

Army Regulation 40-13

Medical Services

Radiological Advisory Medical Teams

**Headquarters
Department of the Army
Washington, DC
1 October 2012**

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SUMMARY of CHANGE

AR 40-13

Radiological Advisory Medical Teams

This major revision, dated 1 October 2012--

- o Changes the title of the regulation from Medical Support - Nuclear/Chemical Accidents and Incidents to Radiological Advisory Medical Teams (cover).
- o Adds the responsibilities of the U.S. Army Medical Command for the establishment and deployment or employment of the radiological advisory medical teams (para 1-4).
- o Eliminates the requirement for emergency medical teams, which have been replaced by other teams within the U.S. Army Medical Command regional support structure as specified in DA Pam 50-5 (previously all of chap 3).
- o Eliminates policy on chemical accident and incident support, which is now addressed in AR 50-6, DA Pam 50-6, and U.S. Army Medical Command regional support agreements (previously all of chap 4).
- o Makes administrative changes (throughout).

Medical Services

Radiological Advisory Medical Teams

By Order of the Secretary of the Army: Pamphlet 50-6, and regional medical support agreements.

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General, United States Army
Chief of Staff

Official:


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Applicability. This regulation applies to the Active Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve. It also applies during mobilization, unless otherwise stated.

Proponent and exception authority. The proponent of this regulation is The Surgeon General. The proponent has the authority to approve exceptions or waivers to this regulation that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or its direct reporting unit or field operating agency, in the grade of colonel or the civilian equivalent. Activities may request a waiver to this regulation by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to Army Regulation 25-30 for specific guidance.

Army internal control process. This regulation contains internal control provisions and identifies key internal controls that must be evaluated (see appendix B).

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from The Surgeon General (DASG-PPM-NC), 7700 Arlington Boulevard, Suite 5143, Falls Church, VA 22042-5143.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to The Surgeon General (DASG-PPM-NC), 7700 Arlington Boulevard, Suite 5143, Falls Church, VA 22042-5143.

Distribution. The regulation is available in electronic media only and is intended for command level C for the Active Army and command level D for the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve.

History. This publication is a major revision.

Summary. This regulation prescribes medical support requirements for nuclear and radiological events and nuclear surety. This revision updates the policies governing the establishment, organization, and use of radiological advisory medical teams; changes the title of the regulation from Medical Support - Nuclear/Chemical Accidents and Incidents to Radiological Advisory Medical Teams; eliminates the requirement for emergency medical teams; and removes material addressing chemical accident and incident support, which are now included in Army Regulation 50-6, Department of the Army Pamphlet 50-5, Department of the Army

Contents (Listed by paragraph and page number)

Chapter 1

Introduction, page 1

Purpose • 1-1, page 1

References • 1-2, page 1

Explanation of abbreviations and terms • 1-3, page 1

Responsibilities • 1-4, page 1

Chapter 2

Team Capabilities and Requirements, page 2

Mission • 2-1, page 2

**This regulation supersedes AR 40-13, dated 1 February 1985.

Contents—Continued

Training • 2-2, *page 2*
Capabilities • 2-3, *page 2*
Organization • 2-4, *page 2*
Policies • 2-5, *page 2*
Use of laboratory facilities • 2-6, *page 2*
Deployment • 2-7, *page 2*
Employment • 2-8, *page 3*
Reports • 2-9, *page 3*

Appendixes

- A.** References, *page 4*
- B.** Internal Control Evaluation Checklist, *page 7*

Glossary

Chapter 1 Introduction

1–1. Purpose

This regulation prescribes the mission and capabilities of the U.S. Army radiological advisory medical team (RAMT). It also establishes policies, procedures, and responsibilities for the RAMT.

1–2. References

Required and related publications and prescribed and referenced forms are listed in appendix A.

1–3. Explanation of abbreviations and terms

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

1–4. Responsibilities

In accordance with Department of Defense Directive (DODD) 3150.08, the Army will organize, train, and equip one RAMT in the continental United States (CONUS) and one outside the continental United States (OCONUS) to provide medical advice and assistance for nuclear and radiological incidents.

a. The Surgeon General. TSG will—

(1) Establish medical policies and procedures implementing DODD 3150.08 in support of DOD Manual 3150.8–M and AR 50–5.

(2) Establish programs for training and sustaining of RAMT assets.

