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RITN

City of Hope National Medical Center

Radiological Injury Treatment Network

Full Scale Exercise

August 9 – 11, 2016

C/E HANDBOOK

HANDLING INSTRUCTIONS

1. The title of this document is the City of Hope National Medical Center (COH) Radiation Injury Treatment Network (RITN) Full Scale Exercise Controller and Evaluator (C/E) Handbook.

2. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security practices. Reproduction of this document, in whole or in part, without prior approval from the City of Hope National Medical Center is prohibited.

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PREFACE

The COH RITN Full Scale Exercise (FSE) is sponsored by RITN and the National Disaster Medical System. This C/E Handbook gives controllers and evaluators the information they need to manage and orchestrate the exercise. Some exercise material is intended for the exclusive use of exercise planners and evaluators, but players may view other materials that are necessary to their performance. Only exercise controllers and evaluators may view the C/E Handbook. The information in this document is current as of the date of publication, August 2016, and is subject to change, as dictated by COH.

Consistent with Homeland Security Exercise and Evaluation Program (HSEEP) guidance, this C/E Handbook was produced at the direction of the exercise sponsor, with input, advice, and assistance from the Exercise Planning Team (EPT), comprised of representatives from the following agencies, organizations, and departments:

City of Hope National Medical Center
Duarte Public Safety Department
National Disaster Medical System and Radiological Injury Treatment Network
Disaster Management Area D Coordinator
Federal Coordinating Center and VA Long Beach Healthcare System
Los Alamitos Air Base
American Red Cross
Pomona Valley Hospital Medical Center and
the Disaster Resource Center Group
City of Duarte
Los Angeles County Department of Public Health - Radiation Health
Cedar-Sinai Medical Center
University of California, Los Angeles
Constant & Associates, Inc.

This exercise is an Unclassified (UCI)/ For Official Use Only (FOUO) exercise as some elements are sensitive. The control of information is based on public sensitivity regarding the nature of the exercise and on content specifically related to classified information. All exercise staff should use appropriate guidelines to ensure the proper control of information within their areas of expertise and to protect this material in accordance with current directives.

Public release of exercise materials to third parties is not permitted without the written consent of COH.

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GENERAL INFORMATION

INTRODUCTION

This C/E Handbook was developed with the input, advice, and assistance of the EPT. This C/E Handbook provides guidance for the planning and execution of the COH RITN Full Scale Exercise. This C/E Handbook is organized into the following sections:

Section 1 – General Information
Section 2 – Exercise Management
Section 3 – Participant Information
Section 4 – Controller and Evaluator Information
Section 5 - Appendices

This exercise is a large FSE with play occurring at multiple locations from Tuesday, August 9, 2016- Thursday, August 11, 2016. The COH focal point of this exercise will be August 9 and 11, 2016. The exercise will be conducted in conjunction with the Federal Coordinating Center's exercise on August 10, 2016, in which Los Alamitos Air Base will "receive" National Disaster Medical System (NDMS) patients.

CONFIDENTIALITY

The COH RITN FSE is an Unclassified/For Official Use Only exercise. The control of information is based on public sensitivity regarding the nature of the exercise rather than on exercise content. Some exercise material is intended for the exclusive use of exercise Planners, Controllers, and Evaluators, but Players may view other materials deemed necessary to their performance. This C/E Handbook is a restricted document intended for exercise controllers and evaluators only.

Release of exercise materials to third parties is allowed only with written permission from COH. This exercise may pose politically sensitive issues and may portray detailed response plans and potential response shortcomings. Planners and participants must treat exercise-related information as sensitive.

All written or typed material generated during the planning and conduct of this exercise is to be treated as sensitive. All exercise participants are to use appropriate guidelines to ensure the proper control of information within their areas and to protect this material. All material generated during this exercise must to be turned in to Controllers or Evaluators for review or destroyed when no longer needed. The intent of these procedures is to preclude sensitive materials and the nature of this exercise from being inadvertently released in any form.

PURPOSE

The purpose of the COH RITN FSE is to evaluate preparedness planning and response in alignment with City of Hope's current response plans for RITN activation. This exercise is designed to test appropriate procedure and policies for alert/notification, activation, operations, and demobilization.

EXERCISE OVERVIEW AND SCOPE

Exercise Name	City of Hope Radiation Injury Treatment Network Full Scale Exercise
Exercise Date	Tuesday, August 9, 2016 - Thursday, August 11, 2016
Scope	This exercise is designed to test COH's procedures and policies for notification, preparation, activation, operations, and demobilization following a radiological incident.
Mission Area(s)	Response
Core Capabilities	Hospital Preparedness Program (HPP) Capabilities 1. Healthcare System Preparedness 2. Emergency Operations Coordination 3. Information Sharing 4. Medical Surge 5. Responder Safety & Health National Core Capabilities 1. Operational Coordination 2. Intelligence and Information Sharing 3. Environmental Response / Health and Safety 4. Public Health, Healthcare, and Emergency Medical Services 5. Operational Communications
Objectives	1. Activate the COH Hospital Command Center (HCC) and demonstrate effective internal and external communications with the activation of the NDMS, in preparation to receive, place, and care for patients who fit the requirements for the RITN. 2. Conduct rapid discharge and cancellation of elective procedures to open up bed capacity, and submit a Capabilities Report to RITN through the HealthCare Standard (HCS). 3. Prepare for receipt of patients by briefing all staff, deploying additional equipment and supplies, and reviewing departmental capabilities to handle a surge of patients. 4. Coordinate resource requests for blood, pharmaceuticals, and personal protective equipment as necessary according to California's Standardized Emergency Management System (SEMS), including coordination with the county and the Medical and Health Operational Area Coordinator (MHOAC). 5. Partial activation of the COH National Medical Center HCC on August 10, 2016. 6. Receive and appropriately treat RITN designated patients with marrow toxic injuries from Los Alamitos Air Base through the

	NDMS and the Federal Coordinating Center (FCC). 7. Coordinate patient tracking and evidence and sample collection as necessary between departments and the HCC. 8. Establish a Family Support Center at COH and activate a liaison to work with other agencies as necessary to facilitate family reunification efforts, including coordination with the City of Duarte Public Safety department, local law enforcement, the American Red Cross, LA County EMS, and out-of-state healthcare and emergency management partners.
Threat/Hazard	Radiological Release
Scenario	The receipt of patients through the NDMS and RITN who have been contaminated with radiation from a thermo-nuclear device at a baseball game in Colorado.
Sponsor	City of Hope National Medical Center Radiation Injury Treatment Network and the National Disaster Medical System

EXERCISE ASSUMPTIONS AND ARTIFICIALITIES

Assumptions

The following general assumptions apply to the COH RITN FSE:

1. The exercise will be conducted in a no-fault learning environment, wherein plans, procedures, systems, and processes – not individuals – are evaluated.
2. Exercise Players will include personnel from COH and outside stakeholders with a response role in NDMS and/or RITN activation or support, or applicable radiological experience and expertise.
3. Exercise simulation will be as realistic and plausible, containing sufficient detail for an effective response. This will include simulations necessary to perform blood and marrow donor matching, as well as patient lab results.
4. Exercise participants will react to the information and situations as they are presented, in the same manner as if this had been a real-world incident.
5. Participating departments, organizations, and jurisdictions cooperate fully with one another.
6. NDMS and RITN will provide sufficient support to decontaminate, triage and track patients as they are transported to Los Alamitos Air Base, and then on to COH and other NDMS facilities.
7. Participating agencies and departments may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.
8. All personnel participating in the exercise will operate in accordance with existing plans, procedures, and practices during the exercise.
9. Exercise participants will react to the information and situations as they are

presented, in the same manner as if this had been a real-world incident.

Artificialities

Artificialities are exercise limitations that may detract from exercise realism. There are a number of artificialities for any exercise; our planning team accepts the following as necessary:

1. Some events may require time jumps or may be accelerated to meet exercise objectives.
2. All exercise incidents and events will be based on a scripted Master Scenario Events List (MSEL), and injects will be used to spur exercise play.
3. Only communication methods listed in the Communications Directory will be available for players to use during the exercise.
4. Exercise communication and coordination is limited to participating exercise organizations, venues, and the Simulation Cell (SimCell).

