



-Fortuna Favet Paratis-

est. 2006

2025 Annual Tabletop Exercise (TTX)

Date: July 15, 2025

Exercise Purpose and Scope

- The purpose of this tabletop exercise (TTX) is to examine the capabilities of RITN hospitals as it pertains to family reunification, public health surveillance, responder and community mental health support, and public messaging will also be explored.
- The scope of this exercise is at the level of the individual RITN hospital but encourages expertise from other disciplines (e.g., emergency management, public health) if desired. Two modules will be covered in the 2 hour online exercise.

Exercise Objectives

1. **[Medical Surge]** 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.
2. **[Healthcare and Medical Response Coordination]** 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.
3. **[Community Resilience]** 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.
4. **[Information Sharing]** 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 the population health monitoring during a radiological event.

Exercise Structure

- This is a facilitated exercise. Players will participate in the following 2 modules to identify any critical issues, decisions, requirements, or key questions.
 - Module 1: Family Reunification
 - Module 2: Mental Health Support Considerations
- **Online Exercise Session:**
 - Two modules with scenario updates and question sets will be presented to the full group.
 - Breakout groups by hospital will be convened for each module to respond to the questions posed.
 - Full group will come back together and select hospitals will be called upon to report out on their responses.
 - Others are expected to comment/ask questions of those reporting out.
 - There are 2 modules in this exercise; **total exercise time is 2 hours.**

Exercise Agenda (2 hours)

Time	Item
10 min	Introductions, Overview, Instructions
50 min	Module 1: Family Reunification
50 min	Module 2: Mental Health Support Considerations
10 min	Hot Wash & Adjourn

Each module will consist of 35 min to discuss and respond to question set plus 15 min for hospital out briefs

Administrative Instructions

- ***Work internally as a team to address all questions; be prepared to brief back the larger group***
- Ensure all participant information is captured on the sign-in sheet
 - Send to Nicole@themiergroup.com
- Complete the annual RITN exercise survey found at:
<https://www.surveymonkey.com/r/RITN2024TTX>
 - Only one submission/per hospital
- Handouts section
 - Blank sign-in sheet
 - Situation Manual

Exercise Scenario

Exercise Scenario: Initiating Event

- 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; your population has not sustained exposure and there is no infrastructure damage or risk of fallout at your location.
- 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.
- RITN Control Cell staff begin to monitor the situation and start sending out daily Situation Reports (SitReps).



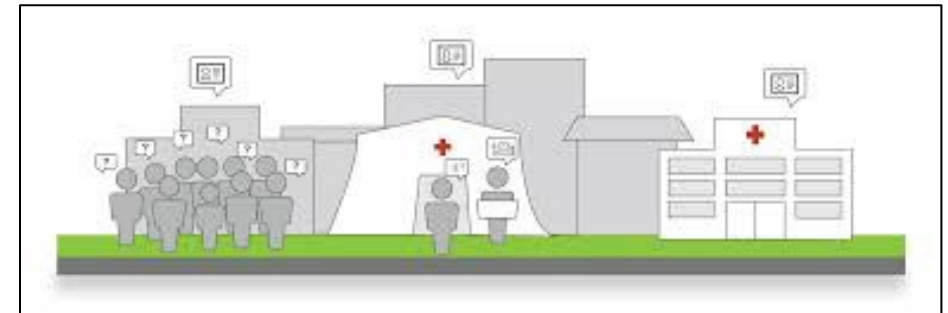
Module 1

35 minutes

Exercise Scenario: Update

DAY 6 Family Reunification Efforts Must Initiate

- You have received self-transported patients from the area near the blast over the past couple of days. These patients are not part of the federal (NDMS) tracking system.
- Due to the catastrophic disaster and subsequent patient movement for care, numerous calls and visitors are coming to your hospital seeking loved ones.
- Federal plans for tracking NDMS patients have been activated through the NDMS/VA/FCC structure and in coordination with ASPR.
- Your hospital needs to address the arriving family members.



Module 1: Polls

P1. Does your hospital have a family reunification plan that have been recently drilled?

- a. Yes
- b. No

P2. What do you anticipate being the biggest challenge to successfully performing family reunification at the hospital level?

