

Radiation Injury Treatment Network



Controller/Evaluator Briefing Radiation Functional Exercise

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This Meeting is Being Recorded

Agenda

- Situation Manual
- Exercise Slides
- Patient Profiles
- Exercise Evaluation Guides
- Sign in Sheet



Illinois Region 8 & 9 Healthcare Coalition (HCC) Functional Exercise

Purpose & Scope

- **Purpose:** address the functional elements of the receipt, triage, and care of radiation-injury casualties in accordance with existing RITN, Health Care Coalition, and individual hospital/agency plans.
- **Scope:** Elements include activation of command, notifications, patient triage, patient decontamination, pharmacy resources, and just-in-time training needs.
 - **Participants:** acute care hospitals, EMAs, and health departments

Objectives

Objective

1. Coordinate command and control functions within hospital command centers and with emergency management and local health departments. Hospitals will coordinate with local/county public health and emergency management as it relates to information sharing, situational awareness, and resource requests.
2. Identify staff, equipment, medications and supplies necessary to care for a surge of radiation-injury only as well as burn/blast casualties and combined radiation-blast injuries.
3. Identify resources for the activation of the medical decontamination of radiation injuries.
4. Triage radiation injuries (paper patient profiles) and make treatment determinations for inpatients and outpatients.
5. Coordinate housing, transportation, and other assistance needs for families of radiation-injury casualties that have arrived from distant locations.

Exercise Agenda

Time	Item
8:30 AM	Exercise Format, Rules, and Expectations
8:45 AM	Scenario
9:00 AM	Module 1: Resource Assessments and Requests
9:30 AM	Module 2: Patient Triage - Trauma and Burn Patients
10:30 AM	Module 3: Radiation-Only Patients/Outpatient and Family Needs
11:30 AM	Hot Wash
12:00 PM	Adjourn

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*Pre-Exercise: Initial Notifications/Just
In Time Training*

Initiating Event

- Earlier this morning, terrorists in Minneapolis, MN transport a van with a 10-kiloton improvised nuclear device assembled with highly enriched uranium.
- The van is parked in a highly populated neighborhood near numerous bars, restaurants, and entertainment venues.
- At 6:00 PM, the device is detonated.



IND Scenario



- The destruction within 1-2 miles of the IND blast is severe and dangerous fallout generates radiation exposure to people at least 25 miles from the blast.
- Much of the downtown Minneapolis infrastructure is severely damaged, including hospitals.
- Those hospitals that are still operational become quickly overwhelmed with blast, burn, and other trauma victims who are also exposed to high doses of radiation.
- The explosion and fallout is expected to result in thousands of casualties with marrow toxic injuries who will need to be treated at healthcare facilities across the country.
- Trauma victims can also be expected to arrive to hospitals outside of the area for care.
- State EOC is activated and reaches out to adjacent states and jurisdictions for mutual aid. Due to proximity the Region 8 and 9 Health Care Coalitions are notified of possible activation for response to receive casualties.

Pre-Exercise Tasks

Hospitals

- Develop and disseminate internal messaging to staff about radiation and risk
- Determine any just-in-time training needs
 - Content, to what staff, and staffing resources to provide the training

RHCC:

- Initiate and conduct notifications to the HCC regarding the incident.

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Module 1: Resource Assessments and Requests

Inject – Resource Shortages

G-CSF Shortage/Need

- Due to the tens of thousands of radiation-injury casualties generated from this event, there are nationwide shortages of G-CSF. Distributors across the country have shipped all supply to the impacted metro area to support the medical needs in close proximity to the blast. It is unknown how many patients your region/individual hospital will receive, but there will be a need to acquire additional G-CSF in the event the need arises.

Blood Shortage

- Injured patients from the blast city are being evacuated to hospitals around the country. There is a significant demand for blood resources due to the sheer number of casualties.