EXERCISE OBJECTIVES AND CORE CAPABILITIES

Effective evaluation assesses performance against the exercise objectives and documents evidence/examples of core capabilities being demonstrated/met. Understanding the exercise purpose, the capabilities to be assessed, and the associated capability performance objectives will support evaluation planning, design, and selection of appropriate evaluators. By defining requirements early in the exercise and evaluation planning process, the EPT and Lead Evaluator can develop the appropriate evaluation documentation and tools to ensure evaluators are trained and prepared. The exercise will endeavor to measure the following capabilities:

HPP Capabilities

1. Healthcare System Preparedness
2. Emergency Operations Coordination
3. Information Sharing
4. Medical Surge
5. Responder Safety & Health

National Core Capabilities

1. Operational Coordination
2. Intelligence and Information Sharing
3. Environmental Response / Health and Safety
4. Public Health, Healthcare, and Emergency Medical Services
5. Operational Communications

The exercise will also strive to evaluate the following objectives:

Table 1: Exercise Objectives and Tasks

Objectives	Tasks
Day One – August 9, 2016	
1. Activate the City of Hope (COH) National Medical Center Hospital Command Center (HCC) and demonstrate effective internal and external communications with the activation of the National Disaster Medical System (NDMS), in preparation to receive, place, and care for patients who fit the requirements for the Radiological Injury Treatment Network (RITN).	i. Activate the Hospital Incident Command System (HICS) and the HCC at a Level Three (Full Activation) in response to a Radiation Incident within 1 hour of notification of the event and NDMS activation.
	ii. The IC will notify the COH Operator to alert the staff of the emergency by announcing the appropriate code [Code Triage Level III], through the COH notification system, overhead page, and any alternate announcements (email, radio, call lists, etc.).
	iii. The IC or Liaison Officer will notify the following external agencies of activation: a. LA County Emergency Medical Services (EMS) Agency, City of Duarte Public Safety, Fire, LA County Medical Alert Center, Long Beach VA Hospital/NDMS and the NDMS Coordinator, County Sheriff, Red Cross, the CDC (page 18 of COH EOP), and the Disaster Resource Center (DRC) network.
	iv. Activate and include the Finance branch in HCC activation and HCC operations.
2. Conduct rapid discharge and cancellation of elective procedures to open up bed capacity, and submit a Capabilities Report to RITN through the HealthCare Standard (HCS).	i. The Nursing House Supervisor and/or Administrative Nursing Supervisor will determine if a bed meeting of the Bed Management Team is necessary to facilitate the rapid and efficient discharge of patients.
	ii. If or once activated, the Bed Management Team will evaluate the availability of appropriately qualified staff to meet patient care requirements based on the information given by RITN.
	iii. The Nursing House Supervisor will direct efforts to cancel elective surgery cases, divert patients waiting for admission on a case by

Objectives	Tasks	
		case basis, and reschedule return clinic visits in order to open up bed capacity.
	iv.	Discharge any patients no longer meeting medical necessity for acute care in a timely Manner.
	v.	Submit Capabilities Report to RITN through the HealthCare Standard (HCS) found at www.ritn.net.
3. Prepare for receipt of patients by briefing all staff, deploying additional equipment and supplies, and reviewing departmental capabilities to handle a surge of patients.	i.	Position and deploy existing logistics and supplies to receive patients.
	ii.	Conduct just-in-time training for all staff related to the standard radiological precautions of time, distance, and shielding, required personal protective equipment, and on-site “frisking/monitoring” contamination and exposure evaluation procedures. Utilize REACT technical specialists for JIT training.
	iii.	Prepare Security staff for incoming patient surge by providing staff briefings, establishing ingress and egress boundaries, confirming visitor policies during RITN patient receipt, and establishing a secure area for press.
	iv.	Review COH capacity to run chemistry panels (CHEM) and Complete Blood Counts (CBC) for an influx of patients.
	v.	Review HLA laboratory capabilities to handle a surge in patient donor matching needs.
4. Coordinate resource requests for blood, pharmaceuticals, and personal protective equipment as necessary according to California’s Standardized Emergency Management System	i.	Utilize the appropriate Department Resource Request Form in the COH Emergency Operations Plan for requests made at the department level and submit to the HCC.
	ii.	Ensure adequate supplies of specialized pharmaceuticals, such as Nuepogen, Prussian Blue, and Fligrastem, for patient care by identifying the amount required and suppliers, including private vendors.

Objectives	Tasks
(SEMS), including coordination with the county and the Medical and Health Operational Area Coordinator (MHOAC).	iii. Coordinate with the Disaster Resource Center (DRC) hospitals and other partner agencies / departments for additional supplies of equipment.
Day Two – August 10, 2016 (Limited Activity at COH)	
1. Partial activation of the COH National Medical Center Hospital Command Center (HCC).	i. Demonstrate effective internal and external communications in tracking and receiving RITN patient(s) through NDMS.
	ii. Coordinate conference call between COH physicians and REAC/TS.
Day Three – August 11, 2016	
1. Receive[1] and appropriately treat RITN designated patients with marrow toxic injuries from Los Alamitos Air Base through the NDMS and the FCC.	i. Activate the Radiological Emergency Response Team(s) as necessary.
	ii. Assess incoming patients to determine the level of Acute Radiation Syndrome (ARS).
	iii. Activate the Marrow Unrelated Donor (MUD) department and identify potential donor matches for those patients requiring transplants.
	iv. Draft and update the Incident Action Plan in the HCC.
	v. Test the ability to resupply blood, platelets, and pharmaceuticals as necessary.
2. Coordinate patient tracking and evidence and sample collection as necessary between departments and the HCC.	i. Assign patient trackers from the Patient Tracking Unit to track all patients entering, as they are processed through care and leaving the hospital.
	ii. Utilize the HICS Form 254 – Disaster Victim Patient Tracking Form, to track all patients, and ensure patient information is regularly updated within ReddiNet.
	iii. Ensure that evidence and sample collection information is included with patient tracking information.

1 This will depend on whether or not we want to test the "receipt"

Objectives	Tasks
	iv. Coordinate with the Family Care Unit Leader to ensure family member identification and reunification efforts are incorporated into patient tracking efforts.
3. Establish a Family Support Center at COH and activate a liaison to work with other agencies as necessary to facilitate family reunification efforts, including coordination with the City of Duarte Public Safety department, local law enforcement, the American Red Cross, LA County EMS, and out-of-state healthcare and emergency management partners.	i. Activate and staff the Family Support Center, including the Family Care Unit Leader under the Logistics Section of the HCC.
	ii. The Family Care Unit Leader and the Patient Tracking Unit Leader under the Planning section will coordinate to identify family members of the patients being transported to COH through the NDMS.
	iii. Coordinate with the City of Duarte Public Safety department to request family reunification assistance. Reach out to LA County EMS and the Red Cross for technical assistance.
	iv. Coordinate with law enforcement and FBI as necessary for evidence and sample collection upon request.

HSEEP GUIDELINES

The Homeland Security Exercise and Evaluation Program (HSEEP) serves as exercise and evaluation guidance that is flexible, scalable, and adaptable to the needs of stakeholders across the whole community. Revised in 2013, the use of HSEEP supports efforts to improve national capacity across the whole community to collectively build, sustain, and deliver core capabilities.

HSEEP encourages planners to identify exercise program objectives that are informed by strategy documents, threat, hazard, and capability assessments, and results from previous exercises. These program-wide objectives guide the design and development for individual exercises, as planners develop exercise-specific objectives and associated core capabilities for validation and assessment during exercise conduct. Exercise evaluation assesses exercise performance against exercise objectives—documenting strengths, areas for improvement, core capability levels and gaps, and corrective actions in an After Action Report/Improvement Plan (AAR/IP). Through improvement planning, exercise stakeholders prioritize, track, and analyze corrective actions, ensuring that the corrective actions inform future exercise program objectives.

PARTICIPANT ROLES AND RESPONSIBILITIES

Players. Players are those who have an active role in responding to or taking part in the simulated emergency. Players will include personnel with a direct role in responding to a Radiological Incident at COH, and include personnel from multiple departments. Players initiate actions that will respond to and mitigate the simulated emergency.

Exercise Director. The Exercise Director is responsible for planning, coordinating, and overseeing all exercise functions. He or she manages exercise activities and maintains a close dialogue with the Senior Controller regarding the status of play and the achievement of the exercise design objectives.

Senior Controller. The Senior Controller is responsible for the overall organization of the exercise and takes direction from the Exercise Director. The Senior Controller monitors exercise progress and coordinates decisions regarding deviations or significant changes to the scenario caused by unexpected developments during play. The Senior Controller debriefs Evaluators after the exercise and oversees the setup and takedown of the exercise.

Controllers. Controllers plan and manage exercise play and act in the roles of response individuals and agencies not playing in the exercise. They provide key data to Players and may prompt or initiate certain Player actions to ensure exercise continuity. Controllers may employ compressed time to ensure exercise continuity and completion. Any changes that impact the scenario or affect other areas of play must be coordinated through the Senior Controller, who will coordinate with the Exercise Director.

Evaluators. Evaluators are chosen to evaluate and provide feedback on a designated functional area of the exercise. They are chosen based on their expertise in the functional area(s) they have been assigned to review during the exercise. Evaluators assess and document Players' performance against established emergency plans and exercise evaluation criteria, in accordance with HSEEP standards.

Evaluators work as a team with Controllers. Evaluators will record events and ensure documentation is submitted for review and inclusion into the AAR/IP. Evaluators will not interfere with the integrity of the exercise.

Actors. Actors are volunteers who will simulate community members affected by the mass casualty incident. Actors will participate by going through triage and treatment with Actor Cards or identification that provides relevant information to the hospital staff players. Actors should report to the check-in and registration area at their assigned location and time before exercise play begins.

