidebook Environmental Protection Agency (EPA) Chemicals and Toxics Federal Emergency Management Agency (FEMA) • Hazardous Materials Incidents Guidance for State, Local, Tribal, Territorial, and Private Sector Partners • Oil and Chemical Incident Annex • FEMA Key Planning Factors and Considerations for Response to and Recovery from a Chemical Incident National Response Team Hazardous Materials Emergency Planning Guide OSHA Best Practices for Hospital-Based First Receivers of Victims from Mass

Section Headers/ Subheadings	Description and Considerations	Sample Resources
		Casualty Incidents Involving the Release of Hazardous Substances Washington State Emergency Response Commission Hazardous Materials Emergency Response Plan Guidelines for Responding to a Chemical Weapons Incident

2. Concept of Operations

Section Headers/ Subheadings	Description and Considerations	Sample Resources
2.1 Activation	This section should include information on the annex activation process (including levels as relevant); the indicators and triggers that initiate the plan (including thresholds for notifying hospitals and EMS about a chemical release); and an outline of who would be contacted to initiate a regional response. These activation and notification sections should only detail the differences between a chemical incident versus a general disaster process.	ATSDR Emergency Response Allen County Office of Homeland Security Local Emergency Planning Committee Hazardous Materials Emergency Response Plan ASPR TRACIE Chemical Hazards Topic Collection
2.2 Notifications	This section should outline alerting and notification strategies specific to a chemical emergency. It should detail who will be notified, by whom, when, and how. Content should include information on specific communication systems, information management processes, and/or notification/coordination	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	strategies between the HCC, health care facilities, specialty facilities, and federal, state, local, tribal, or territorial agencies. This section should also include any specific state or federal notifications that may need to be made (e.g., information regarding decontamination wash water runoff) and may also include who provides public notifications about an incident and/or immediate actions. Plans should consider what notification mechanisms are already in place, or what may be needed, to properly notify all responding agencies/organizations in a timely manner to ensure they take proper protective measures.	ASPR TRACIE Hospital Readiness and Response Online Guidebook: Chemical Hazardous Material Decontamination California Emergency Medical Services Authority • Chemical Incident Response Guide • Chlorine Tank Explosion Incident Planning Guide • Chemical Incident Planning Guide • Nerve Agent Incident Planning Guide California Office of Emergency Services HazMat Toolkit • Part I- Intro • Part 2- Concept of Operations • Part 3- Roles/Responsibilities • Part 4- Attachments CDC NIOSH DERMaL eToolkit DHS Urban Area Recovery Planning with CBR Hazards HHS CHEMM Quick Response Guide EPA Office of Chemical Safety and Pollution Prevention
2.3 Roles and Responsibilities	This section should define HCC, agency, and health care facility functions during a chemical emergency. It should include the role of any specialty response teams (e.g., HAZMAT, Civil Support Teams [CST]) and identify the lead agency coordinating the health care aspects of the response. The plan should specifically outline: • The designated lead agency for a chemical emergency response. • The agency that will operate community reception centers or alternate care sites (if needed). • The primary agency overseeing risk communication during a chemical incident to ensure rapid public messaging (e.g., shelter-in-place or evacuation orders). • The expectations of fire or other first responders to provide on-scene assessments and patient decontamination needs (e.g., dry and wet decontamination). • The expectations of EMS regarding care of contaminated patients, medical countermeasure administration, patient distribution, and mutual aid for secondary transfers. • The expectations of health care facilities, including their ability to provide decontamination.	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	• The agency/entity responsible for obtaining agent/treatment information and circulating it to stakeholders. • The state, or other, agencies that would have oversight or must be notified of a chemical incident.	Federal Emergency Management Agency • Hazardous Materials Incidents Guidance for State, Local, Tribal, Territorial, and Private Sector Partners • Oil and Chemical Incident Annex New Jersey Office of Emergency Management Emergency Response Plan Template Washington State Emergency Response Commission Hazardous Materials Emergency Response Plan U.S Army Guidelines for Responding to a Chemical Weapons Incident
2.4 Logistics	This section should outline the available resources and potential logistics issues that may occur during a chemical incident and discuss strategies for HCCs and member facilities to address these challenges. It should focus on when and how resources can be requested and strategies for distribution. The "space," "staff," and "supplies" sections are included for consistency with other annexes, however coalitions may wish to group these differently (e.g., by local resources versus regional/state, by decontamination versus treatment resources, or by EMS versus hospital roles/responsibilities). The plan should also highlight any designated facilities within the HCC that are expected to fulfill the majority of decontamination needs and document available local, state, and interstate resources that can support a chemical incident response, their request process, and their response timeline.	ASPR TRACIE • Chemical Hazards Topic Collection • Partnering with the Healthcare Supply Chain During Disasters ATSDR Information for Emergency Responders, Healthcare Professionals, Public Health Partners Allen County Office of Homeland Security Local Emergency Planning Committee

