

Army Regulation 40-13

Medical Services

**Medical
Support—Nuclear/
Chemical
Accidents and
Incidents**

**Headquarters
Department of the Army
Washington, DC
1 February 1985**

Unclassified

SUMMARY of CHANGE

AR 40-13

Medical Support–Nuclear/Chemical Accidents and Incidents

AR 40-13 is revised to update medical support procedures in nuclear/chemical accidents and incidents based on MACOM staffing and current directives. It outlines the responsibilities and tasks of the 7th Medical Command (Europe) (2-4) and Letterman Army Medical Center (San Francisco, California) (3-4) for deployment/employment of the Radiological Advisory Medical Team (RAMT) (2-9 and 2-10) and the Emergency Medical Team (EMT) (3-9 and 3-10). Included in this revision is the use of laboratory services (2-6 and 3-6) and the lists of protective clothing and equipment (2-8 and 3-8) and tables 2-1, 2-2, 3-1, and 3-2 necessary for these teams to operate in any environment or geographical area at the scene of a nuclear/chemical accident or incident.

Medical Services

Medical Support—Nuclear/Chemical Accidents and Incidents

By Order of the Secretary of the Army:

JOHN A. WICKHAM, JR.
General, United States Army
Chief of Staff

Official:

DONALD J. DELANDRO
Brigadier General, United States Army
The Adjutant General

History. This UPDATE printing publishes a revision which is effective 1 February 1985. Because the structure of the entire revised text has been reorganized, no attempt has been made to highlight changes from the earlier regulation dated 15 November 1978.

Summary. This is a complete revision of AR 40-13, which prescribes medical support procedures in nuclear/chemical accidents and incidents. It also identifies the chemical accident and incident response and assistance requirements; adds the functions of the 7th

Medical Command and the Letterman Army Medical Center for the U.S. Army Radiological Advisory Medical Team and the Emergency Medical Team; and revises the use of laboratory services and the lists of required equipment.

Applicability. This regulation applies to all continental United States, Eighth U.S. Army, U.S. Army, Europe, and U.S. Army Western Command medical treatment facilities and installation medical authorities having health service region or area responsibility over installations with a nuclear or chemical mission; U.S. Army, Europe table of distribution and allowances/table of organization and equipment units having health service region or area responsibility over installations with a nuclear or chemical mission; Letterman Army Medical Center; Tripler Army Medical Center; and Walter Reed Army Medical Center. This regulation also applies to the Army National Guard and the U.S. Army Reserve.

Proponent and exception authority. Not applicable

Army management control process. Not applicable

Supplementation. Supplementation of this

regulation is prohibited without prior approval from HQDA(DASG-PSP-E), WASH DC 20310-2300.

Interim changes. Interim changes to this regulation are not official unless they are authenticated by The Adjutant General. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested improvements. The proponent agency of this regulation is the Office of the Surgeon General. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQDA(DASG-PSP-E), WASH DC 20310-2300.

Impact on New Manning System. This regulation does not contain information that affects the New Manning System.

Distribution. Active Army—C; ARNG and USAR—D.

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*This regulation supersedes AR 40-13, 15 November 1978.

Glossary

RESERVED

Chapter 1 Introduction

1-1. Purpose

This regulation—

a. Prescribes the missions of the U.S. Army Radiological Advisory Medical Team (RAMT) and the Emergency Medical Team (EMT).

b. Defines policies governing the RAMT's establishment, organization, responsibilities, use of laboratory facilities, training, clothing and equipment, employment and deployment procedures, transportation, administration, and reports.

c. Defines policies governing the EMT's establishment, organization, responsibilities, use of laboratory facilities, training, clothing and equipment, employment and deployment procedures, and administration.

d. States the chemical accident and incident response and assistance (CAIRA) requirements and responsibilities.

1-2. References

Required and related publications and a referenced form are listed in appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

Chapter 2 U.S. Army Radiological Advisory Medical Team

2-1. Mission

The RAMT assists and furnishes radiological health hazard guidance to the on-scene commander (OSC) or other responsible officials at an accident site, and the installation medical authority (IMA).

