

# Planning Guidance for Response to a Nuclear Detonation

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State, local, tribal, and territorial (SLTT) entities must be prepared to address the challenges of responding to a nuclear detonation. This document describes the considerations, planning factors, and available resources to craft a successful nuclear detonation response plan.

While some hazards from a nuclear detonation are unique, such as fallout, most aspects of multi-hazard or all-hazard planning and response are applicable to nuclear detonation response and planning. Planners and responders bring a wealth of experience and expertise relevant to nuclear detonation response. This guidance provides context and information specific to nuclear detonations to enable planners, responders, and their leadership to leverage their existing capabilities in the first 24 to 72 hours after a detonation.

## Primary Audience

The primary audiences for this planning guidance are federal and SLTT emergency response planners at all levels and their leadership. The target audiences for this document include, but are not limited to emergency managers; law enforcement, fire response, and emergency medical service planners; hazardous material (HAZMAT) response planners; utility service and public works emergency planners; public health and medical planners; public information officers (PIOs); local and regional private sector industries capable of providing logistical support for the immediate response; and other emergency planners, planning organizations, and professional organizations that represent disciplines that conduct emergency response activities.

## Updates in the Third Edition

- Guidance for a wider range of nuclear detonations, including larger detonations and air bursts
- Incorporates more than 10 years of new research, best practices, and response resources
- Includes a new chapter on the Integrated Public Alert & Warning System (IPAWS), which enables officials to send warnings and key messages during response.



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## Chapters and Contents

Chapters 3-7 are designed to be pulled-out and, when combined with Chapters 1 and 2, form stand-alone guidance documents. This organization allows the document to match planners' individual needs. For example, a planner is responsible for early medical care, covered by Chapter 4, would only need Chapters 1, 2, and 4.