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	Ensure plans include and consider: • Available local assets. • Resources for external support (including additional patient decontamination/containment materials, medical countermeasure/treatment supplies). • Any detection equipment, chemical sampling/evaluation, and laboratory resources available for pre-hospital and hospital use. • Coordination with regional HAZMAT resources (where available) including EMS, fire service, health care entities, and public health agencies (for public messaging). • Available EMS and hospital PPE for hazardous material (HAZMAT) events.	Hazardous Materials Emergency Response Plan BARDA Primary Response Incident Management (PRISM) California Emergency Medical Services Authority • Chemical Incident Response Guide • Chlorine Tank Explosion Incident Planning Guide • Chemical Incident Planning Guide • Nerve Agent Incident Planning Guide Centers for Disease Control and Prevention • Community Reception Center (CRC) Drill Toolkit • Emergency Preparedness and Response Chemical Emergencies Department of Health and Human Services • CHEMM Incident Response • CHEMPACK • Patient Decontamination in a Mass Chemical Exposure Incident: National Planning Guidance for Communities
2.4.1 Space	This section should provide a summary of regional hospital decontamination capabilities, including the number of decontamination stations or showers (fixed or temporary) and their estimated throughput per hour. It should also describe community-based decontamination resources, such as mobile assets (e.g., fire/rescue), and identify potential sites for mass screening/decontamination, similar to those used in community reception center planning for radiological events. Additionally, the section should specify which agencies or entities are responsible for approving and activating these sites. Where applicable, it may also include information on regional specialty resources (e.g., burn center).	
2.4.2 Staff	This section should outline the expectations for initial and supplemental hospital decontamination teams and staffing. The usual staffing augmentation plans should apply as per the base plan, including use of supplemental staff and contingency plan to account for the possibility that some personnel may be unavailable or may choose not to report/participate due to concerns about personal safety. This section should also briefly outline fire/rescue assets that could support a hospital decontamination surge and include information on how they can be requested (if not occupied at the site).	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	Additional considerations include adding information on regional chemical information and response assets that may be needed (e.g., HAZMAT safety officers, medical toxicologists, poison control center, industry hygienists, or CST). This section can also explain how regional/state HAZMAT teams, the Agency for Toxic Substances and Disease Registry (ATSDR) emergency response teams, or environmental health agency assets can be integrated and/or utilized (if available).	Department of Transportation (DOT) Emergency Response Guidebook EPA Chemicals and Toxics FEMA Oil Chemical Incident Annex New Jersey Office of Emergency Management Emergency Response Plan Template NIOSH Chemical, Biological, Radiological, and Nuclear (CBRN) Respiratory Protection Handbook OSHA Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances Organisation for the Prohibition of Chemical Weapons Practical Guide for Medical Management of Chemical Warfare Casualties United States Army • Guidelines for Responding to a Chemical Weapons Incident • Medical Department Borden Institute Medical Aspects of Chemical Warfare
2.4.3 Supplies	This section should summarize the equipment and resource expectations of member health care facilities relevant to a chemical incident, and coalition-level strategies to ensure adequate supply levels and availability. This section should include coalition-level policies for accessing, mobilizing, storing, and distributing specialized supplies as relevant (e.g., CHEMPACK). This section should consider: • Baseline chemical PPE for EMS and hospitals in the coalition as appropriate per previously listed assumptions. • Decontamination assets and throughput (pre-hospital and hospital), including capacity for dry decontamination (e.g., number of redress kits). • Baseline preparedness threshold levels of supplies for hospitals as appropriate (e.g., PPE, countermeasures) and/or list the locations and contents of hospital-based caches. • Baseline EMS agency supply expectations for HAZMAT response and patient treatment. • Current local or state countermeasure/stockpile data relevant to your area and contact information for activation. • Stockpile/materials release, distribution, replenishment, and sharing policies (e.g., who gets what, when, and how).	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	• Plans and protocol for accessing and distributing CHEMPACK resources. Ensure the coalition is familiar with how to engage the state to make additional requests. • Additional decontamination supplies (e.g., dry decontamination kits, wet decontamination equipment, privacy shelters, containment materials). This section should also consider the need to review and/or update relevant CHEMPACK and/or other chemical countermeasure mobilization and distribution plans.	Washington State Emergency Response Commission Hazardous Materials Emergency Response Plan
2.5 Operations – Medical Care	This section should document chemical emergency operational patient care considerations.	Agency for Toxic Substances and Disease Registry Emergency Response Albuquerque Emergency Operations Plan Annex 8 Medical Services American Burn Association Disaster Response ASPR TRACIE Topic Collections • Chemical Hazards • COOP/Business Continuity Planning • Recovery Planning BARDA Primary Response Incident Management (PRISM) California Emergency Medical Services Authority • Chemical Incident Response Guide
	This section should reference any specific triage approaches for exposed, or possibly exposed, patients and outline expectations for hospital transport versus release-at-scene. The plan should include roles and responsibilities for on-scene evaluation and treatment by medical personnel, such as: • Discuss the expansion of response needs according to size/scale of the incident and thresholds for opening community screening sites and potential /prioritized locations. • Highlight what medical information is needed (e.g., exposure level/duration/route, patient history, diagnostic data) to support decision-making. Note how information will be collected, documented, shared, and secured. • Identify any tools and/or technical resources that may be relied upon in the region for standard treatment and decontamination information (e.g., PRISM, ToxFAQs, ChemView, ChemResponder, CHEMM). • Outline the basis for prioritizing patient decontamination, treatment, and transport (e.g., hazard type, exposure duration, route of exposure, or other trauma).	
2.5.2 Patient Care/Management	This section should summarize chemical emergency surge operations plans, including: • Expectations for pre-hospital and in-hospital emergency, gross, and technical decontamination.	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	• Role of EMS in the care of contaminated patients including countermeasure administration. • Mechanisms and processes that will be used to track patients, their contamination status, and treatment provided (e.g., a paper tagging system) • Expansion of decontamination operations relative to scope of the incident (e.g., transition to dry decontamination for ambulatory victims in large incidents, the request/use of additional resources or techniques). The plan should consider the need to relocate a significant number of asymptomatic or low-acuity individuals for purposes such as screening or decontamination.	• Chlorine Tank Explosion Incident Planning Guide • Chemical Incident Planning Guide • Nerve Agent Incident Planning Guide Centers for Disease Control and Prevention (CDC) • Emergency Preparedness and Response Chemical Emergencies • Reference Guide for Certification of Deaths in the Event of a Natural, Human-induced, or Chemical /Radiological Disaster Department of Transportation Emergency Response Guidebook EPA Assessing and Managing Chemicals Under TSCA Food and Drug Administration (FDA) Products Approved for Chemical Emergencies Greater New York Hospital Association Mass Casualty Incident Response Toolkit
2.5.3 Treatment	This section should describe the following coalition role in planning for and circulating treatment protocols for chemically exposed patients: • Outline any regional coordination strategies with HAZMAT specialists, medical toxicologists, industry, local emergency planning council (LEPC) and other SMEs. • Summarize, or provide links to, available treatment recommendations for common/critical chemical exposures (that should serve as a common point of reference). • Describe the process to provide agent information to hospitals from the field and any mechanism for providing treatment recommendations to the hospitals from the poison control center or other source.	
2.5.4 Safety and Control Measures	This section should briefly summarize EMS and hospital expected safety and control measures during a chemical emergency. Plans should reference jurisdictional emergency management protocols as outlined in local emergency response plans. Community safety and control measures will reside with fire/HAZMAT, emergency management, and public health entities. Ensure compliance with OSHA Hazardous Waste Operations and Emergency Response (HAZWOPER) standards (including training, establishment of control zones, hot/warm/cold zones, and use of PPE). The plan should specifically address:	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	Expectations for management of wash water from decontamination operations (e.g., if allowing mass decontamination wash water to run down sanitary sewers who needs to be notified?) • Plans for managing large quantities of victim clothing and belongings and large-scale disposal of contaminated waste from patient decontamination and care operations. • State/local waste transportation and/or management regulations, to include considerations for EMS agencies. • Regional protocols for establishing zones of control for a chemical incident. • Expectations/plans for hospital control of spaces to direct ambulance and self-referred patients through the decontamination processes prior to facility entry, or to limit contamination after inadvertent facility entry.	U.S. Department of Health and Human Services • CHEMM Incident Response • DERMaL eToolkit • Patient Decontamination in a Mass Chemical Exposure Incident: National Planning Guidance for Communities • Chemical Emergencies Los Angeles Department of Health Services CHEMPACK Deployment for Nerve Agent Release Los Angeles Public Health Terrorism Agent Information and Treatment Guidelines for Hospitals New York State Department of Health Chemical Terrorism Preparedness and Response Cards National Institute for Occupational Safety and Health • Chemical, Biological, Radiological, and Nuclear (CBRN) Respiratory Protection Handbook • Pocket Guide to Chemical Hazards
2.5.5 Fatality Management	This section should address handling of chemically contaminated decedents, to include: • Contingency plans for handling contaminated decedents and expectations for decontamination. • Identifying SMEs who can advise on decontamination and handling of contaminated decedents. • Resources for decontamination of decedents and an outline of capabilities of the morgue to manage contaminated remains. • A description of how information on decedent management will be circulated to hospitals and morgues.	
2.5.6 Transport	This section should refer to transport policies, plans and procedures, including transport of potentially contaminated patients and the mass movement of persons with significant chemical exposure but minimal current symptoms. The base plan for mutual aid and secondary transports should be referenced as needed. EMS should be integrated into the planning process to ensure understanding of capabilities and limitations during a chemical event (e.g., contaminated ambulance issues, roles and PPE, ability to support emergency responses and secondary transfers).	