2-2. Establishment

a. The Commanding General, Walter Reed Army Medical Center (CG, WRAMC), establishes the RAMT with primary responsibility in the continental United States (CONUS).

b. The CG, 7th Medical Command, establishes the RAMT with primary responsibility throughout Europe.

c. Either RAMT may be deployed to other areas of the world as required or to assist the other team upon request.

2-3. Organization

a. The RAMT is staffed by individuals qualified in the evaluation of radiological health hazards and in the management of radiation casualties.

b. The RAMT is composed of—

(1) One nuclear medical science officer, specialty skill identifier (SSI) 68B (RAMT leader).

(2) One nuclear medical officer, SSI 60B, 61Q, 61R, or 61S.

(3) A minimum of two specialists, military occupational specialty (MOS) 91X20 or equivalent (such as 91P20, 91W20, or 91S20 with appropriate health physics training).

(4) Additional personnel or personnel with other training and experience as determined by the RAMT leader.

Note. Additional medical assistance may be provided by direct request to any IMA during contingencies.

2-4. Responsibilities

a. The CG, WRAMC and the CG, 7th Medical Command will—

(1) employ RAMT upon request (para 2-9).

(2) Ensure technical proficiency training of the RAMT members (para 2-7).

(3) Take necessary action to include items of clothing and equipment in the appropriate authorization documents per The Army Authorization Documents System (TAADS) (para 2-8*a* and *b*).

(4) Provide estimated onsite transportation requirements to the requesting command (para 2-11*c*).

(5) Provide funding and appropriate orders for temporary duty (TDY) (paras 2-7*d* and 2-12*a*(1)).

(6) Designate the RAMT leader as a Class A agent or working group cashier per *c* below.

(7) Develop administrative procedures for rapid dispatch of the RAMT (para 2-12).

b. The on-scene commander (OSC) will provide administrative and nonmedical logistical support requirements at the site.

c. The RAMT leader will—

(1) Assist CGs, WRAMC and 7th Medical Command in exercising their responsibilities (*a* above).

(2) Assist CGs, WRAMC and 7th Medical Command in directing the RAMT mission (para 2-1).

(3) Attend training outlined in paragraph 2-7*a*.

(4) Submit a Nuclear Accident Response Capability List Report (para 2-13).

(5) Communicate directly with military and civilian agencies on professional and technical problems such as monitoring, decontamination, and medical treatment.

(6) Act as a Class A agent or working group cashier authorized to purchase supplemental equipment and supplies to accomplish the team's assigned mission in the field per AR 37-103, chapter 15. (See para 2-8 for a discussion of clothing and equipment.)

(7) Request services of a laboratory facility (para 2-6).

d. RAMT members will apply for training as outlined in paragraph 2-7*b*.

2-5. Policies

a. Duties as a RAMT member take priority over all other non-lifesaving assignments during the period of the existing emergency or during periods designated as "TEST EXERCISES."

b. RAMT members will possess, as a minimum, a final SECRET clearance and a critical nuclear weapons design information (CNWDI) access.

c. All enlisted members will possess a valid military driver's license.

d. The requirements regarding release of information concerning a nuclear accident or incident will be according to the appropriate directives. (See AR 50-5, para 5-7, and AR 360-5, para 5-5*g*.)

e. For appropriate radiation exposure standards, see AR 40-14, paragraph 7.

f. For treatment of radiologically contaminated patients, see TM 8-215, paragraphs 34 and 40, and appendix B. Additional information can be obtained from the National Council on Radiation Protection and Measurement (NCRP) Report No. 65.

2-6. Use of laboratory facilities

a. Requests for laboratory services (such as radiochemical analysis of nasal, fecal, urine, or other biological samples and filters from air samplers) will be made by the RAMT leader per AR 40-5 and AR 40-441, paragraph 3.

b. Requests can be made to either the—

(1) Commander, US Army Environmental Hygiene Agency, ATTN: HSHB-LR, Aberdeen Proving Ground, MD 21010-5422; or

(2) Commander, U.S. Air Force Occupational and Environmental Health Laboratory, Brooks Air Force Base, TX 78235-5000; or

(3) Laboratory capable of performing required analyses.