Support Staff. Exercise Support Staff includes individuals who are assigned administrative and logistical support tasks during the exercise (i.e. registration, runners, etc.). Support Staff will report to the Lead Controller for their area.
Observer Host. The Observer Host will continue to monitor and control all movements of Observers throughout the exercise. They will provide narratives on all activities of the FSE and ensure that Observers are not interfering with the exercise.

Observers. Interested stakeholders from other healthcare facilities, public sector partners, and private company partners will have an opportunity to participate in the exercise by observing via a viewing point within the defined exercise area. At the observation area, the Observer Host will answer questions, provide materials, and provide information on the exercise they are observing.

Media Host. The Media Host will accompany credentialed media who are observing the exercise, will provide the media with information, and will assist in identifying persons to interview. They will ensure the media are not interfering with the exercise.

EVALUATION OVERVIEW

Exercise evaluation assesses an organization's capabilities to accomplish a mission, function, or objective. Evaluation provides an opportunity to assess performance of critical tasks to capability target levels. Evaluation is accomplished by the following means:

- Observing the event and collecting supporting data;
- Analyzing collected data and observations to identify strengths and areas for improvement; and
- Reporting exercise outcomes in the After Action Report (AAR)

Evaluators will receive an Evaluator package containing the CE Handbook, Exercise Evaluation Guides (EEG), and other relevant materials.

Key documents that will be evaluated in this exercise include: Standard Operating Procedures, COH Emergency Operations Plan, and RITN policies and procedures.

After Action Report/Improvement Plan. The main focus of the AAR is the analysis of core capabilities. For each core capability exercised, the AAR includes a rating of how the exercise participants performed, as well as strengths and areas for improvement.

Following completion of the draft AAR, department stakeholders confirm observations identified in the AAR, and determine which areas for improvement require further action. As part of the improvement planning process, corrective actions are identified in order to bring areas for improvement to resolution. Corrective actions are consolidated in the Improvement Plan (IP), which is included as an appendix to the AAR.

EXERCISE MANAGEMENT

EXERCISE PERSONNEL ASSIGNMENTS

The following table displays the positions and the responsible individual.

Table 2: Exercise Personnel Assignments – August 9

	ASSIGNMENT/ROLE	NAME	LOCATION
	Exercise Management and Control		
1.	Exercise Director	Joel Helmke	Floating
2.	Safety Controller	Juan Mas	Floating
3.	Senior Controller	Ashley Slight	SimCell Control Center
4.	Exercise Liaison Officer	Luis Lopez	Remote
5.	Exercise Public Information Officer	David Caouette	Remote
6.	Family Information Center Controller	NA	Hope Village Office
7.	Hospital Command Center Controller	Afua Kwarteng	Flash Building
8.	Hospital Command Center Controller	Michele Tejada	Flash Building
9.	Bed Management Team Controller	Regina Buchanan	Floating
10.	Decon / Triage Area Setup Controller	NA	Tree Lane Decon / Triage Areas
11.	Donor Matching / Laboratory Controller	NA	Floating
12.	Blood Bank Controller / Evaluator	NA	Brawerman Ambulatory Care
13.	Photographer	COH Photographer	Floating
14.	SimCell	Steve Storbakken	Remote
15.	SimCell	Sherman Patterson	Remote
16.	SimCell	LAC EMS Rep / MHOAC	Remote
17.	SimCell	Robbie Spears	Remote
	Exercise Evaluation		
18.	Lead Evaluator	Afua Kwarteng	Floating
19.	Bed Management Team Evaluator	Gerardo Gorospe	Floating
20.	Decon / Triage Areas Setup Evaluator	NA	Floating
21.	Hospital Command Center Evaluator	NA	Flash Building
22.	Hospital Command Center Evaluator	Rowelle Enriquez	Flash Building
23.	Family Information Center Evaluator	NA	Hope Village Office
24.	Laboratory Evaluator	NA	HLA Laboratory

Table 3: Exercise Personnel Assignments – August 11

	ASSIGNMENT/ROLE	NAME	LOCATION
	Exercise Management and Control		
1.	Exercise Director	Joel Helmke	Floating
2.	Safety Controller	Juan Mas	Floating
3.	Senior Controller	Ashley Slight	SimCell Control Center
4.	Exercise Liaison Officer	Luis Lopez	Floating
5.	Exercise Public Information Officer	David Caouette	Floating
6.	Family Information Center Controller	Elizabeth Davidson	Hope Village Office
7.	Decontamination Area Controller	Jeff Day	Tree Lane Decon Area
8.	Decontamination / Triage Area Controller	Deb Robinson	Floating
9.	Actor Controller	Francisco Soto	Tree Lane
10.	Hospital Command Center Controller	Donna Ujiiye	Flash Building
11.	Treatment Area Controller	Regina Buchanan	Floating
12.	Donor Matching / Laboratory Controller	Jean Garcia-Gomez	Floating
13.	Blood Bank Controller	Jowelee Angeles	Amini
14.	DRC Training Controller / Facilitator	Steve Storbakken	Graff Library
15.	City of Duarte Simulation Cell Controller	Larry Breceda	City of Duarte Public Safety
16.	Observer Host	Amber Bill	Tree Lane Observer Area
17.	Observer Host	Michelle Constant	Tree Lane Observer Area
18.	Observer / Media Host	Scott MacKay	Tree Lane Media Area
19.	Photographer	COH Photographer	Floating
20.	SimCell	Sherman Patterson	Remote
21.	SimCell	LAC EMS Rep / MHOAC	Remote
22.	SimCell	Robbie Spears	Remote
	Exercise Evaluation		
23.	Lead Evaluator	Afua Kwarteng	Floating
24.	Triage/ Treatment Area Evaluator		Tree Lane Triage Area
25.	Decontamination Area Evaluator	Juan Mas	Tree Lane Decon Area
26.	Treatment / Outpatient Care Evaluator	Gabriel Park	Floating
27.	Triage / Treatment Evaluator	Anne Bourque	Floating
28.	Hospital Command Center Evaluator	Merle Smith	Flash Building
29.	Family Information Center Evaluator	Brenda Thomson	Hope Village Office
30.	Laboratory Evaluator	Michiko Taniguchi	HLA Laboratory
31.	Blood Bank Evaluator	Jowelee Angeles	Amini

EXERCISE IDENTIFICATION

Distinctive badges will be issued to exercise staff to ensure exercise identification. Controllers will have blue badges, Evaluators will have red badges, and general staff (to include runners and hosts) will have blue badges. Survivors or Actors will have orange badges, and players will have green badges. Observers will have yellow badges.

Those designated both Controllers and Evaluators will identify themselves with a blue Controller badge, as this role would take priority.

Table 4: Exercise Identification - Badges

GROUP	BADGE COLOR
Controller / Exercise Staff	Blue
Evaluator	Red
Player	Green
Survivor / Actor	Orange
Observer	Yellow

EXERCISE ACCESS

Exercise access will be limited to exercise Players, Observers, Evaluators, and select VIP's as pre-approved by the Exercise Director. All personnel, regardless of role, MUST check in and receive identification before they will be allowed into exercise areas. For exercise locations that allow observers, observers and/or the media will be restricted to areas marked for observers and/or areas designated by the Observer and Media Hosts. Players should advise their location's Controller or Evaluator of any unauthorized persons.

BRIEFINGS AND EVENTS

Descriptions of the significant exercise events are below. Appendix A contains a detailed schedule of events for the exercise.

Player Briefing. A Player briefing will be conducted at the exercise site immediately prior to the start of the exercise (StartEx) on August 9 and August 11. Players are required to attend these sessions in order to obtain additional exercise information and to become acquainted with his or her responsibilities.

Controller and Evaluator Orientation Briefing. A comprehensive CE Briefing will be held immediately prior to the start of the exercise (StartEx) on August 9 and August 11. Each CE as well as Observer/Media Hosts are required to attend this session in order to learn their assigned responsibilities. This is also the time for the CEs to get acquainted and address in advance any issues that might arise during the exercise. All information and materials for the exercise will be distributed at this briefing.

Exercise Play. Exercise play will occur at COH over a span of 3 days, play will start on Tuesday, August 9, 2016 at 1:00 PM and end on Thursday, August 11, 2016 at 12:00 PM. COH-focused play will center on August 9 and August 11. August 10 will feature exercise

activities at Los Alamitos Air Base that are outside of the scope of the COH exercise. However, limited HCC activation and coordination will take place at COH on August 10 to support coordination with the FCC. Further details about the exercise play schedule can be found in Appendix A: Schedule of Events. These documents include check-in times, set up activities, and participant play schedules.

Post-Exercise. A Hot Wash with key players will be held immediately following the exercise on both August 9 and August 11. The Hot Wash is to gather key Players' first impressions about exercise conduct and play. Controllers and Evaluators should attend as they may find the information useful for the completion of notes and evaluation forms.

