

2013 RITN Tabletop Exercise

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Deadline for submission of answers to exercise questions is
October 30, 2013

Please distribute this packet in its entirety to all exercise participants.

MEMORANDUM

TO: Members of the Radiation Injury Treatment Network
FROM: RITN Control Cell
DATE: December 14, 2012
SUBJECT: Radiation Injury Treatment Network 2013 Tabletop Exercise

Attached you will find the tabletop exercise, which is one of the required Radiation Injury Treatment Network (RITN) tasks.

Please review the scenario and answer the applicable questions enclosed to the best of your ability. Answers will only be accepted when submitted through the Internet link no later than **October 30, 2013**. Only one person should submit answers for each RITN center. Some questions may be repeated from previous exercises, please determine the current answer.

The web link for answer submission is: <http://www.surveymonkey.com/s/2013RITNTTX>

This exercise presents a scenario that would likely involve RITN. This exercise should be completed with a group of appropriate staff members. The intent of this exercise is to stimulate communication through a low stress discussion of the scenario with your staff and critical partners.

This group of staff should plan to meet for approximately two hours to review operational plans and determine the best possible answers to the questions. Each participant should review a copy of the standard operating procedures (SOPs) at his/her centers germane to RITN prior to participating in the exercise. SOPs related to RITN should be scrutinized for applicable updates and improvements.

Examples of possible participants include but are listed below; panel that includes all of the examples below would be the “dream team” of exercise participants. Do what is reasonable for your center.

- a. RITN Medical Director
- b. RITN Primary Coordinator
- c. RITN Alternate Coordinator
- d. Additional physician(s)
- e. Nursing staff
- f. Admission process representative
- g. Administrator/hospital executive
- h. Emergency management staff

- i. Pharmacy staff member
- j. Radiation Safety Officer/Health Physicist
- k. Social Services representative
- l. Psychiatry/Psychology representative
- m. Blood center representative
- n. Emergency Department representative
- o. VA/NDMS representative
- p. Public Health representative
- q. County/City/State Emergency Manager
- r. Quality representative
- s. Regulatory representative
- t. Infectious Disease Specialist
- u. Cell Processing Lab representative
- v. Environmental Health and Safety representative
- w. Ethicist
- x. Burn Center representative
- y. Other staff or partners as needed

This scenario may not have all the information that you feel is necessary to provide a fully informed response. As with most emergency situations, decisions must be made with less than complete information. Therefore, please attempt to formulate your responses based on the information provided. If you have questions, please feel free to contact the RITN Control Cell at ritn@nmdp.org or (612) 884-8276.

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

References:

Encourage members of the response team to review the following before the exercise:

Radiation Injury Treatment Network Concept of Operations:

<http://ritn.net/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=2147483905>

RITN ARS Treatment Guidelines:

<http://ritn.net/WorkArea/DownloadAsset.aspx?id=2147483696>

General Information:

Review the following messages in chronological order.

It is best if you discuss each message in full before moving onto the next message and best if people do not read the subsequent messages until directed to do so.

This will allow for the scenario to unfold and build as the discussion progresses.

MEDIA REPORT 1



Mysterious illness being treated across the nation

By **Cletus Spuckler**, CNN
Three days ago -- Updated 1235 GMT (2035 HKT)

STORY HIGHLIGHTS

- Seven major cities in the U.S. have similar epidemics
- No connection made between victims or cities
- Total patients now exceeding 3,000

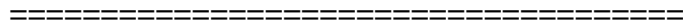
(RNN) – Almost 3,000 people are now reported as having confirmed symptoms of a strange illness that is affecting people from east to west and north to south.



A few days ago the Centers for Disease Control noticed a strange trend being reported from large cities around the nation. Initially there were small clusters of people exhibiting almost flu like symptoms; vomiting, diarrhea, fever, extreme tiredness; this was not unusual. It was when the blood tests began to show significant decreases in immune system markers known as lymphocytes that attracted attention. Then the diagnosis began to get even stranger as some patients had strange burns in the same locations on their bodies; patients in Chicago had them on their lower back but patients in Philadelphia had them on their thighs.

Public health departments have been interviewing patients, their family, friends and coworkers to try to track down a link between patients and between cities.

More to come as the situation develops. -RNN



Conduct a roundtable discussion of how this information would affect each participant's organization.

MEDIA REPORT 2



Link between victims of mysterious illness identified

By Cletus Spuckler, CNN
Two days ago -- Updated 1644 GMT

STORY HIGHLIGHTS

- All victims use mass transit regularly or used it in the past two weeks
- Source still unknown; all mass transit shutdown for biological, radiological and chemical survey
- Total patients now exceeding 4,200



(RNN) – The number of victims is now over 4,200 according to the CDC. Victims are reported in the following major metropolitan areas: New York City, Chicago, Houston, Los Angeles, San Francisco, District of Columbia, Boston and Philadelphia.