2-7. Training

a. The RAMT leader will attend—

(1) The Senior Officers Nuclear Accident Course conducted by the Interservice Nuclear Weapons School (INWS), Kirtland Air Force Base, NM 87116-5000. Requests for this course will be submitted on DA Form 3838 (Application for Professional Training) through command channels to Commander, US Army Medical Department Personnel Support Agency, ATTN: SGPE-EDT, WASH DC 20324-2000.

(2) Any other military or civilian course that will benefit the

team by increasing the incumbent's professional and technical capability.

b. RAMT members will be trained in the management of radiological emergency operations. Specifically, members will—

(1) Attend the Nuclear Hazards Training Course conducted by INWS. Requests will be submitted as in a(1) above.

(2) Attend other training for technical proficiency at the discretion of the CGs, WRAMC and 7th Medical Command.

c. Technicians will be trained in the use and maintenance of equipment.

d. Each RAMT will be exercised annually. Funding will be provided by CGs, WRAMC and 7th Medical Command.

2-8. Clothing and equipment

a. The items of clothing and equipment (most current model or equivalent) listed in tables 2-1 and 2-2 are *minimum* requirements and will be provided each RAMT member and each team as indicated.

**Table 2-1
Individual protective clothing and equipment per each RAMT member**

Item description	Quantity
Coveralls	2 each
Hood, cotton cloth	2 each
Gloves, cotton cloth	2 pairs
Gloves, rubber	2 pairs
Covers, overboot	2 each
Mask, NBC, protective field M17 or equivalent	1 each
Tape, masking, 2-inch wide	1 roll
Film badge	1 each
Individual dosimeter, self-reading IM-9/PD (0-200 mR)	2 each
Individual dosimeter, self-reading IM-93/PD (0-600 R)	2 each
Individual dosimeter, self-reading IM-147/PD (0-50 R)	2 each

**Table 2-2
Equipment required for each RAMT**

Item description	Quantity
Charger, dosimeter, PP-1578A/PD	2 each
Low-range beta-gamma survey meter AN/PDR-27 (0-500 mR/hr max)	2 each
Alpha survey meter, AN/PDR-56 (0-1 million cpm) or AN/PDR-60 (PAC-ISAGA) (0-2 million cpm)	2 each
High-range gamma survey meter, IM-174/PD (0-500 R/hr)	2 each

b. Survey meters or personnel dosimeters with range above 500 R/hr (Roentgens per hour) or 600 Rad (measurement of absorbed dose) total dose are beyond the foreseeable requirements of the RAMT. If an urgent need exists for such monitoring, the RAMT will require the assistance of other agencies.

c. Sufficient individual common table of allowances (CTA 50-900 series) clothing and equipment will be available to operate in any environment or geographical area. Quantities will be determined by the RAMT leader.

d. A physician's bag equipped for emergency care will be prestocked as specified by the team physician.

e. Field rations (3-day supply for each team member) will be prestocked.

2-9. RAMT deployment

a. The WRAMC RAMT—

(1) Will normally be alerted by the Army Operations Center (AOC).

(2) May be alerted by the Joint Nuclear Accident Coordinating Center (JNACC) or the National Military Command Center (NMCC).

(3) Will deploy within CONUS on request of the AOC, the U.S. Army Materiel Command (AMC) Operations Center, the OSC, the U.S. Army Health Services Command (HSC), or the depot commander.

(4) Will deploy outside continental United States (OCONUS) on the direction of the AOC or HSC.

b. The 7th Medical Command RAMT—

(1) May be alerted by any of the following:

(a) Europe Nuclear Accident Coordinating Center.

(b) JNACC.

(c) Commander-in-Chief, U.S. Army, Europe, and Seventh Army (CINCUSAREUR).

(d) CG, 7th Medical Command.

(2) Will deploy within theater on requests from the JNACC, AOC, Europe Nuclear Accident Coordinating Center, or OSC.

(3) Will deploy outside the theater on direction of the AOC.

2-10. RAMT employment

At the scene of a nuclear emergency—

a. The RAMT will—

(1) Provide guidance to the OSC on the following technical matters:

(a) Potential health hazards to personnel from radiological contamination or exposure by ionizing radiation.

(b) Decontamination procedures.

(c) Medical treatment.

(d) Medical surveillance procedures (such as initial and followup bioassay).

(e) Radiation exposure control.