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	The plan should also include relevant details on a prioritization method for specialty patient transfers (e.g., which patients are most suited for transfer to a specialty facility in the event of a chemical emergency).This should align with the prioritization method referenced in the triage/screening section and with general critical care prioritization (e.g. intubated, unstable, multi-organ failure).	OSHA Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances Organisation for the Prohibition of Chemical Weapons Practical Guide for Medical Management of Chemical Warfare Casualties U.S National Response Team, General Information on Hazards United States Army • Guidelines for Responding to a Chemical Weapons Incident Medical Department Borden Institute • Medical Aspects of Chemical Warfare
2.5.7 Deactivation and Recovery	This section should include considerations for facility clean-up, recovery of PPE, waste management, and clinical and incident documentation. Replenishment policies for caches/used equipment may be discussed per local resources. The plan should define the specific coalition responsibilities and actions related to deactivation and participation in after-action reviews.	
2.6 Special Considerations		
2.6.1 Behavioral Health	This section should consider the HCC role in supporting short- and long-term health care worker and patient mental health needs after a chemical incident. It may reference base plans for behavioral health support.	Albuquerque Emergency Operations Plan Annex 6 Health and Medical ASPR TRACIE • Disaster Behavioral Health Resources • Effect of Chemical Incidents on First Responders

