Radiation Injury Treatment Network

Philly Special RADEX

Radiation Disaster Exercise 2018

Exercise Plan
June 22, 2018

EXERCISE OVERVIEW—CHOP

Exercise Name	Children's Hospital of Philadelphia (CHOP) Full Scale RITN Exercise
Exercise Dates	June 22, 2018
Mission Area(s)	Response
Core Capabilities	**FEMA Core Capabilities:** Logistics, Mass Care; Medical Surge, Operational Communication, Operational Coordination **Healthcare Preparedness Capabilities:** Emergency Operations Coordination, Information Sharing, Healthcare System Preparedness
Objectives	**Objective 1:** Evaluate hospital's ability to effectively prepare and respond to a simulated radiologic release using current plans, policies and procedures, while identifying, establishing, and managing necessary operational coordination throughout the hospital. **Objective 2:** Assess the hospital's ability to respond to and manage a medical surge (inpatient and outpatient) of radiation-injured patients by leveraging enterprise resources to provide logistical and operational needs to outpatients and families during the extent of their radiological treatment. **Objective 3:** Assess the external response to support city, state, and federal resource allocation requests during an RITN activation. **Objective 4:** Evaluate the communication process between hospital command and local/state/federal partners.
Threat or Hazard	Radiological
Scenario	A 10 kiloton nuclear device is detonated in Chicago on 6/16/18. Seven days later, patients with radiation bone injuries arrive at PHL, awaiting outpatient medical care.
Sponsor	Radiation Injury Treatment Network (RITN)
Point of Contact	Curt Mueller Exercise Coordinator Radiation Injury Treatment Network curt.mueller@nmdp.org (612)294-4359 Alita Ostapkovich Emergency Preparedness Fellow Children's Hospital of Philadelphia ostapkovia@email.chop.com (215)590-5343

EXERCISE OVERVIEW—HUP

Exercise Name	Hospital of the University of Pennsylvania Functional RITN Exercise
Exercise Dates	June 22, 2018
Mission Area(s)	Response
Core Capabilities	**FEMA Core Capabilities:** Logistics, Mass Care; Medical Surge, Operational Communication, Operational Coordination **Healthcare Preparedness Capabilities:** Emergency Operations Coordination, Information Sharing, Healthcare System Preparedness
Objectives	**Objective 1:** Identify the issues with the longitudinal management of patients requiring outpatient care and follow up throughout the response period to determine the logistical and operational requirements this patient population will have. **Objective 2:** Conduct electronic patient tracking and family reunification activities with Knowledge center Healthcare Incident Management System (KC-HIMS) from the FCC to the affected facility to discharge. **Objective 3:** Conduct information sharing, coordination, and collaborate with Healthcare Coalition Partners **Objective 4:** Identify Essential Elements of Information, develop and distribute an Information Collection Plan (ICP) for response to the incident and exercise scenario. **Objective 5:** Test the Coordination of resource and operational support with a Coalition-wide Healthcare Coordination Desk (HCD) and Philadelphia Office of Emergency Management (OEM) and University of Pennsylvania Medical Center. **Objective 6:** Test capacity and ability to manage donors from identification, to arrival and receipt, to monitoring and sending home
Threat or Hazard	Radiological
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GENERAL INFORMATION

Purpose

The purpose of this full-scale exercise is to establish uniform understanding among CHOP RITN center staff, non-medical RITN partners, and outside emergency response agencies on the participation level and response activities needed by every participating organization during a national radiological disaster. This exercise will describe the triage, flow, and treatment of patients from the federal coordinating center through completion of their outpatient medical care at CHOP.

Background

Exercise Summary

This exercise was designed to create a no fault learning environment for participants to exercise their plans and procedures for responding to a Radiological Incident that requires the activation of the RITN. The exercise is an opportunity for CHOP and HUP to continue strengthening their relationship, and practice responding together.

Philly Special RADEX—Radiation Exercise will be conducted on June 22, 2018 from 0800 to 1600. Play may finish prior to scheduled time if the Exercise Director and Senior Controller determine that the exercise objectives have been met.

At each participating hospital, the first half of the day is focused on planning for the arrival, treatment and stay of RITN patients, and the second half operationalizes those plans. For outside partners, the exercise provides an opportunity to evaluate and exercise plans surrounding NDMS and its federal coordinating centers. Together, these modules will help us meet every participating organization's objectives for an RITN activated response.

