

MEDICAL EMERGENCY RADIOLOGICAL RESPONSE TEAM (MERRT)

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook sets forth procedures for the organization, deployment, and equipment for the Medical Emergency Radiological Response Team (MERRT).
- 2. SUMMARY OF CONTENTS/MAJOR CHANGES.** This VHA Handbook establishes procedures for implementing the VHA MERRT.
- 3. RELATED ISSUE.** VHA Directive 0320.
- 4. RESPONSIBLE OFFICE.** The Emergency Management Strategic Healthcare Group (EMSHG) is responsible for the contents of this VHA Handbook. Questions may be addressed to 304-264-4826.
- 5. RESCISSIONS.** VHA Directive 2004-013 is rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of March 2016.

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MEDICAL EMERGENCY RADIOLOGICAL RESPONSE TEAM

1. PURPOSE

This Veterans Health Administration (VHA) Handbook sets forth procedures for the organization, deployment, and equipment for the Medical Emergency Radiological Response Team (MERRT).

2. BACKGROUND

a. The Secretary of Veterans Affairs has approved the establishment of the VHA MERRT for medical support to be provided under Executive Order (EO) 12657. Under this EO, available Department of Veterans Affairs (VA) and Department of Defense (DOD) medical resources will be used in response to a nuclear power plant accident. To meet the requirements of the EO, a concept of operations (CONOPS) was developed that includes the development of a specialized team of VHA health professionals that, if such an accident occurred, could be rapidly deployed to an off-site medical provider to render both direct patient treatment and technical advice. By extension, the team supports the Nuclear-Radiological Incident Annex (NRIA) to the National Response Framework (NRF).

b. The MERRT is comprised of physicians with radiological expertise and medical health physicists assigned to VA medical facilities throughout the United States. Upon request by the applicable authority, the MERRT is deployed to medical facilities to render patient treatment and technical advice in response to an accidental or deliberate release of radiation. The MERRT provides direct patient treatment; assists and trains local health care providers in managing, handling, and treatment of radiation-exposed and -contaminated casualties; assesses the impact on human health; and provides consultation and technical advice to local, state, and Federal authorities.

c. Due to the geographic distribution of the MERRT members, the team is designed to deploy within 6 hours of notification. Individual members may be able to respond to the site within 12 hours, with full team capability within 24 to 48 hours. The MERRT does not deploy as a "first responder," but does so as part of the NRF or other authorized Federal response to assist the local medical community and health care providers in addressing medical issues that arise from the discovery of radiation beyond normal background levels and the affect of that radiation on the exposed population.

d. The MERRT is a personnel package designed to augment, or otherwise supplement, an existing institutional health care provider or emergency response system. As such, it does not possess any transportation, housing, or sustenance capabilities which must be provided for by the VHA Emergency Management Strategic Healthcare Group (EMSHG). Also, it does not possess any generic resource capability (equipment, supplies, portable facilities) except for personnel and personal radiation screening and monitoring devices (radiation detection meters and monitors) and basic decontamination supplies. Therefore, except for radiological screening equipment, 24

hours of personal protective equipment (PPE), and individual personal items, the MERRT is not self-sufficient, but is dependent on the VHA EMSHG for transportation, housing, supplies, and re-supply.

3. DEFINITIONS

a. **External Contamination.** External contamination occurs when radioactive materials are deposited on the external surface of the body.

b. **Internal Contamination.** Internal contamination occurs when radioactive materials are ingested, inhaled, or absorbed through skin or wounds.

c. **Irradiation.** Irradiation (sometimes called “exposure”) occurs when a person is exposed to penetrating radiation (gamma rays, neutrons, x-rays) from a source external to the body. The total body or a large portion of it can be irradiated in an incident, or a small, localized area can be affected. Time, distance, and shielding can reduce exposure from a source.

