# Ex Astral Bend 11

## Notes on Medical Assessment for DNSR

The MOD top level objective regarding the Medical response was enshrined in Objective 6.1, Exercise medical response to casualties.

The response in respect of the MOD assets, i.e. the SNT MO and team was entirely adequate but completed frustrated by the response and activities of the Fire service.
At the point when I met up with the SNT MO, he had not been able to gain access to the casualties. The initially graded P1 (immediate) and the two P2 (Urgent) casualties had been deemed to have died of their injuries (non-radiological). [I do not have specific time details; their demise ranged from approximately one hour to one and half hours, giving a theoretical window of 30 minutes for some influence of the SNTMO on the local CES, but in practical terms unless these individuals had been on their way to definitive medical care well within an hour their probability of survival would be greatly diminished].

This exercise reinforced for me the continuing experience my colleagues from INM have had when assessing the medical response at nuclear weapons and nuclear materials incident exercises : the local civilian emergency services are rigidly applying the overall CBRN decontamination guidance from the Home Office[1] with no recognition of the needs of casualties with severe/life-threatening non-radiological injuries. It would appear on this occasion that the NHS Ambulance service did not support the view adopted by the Fire & Rescue service.

It is clear to me that any activity by MoD medical personnel was pre-empted and frustrated by local civilian emergency service behaviour. It is clear that the Fire & Rescue Service is ignoring clear policy guidance signed up to by the Department for Communities and Local Government and the Department of Health[2] in 2006 regarding the primacy of the Ambulance service in determining the clinical need for decontamination (as a clinical treatment) and most importantly in this context section 14 which reads: "It is recognised the MIO (Medical Incident Officer), HPA (Health Protection Agency) specialist or other medical professional will be responsible for the decision whether to decontaminate or not, and as to the most suitable decontamination procedures for a particular incident."

The SNT MO clearly falls into this category as, in this and probably most cases, the first and probably most appropriately trained medical officer on site.

It is noteworthy that specific reference to radiological and nuclear incidents is absent from the second edition of "Emergency Response and Recovery"[3] and the specific guidance to apply life-saving treatments before dealing with radiological decontamination has now disappeared. It is my view that this retrograde step requires correction, and as representatives of the Government department that addresses this most regularly in our planning and exercising, I believe it appropriate to be drawn to the Cabinet Office drafters of this document of this error.

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[1] The Decontamination of People exposed to Chemical, Biological, Radiological or Nuclear (CBRN) Substances or Material. Strategic National Guidance. Second Edition – May 2004. Home Office

[2] Memorandum of Understanding between the Department of Health and the department of Communities and Local Government for Fire & Rescue Service Involvement in Mass Decontamination. Dated August 2006

[3] Emergency Response and Recovery. Non-statutory Guidance accompanying the Civil Contingencies Act 2004. Version 2 last updated 31/07/2009. H.M. Government.

In my view, the interpretation on the absolute necessity to decontaminate every casualty or person from with the determined "hot zone" did, in this exercise, and would, in the event of such an incident, lead to avoidable deaths. The Fire & Rescue Service regard their control of the affected area as absolute and therefore chose to ignore the supposed primacy of the Ambulance Staff, HPA staff and medical professionals in determining the medical treatment needs of casualties (of which decontamination is regarded as one!).

Notes for future exercises:
I would suggest removing the contamination levels from the casualty labels as this allows any responder to instantly determine the fate of any person found in the hot zone. They could be given on a separate card which is only revealed after the individual had been personally monitored.

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