Participation in this full-scale exercise includes representatives from:

- Children's Hospital of Philadelphia (CHOP)
- Hospital of the University of Pennsylvania (HUP)
- Department of Veterans Affairs (VA)
- CHOP Oncology
- CHOP Emergency Preparedness
- National Disaster Medical System (NDMS)
- American Red Cross
- Hospital Association of Pennsylvania (HAP)
- Philadelphia Office of Emergency Management (OEM)
- Philadelphia Public Health Department
- Pennsylvania Department of Health

About RITN

The Radiation Injury Treatment Network (RITN) is a group of voluntary hospitals throughout the country who are focused on preparing and responding to large scale radiological incidents that occur in places far from their location. Through annual training and exercises, RITN centers prepare to accept and provide care for casualties with marrow toxic injuries.

About NDMS

The National Disaster Medical System (NDMS) is a federally coordinated health care system, consisting of the Departments of Health and Human Services, Homeland Security, Defense and Veteran's Affairs. NDMS dedicated to "filling the gaps" during large scale emergencies. They often supplement health and medical systems and assist response by providing patient care, patient movement, and fatality management support. They can be activated because of military contingency or overseas conventional armed conflict, a president declaration of a disaster, or a request for major medical assistance. During an RITN activated emergency, NDMS would be responsible for the movement of radiation injured patients from the event location to a qualified RITN center.

Scenario Summary

On 6/12/2018 a 10 kiloton nuclear device was detonated in Chicago's Millennium Park, resulting in 450,000 fatalities and 150,000 urgent casualties. 16,400 radiation casualties occurred because of this event, which lead to the activation of the RITN. The NDMS activated protocol for Philadelphia to receive a number of casualties from the disaster. After preparing flights, notifying Philadelphia partners, and gathering medical volunteers, it was determined that the patients would arrive in Philadelphia on June 22nd, at 9:30am. As an RITN center, the Children's Hospital of Philadelphia (CHOP), is notified about 20 incoming radiation injured children. The Hospital of the University of Pennsylvania receives a similar message, and will receive 20 adult patients.

10 Kiloton Nuclear Explosion

A terrorist detonation of a nuclear device or a catastrophic industrial accident would result in a mass casualty incident with marrow toxic injuries.

Destruction and injuries from this event, while difficult to confidently predict, can be categorized into three zones.

- The **first zone (severe)** spans a one-half (1/2) mile radius from the detonation site, and consists of severely destroyed infrastructure. In this zone, roads would be impassable, few buildings would be left standing, and rubble in the streets may reach 30 feet in depth.
- The **second zone (moderate)** extends one mile from detonation site, and would have a mix of moderate and severely damaged buildings, depending on the construction materials. Roads may be blocked with rubble and overturned vehicles, gas lines may rupture, causing fires, and power line will be done. Most individuals in this zone will survive, but will need urgent medical care.
- The **third zone (light)** encompasses a 3 mile radius from the epicenter. Damage in this zone will be a result of powerful shocks (similar to those produced by a sonic boom).

Many factors, like terrain, strength of the shock, building rebound and the atmosphere, will determine the level of destruction seen in this zone.

Response to this event will begin at a local level. Local resources including county or city fire departments, law enforcement and EMS will be the first on scene, coordinating rescue and recovery operations. Local hospitals will be inundated with injured persons following the explosion. Local resources will be overwhelmed and state, regional and national asses will be provide support. However, these state and federal resources take time to operationalize, forcing local organizations to coordinate dwindling resources until help arrives.

Persons injured in this event would likely have three types of injuries: trauma, radiation, and combination. For an injured individual to quality for RITN transportation and treatment, he/she may only have a radiation injury of 2 or greater Gy. Patients may be experiencing symptoms of Acute Radiation Syndrome including: nausea, vomiting, anorexia, reduced number of white blood cells, reduced number of platelets, erythema of the skin, itches or altered sensation in the skin, swelling and edema, diarrhea, and/or fatigue.

Of the patients that are transported to RITN centers, majority (70%) will require blood count monitoring and minimal pharmaceutical care (ie: GCSF) to restore the human marrow. The remaining patients will mostly require intensive supportive care (29%), and a small portion with severe injuries (1%) will need bone marrow transplants.

Patient Tracking and Evacuation Systems

During the extent of RITN activation and CHOP outpatient care, multiple systems will be used for patient tracking and coordination. These include: the joint patient assessment and tracking system, Knowledge Center, and Epic.

