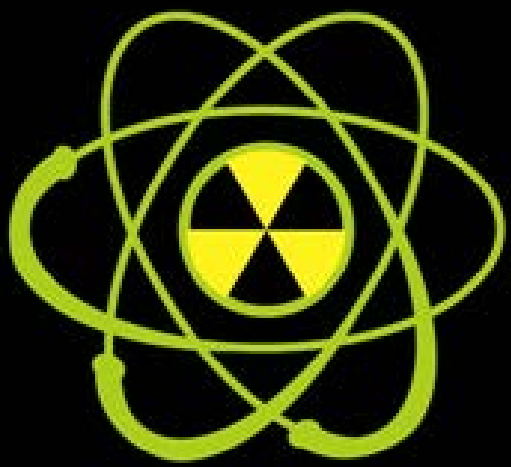
2015

RITN Tabletop Exercise (TTX) Information Packet



Deadline for submission of answers to exercise questions is

August 31, 2015

PREFACE

There are two options for how your organization completes the RITN Tabletop Exercise in 2015; the first is to participate in a web-based exercise facilitated by the Mier Group and the RITN Control Cell. The second option is to conduct the exercise independently, as you have in the past. We encourage you to participate in the web-based exercise, if convenient. If you plan to participate in the web-based exercise, please register for one of the five sessions through this link by March 31, 2015 **https://attendee.gotowebinar.com/rt/1762166759425382146** and then coordinate a meeting and the necessary space for your staff to participate in the web-based exercise. If you plan to coordinate the exercise yourself, please use these materials to coordinate and conduct your exercise and then submit the answers to the questions in this packet.

Regardless of the process you choose, exercise answers will only be accepted when submitted through the Internet link no later than **August 31, 2015**. Only one person should submit answers for each RITN center. The web link for answer submission is:

https://www.surveymonkey.com/r/FY15_TTX_Survey

This exercise should be completed with a group of appropriate staff members. Hospital Emergency Management should be engaged throughout the exercise. Examples of additional participants are listed below.

Internal Staff:

RITN Medical Director
RITN Primary Coordinator
RITN Alternate Coordinator
Additional physician(s)
Advanced practitioner
Nursing staff
Admission process representative
Administrator/hospital executive
Emergency management staff
Pharmacy staff
Radiation safety officer/Health physicist
Social services representative
Blood center representative
Emergency department representative
Cell processing lab representative
Environmental health and safety representative
Public information representative

External Partners:

VA/NDMS representative
Public health representative
Healthcare coalition representative
Other staff or partners as needed

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

EXERCISE OVERVIEW

Exercise Name	2015 RITN Tabletop Exercise (TTX)				
Web Based Exercise Dates		**Eastern Time**	**Central Time**	**Mountain Time**	**Pacific Time**
	May 6, 2015	Start: 1:00PM End: 3:30PM	Start: 12:00PM End: 2:30PM	Start: 11:00PM End: 1:30PM	Start: 10:00AM End: 12:30PM
	May 11, 2015	Start: 10:30AM End: 1:00PM	Start: 9:30AM End: 12:00PM	Start: 8:30AM End: 11:00AM	Start: 7:30AM End: 10:00AM
	June 9, 2015	Start: 1:00PM End: 3:30PM	Start: 12:00PM End: 2:30PM	Start: 11:00PM End: 1:30PM	Start: 10:00AM End: 12:30PM
	June 17, 2015	Start: 10:30AM End: 1:00PM	Start: 9:30AM End: 12:00PM	Start: 8:30AM End: 11:00AM	Start: 7:30AM End: 10:00AM
	July 22, 2015	Start: 10:30AM End: 1:00PM	Start: 9:30AM End: 12:00PM	Start: 8:30AM End: 11:00AM	Start: 7:30AM End: 10:00AM
Core Capabilities	Public Health & Medical Services				
Threat or Hazard	Radiological				
Scenario	Radiological Exposure Device (RED)				
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.

