

2007 Annual RITN Tabletop Exercise

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Deadline for submission of answers to exercise questions is September 7, 2007 (unless otherwise coordinated in advance).

MEMORANDUM

TO: Members of the Radiation Injury Treatment Network (RITN)

FROM:

DATE: August 23, 2007

SUBJECT: Radiation Injury Treatment Network (RITN) 2007 tabletop exercise for

completion of Milestone #4

Attached you will find the tabletop exercise to complete one of your RITN milestones. Please review the scenario and answer the applicable questions enclosed to the best of your ability (please type your responses to the questions and provide detailed answers). Answers to the exercise questions should be typed and submitted by email to no later than September 7, 2007 (unless otherwise coordinated) for verification of completion of this milestone.

This exercise presents a scenario that could involve the Radiation Injury Treatment Network (RITN). This exercise should be completed with a group of appropriate staff members. This is a low stress exercise that should get everyone thinking about incident response.

The intent of this exercise is to stimulate communication about the possible ramifications resulting from the scenario with your staff and with your critical partners. This group of staff should meet, for no more than two hours, to review the scenario and determine the best answers possible to the questions.

Examples of possible participants include (not an all inclusive list):

Transplant Center:

- ➤ Medical director
- ➤ Another physician
- > Primary coordinator
- > RITN POC
- > Nurse
- ➤ Admission process representative
- Administrator/hospital executive perspective
- Emergency management staff member
- > Pharmacy staff member
- > Other staff as needed

Donor Center:

- Medical director
- Primary coordinator
- > RITN POC
- Representative from physical exam provider
- Representative from collection center/apheresis center
- Vendor/contractors (laboratory for IDMs, etc...)
- > Other staff as needed

Cord Blood Bank:

- Medical director
- > Primary coordinator
- > RITN POC
- ➤ Administrator
- > Other staff as needed

These examples would be the "dream team" of exercise participants (only meant as a suggestion), do what is reasonable for your center.

This scenario does not have all the information that you may feel is necessary to provide a fully informed response. As with most emergency situations decisions must be made with less then complete information, therefore please attempt to formulate your response based on the information provided. If you do have questions please feel free to contact me at or

Thank you for your time and participation in this critical national response initiative.

Radiation Injury Treatment Network (RITN) 2007 Exercise

======== MESSAGE 1 - August 23, 2007 at 0800 CDT ========	======EXERCISE ==== EXERCISE ==== EXERCISE =====
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This message serves as notification of activation of the Radiation Injury Treatment Network (RITN).

SITUATION:

Two days ago a train carrying a variety of chemicals derailed in the vicinity of Springfield's C.M. Burns Stadium. The stadium was filled to capacity as 15,000 of Springfield's residents enjoyed the 14th Annual Tractor Pull Rodeo and Bull Fight. This incident resulted in the release of multiple chemicals, many of which mixed into a noxious slurry. This slurry of hazardous chemicals produced a vapor cloud that engulfed the stadium.

Panic ensued as spectators attempted to squeeze through the insufficient number of exits. Many people succumbed to the toxic effects before exiting the stadium; many of those that were able to exit succumbed to the toxic effects in the parking lot.

Springfield Hazmat teams arrived 20 minutes after the derailment and immediately donned protective equipment. First responders had proper training and equipment to safely enter the stadium and initiate treatment of victims.

Of the 15,000 spectators in attendance 5,000 were treated for significant exposure to include considerable inhalation. Of these 5,000 many were children and senior citizens. The National Disaster Medical System (NDMS) was activated. Almost all spectators were identified and entered into the NDMS database for tracking purposes. Follow-up evaluations are being conducted every three days to evaluate the extended impact of exposure to the chemicals.

Initial test results indicate that some elderly and pediatric victims' immune systems were compromised due to the exposure. Test results range widely from patient to patient depending on the level and duration of exposure.

Lymphocyte measurements for many of these victims range between 600 and 400 cells/µl and falling steadily. Some patients also appear to be developing severe neutropenia.

A total count of potential immunocompromised patients is not considered accurate enough for planning purposes.

A person of interest is sought by law enforcement related to this incident. B. Simpson is known to have a history of "pennying" train tracks and is suspected of orchestrating this event; however law enforcement continues to pursue all leads related to this incident.

ACTIONS:

Activate center emergency response plans per SOP. Complete list of critical questions.