Module 1 Tasks

All Hospitals

- Assess resources for a potential influx of blast/burn victims (blood, medications, burn supplies, etc.)
 - Hospitals submit resource requests for anticipated supply needs
 - Local health department or EMA adjudicates (i.e., fills/denies) requests
- Assess resources of G-CSF, antifungals, blood and other supplies for radiation injury patients
- Assess radiation monitoring capabilities. Identify equipment and staff to operate. Deploy equipment as necessary.
- Assess decon capabilities. Setup in preparation for patients

EMAs, RHCC and Health Departments

- Receive and adjudicate resource requests
- Provide guidance to hospitals on treatment and management of radiation injuries

RHCC

- Identify bed availability across the region and report as necessary to support patient distribution decisions

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Module 2: Patient Triage, Decontamination, and Treatment

Inject: Trauma Patients Arrive

- Evacuated patients have arrived at your hospital by ambulance. There are also several patients that have self-transported from Minneapolis to your ED. ***The patients have had significant radiation exposure as well as their primary injury(s).***

Use Patient Profiles

(9 trauma + radiation exposure profiles)

Assumption: patients were exposed to radiation, details may or may not be available as to whether they were screened and decontaminated prior to transport

Module 2 Tasks

Hospitals

- Identify an area to safely receive and triage patients with radiation injuries
 - Call down staff, identify resources to man this staging area
- Setup and activate patient decontamination as necessary
- Utilize patient profiles. For each patient consider the following:
 - Triage category, treatment needs, unit assigned
- NDMS Hospitals ONLY: How will your hospital track these NDMS patients? How will you track for reimbursements?

RHCC

- Review the patient list. Coordinate placement of the trauma patients within your region (each RHCC use the same manifest and identify where 50 patients should be distributed)
 - *Communicate information regarding distribution as appropriate*

Health Departments and EMAs

- Identify decontamination support that can be provided to hospitals.
- Can Radiological Emergency Program equipment be deployed to support this response?
- Communicate to hospitals how this support will be provided

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Module 3: Radiation-Only Patients/Outpatient and Family Needs

Inject: Radiation Injury Patients Arrive



- Evacuated patients with radiation-only injuries begin to arrive at your hospital. None of these patients have trauma injuries – only radiation exposure with some experiencing the effects of acute radiation syndrome (ARS).



Inject: Families Arriving

- Families are arriving to be with their loved ones who were evacuated from the blast city. Your hospital switchboard has already received dozens of calls looking for their loved ones and have indicated that they will be traveling to your jurisdiction to stay with them while they receive care. Many are also showing up spontaneously at the ED and Main Entrance.
- In addition, there have been several “Worried Well” arriving at the ED and calling 911 and other public assistance lines. Some are concerned that there may be radiation fallout in the area. Others work at hotels and other healthcare organizations and have expressed concern that they may be exposed to radiation.



Inject: Patients Arrive

- Ambulances have arrived and dropped off evacuated patients at your hospital (all with radiation exposure).

Use Radiation Injury Patient Profiles

- Use at least 5 patient profiles

Module 3 Tasks

Hospitals

- Triage and determine inpatient vs. outpatient considerations (utilize the radiation injury patient profiles)
 - Identify beds for inpatients and staffing needs for each admitted patient
 - Provide instructions for follow-up on each outpatient
 - Identify and coordinate with outpatient clinics where blood draws and other services can be provided for outpatients
- Determine level of care for each patient triaged. Address the following for each:
 - Tests ordered
 - Medications prescribed/administered
 - Additional consultations/treatment for comorbidities
- Coordinate lab testing and initial evaluation process
 - Identify resources necessary for large volumes of CBC and other lab testing needs
 - Contact other laboratory sources that can support HLA and transplant typing
- Implement procedures to consult with SMEs for radiation-injury care

Module 3 Tasks

Health Departments and EMAs

- Identify and communicate to your hospitals support that can be provided for the following:
 - Housing of outpatients and their families
 - Transportation for outpatients
 - Other mass care services that can be provided for outpatients
 - Support that can be provided for family reunification in this scenario
 - What facilities and staff can be utilized for family assistance and reunification support?

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Hot Wash

Use the next 30 minutes to identify strengths and gaps within your exercise group. Ensure notes are captured in the EEG.