- **JPATS:** The Joint patient Assessment and Tracking System (JPATS) is a national patient tracking system developed by the NDMS. The system is operated by the Department of Defense and the Department of Health and Human Services. It collects information about disaster victims including: name, social security number, date of birth, and kind of medical treatment they received or would need. Through JPATS, NDMS can trace each patient to the medical facility he/she was treated at.
- **Knowledge Center:** The Knowledge Center Healthcare Incident Management System (KC HIMS) is a healthcare specific tool that combines real-time communication capabilities with a Hospital Incident Command System (HICS). It provide situational awareness and information tracking of triage, resource status, critical infrastructure, document management, and training exercises. Additionally, the system has family reunification and evacuation tracking capabilities.
- **Epic:** Epic is the electronic medical record (EMR) program utilized by the Children's Hospital of Philadelphia and the Hospital pf the University of Pennsylvania. The program enhances coordinated care of patients, by streamlining common tasks and displaying workflows in easy to access locations. Epic also provides situational awareness through current dashboards and unit status boards.

Exercise Objectives and Core Capabilities

The following exercise objectives (Table 1) describe the expected outcomes for the exercise. Each objective is linked to specific FEMA core capabilities and Healthcare Preparedness Capabilities. These core capabilities are distinct critical elements necessary to achieve the mission area "Response". The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

CHOP Specific Objectives

Exercise Objective	Core Capability
Evaluate hospital's ability to effectively prepare and respond to a simulated radiologic release using current plans, policies and procedures, while identifying, establishing, and managing necessary operational coordination throughout the hospital.	**FEMA Core Capability:** Mass Care, Medical Surge **Healthcare Preparedness Capability:** Emergency Operations Coordination, Healthcare System Preparedness
Assess the hospital's ability to respond to and manage a medical surge (inpatient and outpatient) of radiation-injured patients by leveraging enterprise resources to provide logistical and operational needs to outpatients and families during the extent of their radiological treatment.	**FEMA Core Capability:** Medical Surge, Operations Coordination **Healthcare Preparedness Capability:** Emergency Operations Coordination, Healthcare System Preparedness
Assess the external response to support city, state, and federal resource allocation requests during an RITN activation.	**FEMA Core Capability:** Logistics **Healthcare Preparedness Capability:** Emergency Operations Coordination, Healthcare System Preparedness
Evaluate the communication process between hospital command and local/state/federal partners.	**FEMA Core Capability:** Operational Communication **Healthcare Preparedness Capability:** Emergency Operations Coordination, Information Sharing

HUP Specific Objectives and Core Capabilities

Exercise Objective	Core Capability
Identify the issues with the longitudinal management of patients requiring outpatient care and follow up throughout the response period to determine the logistical and operational requirements this patient population will have.	**FEMA Core Capability:** Mass Care Services, Medical Surge **Healthcare Preparedness Capability:** Emergency Operations Coordination, Healthcare System Preparedness
Conduct electronic patient tracking and family reunification activities with Knowledge Center Healthcare Incident Management System (KC-HIMS) from the FCC to the affected facility to discharge	**FEMA Core Capability:** Operational Communications **Healthcare Preparedness Capability:** Emergency Operations Coordination, Information Sharing
Conduct information sharing, coordination, and collaborate with Healthcare Coalition Partners	**FEMA Core Capability:** Operational Communication **Healthcare Preparedness Capability:** Emergency Operations Coordination, Information Sharing
Identify Essential Elements of Information, develop and distribute an Information Collection Plan (ICP) for response to the incident and exercise scenario	**FEMA Core Capability:** Operational Communication **Healthcare Preparedness Capability:** Emergency Operations Coordination, Information Sharing
Test the Coordination of resource and operational support with a Coalition-wide Healthcare Coordination Desk (HCD) and Philadelphia Office of Emergency Management (OEM) and University of Pennsylvania Medical Center	**FEMA Core Capability:** Mass Care Services, Operational Communication **Healthcare Preparedness Capability:** Emergency Operations Coordination, Healthcare System Preparedness
Test capacity and ability to manage donors from identification, to arrival and receipt, to monitoring and sending home	**FEMA Core Capability:** Mass Care Services, Medical Surge **Healthcare Preparedness Capability:** Emergency Operations Coordination, Healthcare System Preparedness

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.
- **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
- **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
- **Actors.** Actors simulate specific roles during exercise play, typically victims or other bystanders.
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise.
- **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

Participating Organizations

- Children's Hospital of Philadelphia
- Hospital of the University of Pennsylvania
- Department of Veteran's Affairs
- Southeastern Pennsylvania Surge Medical Assistance Team
- National Disaster Medical System
- Hospital Association of Pennsylvania
- Red Cross
- Philadelphia Office of Emergency Management

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.

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.
- Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.
- Exercise communication and coordination is limited to participating exercise organizations.
- Only communication methods listed in the Communications Directory are available for players to use during the exercise.
- Patients arriving in Philadelphia do not require decontamination, and should not have major traumatic injuries.

