

NFPA® 473

Standard for Competencies for EMS Personnel Responding to Hazardous Materials/Weapons of Mass Destruction Incidents

2018



Documents

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NFPA® 473

Standard for

Competencies for EMS Personnel Responding to Hazardous Materials/ Weapons of Mass Destruction Incidents

2018 Edition

This edition of NFPA 473, *Standard for Competencies for EMS Personnel Responding to Hazardous Materials/Weapons of Mass Destruction Incidents*, was prepared by the Technical Committee on Hazardous Materials Response Personnel. It was issued by the Standards Council on August 1, 2017, with an effective date of August 21, 2017, and supersedes all previous editions.

This edition of NFPA 473 was approved as an American National Standard on August 21, 2017.

Origin and Development of NFPA 473

Following the development of NFPA 471, *Recommended Practice for Responding to Hazardous Materials Incidents* (which was incorporated into NFPA 472 and NFPA 473 for the 2008 editions), and NFPA 472, *Standard for Professional Competence of Responders to Hazardous Materials Incidents* (which was retitled *Standard for Competence of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents* for the 2008 edition), the Technical Committee on Hazardous Materials Response Personnel undertook the development of a standard relating to the professional competencies of emergency medical personnel who could be required to respond to hazardous materials incidents. The roles and responsibilities of EMS personnel at hazardous materials incidents had not been identified in the majority of emergency response systems.

The first edition of NFPA 473 was released in 1992. In the 1997 edition, the committee reviewed the first edition and updated it for consistency with the related NFPA 471 and NFPA 472 and for clarity of the competencies.

In 1998 the committee processed a Tentative Interim Amendment (TIA) to address concerns related to the unique challenges of responding to hazardous materials incidents that could be caused by criminal or terrorist activity. Those concerns were motivated by the 1995 bombing of the Alfred P. Murrah Federal Building in Oklahoma City and other national and international incidents.

The TIA added paragraphs on recognizing criminal and terrorist activities, differentiating between chemical and biological agents, actions to take when criminal or terrorist activity is suspected, providing patient care at incidents resulting from chemical and biological agents, and other similar competencies.

In the 2002 edition, the TIA material was updated and moved into the body of the text, along with other updates to coordinate with a similar TIA and other new material in NFPA 472 related to weapons of mass destruction and incidents involving radioactive materials. Additional changes in wording and format were made in accordance with the 2000 edition of the *Manual of Style for NFPA Technical Committee Documents*.

The 2008 edition of NFPA 473 was completely rewritten to address the hazards that emergency medical services (EMS) personnel encounter from hazardous materials/weapons of mass destruction. New definitions and technical information were added. The requirements in the 2008 edition enhanced the safety and protection of response personnel and all components of the EMS system.

The 2013 edition adopted the concept of mission-specific competencies that were previously integrated into the 2008 edition of NFPA 472. The 2013 edition was expanded to include a new chapter on competencies for advanced life support (ALS) responders assigned mission-specific responsibilities, including ALS responders assigned to a hazardous materials response team, ALS responders assigned to provide clinical intervention at a hazardous materials/WMD incident, and ALS responders assigned to treatment of smoke inhalation victims.



In the 2018 edition of NFPA 473, the technical committee has provided great detail for emergency medical services personnel to coordinate with the hazardous materials safety officer. The technical committee made minor revisions to the document for consistency with the other hazardous materials response personnel documents and industry-recognized terminology. Revisions were also made to reflect the competency-based style of the document.

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Committee Scope: This Committee shall have primary responsibility for documents on the requirements for professional qualifications, professional competence, training, procedures, and equipment for emergency responders to hazardous materials/weapons of mass destruction incidents.

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NFPA 473

Standard for

Competencies for EMS Personnel Responding to Hazardous Materials/Weapons of Mass Destruction Incidents

2018 Edition

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Information on referenced publications can be found in Chapter 2 and Annex C.

Chapter 1 Administration

1.1 Scope. This standard identifies the levels of competence required of emergency medical services (EMS) personnel who respond to incidents involving hazardous materials or weapons of mass destruction (WMD).

▲ **1.1.1** This document covers the requirements for basic life support and advanced life support personnel in the prehospital setting.

▲ **1.1.2** This standard is based on the premise that all EMS responders are trained to meet at least the core competencies of the operations level responders as defined in Chapter 5 of NFPA 472.

