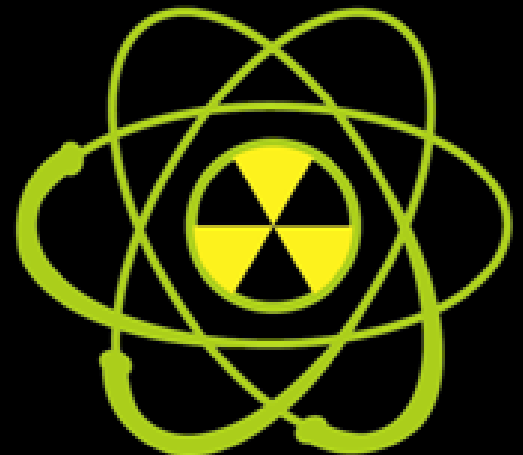


2014

RITN Tabletop Exercise (TTX) Information Packet

Deadline for submission of
answers to exercise questions is
August 31, 2014



EXERCISE OVERVIEW

Exercise Name	2014 RITN Tabletop Exercise (TTX)
Web Based Exercise Dates	April 30, 2014 12:00PM – 3:30PM CDT May 29, 2014 10:00AM – 1:30PM CDT July 21, 2014 9:00AM – 12:30PM CDT
Core Capabilities	Planning Public Health & Medical Services Operational Coordination
Objectives	<p>Objective 1: RITN facilities are able to address the initial actions necessary to prepare for receiving casualties, including: mobilization of internal radiation response teams and development of general control objectives.</p> <p>Objective 2: RITN facilities are able to communicate the procedures necessary to prepare for and perform triage of casualties from the NDMS.</p> <p>Objective 3: RITN facilities are able to describe their involvement in and/or awareness of local and regional hospital coalitions as it relates to the coordinated response to a radiation incident.</p> <p>Objective 4: Facilities are able to conduct internal and external communications that include staff, patients, and visitors as well as the media and other response partners (e.g. poison control centers).</p>
Threat or Hazard	Radiological
Scenario	Improvised Nuclear Device (IND) detonation
Sponsor	Radiation Injury Treatment Network® (RITN)
Point of Contact	RITN Control Cell RITN@nmdp.org (612)884-8276

GENERAL INFORMATION

Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

Exercise Objective	Core Capability
Objective 1: RITN facilities are able to address the initial actions necessary to prepare for a receipt of victims to include: mobilization of internal radiation response teams; and development of general control objectives.	Public Health & Medical Services
Objective 2: RITN facilities are able to communicate the procedures necessary to prepare for and perform triage of casualties from the NDMS.	Public Health & Medical Services
Objective 3: RITN facilities are able to describe their involvement and/or awareness of local and regional hospital coalitions as is relates to the coordinated response to a radiation incident.	Planning
Objective 4: Facilities are able to conduct internal and external communications to include staff, patients, and visitors as well as the media and other response partners (e.g. poison control centers).	Operational Coordination

Table 1. Exercise Objectives and Associated Core Capabilities

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Observers.** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
- **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also serve as subject matter experts (SMEs) during the exercise.

- **Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, policies, and procedures.

Exercise Structure

This exercise will be a multimedia, facilitated exercise. Players will participate in the following two modules:

- Module 1: Pre-Arrival of Patients
- Module 2: Post Arrival of Patients

Each module begins with a multimedia update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in group discussions of appropriate response issues.

Exercise Guidelines

- This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve response efforts. Problem-solving efforts should be the focus.

Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation. During this exercise, the following apply:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible and events occur as they are presented.
- The scenario may not have all the information that you feel is necessary to provide a fully informed response. Please attempt to formulate your responses based on the information provided.

Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned areas. Additionally, players will be asked to

complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR).

MODULE 1: PRE-ARRIVAL OF PATIENTS

Initial Event

- Unknown subjects detonated a one-kiloton improvised nuclear device in a large metropolitan area 500 miles away from your center.
- The explosion and fallout is expected to result in thousands of casualties with marrow toxic injuries.

