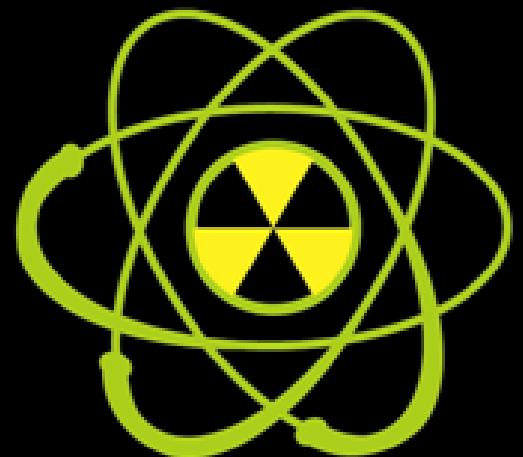


2016

RITN Tabletop Exercise (TTX) Information Packet

**Deadline for submission of
answers to exercise questions is
August 31, 2016**



PREFACE

There are two options for how your organization completes the RITN Tabletop Exercise in 2016; 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 April 31, 2016 [Link removed]. 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, 2016**. Only one person should submit answers for each RITN center. The web link for answer submission is:

[Link removed]

CONTINUING EDUCATION

Nurses: The National Marrow Donor Program is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (COA).

Up to 2.5 contact hours may be claimed for this educational activity.

Continuing education credits are available for participants who attend one of the web based exercises offered from May 24, 2016 to July 27, 2016. Each participant must complete and submit the online evaluation. Participation will be verified and a certificate of continuing education will be issued within 30 days upon completion of the requirements for this course.

All others completing this course will receive a certificate of completion.

Please note: Continuing education credits are not available for those participants who complete the RITN tabletop exercises independently.

EXERCISE PARTICIPANTS

This exercise should be completed with a group of appropriate staff members. Hospital Emergency Management should be engaged throughout the exercise. **This year we directly query institutional approaches to hematopoietic cell transplantation, so participation and/or pre-review by multiple physicians is strongly encouraged.** Examples of additional participants are listed below.

Internal Staff:

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

External Partners:

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

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

EXERCISE OVERVIEW

Exercise Name	2016 RITN Tabletop Exercise (TTX)				
Web Based Exercise Dates --- <i>Registration Required</i>		Eastern Time	Central Time	Mountain Time	Pacific Time
	May 24, 2016	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 1, 2016	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 17, 2016	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 28, 2016	Start: 1:00PM End: 3:30PM	Start: 12:00PM End: 2:30PM	Start: 11:00PM End: 1:30PM	Start: 10:00AM End: 12:30PM
	July 27, 2016	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	Medical surge from a distant radiological incident				
Sponsors	Radiation Injury Treatment Network® (RITN) National Marrow Donor Program (NMDP) Office of Naval Research (ONR)				
Point of Contact	RITN Control Cell RITN@nmdp.org (612)884-8276				

GENERAL INFORMATION

Exercise Learning Objectives and Core Capabilities

The following exercise learning 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 Learning Objectives and Associated Core Capabilities

Exercise Learning Objective	Core Capability
Objective 1: Conduct internal and external communications that include staff, patients, and visitors as well as the media and other response partners.	Public Health & Medical Services
Objective 2: Describe the procedures for establishing a Family Information Center and how information will be shared with family members both on-site and at distant locations.	Public Health & Medical Services
Objective 3: Identify just-in-time training requirements and the resources needed to meet those needs.	Public Health & Medical Services
Objective 4: Describe their approaches used for hematopoietic cell transplantation (HCT) in casualties who appear to have received myeloablative doses of radiation.	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, policies, and procedures.

Exercise Structure

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

- Module 1: Planning for Patient Arrival
- Module 2: Family Information Center
- Module 3: Patient Treatment

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:

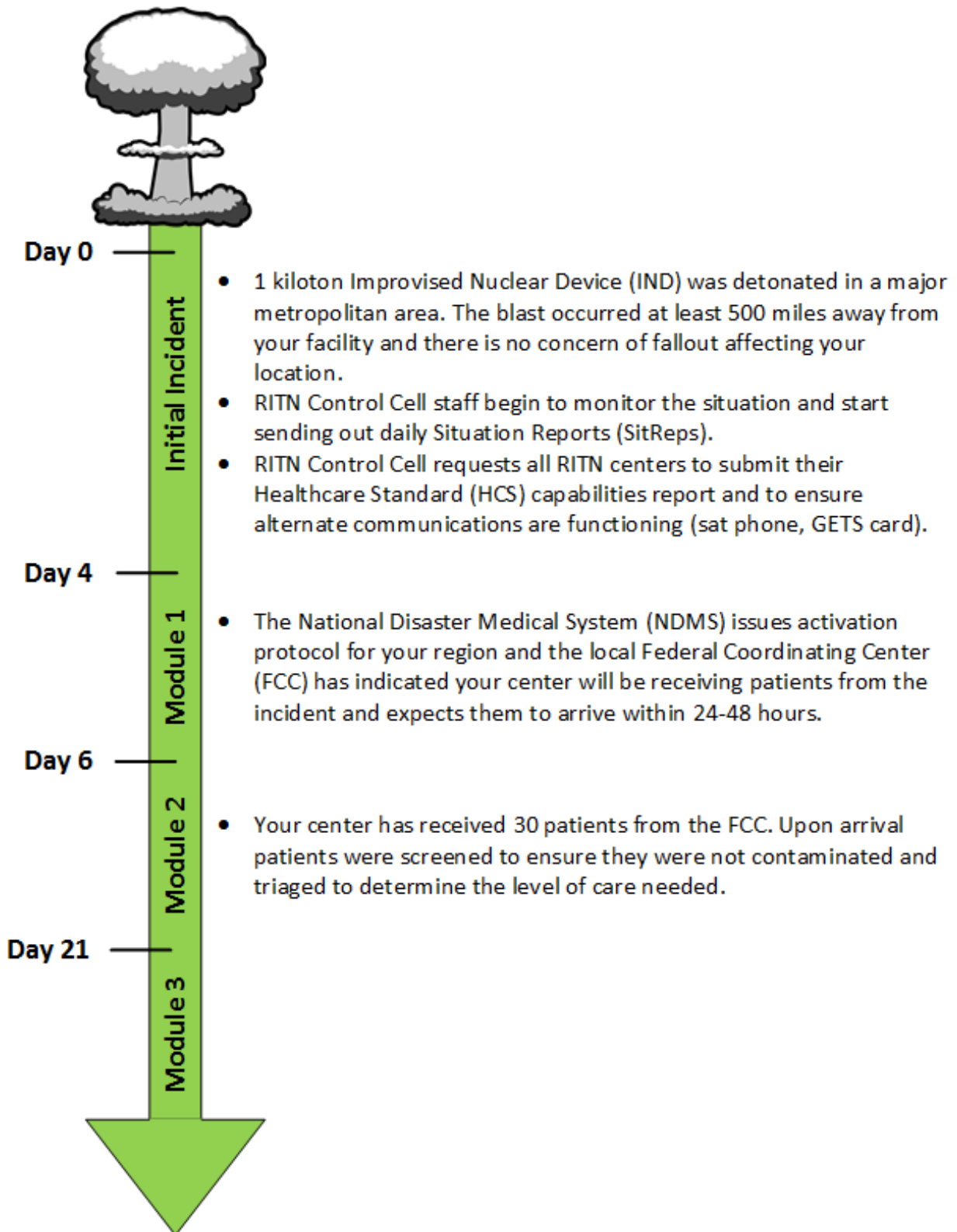
- The exercise scenario is plausible and events occur as they are presented.
- The scenario may not have all the information that you feel is necessary to provide a fully informed response. Please attempt to formulate your responses based on the information provided.

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).

Participants requesting continuing education credits must complete and submit the evaluation in order to receive credits.

EXERCISE SCENARIO



MODULE 1: PLANNING FOR PATIENT ARRIVAL

Discussion Questions

Based on the information provided, 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.

1. Given 24-48 hours advanced notice of patients arriving, what training will be conducted for staff prior to patients arriving?
2. Which staff will be required to complete training and will there be different training approaches geared to particular staff (e.g. security, maintenance, nursing)?
3. Will staff complete training on their own (i.e. computer based) or will classroom training be conducted?
4. Has your center currently pre-identified training requirements and included them in your plan for receiving radiological casualties?
5. What information about the incident will be communicated with staff prior to patients arriving?
6. Will information about the incident be sent to current patients, families of patients, community members who receive their care at the center, and outside partners? How will this information be disseminated (i.e. local media, social media, etc)?
7. Which staff (e.g. medical, administrative, media relations) would be involved in developing/reviewing these messages?
8. How will your center coordinate external messages with the outside partners (i.e. FCC, health department, healthcare coalition, etc)?

MODULE 2: FAMILY INFORMATION CENTER

Scenario Update

- Your center has received 30 patients from the FCC six days after the detonation. Upon arrival, all patients were screened to ensure that they were not contaminated and triaged to determine the level of care.

Discussion Questions

1. What is your center's current plan for establishing a Family Information Center (FIC) or other system to coordinate patient information, social services/mental health and spiritual care to family members?
2. When would the FIC be established? When would it be demobilized?
3. Assuming that other hospital operations continue, who would staff the FIC? Would the FIC have 24 hour/day staffing?
4. What training has your center conducted on the HIPAA Privacy in Emergency Situations and waiver? If none, how would your center address this prior to patient arrival?
5. How would your center handle minors who accompany a patient that has their treatment plan changed from outpatient to inpatient?