Table 1. Exercise Objectives and Associated Core Capabilities

Exercise Objective	Core Capability
Objective 1: RITN centers are able to triage and determine initial treatment actions for radiological casualties being transferred from the Federal Coordinating Center (FCC).	Public Health & Medical Services
Objective 2: RITN centers are able to identify the quantity on hand of pharmaceuticals/blood products needed for treatment and identify alternate sources for resupply.	Public Health & Medical Services
Objective 3: RITN centers are able to describe how they will handle a surge of sibling typing and how they will coordinate typing of siblings not located at the hospital.	Public Health & Medical Services
Objective 4: RITN centers are able to describe the procedures for laboratory testing and treatment of patients with or without neutropenia.	Public Health & Medical Services

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, polices, and procedures.

Exercise Structure
This exercise will be a multimedia, facilitated exercise. Players will participate in the following module:

- Module 1: Triage and Initial Treatment of Patients

The module will begin with a multimedia update that summarizes key events occurring within that time period. After the update, 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
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).

EXERCISE SCENARIO

Initial Notification, Day 0

- Officials from a Midwestern University discovered four unshielded radiological sources in various campus buildings. Law enforcement officials quickly ruled that these sources were deliberately placed, but were unsure as to the exact timeframe of when the sources were placed. Federal, state and local health officials have been assisting local hospitals in screening individuals that might have been exposed. Based on discussions with local emergency rooms, there was an increase in presentations of nausea and vomiting beginning 2 days prior.
- RITN Control Cell staff monitor the situation and begin emailing daily Situation Reports (SITREPs) to all RITN facilities.

Initial Notification +1 Days

- Due to the overwhelming number individuals being diagnosed with symptoms of radiation exposure and the lack of specialty care in the area to treat them, the state has requested assistance through the National Disaster Medical System (NDMS).
- The Secretary of the Department of Health and Human Services (HHS) declares a Public Health Emergency and activates the HHS Emergency Management Group. The RITN Control Cell at the National Marrow Donor Program (NMDP) requests that RITN centers submit their Healthcare Standard (HCS) capacity survey.

Initial Notification +7 Days

- Patients begin transport to Federal Coordinating Centers (FCCs) across the United States, where they are processed and sent by ambulance to RITN centers for treatment.

MODULE 1: TRIAGE AND INITIAL TREATMENT OF PATIENTS

Scenario Details

- Your RITN center has just received 20 patients (see Appendix B for patient information) from the FCC for treatment. If your center cares for both adults and children, you have just received 20 adults AND 20 children.
- Due to rapid discharges and patient transfers, your center has no capacity constraints (i.e. enough beds are available in multiple venues to care for these patients).
- None of the casualties have either internal or external contamination.
- None of the casualties appear to require immediate transfer to an intensive care unit.

Discussion Questions

Based on the information provided, identify any critical issues, decisions, requirements, or questions that should be addressed at this time. If your center cares for both adults and children, attempt to discuss for both populations.

The following questions are provided as suggestions and are not meant to constitute a definitive list of concerns to address.

1. Based on your initial triage of the patients answer the following questions:
    a. Which patients would be admitted to a bone marrow transplant unit (e.g. HEPA-filtered air, BMT precautions)?
    b. Which patients would be admitted to an oncology/medicine bed?
    c. Which patients would be treated as an outpatient?
    d. Which patients would be allowed to immediately leave the care of the RITN center and return to their home region?
2. Where will outpatient lab draws be conducted? (i.e. at the hospital, hotel or offsite clinic)
3. Where would outpatients and their families be housed?
4. Which patients would receive only irradiated and leukoreduced blood products?
5. How many milligrams of G-CSF does your facility have on hand at the present time?
6. Would the additional 20 patients constitute a significant increase in need for G-CSF?
7. Does your center routinely reduce G-CSF waste by splitting vials? If not, do you have a plan in place to split vials if supplies are limited?
8. Would the additional 20 patients increase the risk that any pharmaceuticals at your center would be in short supply? If so what procedures are in place to get expedited supplies of these pharmaceuticals?
    a. Anti-bacterial (e.g. levofloxacin)
    b. Anti-fungal (e.g. fluconazole)
    c. Anti-HSV (e.g. acyclovir)
    d. Anti-PCP (e.g. bactrim)
    e. Other
9. Which patients would undergo immediate HLA typing? Is the typing high resolution, low resolution or a hybrid?