Initial Event +1 Day

- Secretary of Health and Human Services (HHS) declares a Public Health Emergency and activates the HHS Emergency Management Group.
- The National Marrow Donor Program (NMDP) is notified of the incident and activates the RITN Control Cell.
- Control Cell staff begin to monitor the situation and send out Situation Reports (SITREPs) to the RITN facilities as well as notification to fill out and submit the HCS capacity survey.

Initial Event +3 Days

- The RITN Control Cell is notified from HHS that it will begin transporting irradiated patients to Federal Coordination Center (FCC) Patient Reception Areas and from there to RITN centers.
- Centers can expect their first wave of patients in the next 48 hours.

Discussion Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggestions and are not meant to constitute a definitive list of concerns to address. Nor is there a requirement to address every question.

1. Once the RITN Control Cell notifies your facility, what are your immediate next steps (Event +1 day)?
2. Once the Control Cell notifies your facility that patients are to be expected within 48 hours (Event +3 days), will incident command be activated? At what level? What is the content of the communications/notifications to the various command positions?
3. When and how will your institution coordinate with local and state public health organizations?
4. At what point in the scenario are staff notified? For example, will staff be notified once a decision has been made to activate incident command or prior to activation of command?
5. What information is being shared with staff and how?
6. How would your facility develop a media strategy?
7. How would the media message be coordinated with other hospitals and response partners?

8. Describe, if any, the pre-scripted messages that would be used and altered for this scenario?
9. When will your Bone Marrow Transplantation (BMT) team or hematology/oncology team be activated, what does this activation comprise, and how long does it take approximately for them to respond?
10. What is the composition of the BMT team (i.e. physicians, nurses, other)?
11. Is your facility part of a hospital coalition? If so, what is the name of the coalition?
12. When and how will coalition and other regional hospitals be notified?

MODULE 2: POST ARRIVAL OF PATIENTS

Initial Event +5 Days

Five days after the detonation, your facility receives one hundred patients (these patients may be adult or pediatric depending on the types of patients your center treats under normal conditions) from the FCC Patient Reception Area established at your local airport. Incoming patients arrived by plane and were confirmed to have no external contamination. However, it is possible that some transferred casualties will have low levels of contamination through ingestion, inhalation or subcutaneous imbedding of radioactive material.

Discussion Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns. Nor is there a requirement to address every question.

1. What incident command positions would continue to be activated at Event +5 days?
2. Discuss the general control objectives for the operational period at Event +5 days?
3. What is your (or your facility's) current familiarity with the use of JPATS? If you participated in last year's exercise series, have any improvements been made in the training of hospital staff on JPATS?
4. Based on the 70-25-5 patient severity percentages, what are the triage rules at your facility?
5. How are these casualties going to be managed medically? What limitations does your facility face with a 70-25-5 patient severity percentage breakdown?
6. How does the current in-patient population impact your facility's ability to receive these casualties?
7. What are any specific challenges with receipt, triage, and medical management of pediatric victims?
8. What specialized resources does your facility have onsite to support response? What resources are needed?
9. What non-essential services would be deferred to free up staff and resources?

APPENDIX A: ACRONYMS

Acronym	Term
AAR	After Action Report
ASPR	Assistant Secretary for Preparedness and Response
BMT	Bone Marrow Transplantation
EEG	Exercise Evaluation Guide
FCC	Federal Coordinating Center
HCS	Healthcare Standard
HHS	Health and Human Services
HPP	Hospital Preparedness Program
IND	Improvised Nuclear Device
JPATS	Joint Patient Assessment & Tracking System
NMDP	National Marrow Donor Program
NMDS	National Medical Disaster System
PCC	Poison Control Center
RITN	Radiation Injury Treatment Network
SITREP	Situation Report
TTX	Tabletop Exercise