A CE Debriefing will be held following the Hot Wash. The CE Briefing will be a facilitated discussion covering each exercise objective and the exercise process. During the debriefing, CEs will have the opportunity to complete and hand in their exercise materials and Evaluators will be able to discuss the events that took place.

EXERCISE MANAGEMENT RULES

The following rules apply for all exercise personnel:

- Real-emergency actions take priority over exercise actions. If a real-world emergency occurs, call 9-1-1 and immediately alert the Safety Officer and Exercise Director.
- Modification or intentional disruption of real-world communication circuits is prohibited.
- During the exercise, all radio conversations will begin and end with the phrase, "This is an exercise."

EXERCISE COMMUNICATIONS PLAN

Exercise Start, Suspension, and Termination Instructions. The Exercise will begin at 1:00 PM and will be conducted until 4:00 PM on day one (August 9), 8:00 AM to 1:00 PM on day three (August 11), unless the Exercise Director determines that exercise objectives have been accomplished, at which time he or she may end play. The Exercise Director at the site/venue will announce the start of the exercise.

Communications Check. Before the start of the exercise, the Senior Controller will conduct a communications check with all interfacing communication means to ensure redundancy and uninterrupted flow of control information. Controller's wills have Family Radio Service (FRS) radios and utilize channel 1. For extended communications, Controllers are encouraged to switch to channel 2 or arrange to talk face-to-face.

Player Communication. Players will use routine, in-place primary and emergency communication systems, as resources allow. Additional communication assets may be made available and/or utilized as the exercise progresses. The need to maintain capability for a real-world response may preclude the use of certain communication channels or systems that would usually be available for an actual emergency incident. In no instance will exercise communication interfere with real-world emergency communications.

A separate communications directory with telephone numbers and other contact information can be found in Appendix B: Communications Directory.

ADMINISTRATION AND LOGISTICS

A comprehensive list of detailed exercise logistics for each facet and area of the exercise has been consolidated into a separate stand-alone document.

Registration. Participants will RSVP to the Exercise Director their availability for the exercise. Participants will receive specific exercise related information as well as information on the ways they can participate in the exercise to include observing the exercise. For those who plan on participating in or observing the exercise at the exercise site, please refer to the appendices for parking information.

Participant Supplies. Water and light refreshments will be made available for all participants throughout the exercise site.

Actor Staging. The Actor Staging Area will be located at the corner of Tree Lane and Personnel Road (across the street from Helford Research Clinic). 25 Actors will be staged at this location and 10 posing as friends and family will be staged at the Family Information Center at Hope Village office.

Media Staging Area. Media will be allowed in all Observer areas. Media parking will be available on Tree Lane in the parking area direct across from Helford Research Clinic.

Areas of Play. The areas of play are included in the maps available in the appendices.

Hospital Command Center (HCC). The HCC will be located in the Flash Building at the Southwest corner of the City of Hope campus.

Exercise Setup. Exercise setup involves the pre-staging and dispersal of exercise materials, the set-up of areas of play and viewing, check-in signage, and other equipment, as appropriate.

Overall logistics for the exercise, including print materials, player identification, and feedback forms, will be distributed in pre-event briefings. Players, Controllers, and Evaluators are responsible for tracking logistics assigned to them in these pre-event briefings.

ACCIDENT REPORTING AND REAL WORLD EMERGENCIES

For an emergency that requires assistance, the phrase, **"This is a real emergency"** must be used. The following procedures should be used in case of a real emergency during the exercise:

Anyone observing a participant who is seriously ill or injured must first advise the nearest nurse and Controller; then if possible, render aid, provided the aid does not exceed his or her training. The nearest Controller should immediately alert the Exercise Director and Safety Officer and clearly state that this is a real-world emergency. The Exercise

Director and Senior Controller will immediately halt all play until the situation is stabilized and play can resume.

The Controller who is made aware of a real emergency will initiate the broadcast, "**"This is a real emergency**", and provide the following information to the Exercise Director and Safety Officer:

1. Location within the venue/function
2. Condition
3. Requirements

If the nature of the emergency requires a suspension or termination of the exercise at the exercise site or for the exercise function, all exercise activities at that facility/area will immediately cease. Exercise play may resume once the real world emergency situation has been addressed. Exercise play at other sites and for other functions should not cease if one site/function has declared a real world emergency unless they are reliant on the affected venue. The decision and notification will be made by the Exercise Director or Safety Controller.

POST-EXERCISE ACTIVITIES

After Action Report and After Action Meeting. The AAR is the culmination of the exercise. It is a written report that outlines strengths and areas for improvement identified during the exercise. The AAR will include the timeline, executive summary, scenario description, mission outcomes, and capability analysis. Lessons learned and recommendations from the AAR will be incorporated into an IP. During improvement planning, corrective actions from the AAR/IP—such as additional training, planning, and/or equipment acquisition—are tracked to completion, ensuring that exercises yield tangible preparedness improvements. Ongoing IP tracking and corrective action processes ensure that each corrective action is tracked to completion. The After Action Meeting will serve as the final meeting of exercise planners, controllers, and evaluators, and will act to approve the findings of the After Action Report before it is finalized.

PARTICIPANT INFORMATION

PLAYER INSTRUCTIONS

Before the Exercise

1. Review all relevant documents, plans, guides, and other materials pertinent to your role in the exercise.
2. Attend the Player briefing before the exercise.
3. Be at the appropriate site at least 15 minutes before the exercise starts. Wear the appropriate uniform and/or identification items.
4. Sign in when you arrive.
5. 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.
6. Review your Player materials, which include information on the exercise and safety.

During the Exercise

1. Follow the directions given by the Senior Controller in the debriefing before StartEx.
2. Maintain consistent and clear communications with your team or group lead.
3. Do not simulate additional events; only play to those that are planned for the exercises.
4. Controllers will give you only the information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
5. If an actual emergency occurs during the exercise, the Controller will immediately suspend exercise play and evaluate the situation. The Exercise Director and Senior Controller will then decide if the exercise can be safely resumed.
6. Act in a professional manner at all times, to include refraining from foul language.
7. Understand the scope of the exercise. If you are unsure about a certain function, ask the Controller. Stay mission-oriented.
8. Act on all Controller instructions. With the exception of safety issues, even if you do not agree with what the Controller is telling you, do not argue.
9. Do not engage in casual conversations with the Controllers. If you are asked a question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer at the earliest possible time.
10. Adhere to public laws and follow any orders given by law enforcement personnel.
11. Some parts of the exercise will not be in exact alignment with response procedures. This is done to allow for people to observe the exercise and provide the best training possible in a condensed time frame.

After the Exercise

1. If directed, participate in the Hot Wash.
2. Complete the Participant Feedback Form and submit it before leaving your exercise location. This form allows you to comment candidly on emergency response activities and exercise effectiveness. Provide the completed form to a Controller or Evaluator.
3. Before leaving your exercise location, provide any notes or materials generated from the exercise to your Controller or Evaluator for review and inclusion in the AAR.

CONTROLLER INFORMATION AND GUIDANCE

EXERCISE CONTROL OVERVIEW

Exercise control maintains exercise scope, pace, and integrity during exercise conduct. The control structure in a well-developed exercise ensures that exercise play assesses objectives in a coordinated fashion at all levels and at all locations for the duration of the exercise.

Exercise Control Documentation: Controller Package

Controllers and evaluators will receive their exercise materials at the C/E Briefing, which will be held on August 8, 2016 from 9AM-11AM. The controller package consists of the C/E Handbook, EEGs, badges, and other exercise tools (e.g., MSEL) as necessary. Controllers must bring their packages and any additional professional materials specific to their assigned exercise activities. Controllers may reorganize the material so information that is critical to their specific assignment is readily accessible.

Scenario Tools

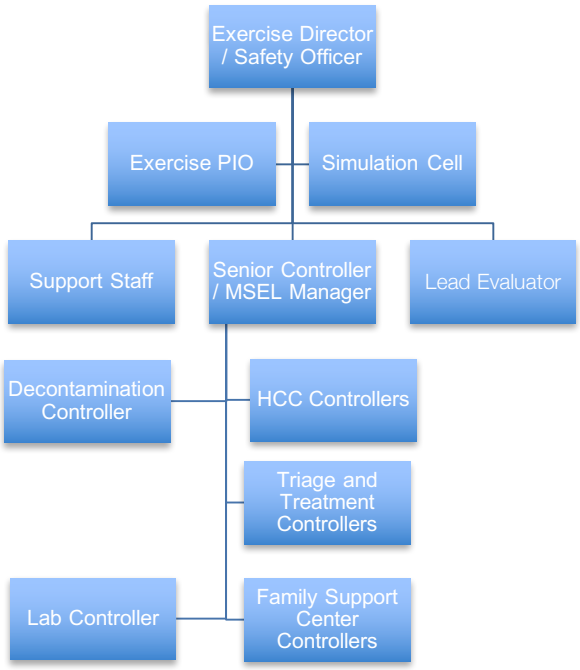
The MSEL outlines benchmarks and injects that drive exercise play. It also details realistic input to exercise players, as well as information expected to emanate from simulated organizations (i.e., nonparticipating organizations or individuals who usually would respond to the situation). The MSEL consists of the following two parts:

- Timeline. This is a list of key exercise events, including scheduled injects and expected player actions. The timeline is used to track exercise events relative to desired response activities.
- Injects. An individual event inject is a detailed description of each exercise event. The inject includes the following pieces of information: scenario time, intended recipient, responsible controller, inject type, a short description of the event, and the expected player action.