10. Which sample type(s) would your center use for patient HLA typing? (i.e. blood, buccal swab or other)
11. Will patient typing be sent out to an external lab or be completed at the RITN center's lab?
12. If you plan to use an external lab is a contract already in place?
13. What is the average timeline to have patient typing completed?
14. How will sibling typing be coordinated for siblings that are distant from your center? Will typing be low resolution, high resolution or a hybrid?
15. If sibling typing was needed for a much larger number (i.e. >100), how would your center handle the surge?
16. What assistance listed below would your center seek from the National Marrow Donor Program (NMDP) for related donors, if any?
    a. Collection
    b. Lab services (HLA typing)
    c. Locating sibling donors
    d. Logistics (courier, transportation)
    e. Patient donor matching
    f. Physical exams
    g. Workup (consent forms, interviews)

APPENDIX A: ACRONYMS

Acronym	Term
AAR	After Action Report
ARS	Acute Radiation Syndrome
ASPR	Assistant Secretary for Preparedness and Response
BMT	Bone Marrow Transplantation
FCC	Federal Coordinating Center
G-CSF	Granulocyte-Colony Stimulating Factor
HCS	Healthcare Standard
HEPA	High-Efficiency Particulate Absorption
HHS	Health and Human Services
HLA	Human Leukocyte Antigen
HPP	Hospital Preparedness Program
NMDP	National Marrow Donor Program
NDMS	National Disaster Medical System
RED	Radiological Exposure Device
RITN	Radiation Injury Treatment Network
SITREP	Situation Report
SME	Subject Matter Expert
TTX	Tabletop Exercise

APPENDIX B: PATIENT LISTS

Adult Patients

Dosage calculator is available at: http://www.remm.nlm.gov/ars_wbd.htm

Patient ID: 001
Sex: Male Age: 22 Height: 6'1" Weight: 180lbs
Comorbidities/Symptoms: None
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 45 Granulocytes: 0.8 Lymphocytes: 0.2

Patient ID: 002
Sex: Male Age: 19 Height: 5'8" Weight: 245lbs
Comorbidities/Symptoms: Diabetes
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 280 Granulocytes: 5 Lymphocytes: 2.00

Patient ID: 003
Sex: Female Age: 22 Height: 5'6" Weight: 135lbs
Comorbidities/Symptoms: Fever, stomatitis
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 18 Granulocytes: 0.4 Lymphocytes: 0.1

Patient ID: 004
Sex: Male Age: 31 Height: 5'11" Weight: 170lbs
Comorbidities/Symptoms: None
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 100 Granulocytes: 1 Lymphocytes: 0.4

Patient ID: 005
Sex: Male Age: 64 Height: 5'10" Weight: 170lbs
Comorbidities/Symptoms: Hypertension, coronary artery disease, diarrhea, stomatitis
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 10 Granulocytes: 0.1 Lymphocytes: 0.01

Patient ID: 006
Sex: Female Age: 55 Height: 5'9" Weight: 140lbs
Comorbidities/Symptoms: Rheumatoid arthritis
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 70 Granulocytes: 1.2 Lymphocytes: 0.3

Patient ID: 007
Sex: Female Age: 21 Height: 5'6" Weight: 125lbs
Comorbidities/Symptoms: Severe depression
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 165 Granulocytes: 1.6 Lymphocytes: 0.5

Patient ID: 008
Sex: Female Age: 73 Height: 5’6” Weight: 155lbs
Comorbidities/Symptoms: Multilobar pneumonia, fever, cough
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 12 Granulocytes: 0.2 Lymphocytes: 0.0