(2) Provide the following services to the medical treatment facility receiving casualties:

(a) Monitor potentially contaminated medical facilities, equipment, casualties, and advise on proper techniques for radiological contamination control.

(b) Advise on initial and followup bioassay procedures.

(c) Provide guidance concerning potential health hazards to personnel from radiological contamination resulting from the accident.

(3) Function under the operational control of the on-scene commander.

b. The RAMT leader may coordinate with his or her command before recommending release of the RAMT.

c. The on-scene commander will release the RAMT based upon advice from the RAMT leader.

2-11. Transportation

The CG, WRAMC and the CG, 7th Medical Command will—

a. Provide transportation to the site of a nuclear emergency.

b. Communicate directly with JNACC to obtain Military Airlift Command flights. Military aircraft will be used to the maximum extent possible.

c. Coordinate transportation requirements with the command requesting the RAMT. The requesting command will furnish necessary transportation at the site of the emergency based on RAMT support requirements.

2-12. Administration

a. Administrative procedures or a standing operating procedure (SOP) will be developed by the CG, WRAMC and the CG, 7th Medical Command to provide for rapid dispatch of the RAMT.

b. The SOP will address the—

(1) Preparation and maintenance of appropriate travel orders. Orders should be pre-cut for immediate validation.

(2) Development of a team notification system and the designation of assembly points.

(3) Development of functional packing for authorized equipment and personal gear.

(4) Complete readiness and availability of qualified team members.

(5) Maximum reaction time of 2 hours from the initial notification to the availability for deployment of the RAMT.

(6) Arrival at the accident or incident site not more than 24 hours after receipt of request.

2-13. Reports (RCS HQ-DNA-191M)

Each RAMT will submit a Nuclear Accident Response Capability Listing Report (RCS HQ-DNA-191M) per AR 50-5, chapter 5. The report will be prepared annually or when a significant change occurs in the organization, equipment, or team capabilities.

Chapter 3 Emergency Medical Team

3-1. Mission

The EMT provides onsite emergency medical treatment and evacuation of casualties at the hotline of a nuclear or chemical accident or incident. (See AR 50-5, AR 50-6, and AR 385-40.) This team does *not* provide *advice* or technical assistance concerning radiation or chemical hazards. (See para 3-4c for responsibilities.)

3-2. Establishment

a. CONUS.

(1) The IMA establishes the EMT at all Army installations with a nuclear or chemical mission.

(2) The CG, WRAMC and the CG, Letterman Army Medical Center (LAMC) will establish the deployable EMT to support the Service Response Force of an Army nuclear and/or chemical accident or incident occurring at an installation that does *not* have a nuclear or chemical mission.

(a) Deployment is based on the geographic area as determined by the requester who is normally the OSC or a member of his or her staff.

(b) After *initial* notification of an accident or incident, the team will be assembled within 2 hours and capable of deployment within 8 hours.

(c) Under normal conditions within CONUS, the WRAMC EMT can expect to react to nuclear and/or chemical accidents or incidents occurring east of the Mississippi River. The LAMC EMT can expect to react to those occurring west of the Mississippi River.

b. *U.S. Army, Europe (USAREUR) and Eighth U.S. Army (EUSA).* The CINCUSAREUR and the CG, EUSA will establish deployable EMTs based on the chief surgeon's recommendation. Oversea resources and requirements and the alignment of installation or IMA support responsibilities are considered.

c. *US Army Western Command (WESTCOM).* The CG, WESTCOM will establish the deployable EMT to support the Johnston Island Chemical Activity based on the chief surgeon's recommendation. Oversea resources and requirements and the alignment of installation or IMA support responsibilities are considered.

3-3. Organization

a. The EMT is staffed by individuals qualified in emergency medical treatment and evacuation of the type of casualty their mission dictates.

b. The EMT is composed of—

(1) One general medical officer, SSI 60E, or equivalent (EMT leader).

(2) One medical specialist, MOS 91B40.

(3) One practical nurse, MOS 91C30; one medical specialist, MOS 91B30; or an equivalent civilian.

(4) Three medical specialists, MOS 91B10, to include an ambulance driver licensed for all types of military wheeled ambulances, less buses.

3-4. Responsibilities

a. The CINCUSAREUR and the CGs of EUSA, LAMC, Tripler Army Medical Center (TAMC), and WRAMC will—

(1) Deploy the EMT upon request (para 3-9).