EXERCISE CONTROL STRUCTURE

Control of the exercise is accomplished through an exercise control structure. The control structure is the framework that allows controllers to communicate and coordinate with the Senior Controller and other controllers. The Senior Controller / MSEL Manager will deliver and track exercise information and define the activities for the SimCell. The control structure for this exercise is shown in Figure 1 below.

Figure 1: Control Structure



MSEL MANAGEMENT

Information provided to players via MSEL injects will drive the exercise. Players will receive injects from other players, or from the SIMCELL or area controllers. These injects will prompt player actions. Injects will be introduced into exercise play; however, not all players will receive the same inject or information, requiring them to share information to understand the whole scenario.

Using the SIMCELL, controllers will simulate the information-sharing environment of COH by replicating various sources of information and introducing them through email or phone.

To ensure proper control of all MSEL injects (including white noise), and in an effort to reduce the risk of exercise information bleeding into real-world channels, the SIMCELL controllers and/or area controllers will follow a strict process to approve all MSEL injects for release into the exercise environment. All MSEL injects, once released into the exercise environment, will be recorded and continuously tracked by a designated controller.

CONTROLLER INSTRUCTIONS

Before the Exercise

1. Review appropriate emergency plans, procedures, and protocols.
2. Review appropriate exercise package materials, including the objectives, scenario, injects, and controller instructions.
3. Attend required briefings.
4. Report to the exercise check-in location at the time designated in the exercise schedule, meet with the exercise staff.
5. Be at the appropriate location at least 10 minutes before the exercise starts.
6. Obtain, locate and test necessary communications equipment.

During the Exercise

1. Wear controller identification items (e.g., badge).
2. Avoid personal conversations with exercise players.
3. If you have been given injects, deliver them to appropriate players at the time indicated in the MSEL (or as directed by the Exercise Director). Note: If the information depends on some action to be taken by the player, do not deliver the inject until the player has earned the information by successfully accomplishing the required action. Note the time that you delivered the inject and player actions.
4. Note the actual time of all MSEL line items and other key items that occur. Submit your MSEL to the Exercise Director at the conclusion of the exercise.
5. Receive and record exercise information from players that would be directed to nonparticipating organizations.
6. Observe and record exercise artificialities that interfere with exercise realism. If exercise artificialities interfere with exercise play, report it to the Senior Controller.
7. Begin and end all exercise communications with the statement, “This is an exercise.”
8. Do not prompt players regarding what a specific response should be, unless an inject directs you to do so. Clarify information but do not provide coaching, unless you are directed to do so.
9. Ensure that any observers do not interfere with exercise activity. If you need assistance, notify the Senior Controller or the Observer Host.
10. Do not give information to players about scenario event progress or other participants’ methods of problem resolution. Players are expected to obtain information through their own resources. That being said, this is a training exercise, and players may ask for your expertise. Use your judgment on whether or not to offer advice or prompting, and refer to the Senior Controller or Lead Evaluator when in doubt.

After the Exercise

1. Distribute copies of Participant Feedback Forms and pertinent documentation.
2. A C/E Huddle will take place at the end of each day. Take notes of any issues or obstacles that may interfere with the following day's exercise play and report it at this time.
3. A player Hot Wash will occur on Day Four. Take copious notes on findings identified by exercise players. Before the Hot Wash, do not discuss specific issues or problems with exercise players.
4. At exercise termination on Day Four, summarize your notes from the exercise and Hot Wash, and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Senior Controller and Exercise Director.

CONTROLLER RESPONSIBILITIES

Controller and Evaluator Briefing

This briefing will assist in preparing C/Es for performance of their functions and will include a detailed review of event activities. This briefing is the time for C/Es to ask questions and ensure that they completely understand their roles and responsibilities. All questions should be addressed and information clarified so that controllers and evaluators feel confident that they can perform their assignments effectively. The schedule for all briefings can be found in Appendix A.

Placement and Monitoring

Controllers should be located at the play location assigned to them by the Exercise Director and Senior Controller.

Controller Responsibilities

Exercise Director

- Oversees all exercise functions
- Oversees and remains in contact with controllers and evaluators
- Oversees setup and cleanup of exercise, and positioning of controllers and evaluators

Senior Controller

- Ensures a Player Briefing is conducted
- Monitors exercise progress
- Coordinates decisions regarding deviations or significant changes to the scenario and exercise play
- Monitors controller actions and ensures implementation of designed or modified actions at the appropriate time

- Debriefs controllers and evaluators after the exercise
- Oversees setup and takedown of the exercise

MSEL Manager

- Oversees the delivery of MSEL injects to the appropriate players and controllers
- Tracks player actions or events that may alter future injects or exercise play
- Monitors MSEL timeline and keeps the exercise on time
- Manages the distribution and protection of classified MSEL information, including a MSEL check-in and check-out for controllers

Controllers

- Issues exercise materials to players and assists in the movement of all exercise participants
- Ensure you have all the information, materials and other resources necessary to control your assigned area
- Monitors exercise timeline
- Provides input to players (i.e., injects), if necessary, as described in MSEL
- Serves as Safety Officer for his or her site

EVALUATOR INFORMATION AND GUIDANCE

EVALUATION OVERVIEW

The goal of exercise evaluation is to validate strengths and identify improvement opportunities for the participating organization(s). In this exercise, evaluation will attempt to validate plans, procedures, and protocols for COH and other participating stakeholders and determine their level of capability with regard to the exercise objectives and core capabilities. Validation attempts to answer the following questions:

- Were established plans, procedures, and protocols followed during the exercise?
- Did the agencies do what they said they were going to do?
- Were the plans, procedures, and protocols effective?
- What level of capability do the plans, policies, and procedures establish?

This validation is accomplished by the following means:

- Observing the event and collecting supporting data
- Analyzing the data to compare performance against expected outcomes
- Determining what changes need to be made to procedures, plans, staffing, equipment, communications, organizations, and interagency coordination to ensure expected outcomes

The evaluation results will provide an opportunity to identify ways to build on strengths and improve capabilities.

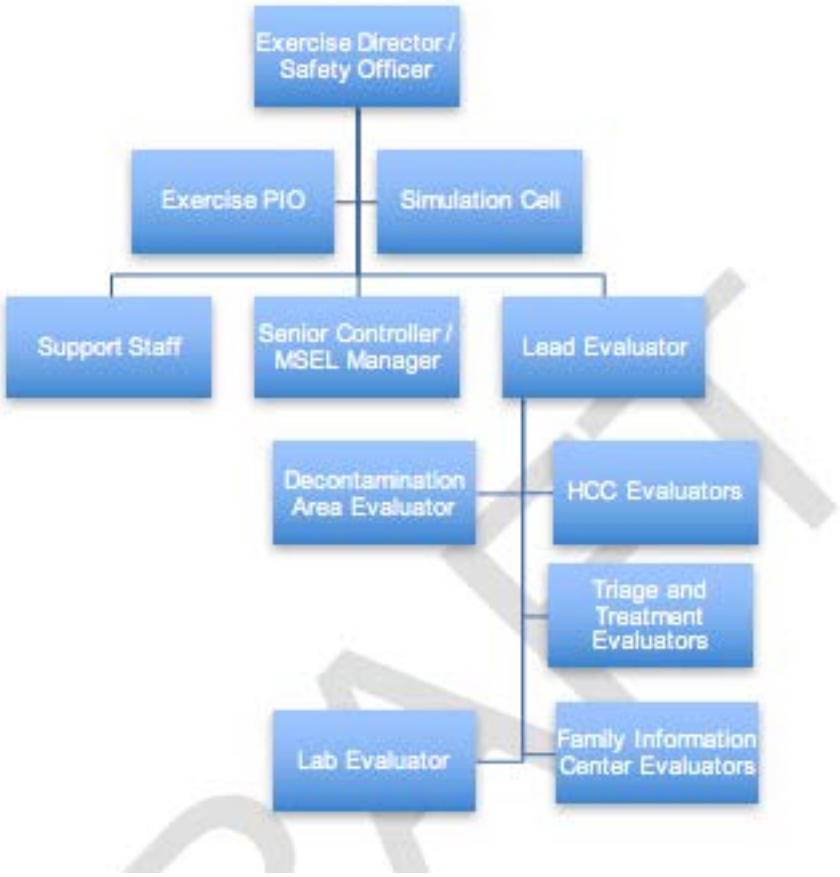
Placement and Monitoring

Evaluators should be located so they can observe player actions and hear conversations without interfering with those activities. In certain conditions, more than one evaluator may be needed in a particular setting or area. Please refer to the organizational chart on the next page for the organizational structure that will be used for controllers and evaluators during the exercise.

