

**2025**

**RITN Tabletop Exercise (TTX)  
Situation Manual (SitMan)**



## PREFACE

There are two options for how your organization completes the RITN Tabletop Exercise in 2025; the first is to participate in a web-based exercise facilitated by the Mier Group and the RITN Control Cell. The second option is to conduct the exercise independently, as you have in the past. We encourage you to participate in the web-based exercise, if convenient. If you plan to participate in the web-based exercise, please register for one of the six sessions through this link by June 23, 2025 [Registration - 2025 RITN Online Tabletop Exercise](#). If you plan to coordinate the exercise yourself, please use these materials to coordinate and conduct your exercise and then submit the answers to the questions in this packet.

If participating in one of the web-based TTXs **answers must be submitted within 3 days** from the exercise to receive credit. For centers conducting the exercise on their own, answers must be submitted by **August 29, 2025**. Only one person should submit answers for each RITN center. The web link for answer submission is:

<https://www.surveymonkey.com/r/RITN2024TTX>

## EXERCISE PARTICIPANTS

This exercise should be completed with a group of appropriate staff members. To determine exercises participants the **RITN Coordinator should work with hospital emergency management staff to review the exercise materials** and identify what departments/organizations would be required.

## EXERCISE OVERVIEW

<b>Exercise Name</b>	2025 RITN Tabletop Exercise (TTX)			
<b>Web Based Exercise Dates</b> --- <b>Registration Required</b>		<b>Eastern Time</b>	<b>Central Time</b>	<b>Pacific Time</b>
	June 26, 2025	Start: 11:00AM End: 1:00PM	Start: 10:00AM End: 12:00PM	Start: 8:00AM End: 10:00AM
	July 9, 2025	Start: 3:00PM End: 5:00PM	Start: 2:00PM End: 4:00PM	Start: 12:00PM End: 2:00PM
	July 15, 2025	Start: 2:00PM End: 4:00PM	Start: 1:00PM End: 3:00PM	Start: 11:00AM End: 1:00PM
	July 24, 2025	Start: 11:00AM End: 1:00PM	Start: 10:00AM End: 12:00PM	Start: 8:00AM End: 10:00AM
	August 5, 2025	Start: 2:00PM End: 4:00PM	Start: 1:00PM End: 3:00PM	Start: 11:00AM End: 1:00PM
	August 13, 2025	Start: 3:00PM End: 5:00PM	Start: 2:00PM End: 4:00PM	Start: 12:00PM End: 2:00PM
<b>HPP Capabilities</b>	Healthcare and Medical Response Coordination; Medical Surge; Community Resilience; Information Sharing			
<b>Threat or Hazard</b>	Radiological			
<b>Scenario</b>	Medical surge from a distant radiological incident			
<b>Sponsors</b>	Radiation Injury Treatment Network (RITN) Office of Naval Research (ONR)			
<b>Point of Contact</b>	RITN Control Cell <a href="mailto:RITN@nmdp.org">RITN@nmdp.org</a> (612)884-8276			

## GENERAL INFORMATION

### Exercise Objectives and Core Capabilities

The following exercise learning objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to Healthcare Preparedness Program (HPP) capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned HPP capabilities were selected by the Exercise Planning Team.

**Table 1. Exercise Objectives and Associated HPP Capabilities**

Exercise Objective	HPP Capability
<b>Objective 1:</b> 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.	Medical Surge
<b>Objective 2:</b> 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.	Healthcare and Medical Response Coordination
<b>Objective 3:</b> 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..	Community Resilience
<b>Objective 4:</b> 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.	Information Sharing

### Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

**Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.

**Observers.** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.

**Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also serve as subject matter experts (SMEs) during the exercise.

**Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, policies, and procedures.

### **Exercise Structure**

This exercise will be a facilitated exercise. Players will participate in the following modules:

- Module 1: Family Reunification
- Module 2: Mental Health Support Considerations

### **Exercise Guidelines**

This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.

Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.

Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.

Issue identification is not as valuable as suggestions and recommended actions that could improve response efforts. Problem-solving efforts should be the focus.

### **Exercise Assumptions and Artificialities**

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation. During this exercise, the following apply:

The exercise scenario is plausible, and events occur as they are presented.

The scenario may not have all the information that you feel is necessary to provide a fully informed response. Please attempt to formulate your responses based on the information provided.

**Exercise Evaluation**

Players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR).

## EXERCISE VENUE QUESTIONS

1. Contact information of person submitting answers to RITN exercise questions.
2. Select your RITN center.
3. What TTX session did you participate in?
4. How many people participated in your exercise?

## 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).

### Scenario Assumptions

- Hospitals should use their current census numbers and supply inventory when addressing questions during the exercise.

## MODULE 1: FAMILY REUNIFICATION

### Scenario Update

- You have received self-transport (<30, mild/moderate) from the area near the blast over the past couple of days.
- The primary surge of NDMS evacuated patients is expected to arrive in multiple waves on days 7-10 post blast.
- More that are self-evacuating from the area will continue to arrive to your local area and are expected to seek out hospitals with radiation expertise. You have heard from those already there that they googled “radiation hospital” and found your location.
- Given the unprecedented attack on U.S. soil, the public and your hospital staff have grave 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.
  - Due to the subsequent patient movement for care, numerous calls and visitors are coming to your hospital seeking family members.
- Critical supply chains are expected to be disrupted for the foreseeable future both due to the domestic impact but also halts to foreign trade.

### Discussion Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

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 minor patients under your care)?
13. If family members arrive at your hospital in search of an NDMS patient within your care, how do you coordinate with the federal system (JPATS)?

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: Mental Health Support Considerations

### Scenario Update

- 6 days after the initial communications of the nuclear detonation within the US, your hospital is receiving far more casualties than anticipated.
- The public and your hospital staff have concerns about radiation and possible risks posed by those arriving for 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.

### Discussion Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

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 in the community?
19. How does your hospital work with local and federal public health agencies to share data and monitor population health over time?
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)?

## APPENDIX A: ACRONYMS

Acronym	Term
AAR	After Action Report
ARS	Acute Radiation Syndrome
CDC	Centers for Disease Control and Prevention
DHA	Defense Health Agency
Gy	Gray
HLA	Human Leukocyte Antigen
HPP	Hospital Preparedness Program
IND	Improvised Nuclear Device
JPATS	Joint Patient Assessment Tracking System
NDMS	National Disaster Medical System
NGO	Non-Governmental Organization
NMDP	National Marrow Donor Program
ONR	Office of Naval Research
REMM	Radiation Emergency Medical Management
RITN	Radiation Injury Treatment Network
SitMan	Situation Manual
SME	Subject Matter Expert
TTX	Tabletop Exercise
WHO	World Health Organization

## APPENDIX B: REFERENCES

Encourage exercise participants to review the following before the exercise:

RITN Training Materials:

<http://ritn.net/Training/>

Mental Health Support Resources

**Centers for Disease Control and Prevention (CDC)**

Psychological First Aid in Radiation Disasters

<https://www.cdc.gov/radiation-emergencies/php/training/pfaird.html>

**Defense Health Agency (DHA)**

Mental Health After Radiological Emergencies: Information for Emergency Responders

<https://ph.health.mil/topics/workplacehealth/hp/Pages/mental-health-after-rad-emergencies.aspx>

**Radiation Emergency Medical Management (REMM)**

Mental Health Professionals: Information for Radiation Emergencies

[https://remm.hhs.gov/remm\\_MentalHealth.htm](https://remm.hhs.gov/remm_MentalHealth.htm)

**World Health Organization (WHO)**

A framework for mental health and psychosocial support in radiological and nuclear emergencies

<https://www.who.int/publications/i/item/9789240015456>