1.2 Purpose. The purpose of this standard is to specify minimum requirements of competence and to enhance the safety and protection of response personnel and all components of the emergency medical services system.

1.2.1 It is not the intent of this standard to restrict any jurisdiction from exceeding these minimum requirements.

1.3* CDC Categories A, B, and C. This standard uses the U.S. Centers for Disease Control and Prevention (CDC) categories of diseases and agents.

Chapter 2 Referenced Publications

2.1 General. The documents or portions thereof listed in this chapter are referenced within this standard and shall be considered part of the requirements of this document.

2.2 NFPA Publications. National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-7471.

NFPA 472, *Standard for Competence of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents*, 2018 edition.

NFPA 704, *Standard System for the Identification of the Hazards of Materials for Emergency Response*, 2017 edition.

NFPA 1584, *Standard on the Rehabilitation Process for Members During Emergency Operations and Training Exercises*, 2015 edition.

2.3 Other Publications.

2.3.1 U.S. Government Publications. U.S. Government Publishing Office, 732 North Capitol Street, NW, Washington, DC 20401-0001.

Emergency Response Guidebook, Pipeline and Hazardous Materials Administration, U.S. Department of Transportation, 2016.

ICS Forms, www.fema.gov/emergency/nims/JobAids.shtm, ICS Form 206.pdf.

Title 18, U.S. Code, Section 2332a, “Use of Weapons of Mass Destruction.”

Title 29, Code of Federal Regulations, Part 1910.120, “Hazardous Waste Operations and Emergency Response.”

2.3.2 Other Publications. *Merriam-Webster’s Collegiate Dictionary*, 11th edition, Merriam-Webster, Inc., Springfield, MA, 2003.

2.4 References for Extracts in Mandatory Sections. (Reserved)

Chapter 3 Definitions

3.1 General. The definitions contained in this chapter shall apply to the terms used in this standard. Where terms are not defined in this chapter or within another chapter, they shall be defined using their ordinarily accepted meanings within the context in which they are used. *Merriam-Webster’s Collegiate Dictionary*, 11th edition, shall be the source for the ordinarily accepted meaning.

3.2 NFPA Official Definitions.

3.2.1* Approved. Acceptable to the authority having jurisdiction.

3.2.2* Authority Having Jurisdiction (AHJ). An organization, office, or individual responsible for enforcing the requirements

of a code or standard, or for approving equipment, materials, an installation, or a procedure.

3.2.3* Listed. Equipment, materials, or services included in a list published by an organization that is acceptable to the authority having jurisdiction and concerned with evaluation of products or services, that maintains periodic inspection of production of listed equipment or materials or periodic evaluation of services, and whose listing states that either the equipment, material, or service meets appropriate designated standards or has been tested and found suitable for a specified purpose.

3.2.4 Shall. Indicates a mandatory requirement.

3.2.5 Should. Indicates a recommendation or that which is advised but not required.

3.2.6 Standard. An NFPA Standard, the main text of which contains only mandatory provisions using the word “shall” to indicate requirements and that is in a form generally suitable for mandatory reference by another standard or code or for adoption into law. Nonmandatory provisions are not to be considered a part of the requirements of a standard and shall be located in an appendix, annex, footnote, informational note, or other means as permitted in the NFPA Manuals of Style. When used in a generic sense, such as in the phrase “standards development process” or “standards development activities,” the term “standards” includes all NFPA Standards, including Codes, Standards, Recommended Practices, and Guides.

3.3 General Definitions.

3.3.1 Advanced Life Support (ALS). Emergency medical treatment beyond basic life support level as defined by the medical authority having jurisdiction in conjunction with the American Heart Association guidelines.

3.3.1.1 Emergency Medical Technician — Intermediate (EMT-I). An individual who has completed a course of instruction that includes selected modules of the U.S. Department of Transportation National Standard EMT — Paramedic curriculum and who holds an intermediate level EMT-I or EMT-C certification from the authority having jurisdiction.

3.3.1.2 Emergency Medical Technician — Paramedic (EMT-P). An individual who has successfully completed a course of instruction that meets or exceeds the requirements of the U.S. Department of Transportation National Standard EMT — Paramedic curriculum and who holds an EMT-P certification from the authority having jurisdiction.