MODULE 3: PATIENT TREATMENT

Scenario Update:

- One of the 30 patients transferred to your center is described below:
 - 27 year-old female (**If you are a Pediatric Center, assume the patient is 7 years old**) with no comorbidities who received an estimated 8 Gy dose of fallout radiation over a two hour period. No additional injuries were sustained.
 - She began G-CSF treatment three days after the exposure, which has been continued daily.
 - She has normal renal, liver and other organ functions and remained afebrile since day 13 when she was started on broad-spectrum antibiotics.
 - She developed 2nd degree skin burns that have now resolved.
 - Peripheral blood WBC count has been <0.1 since day seven and she is dependent on platelet transfusions.
 - HLA typing of the patient and her 31-year old brother (**If you are a Pediatric Center, assume the brother is 11 years old**) confirmed that they are HLA-matched. The brother accompanied the patient to your center and is willing to donate.
 - An unrelated donor search was also initiated, but by day 21 after detonation, no matching donors have been identified.
 - On day 19 after detonation, bilateral bone marrow aspirates were performed and show aplastic marrow. She remains profoundly pancytopenic.

Discussion Questions:

1. It is now day 21 since detonation. Would you proceed with HCT at this time?
2. If not, at what day would you repeat her marrow assessment and/or decide to proceed to HSCT if she remains aplastic?
3. When you decide to proceed with HCT, what preparative regimen if any would you give?
4. Would you use the brother's peripheral blood stem cells or bone marrow?
5. Would you utilize *in vitro* or *in vivo* T-cell depletion and if so, how?
6. If her brother was only matched for one haplotype, how would your choice of donor, cell product and/or conditioning change?
7. **Adult centers:** If the patient was 67 years old and her brother was 64 years old, how would your approach change?
Pediatric centers: If the patient was 1 year old and her brother was 3 years old, how would your approach change?

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
FIC	Family Information Center
G-CSF	Granulocyte-Colony Stimulating Factor
GETS	Government Emergency Telecommunications Service
Gy	Gray
HCS	Healthcare Standard
HCT	Hematopoietic Cell Transplantation
HHS	Health and Human Services
HLA	Human Leukocyte Antigen
HPP	Hospital Preparedness Program
IND	Improvised Nuclear Device
NMDP	National Marrow Donor Program
NDMS	National Disaster Medical System
ONR	Office of Naval Research
RITN	Radiation Injury Treatment Network
SITREP	Situation Report
SME	Subject Matter Expert
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 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:**

[Link removed]

1. Contact information (name, email, phone)
2. Select your RITN transplant center.
3. In which TTX session did your center participate?
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. Given 24-48 hours advanced notice of patients arriving, what training will be conducted for staff prior to patients arriving?

7. Which staff will be required to complete training and will there be different training approaches geared to particular staff (e.g. security, maintenance, nursing)?
8. Will staff complete training on their own (i.e. computer based) or will classroom training be conducted?
 - a. On their own
 - b. Classroom
 - c. Other
9. Has your center currently pre-identified training requirements and included them in your plan for receiving radiological casualties?
 - a. Yes
 - b. No
10. What information about the incident will be communicated with staff prior to patients arriving?
11. Will information about the incident be sent to current patients, families of patients, community members who receive their care at the center, and outside partners?
 - a. Yes
 - b. No
12. If you answered yes to question 11, how will this information be disseminated?
 - a. Local media
 - b. Social media
 - c. Other
13. Which staff (e.g. medical, administrative, media relations) would be involved in developing/reviewing these messages?
14. How will your center coordinate external messages with the outside partners (i.e. FCC, health department, healthcare coalition, etc)?
15. What is your center's current plan for establishing a Family Information Center (FIC) or other system to coordinate patient information, social services/mental health and spiritual care to family members?
16. When would the FIC be established?
17. When would the FIC be demobilized?
18. Assuming that other hospital operations continue, who would staff the FIC?

19. Would the FIC have 24 hour/day staffing?
 - a. Yes
 - b. No
 - c. L
20. How would your center handle minors who accompanied a patient that has had their initial care changed from outpatient to inpatient treatment?
21. It is now day 21 since detonation. Would you proceed with HCT at this time?
 - a. Yes
 - b. No
22. If not, at what day would you repeat her marrow assessment and/or decide to proceed to HSCT if she remains aplastic?
23. When you decide to proceed with HCT, what preparative regimen if any would you give?
24. Would you use the brother's?
 - a. Peripheral blood stem cells
 - b. Bone marrow
25. Would you utilize in vitro or in vivo T-cell depletion?
 - a. Yes
 - b. No
26. If you answered yes to question 26, how will this be done?
27. . If her brother was only matched for one haplotype, how would your choice of donor, cell product and/or conditioning change?
28. **Adult centers:** If the patient was 67 years old and her brother was 64 years old, how would your approach change?
29. **Pediatric centers:** If the patient was 1 year old and her brother was 3 years old, how would your approach change?