



Emory University  
 Office of Critical Event Preparedness and Response  
 After Action Report: RITN Exercise – September 17, 2016

Observation	Recommendation	Corrective Action Description	Responsible Agency	Start Date	Completion Date
Ability to integrate the Air Force, Georgia Defense Force, medical personnel, and EMS system was remarkable. The exercise demonstrated that with little difficulty, all services could bring their particular expertise to bear in a complex medical environment.	Explore ability to practice mobilizing assets at the FCC with greater frequency	Activate the RITN Response Team	VA, Emory, Cobb/Douglas Public Health. RCH		
Just-in-time training (videos) should be available for all response teams.	Develop JIT videos to compliment those already available through the RITN website	Activate the RITN Response Team	Emory		
Hazard training or online RITN training should be made available prior to the exercise.	Staff will be directed to online training videos	Activate the RITN Response Team	Emory		
The safety officers spent time participating in the exercise itself. Clarification of safety officers' (not evaluator's safety officers) role since many were seen to be meddling with the triage's role. Some were seen directing litters within the triage areas.	Addressed by VA personnel	Activate the RITN Response Team	VA		



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Flow became smoother as the exercise progressed. Lessons were being learned and improvements were made on the fly.	N/A	Activate the RITN Response Team	VA, Emory, Cobb/Douglas Public Health. RCH		
Exercise Communication <ul style="list-style-type: none"> <li>Communication between triage team and other teams was much better the second run-through.</li> </ul>	Explore ability to practice mobilizing assets at the FCC with greater frequency	Activate the RITN Response Team	VA, Emory, Cobb/Douglas Public Health. RCH		
<u>RITN Team Preparation</u>  During RITN medical staff preparations to receiving patients for triage, the functional role of the medical branch leader was difficult to determine. The medical branch team leaders should not assign themselves a specific triage task, but should be running the triage process.	Develop job action sheets and leverage the use of Just In Time Training Videos	Coordinate communication and patient reception with the FCC partners	VA, Emory, Cobb/Douglas Public Health. RCH		



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There was no clear delineation for decision making. Initial team huddle needs to consist of quick introductions, identification of leadership roles, and distribution of job action sheets or concise briefing to team members.	Develop job action sheets and leverage the use of Just In Time Training Videos	Coordinate communication and patient reception with the FCC partners	VA, Emory, Cobb/Douglas Public Health. RCH		
By not designating specific team members to charge the three triage zones, each treatment zone became autonomous in their triaging actions, which led to transport issues later.	Develop job action sheets and leverage the use of Just In Time Training Videos	Coordinate communication and patient reception with the FCC partners	VA, Emory, Cobb/Douglas Public Health. RCH		
Lengthy deliberation of groups in regards to their triage criteria. There was debate about how to categorize each patient, although practitioners seemed to be operating from the same basic knowledge. Triage definitions should be settled well in advance of an incident and left to interpretation and practice with oversight to those performing the triage.	Develop job action sheets and leverage the use of Just In Time Training Videos	Coordinate communication and patient reception with the FCC partners	VA, Emory, Cobb/Douglas Public Health. RCH		



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<p><u>Veterans Affairs Medical Ctr.</u></p> <p>The process of doing 3 different triages was a bit difficult. Perhaps conducting only 2 triages instead of 3.</p>	<p>Develop job action sheets and leverage the use of Just In Time Training Videos</p>	<p>Coordinate communication and patient reception with the FCC partners</p>	<p>VA</p>		
<p>The designation of a floor coordinator is needed. Ideally, a person who is experienced in triaging and categorizing patients (e.g. charge nurse). The creation of this position could increase the fluency of the intake, triage, and transport processes. This person would watch and regulate the flow of patients through the system. This will help communication on the backend with EMS.</p>	<p>Develop job action sheets and leverage the use of Just In Time Training Videos</p>	<p>Coordinate communication and patient reception with the FCC partners</p>	<p>VA</p>		



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After Action Report: RITN Exercise – September 17, 2016