Evaluator Package

The evaluator package contains this CE Handbook, EEGs, and other items as necessary. Evaluators should bring the package to the exercise. They may reorganize the material so information that is critical to their specific assignment is readily accessible. Evaluators may bring additional professional materials specific to their assigned activities.

Figure 2: Evaluator Organizational Chart



EXERCISE EVALUATION GUIDES

The content for the AAR/IP will be drawn from the EEGs. Each evaluator will be provided with an EEG that will give specific guidance regarding what data to collect during the exercise, how to record it, and how to analyze it before submission to the Lead Evaluator. The Lead Evaluator and Senior Controller will compile all evaluator submissions into the first working draft of the AAR/IP.

EEGs provide a consistent tool to direct exercise observation and data collection. Each EEG is organized by day, then by objective and relevant section or program.

Observation notes should include whether and how each assigned objectives was met. Categories provided in each EEG are described below.

- Task – This is the critical task associated with the objective, or the expected action as assigned in the MSEL and as known by the Evaluator based on their experience and review of local plans.
- Rating (P/S/M/U) – This is a scoring to indicate whether the action was completed using the P, S, M, or U rating system explained on the following page.
- Observation Notes/Rating Basis: This is narrative of the Evaluator's analysis of the action. This response will help form the analysis section of the After Action

Report (AAR). This also includes the Evaluator's recommendations for resolving identified issues. This response will help form recommendations for an Improvement Plan (IP).

Evaluators should complete all assigned EEGs and submit them to the Lead Evaluator at the conclusion of the exercise.

Assigning Ratings

Based on their observations, evaluators assign a target rating for each capability target listed on the EEG. Evaluators then consider all target ratings for the core capability and assign an overall core capability rating. The rating scale includes four ratings:

P – Performed without Challenges

S – Performed with Some Challenges

M – Performed with Major Challenges

U – Unable to be performed

These ratings are explained in more detail in the EEGs.

EVALUATOR INSTRUCTIONS

1. Avoid personal conversations with players (unless otherwise directed to do so, as with mentors).
2. Do not give information to players about event progress or other participants' methods of problem resolution. Players are expected to obtain information through their own resources.

Before the Exercise

1. Review appropriate plans, procedures, and protocols.
2. Attend required evaluator training and other briefings.
3. Review appropriate exercise materials, including the exercise schedule and evaluator instructions.
4. Review the EEGs and other supporting materials for your area of responsibility to ensure that you have a thorough understanding of the core capabilities, capability targets, and critical tasks you are assigned to evaluate.
5. Report to the exercise check-in location at the time designated in the exercise schedule, and meet with the exercise staff. There you will be assigned a section or location to evaluate.
6. Obtain or locate necessary communications equipment, and test it to ensure that you can communicate with other evaluators and the Exercise Director.

During the Exercise

1. Wear evaluator identification items (e.g., badge).
2. Stay in proximity to player decision-makers.
3. Note the actual time of all MSEL line items and other key items that occur. Submit your MSEL to the Exercise Director at the conclusion of the exercise.
4. Use EEGs to document performance relative to exercise objectives, core capabilities, capability targets, and critical tasks.
5. Focus on critical tasks, as specified in the EEGs.
6. Your primary duty is to document performance of the objectives by the sections you are responsible for. After the exercise, that information will be used to determine whether the exercise capability targets were effectively met and to identify strengths and areas for improvement.

After the Exercise

1. Participate in the hot washes at the end of each day to identify issues that may affect the following day's exercise play. Take notes on findings identified by players. Before the Hot Wash, do not discuss specific issues or problems with participants. After the Hot Wash, summarize your notes and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Lead Evaluator.
3. Complete and submit all EEGs and other documentation to the Lead Evaluator after the C/E Debriefing, if you are ready to do so. If you need more time to complete your materials, let the Lead Evaluator know and he or she will collect the materials from you when they are complete. The Lead Evaluator in turn will submit all EEGs to the Senior Controller when they have all been submitted.

APPENDICES

APPENDIX A: SCHEDULE OF EVENTS

Table 5: Schedule of Events

Exercise Schedule Note: All Times Indicated are Pacific Standard Time, and are TENTATIVE				
August 9, 2016				
Start	**End**	**Event**	**Location**	**Attended By:**
1300		Exercise Setup, C/E and Player Briefing	COH	All Participants
1400		StartEx: RITN notifies City of Hope National Medical Center (COH) of nuclear disaster and requests Capabilities Report	COH	COH RITN Task force
1410		COH Activates the National Medical Center Hospital Command Center (HCC), conducts JIT training and demonstrates effective internal and external communications	COH	COH RITN Task Force
	1600	COH] RITN Task Force compiles and submits Capabilities Report	COH	COH RITN Task Force
1600	1700	Venue Hot-Wash followed by C/E Debriefing	COH	COH RITN Task Force
August 10, 2016 **NOTE: August 10th exercise activity focuses on the NDMS/FCC Exercise, not COH**				
Start	**End**	**Event**	**Location**	**Attended By:**
0800	1300	Limited EOC Activation: COH Receives RITN designated patients through NDMS and coordinates patient tracking	COH	COH RITN Task Force (select players)
August 11, 2016				
Start	**End**	**Event**	**Location**	**Attended By:**
0800		Controller /Evaluator Sign-In	COH	All Exercise Controller/Evaluators
0830		Exercise Control Communications Check	COH	All Exercise Venues
0830		Participant Registration	COH	All Exercise Participants
0845		Introduction and Exercise Overview	COH	All Exercise Participants
0845		Site Walkthrough for Decon Training Participants	COH	All Training Participants
0930		STARTEX	COH	All Exercise Participants
	1200	ENDEX	COH	All Exercise Participants
1200	1300	Venue Hot-Wash followed by C/E Debriefing	All Exercise Venues	COH RITN Task Force
September 1, 2016				
Start	**End**	**Event**	**Location**	**Attended By:**
2 hours (approx.)		After Action Meeting	COH	COH RITN Task Force

APPENDIX B: COMMUNICATIONS DIRECTORY

Throughout the exercise, Players will use routine, in-place primary and emergency communication systems, as resources allow. Controllers will be provided with a Family Radio Service (FRS) radio and utilize channel 1 for all communications. If Controllers need to have an extended conversation, they're encouraged to switch to channel 2 or arrange to talk face-to-face.

The need to maintain capability for a real-world response may preclude the use of certain communication channels or systems that would usually be available for an actual emergency incident. In no instance will exercise communication interfere with real-world emergency communications.

Table 6: Communications Directory

	Assignment/Role	Name	Number/ Channel	Email	Telephone
	Exercise Management and Control				
1.	Exercise Director	Joel Helmke			
2.	Safety Officer	Chuck Pickering			
3.	Senior Controller	Ashley Slight			
4.	HCC Controller	Donna Ujiiye			
5.	Family Information Center Controller	Elizabeth Davidson			
6.	Decon Area Controller	Jeff Day			
7.	Triage Area Controller	Deb Robinson			
8.	Treatment Area Controller	Regina Buchanan			
9.	HLA Lab Controller	Jean Garcia-Gomez			
10.	Blood Bank Controller	Jowelee Angeles			
11.	Lead Evaluator	Afua Kwarteng			
12.	Triage Area Evaluator	Deb Robinson			
13.	Treatment Area Evaluator	Anne Bourque			
14.	HCC Evaluator	Merle Smith			
15.	Observer Host	Michelle Constant			
16.	Observer/ Media				

	Assignment/Role	Name	Number/ Channel	Email	Telephone
	Host				
17.	Media Host	David Caouette			
18.	Photographer	Thomas Brown			
19.	Videographer	Aleah Wolinsky			
20.	Runner				
21.	Runner				
	Exercise Players				
22.	Incident Commander	Shirley Johnson			
23.	Public Information Officer	Mary Fran Faraji			
24.	Liaison Officer	Luis Lopez			
25.	Safety Officer	Chuck Pickering			
26.	Family Information Center Evaluator	Brenda Thomson			
27.	Duarte Public Safety Controller	Larry Breceda			
28.	RITN Coordinator	Elaina Corbett			

APPENDIX C: SITE MAPS, DIRECTIONS, & PARKING PLAN

SITE MAPS

See following pages.

DIRECTIONS TO EXERCISE SITE

Address:
City of Hope National Medical Center

From the 210 East:

- Take exit 35B towards Buena Vista Street
- Make a left on Evergreen Street
- Make a Right on Buena Vista Street
- Make a Left on East Duarte Road
- Make a Right on Hope Drive.

From the 605 North:

- Merge on to the 210 East
- Take exit 35B towards Buena Vista Street
- Make a right on Central Avenue
- Make a right on Highland Avenue
- Make a left on Hope Drive

PARKING

1500 East. Duarte Road. Duarte, California 91010 is the exercise site. The following map displays the areas of play on campus.