EXERCISE LOGISTICS

Safety

Exercise participant safety takes priority over exercise events. The following general requirements apply to the exercise:

- A Safety Controller is responsible for participant safety; any safety concerns must be immediately reported to the Safety Controller. The Safety Controller and Exercise Director will determine if a real-world emergency warrants a pause in exercise play and when exercise play can be resumed.

  For this exercise, the Safety Controller is Nick Pinizzotto. He can be reached at 267-249-5988.

- For an emergency that requires assistance, use the phrase **"real-world emergency."** The following procedures should be used in case of a real emergency during the exercise:
  - Anyone who observes a participant who is seriously ill or injured will immediately notify emergency services and the closest controller, and, within reason and training, render aid.
  - The controller aware of a real emergency will initiate the **"real-world emergency"** broadcast and provide the Safety Controller, Senior Controller, and Exercise Director with the location of the emergency and resources needed, if any. The Senior Controller will notify the Emergency Preparedness Managers (CHOP/HUP) as soon as possible if a real emergency occurs.

Fire Safety

Standard fire and safety regulations relevant to the Philadelphia Airport, Children's Hospital of Philadelphia, and Hospital of the University of Pennsylvania will be followed during the exercise. Please review these procedures upon arrival at the location, and identify who to contact in the event of a fire.

Emergency Medical Services

The sponsor organization will coordinate with local emergency medical services in the event of a real-world emergency. If an event occurs at the Philadelphia Airport, call 911. If medical assistance is needed at CHOP, please contact Code Blue (267-426-9037 x 42633), or BERT team (267-426-9037 x 42633). For medical emergencies at HUP, call 911.

Weapons Policy

All areas of play are a weapons free. All participants are expected to follow the relevant weapons policy.

Site Access

Security

If entry control is required for the exercise venue(s), the sponsor organization is responsible for arranging appropriate security measures. All individuals are require to have hospital and exercise identification. Exercise areas will be assessable to non-exercise participants.

Exercise Identification

Most exercise staff will be identified via the color on their badges to clearly display exercise roles; additionally, uniform clothing may be worn to show agency affiliation. Table 2 describes these identification items.

Group	Color
Exercise Director	Purple
Facilitator	Purple
Controllers	Blue
Evaluators	Red
Actors	Black
Support Staff	Gray
Chaperones	Orange
Observers	Green
Players, Hospital Locations	Pink
Players, Other Play Locations	Pink

Table 2. Exercise Identification

POST-EXERCISE AND EVALUATION ACTIVITIES

Debriefings

Post-exercise debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

Hot Wash

Immediately at the conclusion of exercise play, controllers facilitate a Hot Wash to allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The Hot Wash should not exceed 30 minutes.

CHOP and HUP will conduct separate hot washes. In addition to the hotwash immediately after exercise play, there will be a larger hotwash/debriefing from 1430 to 1530 in the Hospital Command Center. HUP's will conduct their hotwash from 1430 to 1530 in their Hospital Command Center.

Controller and Evaluator Debriefing

Controllers and evaluators attend a facilitated C/E Debriefing immediately following the exercise. During this debriefing, controllers and evaluators provide an overview of their observed functional areas and discuss strengths and areas for improvement.

C/E for all areas of the exercise will have a briefing via phone conference one to two days prior to exercise play. Their debriefing will occur in tandem with the larger group hotwash, however, after participants and players disband, there will be an additional 15 minute debrief for evaluators.

Participant Feedback Forms

Participant Feedback Forms provide players with the opportunity to comment candidly on exercise activities and exercise design. Participant Feedback Forms should be collected at the conclusion of the Hot Wash.

Evaluation

Exercise Evaluation Guides

EEGs assist evaluators in collecting relevant exercise observations. EEGs document exercise objectives and aligned core capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. The EEGs, coupled with Participant Feedback Forms and Hot Wash notes, are used to evaluate the exercise and compile the After-Action Report (AAR).

After-Action Report

The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of core capabilities, including capability performance, strengths, and areas for

improvement. AARs also include basic exercise information, including the exercise name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and POC.

A combined After Action review, with location specific sections will be developed following the completion of the exercise.

PARTICIPANT INFORMATION AND GUIDANCE

Exercise Rules

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
- All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement **"This is an exercise."**
- Exercise players who place telephone calls or initiate radio communication with the SimCell must **identify the organization or individual with whom they wish to speak**.

Players Instructions

Players should follow established guidelines identified before, during, and after the exercise to ensure a safe and effective exercise.

Before the Exercise

- Review appropriate organizational plans, procedures, and exercise support documents.
- Be at the appropriate site at least 30 minutes before the exercise starts. Wear the appropriate uniform and/or identification item(s).
- Sign in when you arrive.
- If you gain knowledge of the scenario before the exercise, notify a controller so that appropriate actions can be taken to ensure a valid evaluation.
- Read your Player Information Handout, which includes information on exercise safety.
- Refer to the one page handout throughout the exercise for quick guidance.