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VA staff needs to practice litter set up to increase familiarity and safety. The civilian's military partners had set up NATO litters and stretchers stands for use in the treatment areas, but the civilians were unfamiliar with how to use the equipment. This led to several moments of potential danger for the volunteers. A safety briefing on the use of the equipment should have been a part of both drill gameplay and operating procedures for a real event.	Develop job action sheets and leverage the use of Just In Time Training	Coordinate communication and patient reception with the FCC partners	VA		
More basic equipment is needed, such as pens for written triage tags.	Review equipment needs and add additional items as appropriate	Coordinate communication and patient reception with the FCC partners	VA		
Compatibility of moving patients with DOD equipment needs to be assessed.	Review equipment to ensure compatibility with DOD assets which are used during NDMS missions	Coordinate communication and patient reception with the FCC partners	VA		



Emory University  
Office of Critical Event Preparedness and Response  
After Action Report: RITN Exercise – September 17, 2016

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<p><u>Patient Tracking</u></p> <p>Tracking became an issue almost immediately.</p>	Evaluate how to leverage the use of the HCS tracking system, with focus on integration with JPATS	Coordinate communication and patient reception with the FCC partners	VA, Emory, Cobb/Douglas Public Health. RCH, ASPR		
<p>Triage stations tagged patients with color-coded wrist-bands to denote their triage priority, and the band's barcode were scanned using handheld trackers. No patient information such as name, age, and gender was entered into the handheld trackers. This made it impossible for the tracking officers to marry the manifest from the aircraft with the list generated from scanning the barcodes.</p>	Evaluate how to leverage the use of the HCS tracking system, with focus on integration with JPATS	Coordinate communication and patient reception with the FCC partners	VA, Emory, Cobb/Douglas Public Health. RCH, ASPR		
<p>The use of both wrist band and standard paper tag created potential errors. Some patients were observed having two different assessment levels and some were scanned twice.</p>	This may have been a result of moving two rounds of re-cycled volunteers, we will explore this process as able	Coordinate communication and patient reception with the FCC partners	VA, Emory, Cobb/Douglas Public Health. RCH, ASPR		



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 After Action Report: RITN Exercise – September 17, 2016

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Clarification on the destination of patient is needed (Emory Main, VA, ECCH).	RITN patients will move between In-patient at Emory and outpatient at the ECCH	Coordinate communication and patient reception with the FCC partners	VA, Emory, Cobb/Douglas Public Health. RCH, ASPR		
<p>JPATS was not utilized. GER was the chosen tracking system. Concern about a “local” system being utilized on a federal activation creating potential for errors.</p> <ul style="list-style-type: none"> <li>• Example: Patients coming from MO should already be identified and entered into JPATS well prior to reception in GA.</li> </ul>	Evaluate how to leverage the use of the HCS tracking system, with focus on integration with JPATS	Coordinate communication and patient reception with the FCC partners	VA, Emory, Cobb/Douglas Public Health. RCH, ASPR		



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 After Action Report: RITN Exercise – September 17, 2016

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<p><u>Patient Movement</u>            There was little to no communication between those who were performing transport of patients from the C-130 to the triage zone. While the Georgia Defense Force members were well disciplined and highly capable, the lack of communication plan between the transporters and the triage stations led to patients being dropped off unattended or unaccounted for across the treatment area.</p>	<p>Develop job action sheets and leverage the use of Just In Time Training</p>	<p>On-site incident command/unified command in patient reception area            DAFB</p>	<p>VA, Emory, Cobb/Douglas Public Health. RCH</p>		
<p>The different agencies were observed to have different lifting/carrying techniques of litters. One was asked to change their process part way through that exercise which led to a slow down on their part.</p>	<p>Develop job action sheets and leverage the use of Just In Time Training</p>	<p>On-site incident command/unified command in patient reception area            DAFB</p>	<p>VA, Emory, Cobb/Douglas Public Health. RCH</p>		





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 After Action Report: RITN Exercise – September 17, 2016