Victims range in age from 3 to 83 including both women and men.

According to the lead epidemiologist Dr. Brockman, “the result of our investigation directly connect each victim to mass transit. But we still don’t know the cause.”

The Source of the illness is still a mystery. Out of an abundance of caution, public health departments have shutdown all mass transit and have initiated a detailed inspection; reportedly looking for biological, radiological or chemical hazardous materials.

More to come as the situation develops. -RNN



Conduct a roundtable discussion of how this information would affect each participant’s organization.

MEDIA REPORT 3



Source of illness found

By Cletus Spuckler, CNN
One day ago -- Updated 1436 GMT

STORY HIGHLIGHTS

- Radiological material found on mass transit buses and trains in all cities where patients are being treated
- Mass transit still locked down until inspections completed
- Total patients now exceeding 4,500

(RNN) – The growth of the number of victims has slowed down, the total reported with illness is now approximately 4,500 according to the CDC.



During the inspection of mass transit vehicles hazardous materials teams immediately found extremely high radiation signatures. These led hidden radiological sources on as few as one to as many as seven different busses or trains in each of the cities with casualties.

It is unknown how long these devices have been in place; Dr. Riviera and Professor Frink, local experts, agree that they could not have been in place for more than two weeks based on the influx of patients.

Public health officials have identified treatment facilities and are coordinating transportation for intensive supportive care.

More to come as the situation develops. -RNN

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Conduct a roundtable discussion of how this information would affect each participant's organization.

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

MESSAGE 1 - 3:30 PM Local Day (-)1 (yesterday)

ALERT--- ALERT---ALERT

HIGH PRIORITY MESSAGE FOR RITN CENTER

In response to the recent events around the nation, the Department of Health and Human Services- Assistant Secretary for Preparedness and Response has activated the National Disaster Medical System.

As a partner of the Assistant Secretary for Preparedness and Response, the Radiation Injury Treatment Network has been asked to prepare to receive casualties once triaged.

Information will be sent to you as it is made available to RITN.

However, you should contact your local public health or hospital coalition as information from the National Disaster Medical System will flow through its normal channels.

-END-

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Conduct a roundtable discussion of how this information would affect each participant's organization.

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

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

MESSAGE 2 - 8:30 PM Local Day (-)1 (yesterday)

ALERT--- ALERT---ALERT

HIGH PRIORITY MESSAGE FOR METRO REGION HOSPITAL CONSORTIUM MEMBERS

The local public health and or hospital mutual aid consortium have received notification that casualties from a radiological incident are en route to the city.

Casualties will be received at the Patient Reception Area which is established within the secure area of local airport; the first arrival is not expected for 18 hours.

Some casualties are being transported by ambulance. The remainder are being transported by bus after train transport to central station.

It is reported that there is no external or internal radiation contamination on these casualties.

The number, age, gender and general condition of these casualties have not been provided.

The casualties being transported by ambulance are designated as stable but experiencing various degrees of acute radiation syndrome.

Those that were transported by train were believed to have doses low enough that they were displaying few if any symptoms. Some of the people being transported are family members and/or care providers for the elderly and adolescent victims.

-END-

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Conduct a roundtable discussion of how this information would affect each participant's organization.

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

=====EXERCISE===== EXERCISE ===== EXERCISE =====
MESSAGE 3 - 7:42 AM Local Day 0 (today)

ALERT--- ALERT---ALERT

HIGH PRIORITY MESSAGE FOR METRO REGION HOSPITAL CONSORTIUM MEMBERS

No casualties have arrived yet.

Incomplete manifests have been provided.

A total of 300 casualties and 140 family members and/or care providers are expected to begin arriving sometime shortly after noon today from the National Disaster Medical System transportation assets.

Public health and the local Veterans Administration have established the Patient Reception Area.

Casualties will be radiologically surveyed and triaged for classification and then designated for placement in a local hospital for care.

-END-

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Conduct a roundtable discussion of how this information would affect each participant's organization.

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

=====EXERCISE===== EXERCISE ===== EXERCISE =====
MESSAGE 4 - 12:47 PM Local Day 0 (today)

ALERT--- ALERT---ALERT

HIGH PRIORITY MESSAGE FOR METRO REGION HOSPITAL CONSORTIUM MEMBERS

Casualties have begun to arrive at the Patient Reception Area.

80 of those who have arrived show significant signs of cutaneous acute radiation syndrome.