- a. Staff
- b. Physical resources and space
- c. Coordination with the Healthcare Coalition or other external agency(s)
- d. Identify verification and security (physical and privacy)
- e. Patient tracking
- f. Public messaging
- g. Other

Module 1: Questions (question numbers map to Survey Monkey and Situation Manual)

5. Describe your procedures for activating a family reunification center (i.e., staff, location, resources, timing).
6. What do you anticipate as the biggest challenge(s) to activating a family reunification center?
7. Who is designated as the family reunification coordinator? What are the key roles/responsibilities?
8. How does the hospital level reunification process integrate with county/regional efforts?
9. Would your hospital be requesting support from your Healthcare Coalition to support reunification efforts?
10. If yes, what support do you anticipate needing from the coalition?
11. Are there processes in place to locate patients who have been transferred? (i.e., the person is not at your hospital but may have sought care at another RITN partner)
12. What processes do you use to track the self-transport patients and verify identification of arriving family members (to include for minor patients under your care)?
13. If family members arrive to your hospital in search of an NDMS patient within your care, how do you coordinate with the federal system?
14. What educational resources and mental health support services would be activated for a radiological emergency?
15. What legal/ethical issues must be considered during family reunification (e.g., minors, incapacitated adults, family/patient privacy)? Who is engaged to address the issues?
16. Who do you coordinate with to issue public messaging of the reunification effort? What platforms are utilized?

Module 2

35 minutes

Exercise Scenario: Update

DAY 7

- The reality of the unprecedented attack on U.S. soil and ongoing fear of further attacks is setting in.
- The public and your hospital staff have concerns about radiation and possible risks posed by those arriving for screening and care.
- Mental health concerns are high across patients, staff, and the public.
 - Your hospital Employee Assistance Program (EAP) cannot handle the case load; it is necessary to evaluate your hospital's ability to provide Critical Incident Stress Management (CISM) or similar care.
- It is necessary for the hospital and external partners to coordinate for public health surveillance and mental health support following the radiological incident.



Module 2: Polls

P3. How are mental health/crisis intervention services communicated to staff during a disaster response (select all that apply)?

- a. Internal website
- b. Team huddles
- c. Email or other push notification
- d. Direct unit outreach by mental health professional (psychologist, therapist, social worker)
- e. Other

P4. How would you describe internal hospital resources to respond to a surge of patients experiencing psychological trauma:

- a. Sufficient
- b. Adequate but would be quickly overwhelmed
- c. Inadequate

P5. Does your hospital have a role in public health surveillance efforts for radiation exposure?

- a. Yes
- b. No

Module 2: Questions (question numbers map to Survey Monkey and Situation Manual)

Public Health Surveillance

17. How does your hospital currently coordinate with local public health agencies to track and report patient conditions, including radiation exposure levels? Can this process be improved/streamlined (how)?
18. What procedures are in place to conduct public health surveillance on the long-term health effects of radiation exposure among your patients and displaced people into the community?
19. How does your hospital work with local and federal public health agencies to share data and monitor population health over time?

Mental Health and Psychological Crisis Care

20. How can you maximize in house assets to provide large-scale mental health support for healthcare workers, patients, and families during a prolonged radiological event?
 21. What must be considered as it pertains to vulnerable populations (e.g., children)?
22. What specific mental and behavioral health resources (e.g., counseling, crisis intervention) will your hospital need from local, state, NGO agencies in this scenario?
23. How will your hospital work with local public health authorities to address the psychological impact on the public, to include the “worried well” (people not injured but believe they might be)?
 24. How are local/state agency mental health resources requested and integrated into operations?
25. How does your hospital coordinate public messaging about mental health and emotional well-being with local and federal partners (consider consistency and avoidance of misinformation)?

Hot Wash & Adjourn

Reminders:

- Submit the sign-in sheet to Nicole@themiergroup.com
- Complete the annual RITN exercise survey found at:
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Thanks for your Participation!

Estimated Casualties

Estimated Casualties ¹			
Trauma (ISS)			
Mild (1-9)	Moderate (10-14)	Severe (>15)	
79,000	121,000	143,000	
Radiation Only			
Mild (.75 – 1.5 Gy)	Moderate (1.5 – 5.3 Gy)	Severe (5.3 – 8.3 Gy)	Expectant (>8.3 Gy)
91,000	51,000	12,000	47,000
RITN patients			