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<p><u>Aircraft Team</u>            More frequent training is needed with the aircraft team on base. Increased training will help to ensure comfort for team when using litters, since a learning curve was present during the first part of the exercise. Initially, teams of 2 were used to move litters from the aircraft to the triage areas; this should increase to 4-man teams to carry litters. Due to increasing to a 4-man team, more individuals should be available. Perhaps, another crew could be used to support and switch out during the off-loading process.</p>	<p>Develop job action sheets and leverage the use of Just In Time Training</p>	<p>On-site incident command/unified command in patient reception area            DAFB</p>	<p>VA, Emory, Cobb/Douglas Public Health. RCH</p>		
<p>Just-in-time training is necessary for future exercises. Training should review litter set up and safety. Higher litters were indicated to be of an issue for maneuvering</p>	<p>Develop job action sheets and leverage the use of Just In Time Training</p>	<p>On-site incident command/unified command in patient reception area            DAFB</p>	<p>VA, Emory, Cobb/Douglas Public Health. RCH</p>		



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 After Action Report: RITN Exercise – September 17, 2016

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Litter carriers were confused about which triage area to offload their patient. The identification of a main person to communicate between aircraft team and triage team is needed. This main person would need to direct incoming traffic from the aircraft team carrying litters to the receiving triage area.	Develop job action sheets and leverage the use of Just In Time Training	On-site incident command/unified command in patient reception area DAFB	VA, Emory, Cobb/Douglas Public Health. RCH		
<u>Patient Movement and Triage</u> There was little direction at triage stations, which led to litter teams crossing paths with each other, and triage stations being underutilized (lanes directly in path of aircraft performed the main share of triage, while other triage practitioners watched off to the sides). Clearly marked lanes to move patients to triage stations would have made a significant impact on the speed/accuracy of the triage process.	Develop job action sheets and leverage the use of Just In Time Training	Evaluate emergency medical and hematological triage and treatment process at DARB	VA, Emory,		



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 After Action Report: RITN Exercise – September 17, 2016

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Some stations were overly staffed, with two or three triaging doctors or nurses performing an exam on one patient.	Develop job action sheets and leverage the use of Just In Time Training	Evaluate emergency medical and hematological triage and treatment process at DARB	VA, Emory,		
<u>Patient Treatment</u> Process of evaluating and assessing patients was complicated and miscommunicated. Care teams with specified members should be created. Potential structure could be one physician, one nurse, and one scribe. This will help to reduce confusion, wandering, and misuse of medical personnel. Also, this will help with scribe management since scribes were not always available when patients arrived.	Develop job action sheets and leverage the use of Just In Time Training	Evaluate emergency medical and hematological triage and treatment process at DARB	VA, Emory,		



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<p>Treatment teams had a collection of highly experienced practitioners who, after making assessments, began treatment and stabilization of their patients. However, use of medical staff was not well regulated.</p> <p><b>Example:</b></p> <ul style="list-style-type: none"> <li>• When a “red”/critical patient arrived in the treatment area, all the practitioners assigned to the area started to attend to the first patient, leading to delay in the treatment of subsequent patients.</li> <li>• A patient was observed in the “red”/critical treatment area who went 15 minutes without being acknowledge by the staff.</li> </ul>	Develop job action sheets and leverage the use of Just In Time Training	Evaluate emergency medical and hematological triage and treatment process at DARB	VA, Emory,		
There was little balance between the treatment areas. When the “red” area was approaching being overrun with patients, the “yellow” area was largely unfilled with patients.	Develop job action sheets and leverage the use of Just In Time Training	Evaluate emergency medical and hematological triage and treatment process at DARB	VA, Emory,		



Emory University  
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 After Action Report: RITN Exercise – September 17, 2016