Patient ID: 009
Sex: Male Age: 61 Height: 5'9" Weight: 175
Comorbidities/Symptoms: None
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 100 Granulocytes: 1.1 Lymphocytes: 0.5

Patient ID: 010
Sex: Male Age: 20 Height: 6'4" Weight: 195lbs
Comorbidities/Symptoms: Crohn’s disease
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 190 Granulocytes: 7 Lymphocytes: 2.10

Patient ID: 011
Sex: Female Age: 74 Height: 5'1" Weight: 115lbs
Comorbidities/Symptoms: Stage IV breast cancer, anal fissure, fever
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 15 Granulocytes: 0.1 Lymphocytes: 0.03

Patient ID: 012
Sex: Female Age: 57 Height: 5'7" Weight: 315lbs
Comorbidities/Symptoms: Morbid obesity, hypertension, diabetes
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 60 Granulocytes: 0.4 Lymphocytes: 0.2

Patient ID: 013
Sex: Female Age: 24 Height: 5'4" Weight: 135lbs
Comorbidities/Symptoms: ITP, diarrhea
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 4 Granulocytes: 0.1 Lymphocytes: 0.0

Patient ID: 014
Sex: Male Age: 57 Height: 6'2" Weight: 180lbs
Comorbidities/Symptoms: Fever, rhinorrhea
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 95 Granulocytes: 0.7 Lymphocytes: 0.3

Patient ID: 015
Sex: Male Age: 22 Height: 5'2" Weight: 135lbs
Comorbidities/Symptoms: None
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 110 Granulocytes: 1.5 Lymphocytes: 1

Patient ID: 016
Sex: Female Age: 81 Height: 5’ Weight: 150lbs
Comorbidities/Symptoms: Glaucoma, Parkinson’s, UTI
Lab results upon arrival at your center: *all results are represented as $\times 10^9$ C/L*
Platelets: 78 Granulocytes: 0.9 Lymphocytes: 0.8

Patient ID: 017
Sex: Male Age: 20 Height: 6'2" Weight: 170lbs
Comorbidities/Symptoms: Anorexia, fatigue, stomatitis
Lab results upon arrival at your center: *all results are represented as $\times 10^9$ C/L*
Platelets: 3 Granulocytes: 0.1 Lymphocytes: 0.01

Patient ID: 018
Sex: Female Age: 66 Height: 5'4" Weight: 140lbs
Comorbidities/Symptoms: COPD, history of larynx cancer, oral HSV lesion
Lab results upon arrival at your center: *all results are represented as $\times 10^9$ C/L*
Platelets: 80 Granulocytes: 1.1 Lymphocytes: 0.5

Patient ID: 019
Sex: Male Age: 46 Height: 5'6" Weight: 150lbs
Comorbidities/Symptoms: None
Lab results upon arrival at your center: *all results are represented as $\times 10^9$ C/L*
Platelets: 135 Granulocytes: 1 Lymphocytes: 0.25

Patient ID: 020
Sex: Male Age: 23 Height: 5'2" Weight: 185lbs
Comorbidities/Symptoms: Down syndrome, asthma
Lab results upon arrival at your center: *all results are represented as $\times 10^9$ C/L*
Platelets: 60 Granulocytes: 0.3 Lymphocytes: 0.2

Pediatric Patients

Dosage calculator is available at: http://www.remm.nlm.gov/ars_wbd.htm

Patient ID: 021
Sex: Male Age: 6 Height: 3'10" Weight: 45lbs
Comorbidities/Symptoms: None
Lab results upon arrival at your center: *all results are represented as $\times 10^9$ C/L*
Platelets: 45 Granulocytes: 0.8 Lymphocytes: 0.2