3.3.1.3 Medical Director. An individual who plans and directs all aspects of an organization's or system's medical policies and programs, including operations and offline (protocol) and online medical direction (direct communication consultation); is responsible for strategic clinical relationships with other physicians; oversees the development of the clinical content in materials; ensures all clinical programs are in compliance; writes and reviews research publications appropriate to support clinical service offerings; requires an active degree in medicine with specialty experience or training in emergency and disaster medical mitigation, administration, and management; relies on experience and judgment to plan and accomplish goals; and typically coordinates with the incident command.

3.3.1.4* Medical Team Specialist. Any health care provider or medically trained specialist acting under the authority of the medical director, and within the context of the National Incident Management System, authorized to act as the medical point of contact for an incident.

3.3.2* Allied Professional. That person who possesses the knowledge, skills, and technical competence to provide assistance in the selection, implementation, and evaluation of tasks at a hazardous materials/weapons of mass destruction (WMD) incident.

3.3.3 Basic Life Support (BLS). Emergency medical treatment at a level as defined by the medical authority having jurisdiction in conjunction with American Heart Association guidelines.

3.3.3.1* Emergency Care First Responder (ECFR). An individual who has successfully completed the specified emergency care first responder course developed by the U.S. Department of Transportation and who holds an ECFR certification from the authority having jurisdiction.

3.3.3.2 Emergency Medical Technician — Ambulance/Basic (EMT-A/B). An individual who has successfully completed an EMT-A or EMT-B curriculum developed by the U.S. Department of Transportation or equivalent and who holds an EMT-A/B certification from the authority having jurisdiction.

3.3.4 Competence. Possessing the knowledge, skills, and judgment needed to perform indicated objectives.

3.3.5* Components of Emergency Medical Service (EMS) System. The parts of a comprehensive plan to treat an individual in need of emergency medical care following an illness or injury.

3.3.6 Contaminant. A hazardous material, or the hazardous component of a weapon of mass destruction (WMD), that physically remains on or in people, animals, the environment, or equipment, thereby creating a continuing risk of direct injury or a risk of exposure.

3.3.7* Demonstrate. To show by actual performance.

3.3.8 Describe. To explain verbally or in writing using standard terms recognized in the hazardous materials response community.

3.3.9 Emergency Medical Services (EMS). The provision of treatment, such as first aid, cardiopulmonary resuscitation, basic life support, advanced life support, and other prehospital procedures, including transportation, of patients.

3.3.10 Emergency Response Guidebook (ERG). The reference book, written in plain language, to guide emergency responders in their initial actions at the incident scene, specifically the *Emergency Response Guidebook* from the U.S. Department of Transportation, Transport Canada, and the Secretariat of Transportation and Communications, Mexico.

3.3.11 EMS Hazardous Materials (EMS/Hazardous Materials/WMD) Responder.

3.3.11.1 Emergency Medical Services Responders to Hazardous Materials/Weapon of Mass Destruction at the ALS Level (ALS Responder). Operations-level responders who are ALS certified, assigned EMS mission-specific responsibilities at hazardous materials/WMD incidents, and are trained to

meet all competencies of NFPA 472, Chapters 4 and 5, and all competencies for the assigned responsibilities in NFPA 473, Chapters 4 and 5.

▲ **3.3.11.2 Emergency Medical Services Responders to Hazardous Materials/Weapon of Mass Destruction at the BLS Level (BLS Responder).** Operations-level responders who are BLS certified, assigned EMS mission-specific responsibilities at hazardous materials/WMD incidents, and are trained to meet all competencies of NFPA 472, Chapters 4 and 5, and all competencies for the assigned responsibilities in NFPA 473, Chapter 4.

N **3.3.12 Evaluate.** The process of assessing or judging the effectiveness of a response operation or course of action within the training and capabilities of the emergency responder.

3.3.13* Exposure. The process by which people, animals, the environment, property, and equipment are subjected to or come in contact with a hazardous material/weapon of mass destruction (WMD).

N **3.3.14 Exposures.** The people, animals, environment, property, and equipment that might potentially become exposed at a hazardous materials/weapons of mass destruction (WMD) incident.

N **3.3.15* Fissile Material.** Material whose atoms are capable of nuclear fission (capable of being split).