d. **Lead Federal Agency (LFA).** The LFA is the agency responsible for leading and coordinating all aspects of the Federal response and is determined by the type of emergency. A Federal agency is normally designated as an LFA where in a particular situation they own, authorize, regulate, or are otherwise deemed responsible for the facility or radiological activity causing the emergency and they have the authority to conduct and manage Federal actions onsite.

e. **Local Government.** Local government refers to any county, city, village, town, district, or political subdivision of any state, and Indian tribe or authorized tribal organization, or Alaska Native village or organization, including any rural community or unincorporated town or village or any other public entity.

f. **MERRT.** The MERRT is a specialized team of VHA health care professionals with radiological expertise that can be rapidly deployed to an off-site medical provider to render both direct patient treatment and technical advice.

g. **Radiological Emergency.** A radiological emergency is a radiological incident that poses an actual, potential, or perceived hazard to public health, safety, or loss of property.

4. SCOPE

This Handbook addresses the functions and activities for deployment, coordination, and management of the MERRT. VHA has developed the MERRT to respond to radiological events or accidents. The MERRT follows practices established by current VHA policy, and:

a. **NRIA.** The objective of the NRIA is to define the roles and responsibilities of Federal agencies in responding to the unique characteristics of different categories of nuclear or radiological incidents. Specifically, the framework:

(1) Discusses the specific authorities, capabilities, and assets the Federal government has for responding to nuclear or radiological incidents that are not otherwise described in the NRF.

(2) Discusses the integration of the CONOPS with other elements of the NRF, including the unique organization, notification, and activation processes and specialized incident-related actions.

(3) Provides guidelines for notification, coordination, and leadership of Federal activities.

b. **Presidential Decision Directive (PDD) 39.** PDD 39 directs Federal departments and agencies to:

(1) Reduce United States vulnerability to terrorists at home and abroad;

(2) Deter terrorism through a clear public position that policies will not be affected by terrorist acts and that the United States will act vigorously to deal with terrorists and their sponsors;

(3) Respond rapidly and decisively to terrorism;

(4) Arrest or defeat the terrorists;

(5) Respond against the sponsors of terrorism;

(6) Provide recovery relief to victims of terrorism; and

(7) Develop effective capabilities to detect, prevent, defeat, and manage the consequences of nuclear, biological, or chemical weapons of mass destruction.

c. **NRF.** The NRF presents the guiding principles that enable all response partners to prepare for, and provide, a unified national response to disasters and emergencies from the smallest incident to the largest catastrophe; it:

(1) Establishes a comprehensive, national, all-hazards approach to domestic incident response and defines the key principles, roles, and structures that organize the way the Nation responds.

(2) Describes how communities, tribes, states, the Federal government, and private-sector and nongovernmental partners apply these principles for a coordinated, effective national response.

(3) Enables first responders, decision-makers, and supporting entities to provide a unified national response.

d. **Nuclear Regulatory Commission (NRC).** The NRC regulates commercial nuclear power plants and other uses of nuclear materials, such as in nuclear medicine, through licensing, inspection, and enforcement of its requirements. The NRC was created as an independent

agency by Congress in 1974 to enable the Nation to safely use radioactive materials for beneficial civilian purposes while ensuring that people and the environment are protected.

e. **National Incident Management System (NIMS)**. The NIMS provides a consistent nationwide template to enable Federal, state, local, and tribal governments, and private-sector and nongovernmental organizations to work together effectively and efficiently to prepare for, prevent, respond to, and recover from domestic incidents, regardless of cause, size, or complexity, including acts of catastrophic terror.

5. PARTNERING FEDERAL AGENCIES

Partnering Federal agencies emergency radiological response roles, responsibilities, and associated activities are described in the NRF NRIA as follows:

a. **The Department of Homeland Security (DHS)**. DHS is responsible for the overall coordination of incident management activities for all nuclear or radiological incidents of national significance, including those involving terrorism.

(1) DHS Customs and Border Protection (CBP) is responsible for the overall coordination of incidents involving the inadvertent import of radioactive materials as well as any other incidents where radioactive material is detected at borders.