Patient ID: 022
Sex: Male Age: 9 Height: 4'7" Weight: 75lbs
Comorbidities/Symptoms: Diabetes
Lab results upon arrival at your center: *all results are represented as $\times 10^9$ C/L*
Platelets: 280 Granulocytes: 5 Lymphocytes: 2.00

Patient ID: 023
Sex: Female Age: 3 Height: 3'2" Weight: 35lbs
Comorbidities/Symptoms: Fever, stomatitis
Lab results upon arrival at your center: *all results are represented as $\times 10^9$ C/L*
Platelets: 18 Granulocytes: 0.4 Lymphocytes: 0.1

Patient ID: 024
Sex: Male Age: 7 Height: 4'3" Weight: 60lbs
Comorbidities/Symptoms: None
Lab results upon arrival at your center: *all results are represented as $\times 10^9$ C/L*
Platelets: 100 Granulocytes: 1 Lymphocytes: 0.4

Patient ID: 025
Sex: Male Age: 5 Height: 3'5" Weight: 45lbs
Comorbidities/Symptoms: Kawasaki's in remission, diarrhea, stomatitis
Lab results upon arrival at your center: *all results are represented as $\times 10^9$ C/L*
Platelets: 10 Granulocytes: 0.1 Lymphocytes: 0.01

Patient ID: 026
Sex: Female Age: 5 Height: 3'7" Weight: 40lbs
Comorbidities/Symptoms: Asthma
Lab results upon arrival at your center: *all results are represented as $\times 10^9$ C/L*
Platelets: 70 Granulocytes: 1.2 Lymphocytes: 0.3

Patient ID: 027
Sex: Female Age: 4 Height: 3'5" Weight: 40lbs
Comorbidities/Symptoms: None
Lab results upon arrival at your center: *all results are represented as $\times 10^9$ C/L*
Platelets: 165 Granulocytes: 1.6 Lymphocytes: 0.5

Patient ID: 028
Sex: Female Age: 11 Height: 4'9" Weight: 100lbs
Comorbidities/Symptoms: Multilobar pneumonia, fever, cough
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 12 Granulocytes: 0.2 Lymphocytes: 0.0

Patient ID: 029
Sex: Male Age: 7 Height: 4'1 Weight: 55lbs
Comorbidities/Symptoms: None
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 100 Granulocytes: 1.1 Lymphocytes: 0.5

Patient ID: 030
Sex: Male Age: 13 Height: 5'2" Weight: 135lbs
Comorbidities/Symptoms: Crohn's disease
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 190 Granulocytes: 7 Lymphocytes: 2.10

Patient ID: 031
Sex: Female Age: 14 Height: 5'6" Weight: 120lbs
Comorbidities/Symptoms: Anal fissure, fever
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 15 Granulocytes: 0.1 Lymphocytes: 0.03

Patient ID: 032
Sex: Female Age: 8 Height: 4'2" Weight: 110lbs
Comorbidities/Symptoms: Morbid obesity
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 60 Granulocytes: 0.4 Lymphocytes: 0.2

Patient ID: 033
Sex: Female Age: 11 Height: 4'8" Weight: 95lbs
Comorbidities/Symptoms: ITP, diarrhea
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 4 Granulocytes: 0.1 Lymphocytes: 0.0

Patient ID: 034
Sex: Male Age: 14 Height: 6'1" Weight: 170lbs
Comorbidities/Symptoms: Fever, rhinorrhea
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 95 Granulocytes: 0.7 Lymphocytes: 0.3

Patient ID: 035
Sex: Male Age: 10 Height: 4'5" Weight: 65lbs
Comorbidities/Symptoms: None
Lab results upon arrival at your center: *all results are represented as ×10⁹ C/L*
Platelets: 110 Granulocytes: 1.5 Lymphocytes: 1

Patient ID: 036
Sex: Female Age: 9 Height: 4'6" Weight: 85lbs
Comorbidities/Symptoms: Congenital blindness
Lab results upon arrival at your center: *all results are represented as $\times 10^9$ C/L*
Platelets: 78 Granulocytes: 0.9 Lymphocytes: 0.8

