

2025

RITN Tabletop Exercise (TTX) After-Action Report/Improvement Plan

Exercise Date: August 5, 2025
Report Date: September 3, 2025



EXERCISE OVERVIEW

Exercise Name	2025 RITN Tabletop Exercise (TTX)
Exercise Date	August 5, 2025
Scope	The exercise was a distance-based tabletop exercise scheduled for 2 hours. Exercise play was limited to RITN facilities to examine the response by RITN hospitals to accommodate patient surge and care to include activating family reunification centers, identifying mental health resources, and coordinating with local, state, and federal public health agencies to track and report patient conditions.
Mission Area(s)	Response
Capabilities	Medical Surge Healthcare and Medical Response Coordination Community Resilience Information Sharing
Objective	<p>Objective 1: Participants will describe the procedures for activating a family reunification center, including identifying staff, location, required resources, and the timing for activation. They will also identify potential challenges to activation and propose solutions.</p> <p>Objective 2: Participants will explain the integration of hospital-level family reunification processes with county and regional efforts, including coordination with healthcare coalitions and local public health agencies, and outline any necessary support from these partners.</p> <p>Objective 3: Participants will describe the mental health resources and educational support services to be activated in response to a radiological emergency, including how to address the psychological impact on healthcare workers, patients, families, and vulnerable populations, while ensuring accurate public messaging and coordination with external agencies.</p> <p>Objective 4: Participants will outline how the hospital coordinates with local, state, and federal public health agencies to track and report patient conditions, manage long-term health effects of radiation exposure, and share data for population health monitoring during a radiological event.</p>
Hazard	Radiological
Scenario	Medical surge from a distant radiological incident
Sponsor	Radiation Injury Treatment Network® (RITN) Office of Naval Research (ONR)
Participating Organization	Children’s Hospital of Alabama (AL) Children’s Hospital of Los Angeles (CA)



- Karmanos Cancer Center (MI)
- LDS Hospital (UT)
- Mayo Clinic Rochester (MN)
- Nebraska Medicine (NE)
- NYU Langone Medical Center (NY)
- Primary Children’s Medical Center (UT)
- Strong Memorial Hospital/University of Rochester (NY)
- UC Davis (CA)
- University of Minnesota BMT Program (MN)
- University of Virginia Health System (VA)
- Wake Forest University Baptist Medical Center (NC)

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EXERCISE SUMMARY

On August 5, 2025, 13 Radiation Injury Treatment Network (RITN) centers participated in an online tabletop exercise (TTX) to determine their hospitals' capacities for activation of family reunification and mental health support to healthcare workers, patients, families, and vulnerable populations following a mass casualty radiological event. A facilitated series of exercise tasks were provided to participants for their consideration, response, and group discussion organized by the exercise scenario summary below.

Note that only 12 of the 13 participating organizations submitted written responses to the RITN survey and therefore, the data used in this report is limited to those 12 responses. Anecdotal information regarding all 13 facilities may be used but this information was gathered during the exercise and was not submitted in writing.

Scenario Summary: The following points illustrate the scenario events considered for participant discussion:

Exercise Scenario:

- A 10 kiloton Improvised Nuclear Device (IND) was detonated in a major metropolitan area.
- Infrastructure and hospitals are severely damaged in the area surrounding the blast (at least 25-mile radius).
- The blast occurred at least 500 miles from your hospital and there is no concern of fallout affecting your location.
- RITN Control Cell staff begin to monitor the situation and start sending out daily Situation Reports (SitReps).
- The nuclear explosion and fallout is expected to result in thousands of casualties with marrow toxic injuries who will need to be transported to other healthcare facilities across the country.
 - Those with mild to moderate trauma and those seeking evaluation for radiation exposure will self-evacuate to other metro areas.
 - Other patients experiencing radiation exposure will be evacuated in the coming days through the National Disaster Medical System (NDMS).

ANALYSIS OF CAPABILITIES

Module 1: Family Reunification

During Module 1, twelve organizations reported that they maintain current family reunification procedures. Most respondents reported having designated areas and identified staff roles for reunification; however, over half noted that these plans had not been recently exercised or shared broadly outside of emergency management teams. Several facilities cited limited staffing capacity for sustained reunification operations, minimal awareness among clinical staff, and challenges accommodating language needs or spontaneous arrivals. Responses indicated that reunification protocols are often siloed and require broader institutional buy-in and routine training to ensure operational readiness.