(2) DHS is responsible for all deliberate attacks involving nuclear or radiological facilities or materials, including radiological dispersal devices (RDDs) and improvised nuclear devices (INDs).

b. **Department of Defense (DOD)**. DOD is responsible for the overall coordination of incidents involving:

(1) Nuclear or radiological materials or facilities owned or operated by DOD.

(2) Nuclear weapon, special nuclear material, and classified components under DOD custody.

c. **Department of Energy (DOE)**. DOE is responsible for the overall coordination of incidents involving:

(1) Nuclear or radiological materials or facilities owned or operated by DOE.

(2) Nuclear weapon, special nuclear material, and classified components under DOE custody.

d. **National Aeronautics and Space Administration (NASA)**. NASA is responsible for the overall coordination of incidents involving nuclear material under NASA custody.

e. **NRC**. The NRC is responsible for the overall coordination of incidents involving materials or facilities licensed by the NRC or Agreement States.

NOTE: DHS, United States Coast Guard (USCG), or the Environmental Protection Agency (EPA) is responsible for the overall coordination of incidents involving environmental response and cleanup for incidents not otherwise covered in the preceding.

6. RESPONSIBILITIES OF THE UNDER SECRETARY FOR HEALTH

The Under Secretary for Health is responsible for ensuring resource availability that will provide for organizing, training, equipping, and deploying the MERRT.

7. RESPONSIBILITIES OF THE DEPUTY UNDER SECRETARY FOR HEALTH FOR OPERATIONS AND MANAGEMENT

The Deputy Under Secretary for Health for Operations and Management coordinates and works with the Chief Consultant, EMSHG, to ensure effective implementation of VHA MERRT policy. This includes the appointment of a MERRT Chief and ensuring the availability of MERRT members for training, exercise, and deployment, when required.

8. RESPONSIBILITIES OF THE CHIEF CONSULTANT, EMERGENCY MANAGEMENT STRATEGIC HEALTHCARE GROUP (EMSHG)

The Chief Consultant, EMSHG, is responsible for:

- a. Recruiting MERRT members and overall team development.
- b. Developing and managing the MERRT budget.
- c. Coordinating the training and education of MERRT members to ensure their preparedness to respond when required.
- d. Providing the equipment and supplies for MERRT training and actual deployment.
- e. Developing a MERRT Operations Plan (OPLAN).
- f. Developing and executing MERRT exercises.
- g. Coordinating the reimbursement to VA of MERRT costs whenever a MERRT is activated or deployed in support of the NRF or other Federal authority.
- h. Developing guidance for MERRT, i.e., guidebooks, handbooks, policies, standard operating procedures (SOPs), planning guides, etc.
- i. Designating an EMSHG staff member to serve as liaison with the MERRT Chief in coordinating EMSHG support.

9. RESPONSIBILITIES OF THE MERRT CHIEF

The MERRT team is comprised of thirty geographically dispersed members who, when activated, report to a team chief from whom they receive overall direction and supervision. The MERRT Chief is responsible for:

- a. Supervising and managing the team when in deployed status, to include both an exercise or for an actual event.
- b. Coordinating with the Chief Consultant, EMSHG, in identifying appropriate training requirements and venues, equipment needs, exercise, budget development and deployment, and employment processes and procedures.
- c. Assessing the impact on human health when deployed for an actual event and providing appropriate consultation and technical advice to local, state, and Federal authorities.
- d. Providing medical advice on the handling and treatment of individuals exposed to, or contaminated by, radioactive materials.
- e. Managing radiation trauma and coordinating crisis counseling related to radiation injuries and exposure.
- f. Coordinating the use of other deployed VA medical resources, as appropriate, and as directed by VHA Central Office.
- g. Effecting appropriate decontamination procedures (see subpar. 15c(1)(a) and par. 17).