During the Exercise

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Controllers will give you only information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
- Do not engage in personal conversations with controllers, evaluators, observers, or media personnel. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.

- If you do not understand the scope of the exercise, or if you are uncertain about an organization's participation in an exercise, ask a controller.
- Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made by the exercise's trusted agents to balance realism with safety and to create an effective learning and evaluation environment.
- All exercise communications will begin and end with the statement **"This is an exercise."** This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.
- Speak when you take an action. This procedure will ensure that evaluators are aware of critical actions as they occur.
- Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a controller or evaluator.

After the Exercise

- Participate in the Hot Wash at your venue with controllers and evaluators.
- Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and exercise effectiveness. Provide the completed form to a controller or evaluator.
- Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.

Simulation Guidelines

Because the exercise is of limited duration and scope, certain details will be simulated. The physical description of what would fully occur at the incident sites and surrounding areas will be relayed to players by controllers.

APPENDIX A: EXERCISE SCHEDULE

Time	Personnel	Activity	Location
6/13/18			
1000	Controllers and exercise staff	Controller Briefing	Buerger 6107
6/20/18			
1400	Evaluators and Exercise Staff	Evaluator Briefing	CHOP Hospital Command Center
6/22/18			
0830	Controllers, exercise staff, players, chaperones	Check-in	Buerger Room 1107
0900	Emma on one Bus, Nick on other	Player briefing	On Bus en Route to Airport
0930	Airport Controllers and evaluators	Controllers and evaluators in starting positions	PHL
0930	Airport Controllers/Evaluators	Controllers and evaluators in starting positions	Philadelphia Airport
0930	SEPA SMART Personnel	Exercise Starts	Philadelphia Airport
1000	CHOP Players	Oncology Player Check in	Buerger 3
1100	CHOP/HUP Patients, evaluators, controller	Depart PHL Airport for Buerger	PHL
1100	CHOP/HUP HCC Observers, players. evaluators	Check-in	Buerger 1107
1130	CHOP Patients	Lunch	Buerger 1107
1200	CHOP Patients	Staggered Arrival into Oncology Day Hospital (Buerger 3)	Buerger 3
1400	All	Exercise Ends	All CHOP and HUP Locations
1400	Players, Evaluators, Controllers	Player/Workgroup specific debrief	CHOP Oncology
1430	All	Venue Hot Washes/turn in all Participant Feedback Forms	CHOP/HUP HCC

APPENDIX B: FCC/PRA ANNEX

Location

FCC Patient Reception Area (PRA)
4732 Island Ave Gate 11
Philadelphia, PA 19153

Objectives

- Ensure the safety of all players, observes, andevaluators
- Demonstrate the ability to effectively coordinate integrated emergency operations in accordance with established procedures in response to a radiologic attack.
- Effectively activate the PRA at the PHL, prepare for “victims” of the radiological attack.
- Treat, triage, and transport to RITN hospitals.
- Track “patients” in JPATS (HHS) and Knowledge Center (State).
- Successfully send messages to appropriate personnel at City, state, and federal level.
- Successfully demobilize the PRA.

Represented Agencies

- Philadelphia International Airport (PHL)
- • Southeastern Pennsylvania Surge Medical Assistance Response Team (SEPA SMART)
- • Veterans Health Administration/ Corporal Michael J. Crescenz VA Medical Center (VHA/CMCVAMC)
- • Veterans Health Administration/ Office of Emergency Management (VHA/OEM)

Equipment and Resources

Equipment/Resource	Agency Responsible
Sustenance for Players (water)	CHOP
VSAT (truck and antenna)	CMCVAMC
DUV (2 – 14 mobile passengers)	CMCVAMC
Sustenance for Players, Evaluators, Controllers	HUP
Tables for SEPA SMART triage	SEPA SMART
Triage Tags	SEPA SMART
Portable Tent	SEPA SMART
Trucks (5) with trailers (3)	SEPA SMART
Collection Container for Vests	VHA OEM
Exercise/Safety Vests	VHA OEM
Surge Protectors	VHA OEM
Garbage cans	PHL
Extra Safety Vests	PHL
Tables (2)	PHL
Extension Cords (2)	PHL
Tape (for securing trip hazards)	PHL