N **3.3.16 Hazard.** Capable of causing harm or posing an unreasonable risk to life, health, property, or the environment.

▲ **3.3.17* Hazardous Material.** Matter (solid, liquid, or gas) or energy that when released is capable of creating harm to people, the environment, and property, including weapons of mass destruction (WMD) as defined in 18 U.S. Code, Section 2332a, as well as any other criminal use of hazardous materials, such as illicit labs, environmental crimes, or industrial sabotage.

3.3.18 Identify. To select or indicate verbally or in writing using standard terms to establish the fact of an item being the same as the one described.

3.3.19 Incident. An emergency involving the release or potential release of hazardous materials/weapons of mass destruction (WMD).

3.3.20* Incident Commander (IC). The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources.

3.3.21 Incident Command System (ICS). A specific component of an incident management system (IMS) designed to enable effective and efficient on-scene incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure.

3.3.22* Incident Management System (IMS). A process that defines the roles and responsibilities to be assumed by personnel and the operating procedures to be used in the management and direction of emergency operations to include the incident command system (ICS), unified command, multi-agency coordination system, training, and management of resources.

3.3.23 Medical Control. The physician or designee providing direction for patient care activities in the prehospital setting.

3.3.24 Medical Surveillance. The ongoing process of medical evaluation of hazardous materials response team members and public safety personnel who respond to a hazardous materials incident.

▲ **3.3.25 Mission-Specific Competencies.** The knowledge, skills, and judgment needed by operations-level responders who have completed the operations-level competencies and who are designated by the authority having jurisdiction (AHJ) to perform mission-specific tasks, such as decontamination, victim/hostage rescue and recovery, and evidence preservation and sampling.

3.3.26 Patient. Any person or persons requiring or requesting a BLS/ALS evaluation or intervention at the scene of a hazardous materials/WMD incident.

N **3.3.27* Personal Protective Equipment (PPE).** The protective clothing and respiratory protective equipment provided to shield or isolate a person from the hazards encountered at hazardous materials/weapon of mass destruction (WMD) incident operations.

3.3.28 Protocol. A guideline for a series of sequential steps directing patient treatment.

3.3.29 Region. A geographic area that includes the local and neighboring jurisdiction for an EMS agency.

N **3.3.30* Safety Data Sheet (SDS).** Formatted information provided by chemical manufacturers and distributors of hazardous products, which contains information about chemical composition, physical and chemical properties, health and safety hazards, emergency response, and waste disposal of the material.

N **3.3.31 Victim Prioritization and Patient Triage.** Victim prioritization utilizes risk-based factors to establish an action plan for victim removal and eventual treatment. Patient triage is a clinical prioritization employed to maximize survival and to prioritize application of therapeutic modalities.

3.3.32* Weapon of Mass Destruction (WMD). (1) Any destructive device, such as any explosive, incendiary, or poison gas bomb, grenade, rocket having a propellant charge of more than four ounces, missile having an explosive or incendiary charge of more than one quarter ounce (7 grams), mine, or device similar to the preceding description; (2) any weapon involving toxic or poisonous chemicals; (3) any weapon involving a disease organism; or (4) any weapon that is designed to release radiation or radioactivity at a level dangerous to human life.

3.3.32.1* Radiological Weapons of Mass Destruction.

3.3.32.1.1* Improvised Nuclear Device (IND). An illicit nuclear weapon that is bought, stolen, or otherwise obtained from a nuclear state (that is, a national government with nuclear weapons), or a weapon fabricated from fissile material that is capable of producing a nuclear explosion.

3.3.32.1.2* Radiation Dispersal Device (RDD). A device designed to spread radioactive material through a detonation of conventional explosives or other means.

3.3.32.1.3* Radiation Exposure Device (RED). A device intended to cause harm by exposing people to radiation without spreading radioactive material.

Chapter 4 Competencies for Hazardous Materials/WMD Basic Life Support (BLS) Responder

4.1 General.

4.1.1 Introduction. All emergency medical services (EMS) personnel at the hazardous materials/WMD basic life support (BLS) responder level, in addition to their BLS certification, shall be trained to meet at least the competencies of the operations level responders as defined in Chapter 5 of NFPA 472 and all competencies of this chapter.