(2) Take necessary action to include items of clothing and equipment in the appropriate authorization documents per TAADS (para 3-8).

(3) Develop administrative procedures for rapid deployment and employment of the EMT (paras 3-9 and 3-10).

(4) Provide TDY per paragraph 3-11a.

(5) Designate the EMT leader as Class A agent or working group cashier per *d*(3) below.

b. The IMA will furnish additional medical personnel and resources when requested by the EMT leader.

c. The on-scene commander will provide the following:

(1) Operational control of all Army forces and direct all operations at the accident or incident scene. Specific responsibilities are defined in AR 50-5, paragraph 5-5a, and AR 50-6, paragraph 5-6b.

(2) Advice or technical assistance concerning radiation or chemical hazards (para 3-1).

d. The EMT leader will—

(1) Attend training outlined in paragraph 3-7a(1).

(2) Ensure technical proficiency training for all EMT members (para 3-7).

(3) Act as Class A agent or working group cashier authorized to purchase supplemental equipment and supplies that are necessary to accomplish the team's assigned mission in the area of employment per AR 37-103, chapter 15. (See para 3-8 for discussion of clothing and equipment.)

(4) Obtain additional medical personnel and resources from the IMA when required.

e. EMT members will—

(1) Attend required training as outlined in paragraph 3-7.

(2) Employ per paragraph 3-10.

3-5. Policies

a. On installations having either a nuclear/chemical accident and incident response and assistance (NAIRA) or a CAIRA team, the EMT is deployed under the operational control of the NAIRA or CAIRA officer. On installations not having a NAIRA or CAIRA team, the EMT is under the operational control of the OSC or the nuclear or chemical accident and incident control officer.

b. Duties as an EMT member take precedence over all other nonlifesaving assignments during an emergency or during periods designated as "TEST EXERCISES."

c. Each EMT will participate in an emergency preparedness exercise quarterly or more often as the installation commander, the IMA, or the general medical officer dictates.

3-6. Use of laboratory facilities

a. Request for laboratory services (such as chemical analysis of urine or other biological samples) will be made by the EMT leader per AR 40-5 and AR 40-441, paragraph 3.

b. Requests can be made to either the—

(1) Commander, U.S. Army Environmental Hygiene Agency, ATTN: HSHB-LR, Aberdeen Proving Ground, MD 21010-5422; or

(2) Commander, U.S. Air Force Occupational and Environmental Health Laboratory, Brooks Air Force Base, TX 78235-5000; or

(3) A laboratory capable of performing required analysis.

3-7. Training

a. CONUS.

(1) The EMT leader whose team has a chemical mission will attend—

(a) The Management of Chemical Casualties Course at the U.S. Army Medical Research Institute of Chemical Defense (USAMRICD), Aberdeen Proving Ground, MD 21010-5425. Requests will be submitted on DA Form 3838 through command channels to Commander, U.S. Army Medical Department Personnel Support Agency, ATTN: SGPE-EDT, WASH DC 20324-2000.

(b) Any other military or civilian course that will benefit the team by increasing the incumbent's professional and technical capability.

(2) EMT leader and members with a nuclear mission will attend the Nuclear Hazards Training Course conducted by the INWS,

Kirtland Air Force Base, NM 87116–5000. Submit requests as in (1)(a) above.

(3) Course applicants will have the required security clearance before applying for the courses.

b. USAREUR. The CINCUSAREUR will establish training requirements for EMT members located in Europe.

c. WESTCOM. The CG, WESTCOM will establish training requirements for EMT members located in the Pacific.

d. EUSA. The CG, EUSA will establish training requirements for EMT members located in Korea.

3–8. Clothing and equipment

a. The items of clothing and equipment listed in table 3–1 will be issued to each EMT member.