FCC/PRA Timeline

Time	Personnel	Activity
Friday June 22, 2018		
0745	SEPA SMART VHA OEM CMCVAMC	Arrival at FCC for set up
0800	PHL	Safety Briefing
0815	SEPA SMART	Set up of portable tent complete
0815	VHA/OEM	Testing IT connectivity to JPATS, TRAC2ES, KC-HIMS and email
0830	CMCVAMC	Arrival of VSAT
0845	CMCVAMC	Set up of VSAT and testing connectivity
0930		StartEx
0930	CMCVAMC	Arrival of DUVs

Communications Plan

Exercise Controllers	Controller	Phone Number
Simulation Cell/Lead Controller	Alita Ostapkovich	267-207-1812
Airport Controller/Safety Officer	Nick Pinizzotto	267-249-5988
Airport/PRA Controller	Emma Paras	216-780-4328

PRA Evaluators	Evaluator	Phone Number
VAFCC Operations	Randall Ricketts	781-879-0685
Oncology Day Hospital PRA Patient Flow	Dave Nitsch	717-405-6110

Location	Support	Phone Number
CHOP	CHOP Hospital Command Center	215-590-7300
HUP	HUP Hospital Command Center	215-614-0442, 0443
PRA	Primary Contacts	215-764-7824, 609-941-4644

Assignment List

Name	Agency	Command/General Staff Position	Mobile Number
Abbott, Sara (Sally)	CMCVAMC	Liaison Officer - CMCVAMC	360-915-2804
Alexandre, Andre	CMCVAMC	Logistics – Communications VSAT Operator	
Boettinger, Rick	CMCVAMC	Logistics – Transportation Unit Leader	Primary: 609-941-4644, Secondary: 267-788-8476
Brooks, Gene	CMCVAMC	Logistics – Transportation Unit	
Cave, Jason	CMCVAMC	Liaison Officer Assistant - CMCVAMC	
CHOP Liaison (Nate Baird)	CHOP		857-218-0425
Dvornicich, Joy	VHA/OEM	Ops –Patient Tracking Unit Leader	215-764-7824
Forster, Mark	SEPA SMART	Logistics -Medical Unit Leader	610-656-8906
Glass, John	PHL	Liaison Officer- PHL	267-716-6744
Gorski, Mark		Ops – Triage Unit	
Grace, Tom	HAP	Ops Chief– Patient Reception Area	267-249-5149
Harahus, John		Ops – Triage Unit	
Hodges, Jonathon	CMCVAMC	Public Information Officer - CMCVAMC	
HUP Liaison (John Wierzbowski)	HUP		215-594-2060
Iocca, Joy		Ops – Triage Unit Leader	
Ivancik, Dawn	VA MHCS	Observer	
Lee, Anthony	CMCVAMC	Logistics – Communications VSAT Operator	
Leonard, Vincent J.	CMCVAMC	Safety Officer Assistant	
Minor, Bruce	CMCVAMC	Finance Chief- CMCVAMC	
Musgrave, Sam	VHA/OEM	Ops – Patient Tracking Unit	412-737-5497
Nesbit, Pamela	SEPA SMART	Safety Officer Assistant	
Ross, Mark	HAP	Liaison Officer - HAP	610-656-2497
Rivera, Americo	CMCVAMC	Logistics – Communications Unit VSAT Operator	
Yap, Jake (VSAT)	CMCVAMC	Logistics – Communications Unit Leader	215-823-4095

APPENDIX C: EXERCISE PARTICIPANTS

Participating Organizations
Federal
National Disaster Medicine System (NDMS)
Department of Veterans Affairs (VA)
Radiation Injury Treatment Network (RITN)
State/Region
Southeastern Pennsylvania Surge Medical Assistance Response Team (SEPA SMART)
Hospital Association of Pennsylvania (HAP)
American Red Cross
City
Philadelphia Office of Emergency Management
Philadelphia Public Health Department
Children's Hospital of Philadelphia
Emergency Preparedness
Department of Oncology and BMT
Department of Emergency Medicine
Division of Social Work
Hospital of the University of Pennsylvania
Emergency Preparedness
Department of Emergency Medicine

APPENDIX D: HUP/CHOP COMMUNICATIONS PLAN

Communications Plan

Location	Phone Number
CHOP Hospital Command Center	215-590-7300
HUP Hospital Command Center	215-370-3297
CHOP Security (in case of emergency)	215-590-5500
HUP Security (in case of emergency)	215-662-2677

Exercise Controllers Location	Controller	Phone Number
Lead Controller	Alita Ostapkovich	267-207-1812
Airport Controller/Safety Officer	Nick Pinizzotto	267-249-5988
Airport/PRA Controller	Emma Paras	216-780-4328
CHOP Day Hospital Controller	Stephanie Powell	215-301-8670
CHOP Hospital Command Center Controller	Matthew Butler	267-767-2730
HUP White Courtyard Controller	Cathy French	267-249-5987
HUP Hospital Command Center Controller	Jeff Henne	267-252-5904