4.1.2 Goal. The goal of the competencies at the BLS responder level shall be to provide the individual with the knowledge and skills necessary to safely deliver BLS at hazardous materials/WMD incidents, function within the established IMS/ICS, and perform the following duties:

- (1) Analyze a hazardous materials/WMD incident to determine the potential health hazards encountered by the BLS responder, other responders, and anticipated and actual patients by completing the following tasks:
 - (a) Survey an incident where hazardous materials/WMD have been released and evaluate suspected and identified patients for signs and symptoms of exposure
 - (b) Collect hazard and response information from available technical resources to determine the nature of the problem and potential health effects of the substances involved
- (2) Plan to deliver BLS to any exposed patient within the scope of practice by completing the following tasks:
 - (a) Identify preplans of high-risk areas and occupancies to identify potential locations where significant human exposures can occur
 - (b) Identify the capabilities of the hospital network to accept exposed patients and perform emergency decontamination if required
 - (c) Identify the medical components of the communication plan
 - (d) Describe the role of the BLS responder as it relates to the local emergency response plan and established IMS/ICS
- (3) Implement a prehospital treatment plan within the scope of practice by completing the following tasks:
 - (a) Determine the nature of the hazardous materials/WMD incident as it relates to anticipated or actual patient exposures and subsequent medical treatment
 - (b) Identify the need for and the effectiveness of decontamination efforts
 - (c) Determine if the available medical resources will meet or exceed patient care needs
 - (d) Describe evidence preservation issues associated with patient care
 - (e) Develop and implement a medical monitoring plan for responders
 - (f) Report and document the actions taken by the BLS responder at the incident scene

- (4) Coordinate the following tasks with the hazardous materials safety officer:
 - (a) Analyze potential health concerns, which could be inclusive of environmental concerns
 - (b) Plan for treatment and services delivery for patients and responders

4.2 Competencies — Analyzing the Incident.

4.2.1 Surveying Hazardous Materials/WMD Incidents. Given scenarios of hazardous materials/WMD incidents, the BLS responder shall assess the nature and severity of the incident as it relates to anticipated or actual EMS responsibilities at the scene.

4.2.1.1 Given examples of the following types of containers, the BLS responder shall identify the potential mechanisms of injury/harm and possible treatment modalities:

- (1) Pressure
- (2) Nonpressure
- (3) Cryogenic
- (4) Radioactive

4.2.1.2 Given examples of the nine U.S. Department of Transportation (DOT) hazard classes, the NFPA 704 markings, and the Globally Harmonized System (GHS) classifications, the BLS responder shall identify possible types of injuries or illnesses and possible prehospital treatment modalities associated with each hazard class.

4.2.1.3 Given examples of various hazardous materials/WMD incidents at fixed facilities, the BLS responder shall identify the following available health-related resource personnel:

- (1) Occupational/environmental health and safety representatives
- (2) Radiation safety officers (RSO)
- (3) Occupational physicians and nurses
- (4) Site emergency response teams
- (5) Product or container specialists

4.2.1.4 Given the following biological agents, the BLS responder shall describe the signs and symptoms of exposure and/or illness for the following:

- (1) Variola major virus (smallpox)
- (2) *Clostridium botulinum*
- (3) Coliforms (e.g., *E. coli* O157:H7)
- (4) Ricin toxin
- (5) *Bacillus anthracis* (anthrax)
- (6) Venezuelan equine encephalitis virus
- (7) *Rickettsia*
- (8) *Yersinia pestis* (plague)
- (9) *Francisella tularensis* (tularemia)
- (10) Viral hemorrhagic fever
- (11) Ebola
- (12) Other CDC Category A, B, or C-listed organism

4.2.1.5 Given a scenario involving a hazardous materials/WMD, the BLS responder shall determine the general health risks to patients exposed to those substances in the case of any release with the following:

- (1) Visible cloud
- (2) Liquid pooling
- (3) Solid dispersion

4.2.1.6 Given examples of hazardous materials/WMD incidents involving illicit laboratory operations, BLS responders assigned to respond to illicit laboratory incidents shall identify the potential drugs/WMD being manufactured and shall describe the operational considerations, perform a comprehensive scene survey, and complete a hazard and risk analysis to meet the following related requirements:

- (1)* Given examples of illicit drug manufacturing methods, identify the health hazards associated with the products and processes involved in the illicit laboratory
- (2) Given examples of illicit chemical WMD methods, identify the hazards of the potential products and processes involved in the illicit laboratory
- (3) Given examples of illicit biological WMD methods, identify the health hazards of the potential products and processes involved in the illicit laboratory
- (4) Given examples of illicit laboratory operations, describe the potential booby traps that have been encountered by response personnel
- (5) Given examples of illicit laboratory operations, describe the agencies that have investigative authority and operational responsibility to support the response

4.2.1.7 Given a scenario involving radioactive materials, including an accidental release, a radiological dispersion device (RDD), and a radiological exposure device (RED), the BLS responder shall determine the prehospital care based upon the probable health risks and potential patient outcomes by completing the following:

- (1) Determine the most likely exposure pathways for a given radiation exposure, including inhalation, ingestion, injection, and direct skin exposure
- (2) Identify the difference between radiation exposure and radioactive contamination and the health concerns associated with each

4.2.1.8 Given three examples of pesticide labels and labeling, the BLS responder shall use the following information to determine the associated health risks and prehospital care for an exposure:

- (1) Hazard statement
- (2) Precautionary statement
- (3) Signal word
- (4) Pesticide name

4.2.2 Collecting and Interpreting Hazard and Response Information. The BLS responder shall obtain information from the following sources to determine the nature of the medical problem and potential health effects:

- (1) Hazardous materials databases
- (2) Clinical monitoring
- (3) Reference materials (e.g., SDS and ERG)
- (4)* Technical information centers (e.g., CHEMTREC, CANUTEC, and SETIQ) and local, state, provincial, and federal authorities
- (5) Allied professionals
- (6) Regional poison control centers

4.2.3 Establishing and Enforcing Scene Control Procedures. Given two scenarios involving hazardous materials/WMD incidents, the BLS responder shall identify how to establish and enforce scene control, including control zones and emergency decontamination, and communications between responders and to the public and shall meet the following requirements:

- (1) Identify the procedures for establishing scene control through control zones
- (2) Identify the criteria for determining the locations of the control zones at hazardous materials/WMD incidents
- (3) Identify the basic techniques for the following protective actions at hazardous materials/WMD incidents:
 - (a) Evacuation
 - (b) Shelter-in-place protection
 - (c) Isolation of the hazard area and denial of entry
- (4) Demonstrate the ability to perform emergency decontamination
- (5) Identify the items to be considered in a safety briefing prior to allowing personnel to work at the following:
 - (a) Hazardous materials incidents
 - (b) Hazardous materials/WMD incidents involving criminal activities
- (6) Identify the procedures for ensuring coordinated communication between responders and to the public

4.3 Competencies — Planning the Response.

4.3.1 Identifying High Risk Areas for Potential Exposures.

4.3.1.1 The BLS responder, given an events calendar and pre-incident plans, which can include the local emergency planning committee plan, as well as the agency's emergency response plan and standard operating procedures (SOPs), shall identify the venues for mass gatherings, industrial facilities, potential targets for terrorism, and any other location where an accidental or intentional release of a harmful substance can pose a health risk to any person in the local geographical area as determined by the AHJ and shall identify the following:

- (1) Locations where hazardous materials/WMD are used, stored, or transported
- (2) Areas and locations that present a potential for a high loss of life or rate of injury in the event of an accidental or intentional release of hazardous materials/WMD
- (3)* External factors that might complicate a hazardous materials/WMD incident, including routes of travel and traffic issues, receiving hospital availability, communications interoperability, and inter-agency cooperation

4.3.2 Determining the Capabilities of the Local Hospital Network.

4.3.2.1 The BLS responder shall identify the following methods and vehicles available to transport hazardous materials patients and shall determine the location and potential routes of travel to the medically appropriate local and regional hospitals, based on the patients' needs:

- (1) Adult trauma centers
- (2) Pediatric trauma centers
- (3) Adult burn centers
- (4) Pediatric burn centers
- (5) Hyperbaric chambers
- (6) Field hospitals
- (7) Dialysis centers
- (8) Supportive care facilities
- (9) Forward deployable assets
- (10) Other specialty hospitals or medical centers

4.3.2.2 Given a list of receiving hospitals in the region, the BLS responder shall describe the location, availability, and capability of hospital-based decontamination facilities.