**Table 3–1
Individual equipment per each EMT member**

Item description	Quantity
Overgarment, suit, chemical, protective	2 each
Anti-contamination suit	2 each
Gloves, cloth	2 pairs
Gloves, CW, protective	2 pairs
Gloves, surgical	4 pairs
Hood, protection, mask	2 each
Hood, cotton, cloth	2 each
Mask, CBR, protective field, M17 series or equivalent with carrier and with hood	1 each
Overboot cover	2 each
Tape, masking, 2'	1 roll
Paper, chemical agent, detection, M–8 or M–9	1 roll

b. EMT equipment will include all items as determined by the EMT leader that enable the team to perform its mission of emergency medical treatment and patient evacuation.

c. Individual equipment will include CTA 50–900-series clothing and equipment necessary to operate in any environment or geographical area.

d. The deployable EMT and the EMT located at nuclear storage or reactor facilities will, in addition, each have the items of equipment listed in table 3–2.

**Table 3–2
Additional equipment required for the deployable EMT and the EMT located at nuclear storage or reactor facilities**

Item description	Quantity
Dosimeter, pocket IM–147 ()/PD	1 each
Dosimeter, pocket, IM9 ()/PD	1 each
Film badge, with film	1 each
Charger, radiac detector, PP 1578 A/PD (basis for issue—AR 310–34)	2 per team or 1 per 2 dosimeters

3–9. EMT deployment

The CINCUSAREUR and the CGs of EUSA, LAMC, TAMC, and WRAMC—

a. May be alerted by the NAIRA or CAIRA officer.

b. Will respond and deploy upon notification from the AOC, the EUSA Command Center, the AMC Operations Center, Europe Nuclear Accident Coordinating Center, the NMCC, the OSC, or a staff member.

3–10. EMT employment

Emergency medical treatment to save life or limb takes precedence over decontamination of the patient. However, in cases of chemical liquid agent exposure, decontamination of the patient will be accomplished immediately. Contaminated patients will be identified with a

tag to advise other personnel of the hazard. Upon arrival at the scene, the EMT will—

a. Provide emergency medical treatment to casualties during the period of the emergency or until properly relieved.

b. Assist in ground transportation of casualties to the nearest medical treatment facility capable of providing more definitive medical care.

3–11. Administration

Administrative procedures or an SOP will be developed by the IMA to provide rapid response of the EMT. The SOP will address the following:

a. Preparation and maintenance of appropriate travel orders. Orders should be pre-cut for immediate validation.

b. Development of a team notification system and designation of assembly points.

c. Continuity of operations, training, readiness, installation support requirements, and guidelines for test exercises.

d. Development of functional packing for authorized equipment and personal gear.

e. Maximum response time (para 3–2a(2)(b)).

Chapter 4 Chemical Accident and Incident Response and Assistance Requirements

4–1. Introduction

a. CAIRA requirements are described in AR 50–6, chapter 5, and FM 3–21.

b. Telephonic consultation of chemical emergencies is available from—

(1) Commander, Chemical Research and Development Center (CRDC), U.S. Army Armament, Munitions and Chemical Command, Aberdeen Proving Ground, MD 21010–5423; AUTOVON 584-2051/2052. After duty hours, contact Deputy Commander on AUTOVON 584-4365.

(2) Commander, USAMRICD, Aberdeen Proving Ground, MD 21010-5425; AUTOVON 584-3276 for both duty and after duty hours.

4–2. Responsibilities

a. Commander, CRDC and Commander USAMRICD will provide advice and assistance to major Army commands, when requested, on medical problems related to chemical accidents and incidents.

b. The IMA to installations having a chemical storage mission will, upon request, be prepared to—

(1) Plan, direct, and supervise the health services and activities required to respond to chemical accidents and incidents.

(2) Evaluate health hazards and provide a chemical medical consultant and other personnel when they are required.

(3) Assist the Chemical Accident/Incident Control Center in performing medical evaluations of chemical accidents and incidents.

(4) Dispatch an EMT to the hotline for emergency medical treatment and evacuation of casualties occurring within their installation or geographical area.

Appendix A References

Section I Required Publications

AR 37-103

Finance and Accounting for Installations: Disbursing Operations. (Cited in paras 2-4c(6) and 3-4d(3).)

AR 40-5

Health and Environment. (Cited in paras 2-6a and 3-6a.)

AR 40-14

Control and Recording Procedures for Exposure to Ionizing Radiation and Radioactive Materials. (Cited in para 2-5e.)

AR 40-441

Joint Utilization of Certain Armed Forces Medical Laboratory Facilities. (Cited in paras 2-6a and 3-6a.)