(3) Coordinate with Federal and international agencies for RAMT support to contingency and operations plans.

(4) Provide Department of the Army (DA) oversight of the RAMT Program.

b. The Commanding General, U.S. Army Medical Command. The CG, USAMEDCOM will—

(1) Establish RAMTs in support of combatant commands (COCOMs) and National Response Framework, at the following locations:

(a) Northern regional medical command (RMC), with primary responsibility in CONUS.

(b) European RMC, with primary responsibility throughout the European RMC area of responsibility.

(c) Pacific RMC, with primary responsibility throughout the Pacific RMC area of responsibility.

(2) Coordinate with COCOMs for RAMT support to contingency and operations plans.

(3) Coordinate with the Defense Threat Reduction Agency as stipulated in DODD 3150.08.

(4) Develop plans, policies, and procedures for organizing, equipping, and deploying the RAMTs.

(5) Provide annual readiness sustainment, training, and modernization funding for the RAMT to meet legacy missions and emerging threat response requirements.

(6) Provide annual funding for deployment of RAMT in support of national and international nuclear and radiological exercises.

(7) Ensure properly cleared RAMT leaders have access to top secret/sensitive compartmented information (TS/SCI).

(8) Establish contracts, memoranda of agreement, or memoranda of understanding for specialized laboratory services in support of RAMT.

(9) Provide for USAMEDCOM headquarters staff oversight of RAMT operations.

(10) Ensure internal control evaluation is conducted once every 3 years using the checklist in appendix B.

c. Commanding General, Regional Medical Commands. The CG at designated RMCs will—

(1) Employ the RAMT upon request.

(2) Provide funding and appropriate orders.

(3) Designate on orders the RAMT leaders.

(4) Ensure RAMT readiness to meet emerging threat response requirements.

(5) Submit DD Form 2325 (Radiological Response Capability Report) (see para 2–9).

(6) Establish contracts, memoranda of agreement, or memoranda of understanding with the U.S. Army Institute of Public Health, or appropriate Public Health Command Regions, for specialized radiological services and personnel needed to support regional RAMT mission requirements.

(7) Conduct internal control evaluation once every 3 years using the checklist in appendix B.

d. The on-scene commander. The OSC will—

(1) Exercise operational control over the RAMT during on-site operations to include release authority.

(2) Identify ongoing mission requirements for hand off to follow-on medical units or radiological personnel.

Chapter 2 Team Capabilities and Requirements

2-1. Mission

The RAMTs provide direct comprehensive radiological health, medical guidance, and specialized services to the COCOM commander, the OSC, and local medical officials responding to a radiological or nuclear event.

2-2. Training

a. Required training. All team members must complete the Medical Effects of Ionizing Radiation course hosted by the Armed Forces Radiobiology Research Institute, and they should do so within 60 days of being appointed, by orders, to the team.

b. Recommended additional training. Additional training may include the Radiation Emergency Assistance Center/ Training Site courses at the Oak Ridge Institute for Science and Education in Oak Ridge, TN; and the Defense Nuclear Weapons School Nuclear Weapons Incident Command and Control courses at Kirtland Air Force Base in Albuquerque, NM.

2-3. Capabilities

The RAMT will be capable of—

a. Assembling within 24 hours of notification, deploying within 48 hours of notification, and operating anywhere in the world within 72 hours of notification.

b. Conducting sustained operations for up to 72 hours post-deployment.

c. Conducting operations in a National Defense Area (NDA), a National Security Area, classified areas, contaminated areas, or other restricted access areas.

d. Conducting operations in a U.S. COCOM upon approval by the COCOM commander.

2-4. Organization

a. The RAMT is staffed by military individuals qualified in the evaluation of radiological health hazards and in the management of radiation casualties. Civilian experts may be added to the team at the discretion of the RAMT leader.

b. The RAMT is composed of—

(1) A minimum of one O5/O6 nuclear medical science officer with the area of concentration (AOC) 72A, who will serve as the RAMT lead for the CONUS team; and an O4 or the most senior 72A available, who will serve as the RAMT lead for OCONUS teams located in Europe or the Pacific.

