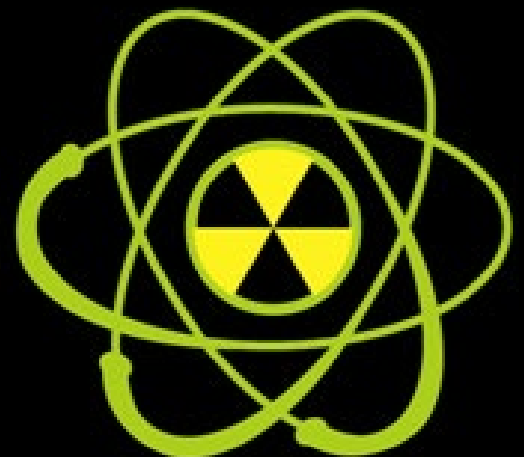


2021

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



PREFACE

During the FY21 grant year all RITN hospitals are required to participate in a web-based exercise facilitated by the Mier Group and the RITN Control Cell. Exercise dates and times can be found in the table below. **Please note the format and required participants for this year's exercise is greatly different than previous exercises so the RITN Coordinator should review this packet completely prior to registering for an exercise date.**

Date	Eastern Time	Central Time	Pacific Time
Jun 22, 2021	11:00 AM – 12:30 PM	10:00 AM – 11:30 AM	8:00 AM – 9:30 AM
Jul 14, 2021	2:00 PM – 3:30 PM	1:00 PM – 2:30 PM	11:00 AM – 12:30 PM
Jul 20, 2021	11:00 AM – 12:30 PM	10:00 AM – 11:30 AM	8:00 AM – 9:30 AM
Aug 10, 2021	2:00 PM – 3:30 PM	1:00 PM – 2:30 PM	11:00 AM – 12:30 PM
Aug 12, 2021	11:00 AM – 12:30 PM	10:00 AM – 11:30 AM	8:00 AM – 9:30 AM
Aug 18, 2021	2:00 PM – 3:30 PM	1:00 PM – 2:30 PM	11:00 AM – 12:30 PM
Sep 14, 2021	2:00 PM – 3:30 PM	1:00 PM – 2:30 PM	11:00 AM – 12:30 PM

Required Exercise Participants: 1 representative from the RITN program and 2 hospital staff members who are responsible for submitting morbidity data to local/state public health entities. You will have to provide the names and contact info for all three participants at the time of registration. Participants will be emailed their own link to join the exercise, so they do not need to be in the same room.

Required Equipment: Access to a computer during the exercise will be required for each participant.

Exercise Structure:

Module 1: Morbidity Data Reporting (approximately 30min)

- Participants will utilize a simulated patient profile to complete and submit via email to the RITN Control Cell a copy of the CDC Post IND Hospital Morbidity Form.

Module 2: Morbidity Data Reporting Process (approximately 60min)

- Facilitated group discussion on the following topics
 - current morbidity reporting processes/systems in place at your facility
 - challenges in completing the morbidity form
 - ability to scale up use of the form during a large-scale incident

Registration Link: https://www.surveymonkey.com/r/FY21_Exercise_Registration

EXERCISE OVERVIEW

Exercise Name	2021 RITN Tabletop Exercise (TTX)
Exercise Objective	Objective 1: Evaluate the ease of use of the new CDC Post-IND Morbidity Surveillance Form and its adaptability into existing hospital processes/systems.
Core Capability	Public Health & Medical Services
Threat or Hazard	Radiological
Scenario	Medical surge from a distant radiological incident
Sponsors	Radiation Injury Treatment Network (RITN) Centers for Disease Control (CDC) Office of Naval Research (ONR)
Point of Contact	RITN Control Cell RITN@nmdp.org (612)884-8276

GENERAL INFORMATION

Exercise Objective and Core Capability

The following exercise objective in Table 1 describes the expected outcomes for the exercise. The objective is linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

Table 1. Exercise Objective and Associated Core Capabilities

Exercise Objective	Core Capability
Objective 1: Evaluate the ease of use of the new CDC Post-IND Morbidity Surveillance Form and its adaptability into existing hospital processes/systems.	Public Health & Medical Services

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: Complete and submit the form (30 minutes)

Module 2: Facilitated discussion about the form and its use (60 minutes)

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 required to submit their completed morbidity forms. These documents, coupled with the facilitator and evaluator's observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR).