AR 50-5

Nuclear Surety. (Cited in paras 2-5d, 2-13, 3-1, and 3-4c(1).)

AR 50-6

Chemical Surety Program. (Cited in paras 3-1, 3-4c(1), and 4-1a.)

AR 360-5

Public Information. (Cited in para 2-5d.)

TM 8-215

Nuclear Handbook for Medical Service Personnel. (Cited in para 2-5f.)

FM 3-21

Chemical Accident Contamination Control. (Cited in para 4-1a.)

Section II Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand this regulation.

AR 10-16

US Army Nuclear and Chemical Agency.

AR 310-34

Equipment Authorization and Utilization Policies and Criteria and Common Tables of Allowances.

AR 385-10

Army Safety Program.

AR 385-32

Protective Clothing and Equipment.

AR 385-40

Accident Reporting and Records.

AR 385-61

Safety Studies and Reviews of Chemical Agents and Associated Weapon Systems.

AR 500-60

Disaster Relief.

CTA 50-900

Clothing and Individual Equipment.

FM 3-8

Chemical Reference Handbook.

FM 3-9

Military Chemistry and Chemical Compounds.

FM 3-15

Nuclear Accident Contamination Control.

FM 3-20

Technical Escort Operations.

FM 21-11

First Aid for Soldiers.

FM 21-40

NBC (Nuclear, Biological, and Chemical) Defense.

FM 21-48

Planning and Conducting Chemical, Biological, Radiological (CBR), and Nuclear Defense Training.

NCRP Report No. 65

Management of Persons Accidentally Contaminated with Radionuclides. (This report is available from NCRP Publications, 7910 Woodmont Ave., Suite 1016, Bethesda, MD 20814.)

TB MED 282

Anticholinesterase Intoxication; Pathophysiology, Signs and Symptoms, and Management.

TB MED 292

Determination of Cholinesterase Activity Manual and Automated Methods.

TM 3-220

Chemical, Biological, and Radiological (CBR) Decontamination.

TM 3-240

Field Behavior of Chemical, Biological, and Radiological Agents.

TM 8-285

Treatment of Chemical Agent Casualties and Conventional Military Chemical Injuries.

TM 10-277

Chemical, Toxicological, and Missile Fuel Handlers Protective Clothing.

Section III Referenced Forms

DA Form 3838

Application for Professional Training.

Glossary

Section I Abbreviations

AOC

Army Operations Center

AMC

U.S. Army Materiel Command

CAIRA

chemical accident and incident response and assistance

CBR

chemical, biological, and radiological

CG

commanding general

CINCUSAREUR

Commander-in-Chief, U.S. Army, Europe, and Seventh Army

CNWDI

critical nuclear weapons design information

CONUS

continental United States

CPM

counts per minute

CRDC

U.S. Army Chemical Research and Development Center

CTA

common table of allowances

DA

Department of the Army

EMT

Emergency Medical Team

EUSA

Eighth U.S. Army

HSC

U.S. Army Health Services Command

IMA

installation medical authority

INWS

Interservice Nuclear Weapons School

JNACC

Joint Nuclear Accident Coordinating Center

LAMC

Letterman Army Medical Center

MOS

military occupational specialty

NAIRA

nuclear accident and incident response and assistance

NCRP

National Council on Radiation Protection and Measurement

NMCC

National Military Command Center

OCONUS

outside continental United States

OSC

on-scene commander

RAMT

Radiological Advisory Medical Team

SOP

standing operating procedure

SSI

specialty skill identifier

TAADS

The Army Authorization Documents System

TAMC

Tripler Army Medical Center

TDA

table of distribution and allowances

TDY

temporary duty

TOE

table of organization and equipment

USAREUR

U.S. Army, Europe

USAMRICD

U.S. Army Medical Research Institute of Chemical Defense

WESTCOM

U.S. Army Western Command

WRAMC

Walter Reed Army Medical Center

Section II Terms

Installation medical authority

The unit surgeon, command surgeon, U.S. Army Medical department activity or U.S. Army medical center commander, or the installation director of health services or his or her representative responsible for the provision of medical support at the unit, command, or installation concerned.

Rad

A measurement of absorbed radiation dose.

Section III

Special Abbreviations and Terms

There are no special terms.

Unclassified

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