(2) Designated RAMT physicians qualified in one of the following clinical specialties, or areas of concentration: nuclear medicine officer (60B), medical oncologist/hematologist (61B), therapeutic radiologist (61Q), diagnostic radiologist (61R), or an emergency physician (62A). When a physician is designated as a team member, he or she will receive training in radiation casualty and mass casualty management. It may be necessary to have more than one physician trained and prepared to deploy based on projected mission requirements and availability of regional clinical staff.

(3) A minimum of one health physics specialist (68SN4).

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

Note. The team leader is responsible for providing recommendations on team composition, to include civilian participation in training events and deployments.

2-5. Policies

a. The RAMT is a national-level, rapid-deployment asset that is part of the Federal Radiological Emergency Response Plan.

b. At a minimum, RAMT members will possess an active, secret-level security clearance and critical nuclear weapons design information (CNWDI) access. The RAMT leaders require a TS/SCI clearance and CNWDI access.

c. Release of information concerning a nuclear or radiological event will be in accordance with appropriate directives. (See AR 50-5 and AR 360-1.)

2-6. Use of laboratory facilities

Use of field laboratory services, to include limited capabilities of the RAMT itself, will be conducted through liaison with other specialized deployed teams and with the approval of the RAMT leader.

2-7. Deployment

a. The RAMT will normally be activated and deployed at the direction of the National Military Command Center, the Office of the Joint Director of Military Support, the Joint Nuclear Accident Coordinating Center, the COCOMs, or the Army Operations Center.

b. The CG, USAMEDCOM, may deploy a RAMT as required to assist other RAMTs.

c. Authority for redeployment of the RAMT rests with the OSC.

2–8. Employment

a. At the scene of a radiological or nuclear emergency, the RAMT provides guidance to the OSC regarding the following technical matters:

- (1) Potential health hazards to personnel from radiological contamination or exposure by ionizing radiation.
- (2) Decontamination procedures.
- (3) Medical treatment.
- (4) Medical surveillance procedures (such as initial and follow-up bioassay).
- (5) Radiation exposure control.

b. The RAMT provides the following services to the military treatment facility receiving casualties:

- (1) Advice on initial and follow-up bioassay procedures.
- (2) Guidance concerning potential health hazards to personnel from radiological contamination resulting from the incident.

c. The RAMT team follows appropriate radiation exposure standards, dosimetry requirements, and accident reporting instructions established in Department of the Army Pamphlet (DA Pam) 385–24 and DA Pam 40–18/Defense Logistics Agency Instruction (DLAI) 1000.30.

2–9. Reports

a. Copies of all radiological survey and sampling data, as well as reports generated as a result of RAMT exercises and deployments, will be maintained at the U.S. Army Public Health Command, Health Physics Program, 5158 Blackhawk Road, Aberdeen Proving Ground, MD 21010–5403.

b. The DD Form 2325 is prepared annually or when there is significant change in the organization, equipment, or team capabilities. The DD Form 2325 is sent to Operations Center, Defense Threat Reduction Agency, 6200 Meade Road, Fort Belvoir VA 22060–5264, or electronically to opsctr1@dtra.mil.

Appendix A References

Section I

Required Publications

Army regulations and Department of the Army pamphlets are available online from the Army Publishing Directorate Web site at <http://www.apd.army.mil/>. Department of Defense directives and manuals are available online from <http://www.dtic.mil/whs/directives/corres/pub1.html/>. The U.S. Code is available at <http://www.gpo.gov/fdsys/>.

AR 50-5

Nuclear Surety (Cited in para 1-4a(1) and 2-5c.)

AR 360-1

The Army Public Affairs Program (Cited in para 2-5c.)

DA Pam 40-18/DLAI 1000.30

Personnel Dosimetry Guidance and Dose Recording Procedures for Personnel Occupationally Exposed to Ionizing Radiation (Cited in para 2-8c.)

DA Pam 385-24

The Army Radiation Safety Program (Cited in para 2-8c.)

DODD 3150.08

DoD Response to Nuclear and Radiological Incidents (Cited in paras 1-4, 1-4a(1), 1-4b(3), B-4c.)

DOD Manual 3150.8-M

Nuclear Weapon Accident Response Procedures (NARP) (Cited in para 1-4a(1).)

Section II

Related Publications

A related publication is a source of additional information. The user does not have to read it to understand this publication. Unless otherwise stated, all publications are available online from the Army Publishing Directorate Web site at <http://www.apd.army.mil/>. Department of Defense directives and manuals are available online from <http://www.dtic.mil/whs/directives/corres/pub1.html/>. National Council on Radiation Protection and Measurement (NCRP) Reports are available at <http://www.ncrppublications.org/reports/>.