EXERCISE SCENARIO

- 10 kiloton Improvised Nuclear Device (IND) was detonated in a major metropolitan area. The blast occurred at least 250 miles away from your facility 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) to the network. As part of this all centers are requested to begin submitting daily Healthcare Standard (HCS) capabilities matrix.
- The CDC has requested public health entities to start collecting morbidity data on casualties being treated at medical facilities across the country. The healthcare coalition for your jurisdiction has provided the CDC Post-IND Morbidity Surveillance Form and the accompanying instruction sheet to assist your hospital in collecting the data.
- Four days following the blast your facility receives its first patient who was transported by a family member. Refer to the adult or pediatric patient profile provided to gather information needed in order to complete the form.

REFERENCE MATERIALS

Encourage exercise participants to review the following before the exercise:

Adult Patient Profile:

<https://ritn.net/WorkArea/DownloadAsset.aspx?id=17179869236>

Pediatric Patient Profile:

<https://ritn.net/WorkArea/DownloadAsset.aspx?id=17179869237>

Post-IND Morbidity Surveillance Form:

<https://ritn.net/WorkArea/DownloadAsset.aspx?id=17179869240>

Post-IND Morbidity Surveillance Form Instructions:

<https://ritn.net/WorkArea/DownloadAsset.aspx?id=17179869238>

MODULE 1

Instructions

- Using the provided patient profile complete the CDC Post-IND Morbidity Surveillance Form.
- Once you've completed the form submit it via email to RITN@NMDP.org. For your facility to receive credit for the exercise the completed forms must be submitted.

Poll Question

1. What role best describes your position?
 - a. BMT program clinician (physician, advanced practitioner, nurse, etc)
 - b. BMT program non-clinician
 - c. Emergency manager
 - d. Quality assurance/management
 - e. Infectious disease
 - f. Other

MODULE 2

Discussion Questions

1. The form was easy to understand and complete?
 - a. Completely Agree
 - b. Mostly Agree
 - c. Generally Agree
 - d. Mostly Disagree
 - e. Completely Disagree
2. The level of detail being requested by the form is appropriate?
 - a. Completely Agree
 - b. Mostly Agree
 - c. Generally Agree
 - d. Mostly Disagree
 - e. Completely Disagree
3. Does the orders/structure of the form make sense?
 - a. Yes, it makes complete sense
 - b. No, it needs some changes

Group Discussion

1. How long did it take to complete the form (consider using with your own EMR)?
2. Were there any questions on the form that you were unclear about or had difficulty understanding?
3. Was the level of information being asked appropriate? Did you feel any of the questions may be problematic due to the information (e.g. too specific, types of info, etc.) being asked?
4. Is the form missing questions that you feel would be important information to gather for this scenario?
5. Can the form be completed based off data already reported in the patient's electronic health record or will additional follow up be required in order to complete the form?
6. Would your hospital have challenges in completing these forms if required for large numbers of patients? Also, in updating the forms throughout the duration of the patient's care?
7. Does your hospital already have a system in place for reporting morbidity data that can accommodate this form?

APPENDIX A: ACRONYMS

Acronym	Term
AAR	After Action Report
ARS	Acute Radiation Syndrome
ASPR	Assistant Secretary for Preparedness and Response
BMT	Bone Marrow Transplantation
CBC	Complete Blood Count
G-CSF	Granulocyte-Colony Stimulating Factor
Gy	Gray
HCC	Healthcare Coalition
HCS	Healthcare Standard
HGB	Hemoglobin
HHS	Health and Human Services
IND	Improvised Nuclear Device
IV	Intravenous
NKDA	No Known Drug Allergies
NMDP	National Marrow Donor Program
NDMS	National Disaster Medical System
PO	Orally
PRN	As needed
RITN	Radiation Injury Treatment Network
RSO	Radiation Safety Officer
SITREP	Situation Report
SME	Subject Matter Expert
TTX	Tabletop Exercise
WBC	White Blood Cell