APPENDIX B: REFERENCES

Encourage exercise participants to review the following before the exercise:

RITN Training Materials:

<http://ritn.net/Training/>

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>

APPENDIX C: SURVEY QUESTIONS

A copy of the survey questions are listed below for you to reference during the exercise. **All responses must be submitted through the online link:**



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. Advanced practitioner
 - f. Nursing staff
 - g. Admission process representative
 - h. Administrator/hospital executive
 - i. Emergency management staff
 - j. Pharmacy staff member
 - k. Radiation safety officer/Health physicist
 - l. Social services representative
 - m. Psychiatry/psychology representative
 - n. Blood center representative
 - o. Emergency department representative
 - p. Quality representative
 - q. Regulatory representative
 - r. Cell processing lab representative
 - s. Environmental health and safety representative
 - t. Ethicist
 - u. Burn center representative
 - v. Public Information representative
 - w. VA/NDMS representative
 - x. Public Health representative
 - y. County/city/state emergency manager
 - z. Infectious disease specialist
 - aa. Poison Control Center representative
 - bb. Healthcare coalition representative
 - cc. Law enforcement
 - dd. Fire/EMS
 - ee. Other staff or partners (Please list in the block below)
5. Does your hospital have a documented radiological triage process?
 - a. Yes
 - b. No
 - c. Other, explain

6. Has your hospital exercised this triage process?
 - a. Yes
 - b. No
 - c. Other, explain

7. Are you involved in a healthcare coalition in your state?
 - a. Yes
 - b. No
 - c. Other, explain

8. Is the coalition part of Assistant Secretary of Preparedness and Response (ASPR), Hospital Preparedness Program (HPP)?
 - a. Yes
 - b. No
 - c. Other, explain

9. Do you know your healthcare coalition lead?
 - a. Yes
 - b. No
 - c. Other, explain

10. Do you have contact information or a process to engage the healthcare coalition?
 - a. Yes
 - b. No
 - c. Other, explain

11. Have you exercised with the healthcare coalition?
 - a. Yes
 - b. No
 - c. Other, explain

12. What level of exercises have you participated in with your healthcare coalition? Mark all that are appropriate.
 - a. Workshop
 - b. Tabletop
 - c. Functional
 - d. Full scale
 - e. N/A

13. Does your hospital have an established link to communicate with your Poison Control Center (PCC)?
 - a. Yes
 - b. No
 - c. Other, explain

14. Has the coordination of public health messages through the PCC been exercised?
- Yes
 - No
 - Other, explain
15. Does your PCC have established algorithms related to radiological incidents?
- Yes
 - No
 - Other, explain
16. Does your PCC have resources to assist with a marrow toxic incident?
- Yes
 - No
 - Other, explain
17. Is your hospital public affairs staff aware of your involvement in RITN?
- Yes
 - No
 - Other, explain
18. Has your hospital exercised developing and distributing messaging to staff during a disaster?
- Yes
 - No
 - Other, explain
19. Has your hospital exercised developing and distributing messaging to external media and partners during a disaster?
- Yes
 - No
 - Other, explain
20. Has your public affairs team developed pre-scripted messaging for this scenario?
- Yes
 - No
 - Other, explain
21. On a scale on 1 to 5, how would your center rate the usefulness of this exercise?
- 1=Not at all useful
 - 2=Not very useful
 - 3=Neutral
 - 4=Somewhat useful
 - 5=Very useful

22. Based on discussions today, please briefly describe the 1 or 2 strengths demonstrated by your organization's ability to respond to a radiation mass casualty incident as described in this exercise scenario.
23. Based on discussions today, please briefly describe 1 or 2 challenges to respond to a radiation mass casualty incident as described in this scenario.
24. What are some of the unique considerations that should be considered for further planning between your RITN facility and Healthcare Coalitions to collectively respond to a radiation mass casualty incident?
25. List and briefly describe elements to address for future RITN exercises.