Participants described varying degrees of integration between their hospital-level reunification efforts and broader county or regional systems. While a few organizations maintain close collaboration with local public health agencies and healthcare coalitions, many do not have formalized agreements or clear expectations for external partner support during reunification operations. Only four of 12 respondents indicated that their plans specify the roles of external agencies such as emergency operations centers (EOC) or the American Red Cross (ARC). Several participants expressed a need for tools, templates, and more consistent engagement with community response partners to enhance coordinated family reunification efforts.

In addressing mental health support and public messaging, participants highlighted the importance of trauma-informed communication strategies and psychological services for both patients and healthcare staff. Less than half of the respondents had identified internal resources for addressing staff mental health during radiological emergencies, and only three of 12 facilities reported having formal plans to address responder fatigue or secondary trauma. Many emphasized the need for stronger alignment between hospital communications staff and external agencies to reduce misinformation. A recurring theme was the importance of training frontline staff to manage emotionally distressed family members while maintaining message consistency across platforms.

Strengths

The following strengths were demonstrated:

Strength 1: Ten (10) out of 12 responding organizations reported having a designated location and pre-identified staff roles to support family reunification operations, indicating widespread foundational planning across the participating hospitals.

Strength 2: Eight (8) of 12 organizations acknowledged the importance of integrating hospital-level reunification procedures with local, regional, or federal partners, demonstrating a shared understanding of the need for multi-agency coordination during a mass casualty incident (MCI).

Strength 3: Although formal plans were limited, seven of 12 participants identified staff mental health support as a priority, reflecting a growing awareness of the importance of psychological resilience and trauma-informed practices in healthcare settings.

Areas for Improvement

The following areas require improvement:

Area for Improvement 1: While most facilities had reunification plans in place, over 50% reported that these procedures were not widely known outside of emergency management staff. To address this, facilities should develop and implement recurring, role-specific training sessions and internal exercises to ensure that all relevant staff are familiar with reunification protocols and understand their operational responsibilities.

Area for Improvement 2: Only four of 12 organizations reported having clearly defined roles for external partners—such as the ARC or local EOCs—within their reunification plans. Facilities should strengthen these partnerships by establishing written agreements, maintaining up-to-date contact rosters, and participating in joint planning and training opportunities with key external stakeholders.

Area for Improvement 3: Three (3) of 12 responding organizations reported having formal plans to support staff mental health and manage responder fatigue during radiological emergencies. Without dedicated infrastructure, healthcare workers may be at increased risk for burnout or secondary trauma. To mitigate this, hospitals should establish internal mental health response teams or pre-identify external resources and embed staff wellness strategies into their emergency operations plans to ensure psychological support is available during crisis response.

Module 2: Mental Health Support Considerations

Nearly all participants acknowledged significant concern among hospital staff and the public about potential radiation exposure from patients arriving from the impacted zone. Ten (10) of 12 responding facilities expected to receive questions or apprehension from staff regarding radiation risks, and nine facilities reported an anticipated influx of patients or visitors expressing fear or seeking screening. Participants highlighted the challenge of balancing compassionate care with safety and operational continuity, particularly as fear-driven behaviors spread among both employees and the public.

In terms of mental health support, 11 of 12 respondents agreed that their internal Employee Assistance Programs (EAP) would be insufficient to meet the surge in psychological needs following such an event. Only four organizations reported having pre-established Critical Incident Stress Management (CISM) teams or similar resources in place. The remaining facilities noted they would require external support from public health agencies, regional mental health networks, or the ARC to fill this gap. Several respondents expressed a need for better planning around responder mental health, peer support models, and strategies to manage trauma among displaced patients, worried family members, and healthcare personnel alike.

Participants also emphasized the importance of public health surveillance and coordination with external partners in response to the radiological incident. Eight (8) of 12 organizations reported mechanisms for communicating syndromic surveillance data or radiation-related health concerns to local or state public health authorities, while others indicated they were uncertain about their facility's reporting pathways or expectations in such an event. A recurring recommendation was the need for clearer surveillance protocols, defined data-sharing channels, and better alignment with local health departments. Respondents also identified the need for coordinated risk communication to combat misinformation and guide community-level mental health resources in the wake of widespread public distress.

Strengths

The following strengths were demonstrated:

Strength 1: Nine (9) of 12 participating organizations reported that they anticipate an influx of patients or community members exhibiting fear-driven behaviors, such as seeking unnecessary screening or expressing panic over potential exposure. This early recognition of public psychological response indicates strong situational awareness and reinforces the need for healthcare facilities to integrate behavioral risk monitoring into their emergency response posture.