PRA Evaluator Location	Evaluator	Phone Number
Airport/PCR	Randall Ricketts	781-879-0685
CHOP Evaluator Location	**Evaluator**	**Phone Number**
Oncology Day Hospital Registration	Lauren Brennan	717-669-2152
Oncology Day Hospital Patient Experience	Emma Paras	216-780-4328
Oncology Day Hospital Patient Experience	Orysia Bezpalko	609-410-1583
Oncology Day Hospital Patient Treatment	Anne Wohlshlaeger	215-313-0043
Oncology Day Hospital Patient Flow	Dave Nitsch	717-405-6110
Oncology Day Hospital Outpatient Management	Chelsea Keeler	267-318-3084
Hospital Command Center	Unassigned	

HUP Evaluator Location	Evaluator	Phone Number
White Courtyard	Cathy French	267-249-5987
Hospital Command Center	John Felicetti	(484) 880-1626

APPENDIX E: EXERCISE SITE MAPS

Figure E.1: Buerger Center Lobby

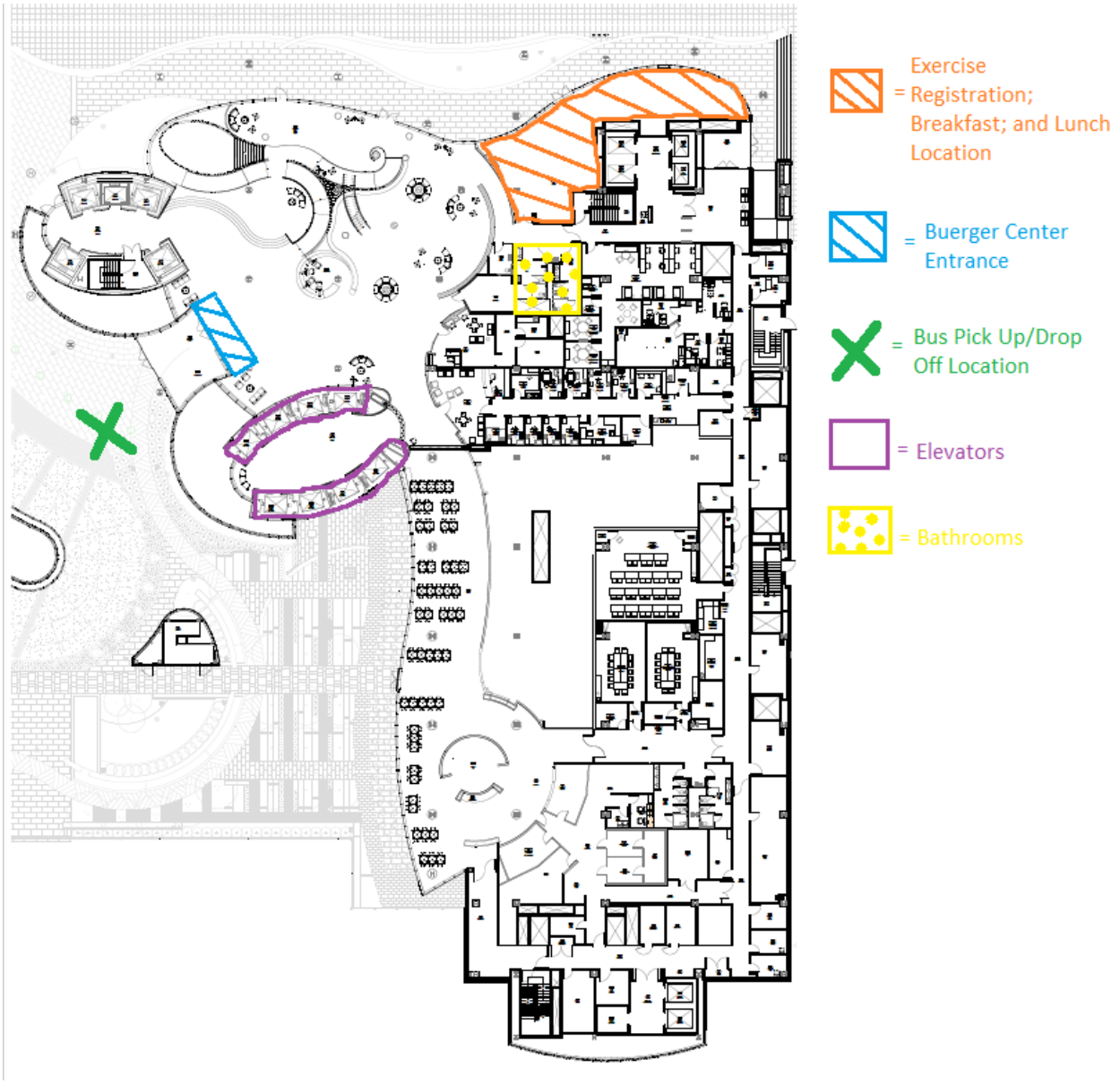

Figure E.2: Buerger Center's Oncology Day Hospital

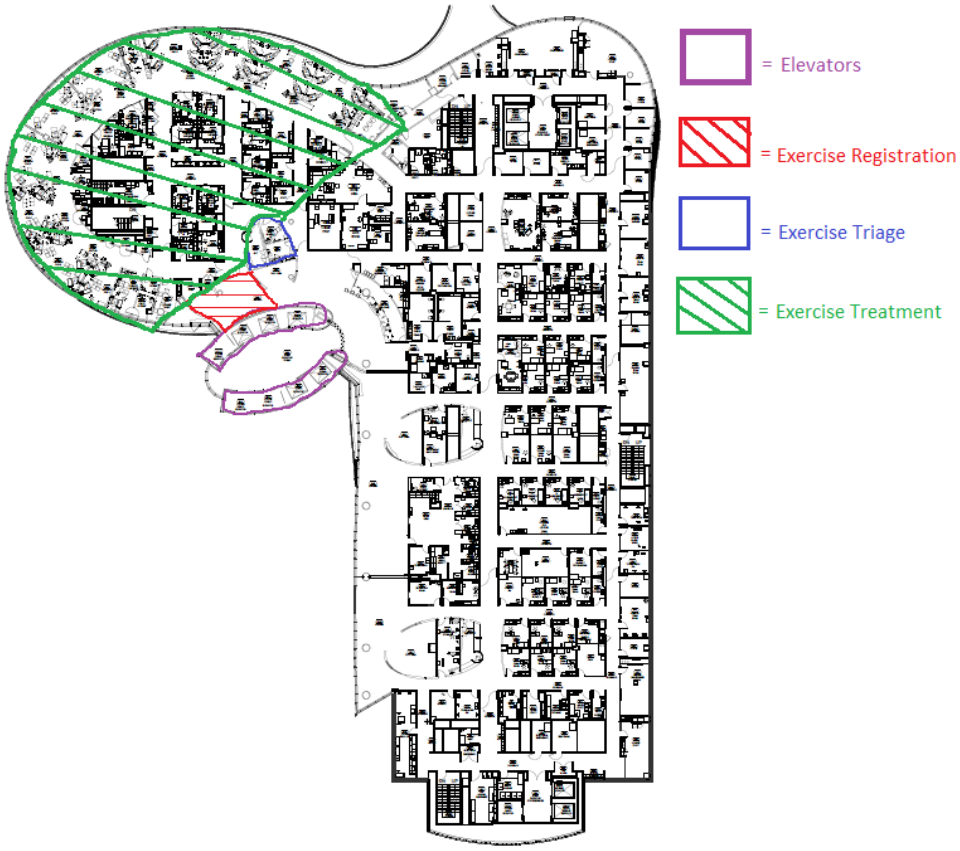

Figure E.3: CHOP Oncology Day Hospital Areas of Play

Figure D.4: CHOP Evaluator Positions

APPENDIX F: ACRONYMS

Acronym	Term
AAR	After Action Review
C/E	Controller/Evaluator
CMCVAMC	Corporal Michael J. Crescenz VA Medical Center
CHOP	Children's Hospital of Philadelphia
DUV	Dual-Use Vehicle
ECC	Enterprise Coordination Center
EOC	Emergency Operations Center
EEG	Exercise Evaluation Guide
EXPLAN	Exercise Plan
FCC	Federal Coordinating Center
Gy	Gray Unit
HAP	Hospital Association of Pennsylvania
HCC	Hospital Command Center
HICS	Hospital Incident Command System
HUP	Hospital of the University of Pennsylvania
JPATS	Joint Patient Assessment Tracking System
KC HIMS	Knowledge Center Hospital Incident Management System
MDO/OEM	Philadelphia Managing Director's Office/Office of Emergency Management
MSEL	Master Scenario Event List
NDMS	National Disaster Medicine System
OEM	Office of Emergency Management
PHL	Philadelphia International Airport
POC	Point of Contact
PRA	Patient Reception Area
RITN	Radiation Injury Treatment Network
SEPA SMART	Southeastern Pennsylvania Surge Medical Assistance Response Team
TRAC2ES	TRANSCOM Regulating Command & Control Evacuation System
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
VIP	Very Important Person
VSAT	Very Small Aperture Terminal