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===========EXERCISE==== EXERCISE ==== EXERCISE ==========	====

ASSUMPTIONS:

- 1. Altered standards of medical care were authorized by the Department of Health and Human Services.
- 2. FDA Emergency Use Authorization is approved for the use of Neupogen/GCSF for ARS treatment.
- 3. The Strategic National Stockpile (SNS) is authorized to provide Neupogen/GCSF for use in reconstituting marrow function (to be requested through the NMDP).
- 4. Congress approved the funding of emergency relief and medical cost reimbursement.
- 5. As part of the triage process and initial treatment patients with trauma injuries (e.g. burns, broken bones or lacerations) were sent to other hospitals for treatment of these injuries first.

Radiation Injury Treatment Network (RITN) 2007 Exercise

MESSAGE 1 Critical Questions:

Transplant Centers:

- 1) Fill out the attached capabilities report (based on actual data and fax to
- 2) To accommodate these potential new patients for treatment and possible transplant any patients that can be safely delayed should be as well as any patients that remain hospitalized after transplant should be considered for discharge at the earliest opportunity.
 - a) How many pre-transplant patients can safely be delayed?
 - b) How many can be safely discharged?
 - c) What standard operating procedures exist that will facilitate or hinder this process?
- 3) How many resulting beds will be available in the transplant unit?
- 4) How many suitable beds may be available elsewhere?

Donor Centers:

- 1) Fill out the attached capabilities report (based on actual data and fax to
- 2) How many of the current donor contacts can be sped up to make room for the future increase in activity?
- 3) What resource shortages would deter this process?
- 4) What regulatory requirements would facilitate or hinder this process?

Cord Blood Banks:

- 1) Fill out the attached capabilities report (based on actual data and fax to
- 2) How many shippers can be loaned to other cord blood banks for shipment of necessary units?
- 3) What processes are in place at your center to accomplish this?
- 4) What regulatory requirements would facilitate or hinder this process?

Radiation Injury Treatment Network (RITN) 2007 Exercise

=======EXERCISE==== EXERCISE ==== EXERCISE =============
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SITUATION:

Of the victims being monitored for immuno-suppression 90% began to recover 48 hours after the initial exposure with standard medical care.

However the remaining 10% (400 = 300 children and 100 seniors) continue to show degradation to their immune system with Lymphocyte counts ranging from 450 to less than 90 cells/µl. Severe neutropenia has developed in most.

Additionally, other exposure victims (approximately 300) previously not identified as having immuno-suppression are beginning to show signs of depleting Lymphocytes. Some patients also appear to be developing severe neutropenia.

National news coverage has begun covering the marrow transplant aspect of this tragedy. As a result thousands of local citizens want to become volunteer marrow donors and to donate their cords to save the injured children. *Note, historically during disasters citizens volunteer in significantly large quantities as blood donors, but do not continue to volunteer after the disaster has passed. Based on this information it is assumed that many of these donors would not follow through as well as the time to process into the registry would prohibit assisting these specific victims.*

ACTIONS:

Complete list of critical questions.

============= END TRANSMISSION ==============================
===========EXERCISE==== EXERCISE ==== EXERCISE ==============

ASSUMPTIONS: Remain unchanged

MESSAGE 2 Critical Questions:

Transplant Centers:

- The National Disaster Medical System (NDMS) has contacted your hospital administrator directly and asked if your hospital can accept 25 patients before midnight tonight. Assuming your administrator accepts with out consulting you:
 - a) What staff increases do you require?
 - b) What immediate training would be needed to prepare hospital staff?
- 2) If 25 patients were added to your center in Translink today:
 - a) How long would it take your existing staff process these searches?
 - b) How many staff would be needed to process these requests in a timely manner?
- 3) What internal questions do you have as a result of this exercise?
- 4) What questions do you have for RITN as a result of this exercise?

Donor Centers:

- 1) What message would you communicate to news agencies and citizens that desire to join the registry?
- 2) What relationship building have you competed with your local news services?
- 3) What internal questions do you have as a result of this exercise?
- 4) What questions do you have for RITN as a result of this exercise?

Cord Blood Banks:

- 1) What message would you communicate to news agencies and citizens that desire to donate cords for treating these victims?
- 2) What internal questions do you have as a result of this exercise?
- 3) What questions do you have for RITN as a result of this exercise?