Strength 2: Eleven (11) of 12 facilities recognized that their existing EAPs would be overwhelmed in a radiological disaster, indicating a strong understanding of the scale of mental health impacts and the need to scale support services beyond baseline capabilities.

Strength 3: Eight (8) of 12 responding hospitals reported having mechanisms in place to communicate syndromic surveillance or radiation-related health data to local or state public health agencies, highlighting a solid foundation for data sharing and situational awareness during complex emergencies.

Areas for Improvement

The following areas require improvement:

Area for Improvement 1: Despite widespread acknowledgment of the psychological toll, only four of 12 organizations had pre-established CISM teams or equivalent surge mental health resources. To address this, hospitals should identify and train internal multidisciplinary teams capable of providing psychological first aid and stress debriefing, while also formalizing partnerships with external behavioral health providers to ensure immediate activation capability during radiological or high-trauma incidents.

Area for Improvement 2: Although eight of 12 organizations reported having mechanisms to share syndromic or radiation-related health data with public health authorities, several noted uncertainty around activation triggers, data elements to be reported, and roles during a radiological event. This variability suggests a gap between existing surveillance infrastructure and practical, real-time execution during emergencies. To address this, hospitals should collaborate with local and state public health agencies to develop clear, event-specific surveillance protocols, including defined reporting thresholds, contact procedures, and expectations for follow-up. These protocols should be integrated into emergency operations plans and reinforced through regular drills and just-in-time staff training.

Area for Improvement 3: Multiple respondents noted that public and staff fears about radiation were exacerbated by misinformation, yet few had formal risk communication protocols in place. To strengthen this area, hospitals should develop pre-scripted, scenario-specific messaging templates and establish joint information-sharing agreements with local emergency management and public health communications teams to ensure consistency, speed, and credibility in public-facing updates during radiological emergencies. A resource to assist with message templates is: [Improvised Nuclear Device Response and Recovery: Communicating in the Immediate Aftermath](#) (FEMA, June 2013)

APPENDIX A: IMPROVEMENT PLAN

This improvement plan template has been developed specifically for the RITN centers participating in the 2025 RITN Tabletop Exercise conducted on August 5, 2025. RITN centers can utilize this table to organize the opportunities for improvement to augment and develop their own corrective actions. The improvement plan is intended to strengthen the response of RITN hospital core capabilities identified in this report.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
		[Corrective Action 2]					
		[Corrective Action 3]					
	2. [Area for Improvement]	[Corrective Action 1]					
		[Corrective Action 2]					

¹ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

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APPENDIX C: PARTICIPANT FEEDBACK

RITN Centers were asked to provide feedback via an online questionnaire following the exercise. The comments below are organized by observed strengths, challenges, and recommendations for future exercises.

Participating hospitals in the August 5, 2025, exercise were asked to rank the usefulness of the tabletop exercise; **50% rated it as “Very Useful”, 33% rated it as “Somewhat Useful”, 9% rated it as “Neutral”, and 8% rated it as “Not Very Useful.”**

Strengths

- *We have had opportunities to practice deploying mental health resources recently and have clearly defined these processes.*
- *We have strong relationships with healthcare organizations throughout the region and would be able to leverage these relationships for support and to offer support to others.*
- *Large team of stakeholders ready to deploy during an event.*
- *Our Communications Team is very strong and well versed in public messaging as proven by the recent pandemic. This team is going to be critical in providing direction and information during a RITN event.*
- *Intermountain as a whole has a very robust emergency response program. Although RITN is not something we've exercised in recent history, there are major exercises that occur throughout the year that exercise setting up and operating the EOC and emergency management.*
- *We have a recently tested FICC plan in place (recently used during an incident at our Brooklyn hospital.*
- *Covid-19 required NYULH to increase resources for staff mental health, and would utilize those as needed in this type of event*
- *We are part of an enterprise of hospital's which would help us with patient triage. We could divert traffic from our center to other hospital's within the state, making space for NDMS patients. As part of an academic medical center, we also have a robust team of doctors (including veterinary medicine) that are highly specialized.*