AR 10-16

U.S. Army Nuclear and Combating Weapons of Mass Destruction Agency

AR 40-5

Preventive Medicine

AR 50-6

Chemical Surety

AR 385-10

The Army Safety Program

AR 525-13

Antiterrorism

AR 700-48

Management of Equipment Contaminated with Depleted Uranium or Radioactive Commodities

DA Pam 50-5

Nuclear Accident or Incident Response and Assistance (NAIRA) Operations

DA Pam 385-40

Army Accident Investigations and Reporting

ATTP 3–11.36/MCRP 3–37B/NTTP 3–11.34/AFTTP(I) 3–20.70

Multiservice Tactics, Techniques, and Procedures for Chemical, Biological, Radiological, and Nuclear Aspects of Command and Control

CJCSI 3125.01B

Defense Support of Civil Authorities (DSCA) For Domestic Consequence Management (CM) Operations in Response to a Chemical, Biological, Radiological, Nuclear, or High-Yield Explosive (CBRNE) Incident. (Available at http://www.dtic.mil/cjcs_directives/cdata/unlimit/3125_01.pdf/.)

DODD 3025.18

Defense Support of Civil Authorities (DSCA)

DODD 5230.16

Nuclear Accident and Incident Public Affairs (PA) Guidance

FM 3–11.5/MCWP 3–37.3/NTTP 3–11.26/AFTTP(I) 3–2.60

Multiservice Tactics, Techniques, and Procedures for Chemical, Biological, Radiological, and Nuclear Decontamination

FM 3–11.20

Technical Escort Battalion Operations

FM 3–11.21/MCRP 3–37.2C/NTTP 3–11.24/AFTTP(I) 3–2.37

Multiservice Tactics, Techniques, and Procedures for Chemical, Biological, Radiological, and Nuclear Consequence Management Operations

FM 8–9/NAVMED P–5059/AFJMAN 44–151

NATO Handbook on the Medical Aspects of NBC Defensive Operations AMedP–6(B)

International Atomic Energy Agency Safety Series No. 120

Radiation Protection and the Safety of Radiation Sources: A Safety Fundamental (Available at IAEA Safety Series, <http://www-pub.iaea.org/MTCD/publications/seriesMain.asp/>.)

International Commission on Radiological Protection Publication 60

1990 Recommendations of the International Commission on Radiological Protection (Available at <http://www.icrp.org/publications.asp>.)

National Response Framework

Department of Homeland Security (Available at http://www.dhs.gov/files/programs/editorial_0566.shtm/.)

NCRP Report No. 42

Radiological Factors Affecting Decision-Making in a Nuclear Attack

NCRP Report No. 111

Developing Radiation Emergency Plans for Academic, Medical or Industrial Facilities

NCRP Report No. 115

Risk Estimates for Radiation Protection

NCRP Report No. 116

Limitation of Exposure to Ionizing Radiation

NCRP Report No. 125

Deposition, Retention and Dosimetry of Inhaled Radioactive Substances

NCRP Report No. 128

Radionuclide Exposure of the Embryo/Fetus

NCRP Report No. 130

Biological Effects and Exposure Limits for “Hot Particles”

NCRP Report No. 138

Management of Terrorist Events Involving Radioactive Material

NCRP Report No. 156

Development of a Biokinetic Model for Radionuclide-Contaminated Wounds for Their Assessment, Dosimetry and Treatment

NCRP Report No. 161 (1)

Management of Persons Contaminated with Radionuclides: Handbook

Section III

Prescribed Forms

There are no entries in this section.

Section IV

Referenced Forms

Department of the Army forms are available on the APD Web site (<http://www.apd.army.mil/>). Department of Defense forms are available on the DOD Forms Management Program Web site (<http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm/>).

DA Form 11-2

Internal Control Evaluation Certification

DA Form 2028

Recommended Changes to Publications and Blank Forms

DD Form 2325

Radiological Response Capability Report

Appendix B

Internal Control Evaluation Checklist

B-1. Function

The function covered by this evaluation is RAMT readiness.

