

MEDICAL EMERGENCY RADIOLOGICAL RESPONSE TEAM PROGRAM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes policy for the organization, training, budget, equipment, and deployment of the VHA Medical Emergency Radiological Response Team (MERRT).

2. SUMMARY OF MAJOR CHANGES: This directive includes the following major changes:

a. Updates to position titles and responsibilities in paragraph 5.

b. Delegates MERRT operational procedures and additional titles to the MERRT Concept of Operations (CONOPS). The MERRT CONOPS is considered a sensitive document and will be made available on request. Please submit all requests to view the MERRT CONOPS to VHA Office Of Emergency Management (OEM) using the following email address: WatchOfficer-VHA@va.gov.

3. RELATED ISSUES: VHA Directive 0320, VHA Comprehensive Emergency Management Program, dated April 12, 2013.

4. RESPONSIBLE OFFICE: OEM (10NA1) is responsible for the content of this directive. Questions may be referred to the Director, OEM at 304-264-4800.

5. RESCISSION: VHA Handbook 0320.05, Medical Emergency Radiological Response Team (MERRT) Program, dated March 3, 2011, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of August 31, 2024. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE UNDER
SECRETARY FOR HEALTH:**

/s/ Renee Oshinski
Acting Deputy Secretary for Health for
Operations and Management

DISTRIBUTION: Emailed to the VHA Publications Distribution List on August 12, 2019.

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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MEDICAL EMERGENCY RADIOLOGICAL RESPONSE TEAM PROGRAM

1. PURPOSE

This directive establishes policy for the organization, training, certification, budget, equipment and deployment of the Department of Veterans Affairs (VA) Medical Emergency Radiological Response Team (MERRT). **AUTHORITY:** Title 42 United States Code (U.S.C.) 5195, and 44 Code of Federal Regulations (CFR) part 351.

2. BACKGROUND

a. The Secretary of VA approved the establishment of the MERRT for medical support to comply with Executive Order (EO) 12657. The EO stipulates available VA medical resources may be used in response to a radiological emergency or disaster by rapidly deploying a specialized team of VA health professionals to off-site medical infrastructure to render direct and indirect patient treatment and technical advice.

b. The MERRT is comprised of VA physicians, health physicists, and Area Emergency Managers who deploy to augment institutional health care providers in response to an incident or act of terrorism involving nuclear or radiological material. The MERRT supports the National Response Framework (NRF) under Emergency Support Function #8 (Public Health and Medical Services) and is listed as an asset in the Nuclear/Radiological Incident Annex (NRIA) of the NRF. The MERRT is the only officially designated and recognized VA response team in the NRF.

c. Upon request by the applicable authority, the MERRT will deploy to a radiological emergency or disaster that requiring a medical response. The MERRT is a personnel package designed to augment, or otherwise supplement, an existing institutional health care provider or emergency response system. The MERRT does not deploy in a first responder capacity, but as part of the NRF-NRIA or other authorized Federal response. The NRF-NRIA mission is to assist the local medical community and health care providers in addressing all medical issues that arising from the discovery of radiation beyond normal background levels and the effect of that radiation on the exposed population. This includes assistance and support of local health care providers in the handling and treatment of exposed and internally or externally contaminated casualties, and internal support to VA entities, even in the absence of a national emergency.

d. The MERRT maintains minimal resource capability comprised of personnel, personal radiation screening and monitoring equipment, identification devices (radiation detection meters, Radioisotope Identification Devices (RIID), portal monitors, and basic decontamination supplies. The MERRT is not self-sufficient and requires support from the VHA Office of Emergency Management (OEM) and the requesting agency 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 entire 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.** The Lead Federal Agency (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 pertaining to the incident.

e. **Medical Emergency Radiological Response Team.** The MERRT is a specialized team of VA health care professionals with radiological expertise rapidly deployable to an off-site medical provider to render both direct patient treatment and technical advice.

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

4. POLICY

It is VHA policy to organize, train, budget, equip, and deploy the MERRT in support of the NRF and NRF-NRIA.

5. RESPONSIBILITIES

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

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Coordinating and working with the Director, OEM, to ensure effective implementation of this directive.

(2) Appointing a MERRT Leader.

(3) Ensuring the availability of MERRT members for training, exercise, and deployment, when required.

(4) Confirming that VA medical facilities support the training requirements of the MERRT. See paragraph 7 for training information.

c. **Director, Office of Emergency Management.** The Director, OEM is responsible for:

(1) Approving and funding the MERRT budget.

(2) Providing equipment, supplies, and training for MERRT exercises and deployments.

(3) Coordinating Mission Assignment or task order for MERRT missions.

(4) Coordinating the reimbursement to VA of MERRT costs where MERRT is activated or deployed in support of the NRF, VA, or other Federal authority.

(5) Developing guidance for MERRT (i.e., Concept of Operations (CONOPS)), guidebooks, policies, Standard Operating Procedures (SOPs), and planning guides)).

(6) Designating an OEM staff member to serve as liaison to the MERRT Leader for coordination of OEM support.

(7) Providing additional OEM personnel to support deployed MERRT personnel, as needed.