10. RESPONSIBILITIES OF THE MERRT DEPUTY CHIEF

The MERRT Deputy Chief functions as the MERRT Chief in the absence of the MERRT Chief, or when the MERRT Chief is off shift.

11. RESPONSIBILITIES OF THE MERRT ADMINISTRATIVE OFFICER

The MERRT Administrative Officer is responsible for:

- a. Acting as the MERRT Chief in the absence of the MERRT Chief and Deputy Chief or when requested by the MERRT Chief.
- b. Managing the MERRT logistics operations during deployments.
- c. Maintaining the MERRT training and other records.
- d. Preparing the MERRT annual budget.

e. Overseeing and providing technical information for ordering MERRT supplies and equipment.

12. QUALIFICATIONS FOR BOARD CERTIFIED PHYSICIANS

Board Certified Physicians must meet one of the following criteria to be qualified for participation on the MERRT; the physician must be:

- a. Board certified in Nuclear Medicine.
- b. Board certified in Radiology and special competency in Nuclear Medicine.
- c. Board certified in another specialty with training and experience in radiological emergency response.

13. QUALIFICATIONS FOR MEDICAL HEALTH PHYSICISTS-RADIATION SAFETY OFFICERS

To be qualified to participate on the MERRT, the Medical Health Physicists-Radiation Safety Officers must complete the NRC Title 10 Code of Federal Regulations (CFR) Section 35.50 Training for Radiation Safety Officer, or equivalent training appropriate to the MERRT CONOPS.

14. TRAINING REQUIREMENTS

a. **General MERRT Staff Training Requirements.** All MERRT members must complete the following training courses, which are available through VA, Federal Emergency Management Agency (FEMA), and the Oak Ridge Institute for Science Education:

- (1) Radiation Emergency Assistant Center (REAC) Training Site (TS) Health Physics in Radiation Emergencies Course (health physicists only).
- (2) REAC TS Advanced Radiation Medicine (physicians only).
- (3) VHA Decontamination Hazardous Materials (HAZMAT) or Weapons of Mass Destruction (WMD) Hospital First Receiver Operations Level Training. This course is taught at select VA medical centers.
- (4) FEMA Incident Command Center (ICS) 100-Introduction to Incident Command System.
- (5) FEMA ICS 200-ICS for Single Resources and Initial Action Incidents.
- (6) FEMA IS-700- National Incident Management System, An Introduction.
- (7) FEMA IS-800- National Response Framework, An Introduction.

b. **MERRT Leadership Training Requirements.** In addition to the preceding courses, the MERRT Chief, Deputy Chief, and Administrative or Operations Officer must complete the following courses:

- (1) FEMA ICS-300- Intermediate ICS for Expanding Incidents.
- (2) FEMA ICS-400- Advanced ICS Command and General Staff- Complex Incidents.

15. ACTIVATION

Following a radiological incident, the MERRT may be activated and deployed to back-up existing medical treatment systems.

a. **Notification and Activation**

(1) The Secretary of Veterans Affairs, through the Under Secretary for Health, has the authority to activate the MERRT based upon legitimate mission assignments and applicable authorities. The Chief Consultant, EMSHG, or designated representative, initiates activation and notification actions.

(2) Notification of the MERRT Chief is normally done by the Deputy Chief Consultant for Operations and Logistics, or the Operations Officer on duty in the EMSHG Emergency Operations Center (EOC), as appropriate.

(3) Once notice of activation is received, team members are alerted through a cascade alert system or group notification system by the MERRT Chief.

b. **Deployment.** *NOTE: The normal VA deployment limit is 14 days plus travel time. This may be extended upon approval of the Chief Consultant, EMSHG, for a total period not to exceed 21 days.*

(1) The VHA Operations Center (OC) ensures the MERRT is deployed.