B-2. Purpose

The purpose of this checklist is to assist the Office of The Surgeon General (OTSG) and USAMEDCOM in evaluating the key internal controls listed below. It is not intended to assess all controls.

B-3. Instructions

Answers must be based on the actual testing of key internal controls (for example, document analysis, direct observation, sampling, simulation, and other controls). Answers that indicate deficiencies must be explained, and corrective action must be documented. These internal controls must be evaluated at least once every 3 years. Certification that this evaluation has been conducted must be accomplished on DA Form 11-2 (Internal Control Evaluation Certification).

B-4. Checklist questions

- a.* Has USAMEDCOM established RAMTs in support of COCOMs and the National Response Framework?
- b.* Has USAMEDCOM coordinated with COCOMs for RAMT support to contingency and operations plans?
- c.* Has USAMEDCOM coordinated with the Defense Threat Reduction Agency according to DODD 3150.08?
- d.* Has USAMEDCOM developed plans, policies, and procedures for organizing, equipping, and deploying the RAMTs?
- e.* Does USAMEDCOM provide annual readiness sustainment, training, and modernization funding for the RAMT to meet legacy missions and emerging threat response requirements?
- f.* Does USAMEDCOM provide annual funding for deployment of RAMT in support of national and international nuclear and radiological exercises?
- g.* Do RAMT leaders have permanent top secret/sensitive compartmented information clearances?
- h.* Do RAMT members have permanent secret clearances?
- i.* Has USAMEDCOM established contracts, memoranda of agreement/understanding for specialized laboratory services in support of RAMT?
- j.* Does USAMEDCOM provide for headquarters staff oversight of RAMT operations?
- k.* Have regional medical commands established contracts, memoranda of agreement, or memoranda of understanding with the U.S. Army Institute of Public Health, or appropriate Public Health Command Regions, for specialized radiological services and personnel needed to support regional RAMT mission requirements?

B-5. Supersession

This is a new checklist.

B-6. Comments

Help make this a better tool for evaluating internal controls. Submit comments to OTSG (DASG-PPM-NC), 7700 Arlington Blvd., Suite 5143, Falls Church, VA 22042-5143.

Glossary

Section I Abbreviations

AOR

area of responsibility

AR

Army regulation

CG

commanding general

CJCSI

Chairman, Joint Chief of Staff Instruction

CNWDI

critical nuclear weapons design information

COCOM

combatant command

CONUS

continental United States

DA

Department of the Army

DA Pam

Department of the Army pamphlet

DLAI

Defense Logistics Agency instruction

DOD

Department of Defense

DODD

Department of Defense directive

DOE

Department of Energy

IAEA

International Atomic Energy Agency

NBC

nuclear, biological, and chemical

NCRP

National Council on Radiation Protection and Measurements

NDA

National Defense Area

OCONUS

outside the continental United States

OSC

on-scene commander

OTSG

Office of The Surgeon General

RAMT

radiological advisory medical team

RMC

regional medical command

TS/SCI

top secret/sensitive compartmented information

USAMEDCOM

U.S. Army Medical Command

Section II**Terms****Deployment**

The relocation of forces and materiel to desired operational areas. Deployment encompasses all activities from origin or home station through destination, specifically including intercontinental United States, intertheater and intratheater movement legs, staging, and holding areas.

National Defense Area

An area established on non-Federal lands located within the United States, its possessions or territories for safeguarding classified defense information or protecting DOD equipment and/or material. Establishment of an NDA temporarily places such non-Federal lands under the effective control of the DOD and results only from an emergency event. The OSC at the scene will define the boundary, mark it with a physical barrier, and post warning signs. The landowner's consent and cooperation will be obtained whenever possible; however, military necessity will dictate the final decision regarding location, shape, and size of the NDA.

National Security Area

An area established on non-Federal lands located within the United States, its possessions or territories, for safeguarding classified information and/or restricted data, equipment, or material belonging to the Department of Energy (DOE). Establishment of a national security area temporarily places such non-Federal lands under the effective control of the DOE and results only from an emergency event. The senior DOE representative having custody of the material at the scene shall define the boundary, mark it with a physical barrier, and post warning signs. The landowner's consent and cooperation will be obtained whenever possible; however, operational necessity shall dictate the final decision regarding location, shape, and size of the National Security Area.

Section III**Special Abbreviations and Terms**

There are no entries in this section.

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