All casualties that have arrived thus far have NO accompanying medical records.

Triage and screening are expected to take two hours before transport from the Patient Reception Area to receiving hospitals using local ambulances.

-END-

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Conduct a roundtable discussion of how this information would affect each participant's organization.

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

Exercise Questions

Submit online via: <http://www.surveymonkey.com/s/2013RITNTTX>

*****NOTE: Please do not include in your answers organization information, names of participants or other indentifying information since these results are shared after all centers have completed their exercises. We will hide the names of centers, however sometimes centers have placed indentifying information into the comment fields that were missed.**

Contact information of person submitting answers to RITN (this information will not be shared, it is to contact you to clarify any questions we may have):

1. Contact information (name, email, phone)
2. Select your RITN transplant center.
3. How many people participated in your exercise (keep a list of all who participated by name)?
4. Identify all members of your incident response team (Select all that apply).
 - a. RITN Medical Director
 - b. RITN Primary Coordinator
 - c. RITN Alternate Coordinator
 - d. Additional physician(s)
 - e. Nursing staff
 - f. Admission process representative
 - g. Administrator/hospital executive
 - h. Emergency management staff
 - i. Pharmacy staff member
 - j. Radiation Safety Officer/Health Physicist
 - k. Social Services representative
 - l. Psychiatry/Psychology representative
 - m. Blood center representative
 - n. Emergency Department representative
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 - r. Quality representative
 - s. Regulatory representative
 - t. Infectious Disease Specialist
 - u. Cell Processing Lab representative
 - v. Environmental Health and Safety representative
 - w. Ethicist
 - x. Burn Center representative
 - y. Other staff or partners (Please list in the block below)

Assume that all patients have private insurance or access to Medicare.

Casualty Profile:

Based on triage within the Emergency Department, it is determined that 20 casualties have symptoms that require in-patient care at your hospital. Of these, 10 have total neutrophil counts < 1,000; the remaining 60 require serial CBCs to monitor their condition.

5. How many milliliters (mL) of G-CSF do you have on hand, rounded to the nearest mL?
6. Would G-CSF be administered to all casualties, assuming only your existing supply is available?
 - a. Yes
 - b. No
 - c. N/A
 - d. Other, explain
7. Would G-CSF be administered to only the casualties with neutropenia?
 - a. Yes
 - b. No
 - c. N/A
 - d. Other, explain
8. Who would lead the coordination outpatient accommodations for these casualties?
 - a. Hospital/RITN Center
 - b. Local Public Health
 - c. State Public Health
 - d. Volunteer Organizations Active in Disaster (VOADs such as the Red Cross, Salvation Army, etc..)
 - e. City, County or state emergency management
 - f. Other, explain
9. Is the outpatient accommodation process documented within your center's guidelines?
 - a. Yes
 - b. No
 - c. Other, explain
10. Has the outpatient accommodation process been exercised by your center?
 - a. N/A
 - b. Yes
 - c. No
11. Who would coordinate transportation to and from outpatient accommodations?
 - a. Hospital/RITN Center
 - b. Local Public Health
 - c. State Public Health
 - d. Volunteer Organizations Active in Disaster (VOADs such as the Red Cross, Salvation Army, etc..)
 - e. City, County or state emergency management
 - f. Other, explain

12. Where would serial CBCs be collected?

- a. Outpatient accommodations
- b. Inpatient Hospital
- c. Outpatient laboratory
- d. Other, explain

Burn/Derm: ED triage identified two patients with the following condition:

A. Patient A:

- a. Has 10-15% body surface area affected by cutaneous radiation injury comparable to 1st and 2nd degree thermal burns.
- b. CBC shows an absolute neutrophil count ~200/ μ L

B. Patient B:

- a. Has 30-40% body surface area affected by affected by cutaneous radiation injury comparable to 1st and 2nd degree thermal burns and multiple open areas comparable to 3rd degree thermal burns.
- b. CBC shows an absolute neutrophil count ~900/ μ L

13. Which of these casualties would be managed as in-patients?

- a. Both
- b. Only patient A
- c. Only patient B
- d. Neither

14. Who would manage in-patient cutaneous radiation injury in a patient with neutropenia?

- a. Dermatology service at your center as primary team with BMT consultation
- b. Specialized burn service at your center as primary team with BMT consultation
- c. Specialized burn service at a regional partner facility (i.e. transfer to care at another center)
- d. BMT service at your center as primary team with dermatology consultation
- e. BMT service at your center as primary team with specialized burn service consultation
- f. Other, explain

14. On a scale on 1 to 5, how would your center rate the usefulness of this exercise (where 1=very little and 5=excellent)?

15. Comments (free text)