(a) Team members may be instructed to deploy directly to the site of an institutional medical care provider or to a team staging area in the vicinity of the incident site. *NOTE: Members are within driving distance of most metropolitan areas and major transportation infrastructures. Deployment by aircraft depends on commercial carriers and the status of the airspace.*

(b) Once deployed, the team is under the direct operational and clinical supervision of the MERRT Chief who, in turn, reports to the EMSHG or VA Support Team. *NOTE: Clinical supervision may be delegated by the MERRT Chief to appropriate staff of the institutional health care provider; however, overall management and control of team numbers remains with the MERRT Chief.*

(c) At the request of the LFA or the affected state and local governments, VHA supplements other Federal, state, and local government efforts.

(d) MERRT may also be called upon as an internal VA asset in support of VA activities related to on-going mitigation of radiological emergencies.

(2) Team members must be available for deployment within 6 hours following their notification of MERRT activation. **NOTE:** *The number of team members deployed is dictated by the MERRT Chief.*

(a) "Available" means that team members are at a contact phone number ready for specific reporting instructions regarding the location and the time of embarkation (aerial port, etc.).

(b) If already "on call," it is assumed that team members are "available" and ready for immediate deployment.

(3) Once reporting information is provided, team members must report to the embarkation point within 6 hours.

(4) Team members must deploy with PPE, radiological screening equipment, and personal items.

(5) The team must have radio-protective pharmaceuticals for individual member and team use only.

NOTE: *Additional medical supplies and equipment are provided by the augmented local provider of care or EMSHG.*

c. **Equipment**

(1) **PPE.** EMSHG distributes to each MERRT member adequate supplies of protective clothing, emergency equipment, and information and training about protection from radiological hazards. **NOTE:** *According to the NRIA to the NRF, June 2008, if appropriate PPE and capabilities are not available and the area is contaminated by radioactive material, response actions may be delayed until the material has dissipated to a safe level for emergency response personnel or until appropriate PPE and capabilities arrive, whichever is sooner.*

(a) Each MERRT member is responsible for maintaining and storing PPE, donning PPE during emergency response activities or training exercises, and reporting replacement requirements to the MERRT Chief. Disposable items must be properly discarded after they are used.

(b) The maximum level of protection needed is Level C PPE (skin, respiratory, and eye protection) during a radiological incident response. Level C includes a Powered Air Purifying Respirator (PAPR), hooded or chemical-resistant clothing, and inner and outer chemical-resistant gloves, or a modified Level C, as determined by MERRT members on-scene.

NOTE: *See Appendix A for a list of MERRT Equipment.*

(2) **Communications Equipment.** The MERRT must have communications capabilities allowing the MERRT Chief to be in contact with the MERRT Strike Teams in the field when cell phone and land line capabilities are lost or unavailable.

d. **Logistics**

(1) Medical supplies and equipment over and above what is needed by the team for personal use and protection is provided by EMSHG, or the institutional provider of care, or the medical response system that the MERRT is augmenting. The MERRT is not self-sufficient in this area and is dependent upon local supply and re-supply. EMSHG is responsible for re-supply of expendable supplies and damaged equipment.

(2) EMSHG operations assist with the coordination and arrangements necessary to ensure that additional supplies, equipment, and other items required beyond local capabilities are provided through Emergency Support Function (ESF) #8-Public Health and Medical Services.

(3) A rented large suburban-type vehicle or van is required to move the MERRT supplies from the regional equipment storage locations for equipment that is too large to carry on commercial aircraft and for additional supplies for deployment to the disaster site. Two MERRT members must be assigned to drive the supplies from each storage location in order to manage driver fatigue. MERRT members at regional equipment storage locations may ship MERRT equipment and supplies using commercial delivery means to disaster coordination sites, if deemed necessary by the MERRT Chief.

(4) The MERRT does not deploy with any team transportation assets and requires ground transportation from the debarkation point to the site of the institutional provider of care and to and from any location where team members may be housed or fed.

(5) Team members travel by rental vehicle and commercial or military aircraft.

16. ON-SCENE ACTIVITIES

a. **On Arrival.** Upon arrival at the scene, MERRT members report to the MERRT Chief or the EMSHG Response Support Unit (RSU), if on site.