Patient ID: 037
Sex: Male Age: 12 Height: 4'9" Weight: 55lbs
Comorbidities/Symptoms: Anorexia nervosa, fatigue, stomatitis
Lab results upon arrival at your center: *all results are represented as $\times 10^9$ C/L*
Platelets: 3 Granulocytes: 0.1 Lymphocytes: 0.01

Patient ID: 038
Sex: Female Age: 7 Height: 3'11" Weight: 60lbs
Comorbidities/Symptoms: Acute asthma exacerbation
Lab results upon arrival at your center: *all results are represented as $\times 10^9$ C/L*
Platelets: 80 Granulocytes: 1.1 Lymphocytes: 0.5

Patient ID: 039
Sex: Male Age: 15 Height: 5'9" Weight: 130lbs
Comorbidities/Symptoms: None
Lab results upon arrival at your center: *all results are represented as $\times 10^9$ C/L*
Platelets: 135 Granulocytes: 1 Lymphocytes: 0.25

Patient ID: 040
Sex: Male Age: 6 Height: 3'10" Weight: 50lbs
Comorbidities/Symptoms: Down syndrome, asthma
Lab results upon arrival at your center: *all results are represented as $\times 10^9$ C/L*
Platelets: 60 Granulocytes: 0.3 Lymphocytes: 0.2

APPENDIX C: 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 D: 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:**

https://www.surveymonkey.com/r/FY15_TTX_Survey

1. Contact information (name, email, phone)

2. Select your RITN transplant center.

3. What TTX session did you participate in?

4. How many people participated in your exercise (keep a list of all who participated by name)?

5. 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

6. Select the patient list your facility used during the exercise? **(only provide answers for one list)**
   a. Adult patients
   b. Pediatric patients

7. Based on the initial triage of patients identify whether your center admitted the patient (BMT unit) planned to treat them as an outpatient. **(This question only applies to participants that selected the adult patient list)**

8. Identify what patients would be HLA typed immediately and if it would be low resolution, high resolution, hybrid or none. **(This question only applies to participants that selected the adult patient list)**

9. Based on the initial triage of patients identify whether your center admitted the patient (BMT unit) planned to treat them as an outpatient. **(This question only applies to participants that selected the pediatric patient list)**

10. Identify what patients would be HLA typed immediately and if it would be low resolution, high resolution, hybrid or none. **(This question only applies to participants that selected the pediatric patient list)**

11. How many milligrams of G-CSF does your facility have on hand at the present time?

12. How many milligrams of G-CSF will you go through per day providing treatment for these patients?

13. List the pharmaceuticals your center identified as potentially not having enough of?
    a. Anti-bacterial (e.g. levofloxacin)
    b. Anti-fungal (e.g. fluconazole)
    c. Anti-HSV (e.g. acyclovir)
    d. Anti-PCP (e.g. Bactrim)
    e. Myeloid cytokines (G-CSF, GM-CSF)
    f. Other

14. Where will outpatient lab draws be conducted?
    a. At the RITN Center
    b. Co-located at the housing site (e.g. hotel, shelter)
    c. Off-site clinic
    d. Other

15. What sample method would your center use for patient HLA typing?
    a. Blood draw
    b. Buccal swab
    c. Other

16. Will patient typing be sent out to an external lab or be completed internally?

17. What is the average timeline to have patient typing completed? (please answer in days)

18. During a surge of patients due to a RITN activation what assistance listed below would your center seek from NMDP, if any?
    a. Collection
    b. Lab services (HLA typing)
    c. Locating siblings
    d. Logistics (courier, transportation)
    e. Patient donor matching
    f. Physical exams
    g. Workup (consent forms, interviews)
    h. Other

19. 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

20. 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.

21. Based on discussions today, please briefly describe 1 or 2 challenges to respond to a radiation mass casualty incident as described in this scenario.

22. List and briefly describe elements to address for future RITN exercises.