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<u>Triage Team</u> There was also confusion between receipt of patients from the aircraft team. (Refer to previous objective)	Develop job action sheets and leverage the use of Just In Time Training	Evaluate emergency medical and hematological triage and treatment process at DARB	VA, Emory,		
There was confusion about the triage and transport trade-off process. Reporting and receiving missions should clearly be communicated between the triage team and the transport team. The identification of a main person to communicate between the triage team and transport team is needed.	Develop job action sheets and leverage the use of Just In Time Training	Evaluate emergency medical and hematological triage and treatment process at DARB	VA, Emory,		
<u>Medical Reserve Corps</u> More manpower is needed	Evaluate needs to safely staff operations for the appropriate operating periods.	Evaluate emergency medical and hematological triage and treatment process at DARB	VA, Emory, Cobb/Douglas Public Health. RCH		
Transfer of information was a confusion and a bit difficult at times.	Develop job action sheets and leverage the use of Just In Time Training	Evaluate emergency medical and hematological triage and treatment process at DARB	VA, Emory,		



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 After Action Report: RITN Exercise – September 17, 2016

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<p><u>Fire/EMS</u>            Internal functions differed between the two participating agencies, Atlanta Fire Department and Gwinnett Fire Department. The difference was due to the physical structure of the MABS being different.</p>	<p>Agencies should evaluate the development of common protocols and schedule additional joint training</p>	<p>Use of Mobile Ambulance Buses (MABs) and shuttles for mass patient movement</p>	<p>AFRD,            Gwinnett Fire</p>		
<p>The incorporation of using signals (hands, words, etc.) should be looked into. Communication was poor or difficult to understand during the transport of the patients from triage area in stretchers to the litters on the MABS.</p>	<p>Agencies should evaluate the development of common protocols and schedule additional joint training</p>	<p>Use of Mobile Ambulance Buses (MABs) and shuttles for mass patient movement</p>	<p>AFRD,            Gwinnett Fire</p>		



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<p>Potential issues during transport needs to be taken into account. Potential issues are vomiting, internal contamination/emitting low levels of radiation, and patient deterioration. Process of managing these issues should be mapped out and acted out during the exercise.</p> <ul style="list-style-type: none"> <li>• Example: One patient (fake) vomited on the floor. No effort was made to call for clean-up. No visible clean-up equipment was available. Perhaps patients can indicate vomiting by dropping a piece of paper onto floor to help with realism in future exercises.</li> </ul>	<p>Agencies should evaluate the development of common protocols and schedule additional joint training</p>	<p>Use of Mobile Ambulance Buses (MABs) and shuttles for mass patient movement</p>	<p>AFRD, Gwinnett Fire</p>		



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<p>There was no effort to coordinate departure of patients from the treatment areas.</p> <ul style="list-style-type: none"> <li>• “Yellow”/delayed treatment area cleared itself of patients to transport several times before the “red”/critical area therefore the most critical patients were not transported from the scene first.</li> <li>• At some point, the decision was made to send “red” and “yellow” patients together based on receiving hospital instead of acuity. This quickly depleted the number of transports available for “red” patients.</li> <li>• The medical branch director, along with treatment captains from each area, should have run patient movement from the treatment area in conjunction with the transportation branch director.</li> </ul>	<p>Review EMS loading officer protocols and ensure that Job Action Sheets and Just In Time training are developed. That said, some of this is related to the artificiality of the exercise.</p>	<p>Use of Mobile Ambulance Buses (MABs) and shuttles for mass patient movement</p>	<p>VA, Emory, Cobb/Douglas Public Health.</p>		





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<p>Unsafe Practices</p> <ul style="list-style-type: none"> <li>• Tripping and potential collision hazards after EMS crews picked up patients and left behind aircraft litters. It took several minutes for someone to pick up and remove the unused litters.</li> <li>• Some crews picked up patients directly off of aircraft litter and loaded onto their stretcher and transported to ambulance. Others lowered stretcher to the ground, placed ambulance litter on ground, then lowered patient on aircraft litter to ground, transferred patient to ambulance litter, then loaded ambulance litter on stretcher, raised stretcher, and then transported to ambulance.</li> </ul>	<p>Review practices and consider assigning a Safety Officer to oversee this operation</p>	<p>Use of Mobile Ambulance Buses (MABs) and shuttles for mass patient movement</p>	<p>VA, Emory, Cobb/Douglas Public Health.</p>		