(1) MERRT members must be identified and logged on the MERRT Responders Roster. The information provides the RSU a list of MERRT members as present and accounted for.

(2) The MERRT operates in Strike Teams consisting of one physician and two health physicists. Each MERRT member is assigned to a Strike Team, or other duty assignment, and a scheduled tour of duty. The Strike Teams deploy to local hospitals, or where needed.

b. **Primary On-Site Activities.** On-scene activities include, but are not limited to:

(1) Providing initial and ongoing surveys for the presence and identification of radiological and other hazardous material.

- (2) Ensuring decontamination procedures are performed properly.
- (3) Providing assistance, guidance, and directions to medical personnel on information and practices when dealing with radiological contamination or exposure.
- (4) Integrating with the appropriate hospital staff to coordinate patient care and monitoring.
- (5) Providing expert advice, guidance, and direction on contamination and exposure as they pertain to safe areas (cold zones).
- (6) Providing expert advice, guidance, and direction on recovery and mitigation plans.
- (7) Ensuring safety for all MERRT members.
- (8) Assisting with long-term planning for the treatment of all medical casualties as a result of the radiological incident.
- (9) Developing a realistic exit strategy for the MERRT once the mission has been defined and established.

17. DECONTAMINATION

All equipment and personal items must be decontaminated at the deployed location prior to redeployment.

- a. The MERRT Chief must validate that all personnel and equipment have been screened and are free of contamination.
- b. Any item found to have contamination must be decontaminated. If unable to be decontaminated and residual contamination exists, the item must be disposed of, as appropriate, and will not return with the MERRT.

18. DEMOBILIZATION

Once the assigned mission has been accomplished, or the deployment time limit has been met, team members return to their home stations in the most expeditious manner possible.

- a. **Stress Debriefing.** Prior to redeployment, arrangements are made for stress debriefing of team members, as appropriate and as determined by the MERRT Chief, in coordination with the Chief Consultant, EMSHG.
- b. **Recovery and Mitigation.** The MERRT conducts an After Action Report and Review which is provided to the Deputy Chief Consultant of Operations and Logistics, EMSHG, within 21 days of the demobilization and return to normal operations.
- c. **Return to Readiness.** Once the MERRT has been demobilized, the team members require a minimum of 30 days to return to a fully deployable state.

NOTE: This assumes that all MERRT members were involved in the initial deployment.

19. REFERENCES

- a. Title 10 CFR 35.50, Training for Radiation Safety Officer.
- b. Administration of Decorporation Drugs to Treat Internal Radionuclide Contamination: Medical Emergency Response to Radiologic Incidents.
- c. Department of Homeland Security Working Group on Radiological Dispersal Device (RDD): Medical Preparedness and Response Sub-Group, dated May 2003.
- d. Emergency Management Program Guidebook: Attachment D to Sample 6-23: Radiation Event Supplies, dated 2008.
- e. "Hospital Triage in the First 24 Hours after a Nuclear or Radiological Disaster," February 2007, found at: <http://orise.orau.gov/reacts/files/triage.pdf>.
- f. Medical Emergency Radiological Response Team Hazardous Waste Operations and Emergency Response Program, dated September 2004.
- g. Medical Emergency Radiological Response Team: Respiratory Protection Program, Appendix H.
- h. Medical Management of Radiological Casualties Handbook, Second Edition, dated April 2003.
- i. National Response Plan: NRIA dated December 2004.
- j. NRIA to the National Response Framework, dated June 2008.
- k. Radiological Terrorism: Emergency Management Pocket Guide for Clinicians, dated 2005.