(8) Coordinating the use of other deployed VA resources, as appropriate, and as directed by VHA Central Office.

d. **Office of Emergency Management/Area Emergency Manager MERRT Liaison.** The OEM MERRT Liaison is responsible for:

(1) Reporting MERRT readiness and team development.

(2) Coordinating the training and education of MERRT members to ensure readiness. See paragraph 7 for training specific to this responsibility.

(3) Developing and maintaining a MERRT CONOPS.

(4) Developing, designing, and executing MERRT exercises.

(5) Providing direct support to the MERRT during an activation and deployment.

(6) Coordinating with OEM on MERRT status and assignments.

(7) Coordinating with the MERRT Leader and OEM Program Managers for administrative, logistics, and operational support.

e. **VHA Watch Officer.** The VHA Watch Officer is responsible for:

(1) Notifying the OEM Director, Deputy Director, MERRT Team Lead, Duty Officer or other individual(s) as directed of the alert or activation of the MERRT.

(2) Acting as a liaison between the VA Integrated Operations Center (VA IOC) and VHA OEM on the receipt and approval of a Mission Assignment or task order for the alert or activation of the MERRT.

(3) Initiating the MERRT alert or other applicable activation notification procedures and confirming receipt of the notice with MERRT members.

(4) Initiating notification to the Emergency Management Coordination Cell for support MERRT administrative, logistics, and operational deployment requirements.

(5) Processing MERRT-related Requests for Information with the VA IOC as required.

f. **Duty Officer, Office of Emergency Management.** The Duty Officer, OEM in collaboration or coordination with the VHA Watch Officer is responsible for notifying the Director, OEM upon notice of a radiological incident which may require activation of the MERRT.

g. **MERRT Leader.** The MERRT Leader is responsible for:

(1) Supervising and managing the team when in deployed and non-deployed status, including exercises, incidents, and events.

(2) Coordinating with the Director, OEM, to identify:

(a) Appropriate training and exercise requirements and venues.

(b) Equipment needs.

(c) Developing and managing the MERRT budget.

(d) Deployment processes and procedures.

(3) Assessing the impact of the radiological incident on human health when deployed, and providing appropriate consultation and technical advice to local, State, Federal, tribal or territorial authorities.

(4) Providing medical advice on the treatment of individuals exposed to, or contaminated by, radioactive materials.

(5) Supervising or effecting appropriate decontamination procedures.

(6) Appointing MERRT team members.

h. **MERRT Deputy.** The MERRT Deputy is responsible for acting as the MERRT Leader in the absence of the MERRT Leader, or when requested by the MERRT Leader.

i. **MERRT Administrative Officer.** The MERRT Administrative Officer is responsible for:

(1) Acting as the MERRT Leader in the absence of the MERRT Leader and Deputy or when requested by the MERRT Leader.

(2) Managing the MERRT logistics operations during deployments.

(3) Maintaining the MERRT training and other records.

(4) Preparing the MERRT annual budget.

(5) Overseeing and providing technical information for ordering MERRT supplies and equipment.

6. MERRT PHYSICIAN STANDARDS

a. In addition to HR standards, physicians must meet one of the following criteria to be qualified for participation on the MERRT:

(1) Board certified in nuclear medicine.

(2) Board certified in radiology.

(3) Board certified in emergency Medicine.

(4) Board certified in another specialty with training and experience in radiological emergency response.

b. Medical Health Physicists-Radiation Safety Officers must meet the requirements of the Nuclear Regulatory Commission in 10 CFR 35.50 or equivalent training appropriate to the MERRT CONOPS.

7. TRAINING

The MERRT comprehensive educational and operations training agenda is a multifaceted program encompassing five core competencies for Physicians, Health Physicists, and Area Emergency Managers. The required training and topics below are detailed in the MERRT CONOPS.

a. **Consequence/Emergency Management.** Addressing the consequences of a nuclear or radiological incident, including a terrorist attack, on people and the environment.

b. Comprehensive medical management and care of individuals exposed to nuclear/radiological material and incidents.

c. Core knowledge of the use and data interpretation of specialized radiation detection and identification equipment.

d. Core VHA OEM/MERRT operations plans to include CONOPS and detailed SOPs, training with interagency partners (Department of Energy, Department of Defense, Federal Emergency Management Agency, Department of Homeland Security, Department of Health and Human Services) deployment protocols, operations support, and VA travel protocols.

e. Operational exercises (Interagency, national, regional, and local level).

8. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created in the requirements of this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be referred to the appropriate Records Manager or Records Liaison.

9. REFERENCES

a. Executive Order 12657, dated November 18, 1988.

b. 42 U.S.C. 5195.

c. 10 CFR 35.50.

d. 44 CFR part 351.

e. Presidential Decision Directive/NSC-39, June 21, 1995.

<https://fas.org/irp/offdocs/pdd/pdd-39.pdf>. **NOTE:** This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.

f. National Response Framework, Third Edition dated June 2016.

https://www.fema.gov/media-library-data/1466014682982-9bcf8245ba4c60c120aa915abe74e15d/National_Response_Framework3rd.pdf.

g. Nuclear/Radiological Incident Annex to the Response and Recovery Federal Interagency Operational Plans, dated October 2016. https://www.fema.gov/media-library-data/1478636264406-cd6307630737c2e3b8f4e0352476c1e0/NRIA_FINAL_110216.pdf.