



## **Position Statement:**

### **08-05, Practice Standard – Radiological Emergency Response**

#### **ASTM E54.02 Committee on Homeland Security Applications, Subcommittee on Emergency Preparedness, Training, and Procedures**

The International Association of EMS Chiefs (IAEMSC) recognizes and fully appreciates the inherent dangers to our members and EMS responders associated with response to radiological emergencies. The safety of EMS responders is first and foremost the ultimate priority of our members and this organization. Additionally, the continuously evolving and growing threat of terrorism and the use of radiological materials as weapons or during illicit activities have significantly altered the traditional philosophies of emergency response and EMS operations thereat.

The refinement of emergency response tactics and operational doctrine to meet the anticipated demands and challenges created by the potential threats and response scenarios of the new millennium has reinforced the need for an Emergency Medical Services response capability. The ability to have properly trained and equipped EMS professionals to render appropriate effective life saving intervention to responders and the public is paramount.

The International Association of EMS Chiefs supports the Practice Standard – Radiological Emergency Response addressing response concerns of emergency response disciplines, specifically the refocus on operational philosophies and responder safety consistent with a multi-disciplinary, coordinated response to these incidents.

Emergency responders, regardless of disciplinary priorities, cannot safely and effectively respond to an accidental release scene, a terrorism event or criminal incident involving radiological materials if they do not understand radiological materials response and have not been equipped to properly protect themselves from the threat elements. EMS personnel must be trained and equipped to perform their expected tasks consistent with existing applicable laws, regulations and standards including but not limited to: 40CFR311<sup>1</sup>, 29CFR1910.120<sup>2</sup>, 29CFR1910.134<sup>3</sup> & NFPA 472<sup>4</sup>/473<sup>5</sup>.

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<sup>1</sup> [http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title40/40cfr311\\_main\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title40/40cfr311_main_02.tpl)

<sup>2</sup> [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=9765](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9765)

<sup>3</sup> [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=12716](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=12716)

<sup>4</sup> NFPA 472: Standard for Competence of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents -

<http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=472&cookie%5Ftest=1>

<sup>5</sup> NFPA 473: Standard for Competencies for EMS Personnel Responding to Hazardous Materials/WMD Incidents - <http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=473>

Unfortunately, there continues to be substantial and persistent obstacles to EMS personnel and organizations relative to receiving adequate personal protective equipment and training necessary to safely and effectively respond to radiological materials incidents.

Therefore, it is the position of the International Association of EMS Chiefs to fully support the Practice Standard – Radiological Emergency Response.

Moreover, the increased level of responsibility for all emergency response disciplines, especially EMS, requires that the federal government provide to local jurisdictions and EMS agencies the necessary fiscal relief to acquire the requisite training and equipment as well as the costs associated with maintenance/service.

The Practice Standard mandates that all emergency medical services responders plan, be trained, and maintain properly equipped deployable response teams for radiological emergencies. This requires that emergency medical services organizations have access to and receive previously unavailable federal, state, and local funding to support the equipment and training needs addressed in this standard.

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Drafted and Approved:

International Association of EMS Chiefs  
Quarterly Meeting – August 18, 2007  
Denver, Colorado

Updated and Approved:  
Quarterly Meeting – February 8, 2008  
Raleigh, North Carolina