Section Headers/ Subheadings	Description and Considerations	Sample Resources
		• Mental/Behavioral Health (non-responders) Center for the Study of Traumatic Stress Psychological and Behavioral Issues Managing a CBRN Event
2.6.2 Pediatric and At-Risk Populations	This section should include special considerations specific to at-risk populations and individuals with special needs as required (e.g., children, older adults, populations located close to high risk areas for leaks/spills, individuals with underlying physical and behavioral health conditions, persons lacking access to care and/or transportation, people with limited English proficiency, individuals experiencing homelessness, and incarcerated individuals). The information included should: • Ensure that coalition member organizations account for community members who could be more vulnerable during a chemical emergency. • Consider the need for alternate communication and movement strategies regarding sheltering or evacuation orders for at-risk individuals (e.g., LTC facility residents) as well as during the decontamination process (e.g., each facility should have protocols in place for pediatric and other at-risk residents decontamination). • Summarize considerations specific to caring for pediatric cases including triage, age-appropriate/assisted decontamination, specialty care, transport needs, or specialty resources/supplies. • Consider preparing messages for communication with non-English speaking individuals during decontamination and plan to engage with various cultural groups. Facility plans should consider related scenarios such as patient refusal to remove or surrender articles of clothing during the decontamination process for cultural reasons.	ASPR TRACIE • Chemical Hazards Topic Collection • Disasters and At-Risk Populations Topic Collection • Long Term Care Facilities and Chemical Spills Technical Assistance Response CDC Emergency Preparedness and Response Information for Specific Groups Children's Hospital Los Angeles, How to Perform Patient Decontamination: A Picture Guide Chung, S., Baum, C.R., Nyquist, A. Pediatrics Chemical-Biological Terrorism and Its Impact on Children Freyberg, C., Arquilla, B., Tunik, M., et al. Hospital Decontamination and the Pediatric Patient