Figure 3: Areas of Play Maps

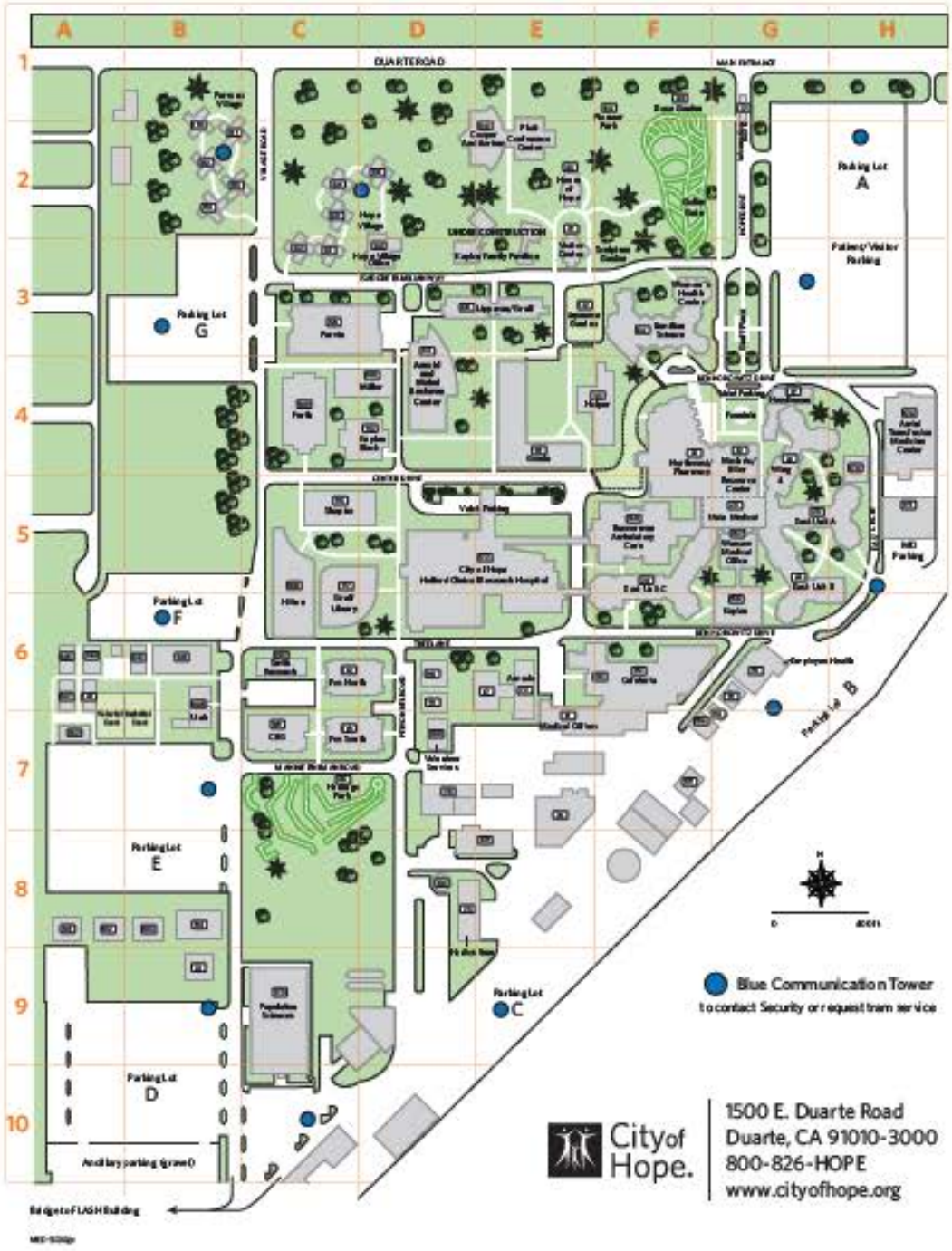

GRAFF LIBRARY
HELFORD CLINICAL RESEARCH HOSPITAL
EXERCISE DECONTAMINATION
RECEPTION AND TRIAGE
TREE LANE
MEDIA /OBSERVER AREA
ACTOR STAGING


BRAWERMAN AMBULATORY CARE
Outpatient Care
HELFORD CLINICAL RESEARCH HOSPITAL
Patient Reception/ Triage
GRAFF LIBRARY
Decontamination Training
TREE LANE


DUARTE ROAD
HOPE DRIVE
HOPE VILLAGE OFFICE
Family Information Center


HLA Laboratory
Decontamination Training
Patient Reception/Triage
Out-Patient Care
Family Information Center
Blood and Platelet Matching

Figure 4: General City of Hope Map



APPENDIX D: RITN CAPIBILITES REPORT

Entering data in Capabilities Matrix (formerly Capabilities Report)

1. Log into HC Standard:
    a. Open new web browser to RITN.net (http://www.ritn.net/)
    b. Click on HC Standard icon in the lower left corner of screen
    c. Enter User Name – see RITN Center User Names Guide
    d. Enter Password
    e. NOTE: Microsoft Silverlight must be installed on your computer for this program. When you click on the HC Standard icon, if Silverlight is not installed a window will ask "Install Microsoft Silverlight," click on that icon to start install action.
2. Welcome Page appears – shows any announcements, recently added items, and workspaces available
3. Your center's Capability Matrix (previously the Capabilities Report)
    a. Click on your center name under "Workspaces" on the left navigation bar
    b. Click on your center's capability matrix (e.g. 2012 Test - UAB)
    c. To update:
        i. 1st - Click "Data Form" icon (middle icon of 5 in lower right-hand corner) 
        ii. 2nd – Click in the box to the right of the category you want to update (e.g. # # staffed Adult Hem/Onc beds (Now)) and enter a number
        iii. 3rd – Use the yellow-green colored scroll bar on the far right to move through the entire capabilities report
        iv. 4th – Be sure to save your edits or cancel them
    d. Notes to remember when updating Capabilities Matrix
        i. "Save" icon is red when work needs to be saved
        ii. Any invalid data entered (e.g. a letter instead of a number) will self-delete
        iii. "Cancel" icon is yellow-green when cancel option available
        iv. Attempts to leave before saving – pop-up box appears with a warning and you won't be able to move on until you save
        v. All entries must be numerical except last column – Request Resource is an open text field
            1. Not all fields need to be completed
            2. Only fill in applicable fields to your center
4. Other important commands in HC Standard
    a. Update/change password
        i. Click on your center name at the bottom center part of screen
        ii. Edit User Profile pop-up box appears
            1. Click "Change Password"
                a. Enter old password
                b. Enter new password and confirm new password
            2. Click "Submit"
    b. Log-off HC Standard
        i. Click on "Logout" at the bottom center part of screen

Manual Capabilities Matrix
(with category descriptions)

*NOTE:
1. All categories must be numerical EXCEPT last one - Resource Requested.
2. Not all categories apply to each center type.
3. Email spreadsheet to: ritn@nmdp.org

Center Type	Category	Fill-In Data Here	What it's asking:
TC	# staffed Adult Hem/Onc beds (Now)		Total Number of staffed Adult Hematology/Oncology beds that can be made available at time of report submission
TC	# staffed Adult Hem/Onc beds (24)		Total number of staffed Adult Hematology/Oncology beds that could be made available 24 hours from time of report submission
TC	# staffed Adult Hem/Onc beds (72)		Total number of staffed Adult Hematology/Oncology beds that could be made available 72 hours from time of report submission
TC	# staffed Peds Hem/Onc beds (Now)		Total Number of staffed Pediatric Hematology/Oncology beds that can be made available at time of report submission
TC	# staffed Peds Hem/Onc beds (24)		Total number of staffed Pediatric Hematology/Oncology beds that could be made available 24 hours from time of report submission
TC	# staffed Peds Hem/Onc beds (72)		Total number of staffed Pediatric Hematology/Oncology beds that could be made available 72 hours from time of report submission
TC	# staffed Adult PACU-type beds (Now)		Total number of staffed Adult post-anesthesia care unit (PACU) type beds that can be made available at time of report submission. PACU beds refers to beds within the PACU, emergency dept. (ED), intensive care unit (ICU), or other sites that include facilities and staff capable of administering intensive care.
TC	# staffed Adult PACU-type beds (24)		Total number of staffed Adult post-anesthesia care unit (PACU) type beds that could be made available 24 hours from time of report submission. PACU beds refers to beds within the PACU, emergency dept. (ED), intensive care unit (ICU), or other sites that include facilities and staff capable of administering intensive care.
TC	# staffed Adult PACU-type beds (72)		Total number of staffed Adult post-anesthesia care unit (PACU) type beds that could be made available 72 hours from time of report submission. PACU beds refers to beds within the PACU, emergency dept. (ED), intensive care unit (ICU), or other sites that include facilities and staff capable of administering intensive care.
TC	# staffed Peds PACU-type beds (Now)		Total number of staffed Pediatric post-anesthesia care unit (PACU) type beds that can be made available at time of report submission. PACU beds refers to beds within the PACU, emergency dept. (ED), intensive care unit (ICU), or other sites that include facilities and staff capable of administering intensive care.
TC	# staffed Peds PACU-type beds (24)		Total number of staffed Pediatric post-anesthesia care unit (PACU) type beds that could be made available 24 hours from time of report submission. PACU beds refers to beds within the PACU, emergency dept. (ED), intensive care unit (ICU), or other sites that include facilities and staff capable of administering intensive care.
TC	# staffed Peds PACU-type beds (72)		Total number of staffed Pediatric post-anesthesia care unit (PACU) type beds that could be made available 72 hours from time of report submission. PACU beds refers to beds within the PACU, emergency dept. (ED), intensive care unit (ICU), or other sites that include facilities and staff capable of administering intensive care.
TC	# Filgrastim Doses Available		Number of filgrastim doses ≥300mcg available at time of report submission
CBB	# Dry shippers Available		Number of dryshippers that can be charged & ready for use in the next 24 hours
DC	# Medical Staff Available for Remote Donor Consult		Number of Medical Staff (MD, RN, etc.) available for remote donor consultation