**MEDICAL EMERGENCY RADIOLOGICAL RESPONSE TEAM (MERRT)
EQUIPMENT**

1. Individual

Item	Quantity Required Per MERRT Member
a. Backpack	1
b. Black Rolling Duffle Bag Large	1
c. Chemical Resistant Gloves	2
d. Duct Tape	1
e. Eye Goggles or Safety Glasses	2
f. Headlamp	1
g. Gerber All Purpose Tool	1
h. Leather Gloves	1
i. Meals Ready to Eat (MRE)	12
j. Positive Air Purifying Respirator (PAPR) Assembly, Batteries, Filters, and Battery Charger	1
k. Plastic Face Shield & Headpiece	2
l. Thermal Survival Blanket	1
m. Nitrile Gloves	1
n. Hand Sanitizer, 4 oz bottle	1
o. N-95 Respirators, box of 20	1
p. Sleeping Bag 20 degree	1
q. Compact Mattress Pad	1
r. 2 Gallon Water Jug collapsible	1
s. Nalgene 1 litre water bottle (for drinking)	1
t. Camel Back	1
u. Camel Back cleaning kit	1
v. Batteries for MERRT issued equipment	1

2. Reference Material

Item	Quantity Required Per MERRT Member
a. Book: <u>National Council on Radiation Protection (NCRP) Report No. 138: Management of Terrorist Events involving Radioactive Materials</u>	1
b. Book: <u>NCRP Report No. 65. Management of Persons Accidentally Contaminated with Radionuclides</u>	1
c. <u>NCRP Report No. 156. Development of a Biokinetic Model for Radionuclide-Contaminated Wounds and Procedures for Their Assessment, Dosimetry and Treatment</u>	1
d. Book: <u>Handbook of Health Physics and Radiological Health</u>	1 per Strike Team
e. Book: <u>Radioactive Decay Data Tables: A Handbook of Decay Data for Application to Radiation Dosimetry and Radiological Assessments</u>	1 per Strike Team

3. Decontamination (Decon) Equipment

Item	Equipment in Regional Locations
a. 43x81 Plastic Mattress Bags	In Regional Storage locations
b. Roll non slip matting	In Regional Storage locations
c. Spray Bottles	In Regional Storage locations
d. Radiac Wash 1 gal bottle	In Regional Storage locations
e. Bleach	In Regional Storage locations
f. Towels	In Regional Storage locations
g. Baby Wipes	In Regional Storage locations
h. M8 Paper	In Regional Storage locations
i. M9 Tape	In Regional Storage locations
j. Decon Kit (M291)	In Regional Storage locations
k. Decon Kit (M295)	In Regional Storage locations
l. First Aid Kit	In Regional Storage locations

4. Clothing and Items that require sizing information

Item	Quantity Required Per MERRT Member
a. Blue Battle Dress Uniform (BDU) Pant	2
b. Blue BDU Shirt	3
c. MERRT Patches for BDUs	3
d. Blue Short Sleeve MERRT Polo	3
e. Desert Tan combat style boots 8"	1
f. Blauer Bio Chemical Resistant Harsh Weather Jacket	1
g. MERRT Government Identification (ID) Badge	1
h. Thermal insulated liner Pants, Black	1
i. Rubber Hazmat Boots	2
j. Waterproof breathable rain Pant (to match Blauer jacket)	1
k. MERRT Hat	2
l. Tyvek Coveralls	12
m. Tyvek F Suit	6
n. Butyl Rubber Gloves, 7 mil	6

5. Radiation Surveillance Equipment

Item	MERRT Issued
a. Radioisotope Identification System	10 total
b. Transportable Portal Monitor	4 total
c. Alpha Beta Survey Meter and Probe	10 total
d. Survey Meter Response Kit with Geiger Meter (GM), Sodium Iodide (NaI), and GM High Energy Compensated Probes for Health Physicists	20 total
e. Pocket size GM survey meter for physicians	10 total
f. Laptop computer	2 total

6. Radioprotective Pharmaceuticals

Item	Quantity Required Per MERRT Member
a. Prussian Blue	1 per member
b. Potassium Iodide	1 per member
c. MERRT Radioprotective Pharmacy Go-Kit	1 total