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	• Address the needs of at-risk populations when communicating critical actions (e.g., evacuation, shelter-in-place orders, when/where to seek care) and include use of multi-modal communication and language strategies.	HHS CHEMM Specific Populations New York State Department of Health Chemical Terrorism Preparedness and Response Cards
2.6.3 Communications	This section should outline the entities responsible for disseminating timely, accurate, and consistent information (internally and externally) to partners and the public during a chemical incident. Provision of such messaging, education, and public health information about the event can help reduce a surge of asymptomatic/low acuity patients during a response. The plan should: • Refer to the base plan's communication expectations and document specifically who will provide community messaging for evacuation/sheltering-in-place orders or when/where to seek care. • Outline how these messages will be coordinated with SMEs and include who will communicate to hospitals about agent/plume information, treatment protocol, and such. • Consider the best mechanism to clearly articulate to the public what they can and cannot do (e.g., "An incident has occurred at this location, anyone within a 1-mile radius should…, and should not…"). • Have plans in place to maintain awareness of current conditions within the community and monitor multiple sources of information to identify and counter inaccurate information.	ASPR TRACIE Topic Collections • Communication Systems • Information Sharing • Risk Communications • Social Media in Emergency Response California Emergency Medical Services Authority Chemical Incident- Incident Planning Guide Federal Emergency Management Agency Oil and Chemical Incident Annex NACCHO Chemical Preparedness
2.6.4 Jurisdiction-Specific Considerations	This section should outline any specific jurisdictional, demographic, and geographic based issues that could impact response and recovery efforts. (e.g., tribal, or territorial policies, and border control laws). Include specific state, local, tribal, or territorial community right-to-know laws, state OSHA rules, local fire codes, and the like that may govern the emergency response.	ASPR TRACIE Rural Disaster Health Topic Collection California Office of Emergency Services HazMat Toolkit

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	If jurisdictional laws or rules/code are more stringent than the federal law, know which will take precedence.	Division of State and Local Readiness (DSLR) Environmental Protection Agency • Prepare Your Community for a Chemical Emergency State, Tribal, Local Agency Guide • Chemical Emergency Preparedness and Prevention on Tribal Lands FDA State, Tribal, Local, and Territorial Public Health Preparedness FEMA • Hazardous Materials Incidents Guidance for State, Local, Tribal, Territorial, and Private Sector Partners • Oil and Chemical Incident Annex