APPENDIX E: ACRONYMS

Table 7: Acronyms

Acronym	Definition
AAR	After-Action Report
AAR/IP	After-Action Report/Improvement Plan
CE	Controller/Evaluator
COH	City of Hope National Medical Center
EEG	Exercise Evaluation Guide
EMS	Emergency Medical Services
EndEx	End of Exercise
EPT	Exercise Planning Team
ExPlan	Exercise Plan
FCC	Federal Communication Commission
FSE	Full Scale Exercise
FRS	Family Radio Service
HCC	Hospital Command Center
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
IP	Incident Plan
MHOAC	Medical and Health Operational Area Coordination
MSEL	Master Scenario Events List
NDMS	National Disaster Medical System
SEMS	Standardized Emergency Management System
StartEx	Start of Exercise

APPENDIX F: SCENARIO

Thursday, August 4, 2016

6:30 p.m.(MST) Denver, Colorado

Between 18,000 and 20,000 baseball fans are attending a game at Coors Field baseball stadium in Denver, Colorado. Spectators slowly file into the stadium, form lines at concession stands or gradually make their way to their seats in anticipation of the 7:30 p.m. game.

Suddenly, there is a massive explosion from beneath the stands. The force of the explosion collapses the north and east wings of the stadium stands. The noise of the explosion and settling debris is replaced by the screams of injured and panicked spectators. Around the blast zone, injured people lie in a daze; some attempt to move, others remain perfectly still.

Within minutes, arriving first responders notice that their personal electronic radiation dosimeters are alarming. The Incident Commander (IC) is informed that there is radiation in the area. All responding agencies are advised that there is radiation and that the perimeter will be moved and a mass decontamination area be established

7:10 p.m.(MST) Denver, Colorado

Area hospitals are alerted of the radiological incident and are polled for bed availability. They are also informed of the influx of emergency patients who are expected to overwhelm the region's emergency departments. Immediate reports from the scene indicate that there may be as many as 3,900 dead, 2,200 injured or incapacitated, and at least another 9,500 that have or may be exposed to significant amounts of radiation.
7:35 p.m.(MST) Denver, Colorado

Hospitals in the area receive follow-up information notifying them that Denver HAZMAT teams and the FBI has determined that the explosion was most likely caused by the detonation of a compact .01-.25 Kiloton thermonuclear device.

8:00 p.m.(MST) Denver, Colorado

The National Marrow Donor Program (NMDP) and the Radiation Injury Treatment Network (RITN) have been activated by Health and Human Services HHS- Office of the Assistant Secretary for Preparedness and Response (ASPR). They will be requesting that RITN centers nearby prepare to accept patients. All patients will be screened for radiation and externally decontaminated before being transported to City of Hope National Medical Center and other locations.

August 9, 2016

8:00 a.m.(PST) Duarte, California
RITN activates City of Hope National Medical Center and requests a Capabilities Report to be submitted with in 14hours[2].

10:00 a.m. (PST) Duarte, California

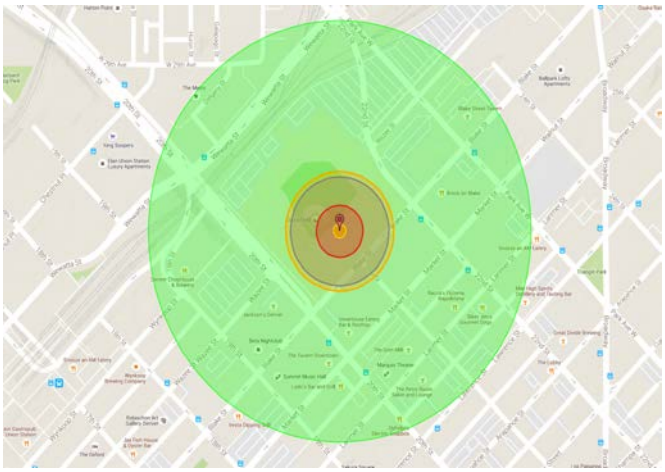
2 RITN Centers would be notified of an event via email within 2 hours of the event occurring. As an exercise artificiality COH will a receive request for a capabilities report on the first day of exercise play.

COH has agreed to accept 20 patients. Patients will require a blood transfusion and bone marrow transplant; some will be unaccompanied minors with traumatic injuries. Patients would be transferred to COH from Colorado through the NDMS.

August 11, 2016

8:00 am. (PST) Duarte, California
City of Hope National Medical Center receives notification that [insert number] patients with acute radiation exposure are on the way to area hospitals. They should arrive within 10 minutes. Many more are sure to follow…

Scenario References



Effects radii for 250 ton surface burst (smallest to largest):

Fireball radius: 50 m (0.01 km²)
Maximum size of the nuclear fireball; relevance to lived effects depends on height of detonation. If it touches the ground, the amount of radioactive fallout is significantly increased.

Air blast radius (20 psi): 140 m (0.06 km²)
At 20 psi overpressure, heavily built concrete buildings are severely damaged or demolished; fatalities approach 100%.

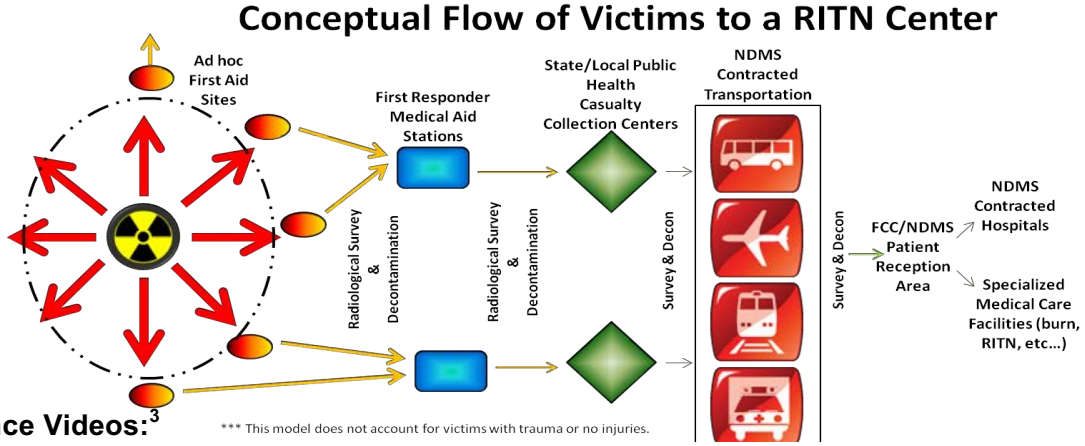
Air blast radius (5 psi): 290 m (0.26 km²)
At 5 psi overpressure, most residential buildings collapse, injuries are universal, fatalities are widespread.

Thermal radiation radius (3rd degree burns): 320 m (0.32 km²)
Third degree burns extend throughout the layers of skin, and are often painless because they destroy the pain nerves. They can cause severe scarring or disablement, and can require amputation. 100% probability for 3rd degree burns at this yield is 6.4 cal/cm².

Radiation radius (500 rem): 0.66 km (1.35 km²)
500 rem radiation dose; without medical treatment, there can be expected between 50% and 90% mortality from acute effects alone. Dying takes between several hours and several weeks.

Note: Rounding accounts for any inconsistencies in the above numbers. Also, yields under 1 kt are derived from a scaling of 1 kt yields, and are not as validated as those over 1 kt.

Source: http://nuclearsecrecy.com/nukemap/



Reference Videos:[3]
Nat Geo - Devastating Radiation -https://youtu.be/6_v3y9NQKos
Hiroshima Radiation Injuries- https://youtu.be/ebenWAmjcCY
Atomic Blast Injuries- https://youtu.be/PTAO5XjhrVo

3 The following videos may have proved insight into the possible effects of a radiological explosion and ensuing fallout, however the thermonuclear devise in the scenario above is of a significantly less magnitude.