- *Our Incident Command center is organized and well positioned in the state to activate help from outside resources should we need them.*
- *Engagement of many different departments in our MCI planning efforts would allow us to plan for RITN type events very seamlessly.*
- *Our FSC and reunification has been tested recently, and our previous AAR and improvement item findings have been implemented, and we were able to share those new items at today's TTX.*
- *We are very fortunate to have a health physics department as a resource. Many hospitals do not and it would assist greatly in our response.*
- *We are a relatively large organization with a good size social services department. Our social services department has established relationships with other social service departments in the community and could pull resources from the University of California hospital network if needed.*
- *We have a well organized plan with many systems in place to support the public, by the state of Minnesota for supporting the hospital.*

Challenges

- *There is uncertainty surrounding how we would interface with state and national agencies, as well as their expectations during an event such as this.*
- *There is also uncertainty surrounding how we would interface with certain community partners, including the Red Cross.*
- *We do not have a system or coordinator for family reunification. This is a gap that was thankfully identified through this TTX and we are already addressing it for our next SOP.*
- *We have focused on bed space, providers and nursing for a RITN activation. We have not considered things like parking, traffic, media, security, etc. We are a small campus with limited geographical space and essentially in a neighborhood, so these issues will need to be looked at more carefully for our next SOP.*
- *We believe that there would be misinformation about radiation safety and fear from staff - in discussions there is an identified need to engage radiation safety officer and nursing education to develop JIT resources and handouts in various languages.*
- *As mentioned in previous answers, staffing would quickly become an issue.*

- *Challenge of potentially needing two FSC/reunification centers due to the children's hospital and the transplant/hematology hospital and clinic spaces being in different locations. Will work with HICS to address processes to evaluate the best way to respond to a surge. We would not consider this an MCI activation due to the location of the incident.*
- *Our hospital is not familiar with the county radiological emergency response plan, points of contact, or anything beyond that the county has one. This is a large gap that was identified today.*
- *We are an academic health center in the middle of a metro area so we are hard to reach logistically.*
- *Keeping patient information private.*
- *Managing the message for the walking well.*
- *We need to establish a way to track patients who self-report..*

Future Exercises

- *We'd like the opportunity for additional clarification on certain points during future RITN exercises. We were told that there was not a representative from RITN participating in this exercise, so we weren't able to have some questions answered.*
- *Billing comes up with our hospital team members and the financial implication. Confidentiality - as we have a paperless system -and if down time occurs, how to access this data.*
- *This TTX was a wakeup call for us on things we hadn't incorporated into our plan, I would definitely address family reunification, mental health and public messaging in a future exercise.*
- *Another element is the FCC piece. One we are notified, what information will we have on patients before they arrive? How will they get from the airhead to the hospital? Will family members come with them? How will we (or who) will care for the family?*
- *I think a clearer integration of how we would be expected to partner with local and governmental agencies would be beneficial.*

- *During the answer portion of the exercise - hospitals should be assigned 2-4 questions to answer each and then open it up to discussion rather than having half and half of participants go through all questions in each module to reduce repetition.*
- *There were too many questions to get through in the short time. We had excellent representation from many of our internal and external colleagues - but we weren't able to adequately discuss the questions. Decreasing the number of questions would allow for more in-depth discussion. All centers were not able to report out (4 from Module 2). It is helpful to hear what other centers are doing.*
- *When we are in the individual breakout rooms it would be ideal for us to be able to share our screens with our center's participants. At the very least, it would be good to have the overall questions on the screen for the attendees to see. While I did send everyone the SitMan ahead of the exercise - many didn't have it available during the questions.*
- *Surge: one area not generally mentioned are ancillary services such as food prep, parking, etc. I think every center would struggle to provide for a mass influx of patients/families. It might be interesting to hear other centers describe resources available.*
- *Locations of FSC - as stated above we need to address the two site locations that would be affected. Staffing needs, reunification and pediatric safe area staffing is limited and needs to be revisited. Engagement of Hematology department in planning and operations team for RITN. Mayo Clinic BMT and Hemo are split and need better coordination for an RITN event with transplant and inpatient needs.*
- *Communications exercise that tests how communication would get from RITN, NDMP and participating hospitals.*

APPENDIX D: ACRONYMS

Acronym	Term
AAR	After Action Report
ARC	American Red Cross
CISM	Critical Incident Stress Management
EAP	Employee Assistance Program
EOC	Emergency Operations Center
IND	Improvised Nuclear Device
MCI	Mass Casualty Incident
NMDS	National Disaster Medical System
ONR	Office of Naval Research
RITN	Radiation Injury Treatment Network
SitReps	Situation Reports
TTX	Tabletop Exercise