3. Appendices

Section Headers/ Subheadings	Description and Considerations	Sample Resources
3.1 Training and Logistics	This appendix should include relevant baseline or just-in-time training information to support chemical incident care. It should also cover jurisdictional level planning, training, and exercises/drills, as well as chemical specialty personnel. This section should address:	ATSDR Medical Education and Training ASPR TRACIE Chemical Hazards Topic Collection

Section Headers/ Subheadings	Description and Considerations	Sample Resources
	• Coalition training, exercise, and evaluation efforts to improve response capabilities to a chemical incident scenario. This may include safety, decontamination, screening, triage, toxidrome recognition and treatment, and planning exercises to coordinate patient management across varying levels of impact, with special consideration for vulnerable and at-risk populations. • Requirements and resources for training on appropriate use of PPE; decontamination protocols; and safety of both pre-hospital and hospital decontamination team members. (Note: the requirements outlined are per OSHA, The Joint Commission, and other authorities rather than HPP requirements). • Coordinating training for HCC members on the provision of wet and dry decontamination and screening to differentiate exposed from unexposed patients.	Centers for Disease Control and Prevention • Emergency Preparedness and Response Training and Education • HazMat Emergency Preparedness Training and Tools for Responders • National Hospital Care Survey Facility Questionnaire HHS CHEMM Medical Countermeasures Database HHS Public Health Emergency Hospital Surge Evaluation Tool National Library of Medicine ToxTutor OSHA Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances Pandemic Preparedness Network-Chemical Surge Tabletop Exercise Kit Tennessee Emergency Medical Services for Children Responding to Chemical Incidents

Section Headers/ Subheadings	Description and Considerations	Sample Resources
3.2 Legal Authorities	This appendix should list any applicable legal authorities and regulatory information specific or relevant to chemical incidents; mass casualties and waste management; surveillance and population monitoring; and pertinent safety and control measures (e.g., evacuation or shelter-in-place procedures). This may refer the reader back to the all-hazard coalition response plan unless related issues are covered in this section. For example: • What notifications are required under statute for hazardous materials/wash water disposal? • Are first responders permitted to detain individuals that refuse decontamination? • Are evacuation orders issued by the jurisdiction mandatory or voluntary? • Is there a specific exemption that needs to be made for facilities where the risk of evacuation may exceed benefit (e.g., LTC facilities or hospital environments)?	ASPR TRACIE Healthcare-Related Disaster Legal/ Regulatory Policy EPA First Responders' Environmental Liability Due to Mass Decontamination FDA Medical Countermeasures Legal, Regulatory and Policy Framework
3.3 Additional Resources/ References	This appendix lists additional supportive resources that may be necessary to support the chemical response annex. This may include: • Medical countermeasure plans/policies and area resources including specific antidotes and distribution plans (e.g., products in CHEMPACK, how to administer) • Patient movement / referral process and EMS mutual aid resources • Decision support tables, graphics • Sample forms • Tools, databases, information packets • Clinical guidance • Decontamination methods	

Appendix A: Health Care Coalition Chemical Emergency Surge Annex Outline Example

1. Introduction

1.1 Purpose
1.2 Scope
1.3 Overview/Background of HCC and Situation
1.4 Assumptions

2. Concept of Operations

2.1 Activation
2.2 Notifications
2.3 Roles and Responsibilities
2.4 Logistics
2.4.1 Space
2.4.2 Staff
2.4.3 Supplies
2.5 Operations – Medical Care
2.5.2 Patient Care/Management
2.5.3 Treatment
2.5.4 Safety and Control Measures
2.5.5 Fatality Management
2.5.6 Transport
2.5.7 Deactivation and Recovery
2.6.1 Behavioral Health
2.6.2 Pediatric and At-Risk Populations
2.6.3 Communications
2.6.4 Jurisdiction-Specific Considerations

3. Appendices

3.1 Training and Logistics
3.2 Legal Authorities
3.3 Additional Resources/ References