2013 RITN Steering Committee Meeting

Packet Contents:

1. Meeting Agenda
2. 2012 Year in Review
3. 2013 Tasks
4. RITN General Contact numbers for public distribution
5. RITN Center Contact information - not for public distribution
2013 RITN Steering Committee Meeting

Thursday February 14, 2013
7-8:30 AM (local)
Room: 254 A-C
2013 ASBMT/CIBMTR Tandem Conference
Salt Palace Convention Center Salt Lake City, UT

Meeting Agenda

I. Opening Remarks & Roundtable Introductions
   Dennis Confer, M.D. 7:00-7:10

II. Network and Project Update
   Cullen Case 7:10-7:20
   a. 2012 Year in Review Summary
   b. 2013 Plan & Tasks

III. Department of Health and Human Services, Assistant Secretary for Preparedness and Response
    John F. Koerner, MPH, CIH
    Chief, Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) Branch

    Mr. Koerner is a Certified Industrial Hygienist (CIH) and the Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) Branch Chief in the Office of Preparedness and Emergency Operations (OPEO) Preparedness Planning Division for the Assistant Secretary for Preparedness and Response (ASPR) at the U.S. Department of Health and Human Services headquarters. The CBRNE Branch provides subject matter expertise and leads the development of innovative, evidence-based interventions to support the nation’s medical and public health response to catastrophic disasters and terrorist incidents. CBRNE Branch projects have included the “Disaster Medicine & Public Health Preparedness” supplement on scarce resources after a nuclear event; collaboration with NIH and NLM on the Radiological Emergency Medical Management (REMM) Web site; and creation of the on-line “State and Local Planners Playbook For Medical Response to a Nuclear Detonation”.

    Mr. Koerner worked previously at the U.S. Department of Labor headquarters, where he was twice awarded the Secretary’s Exceptional Achievement Award for his work developing protective guidance – once for responders to an anthrax attack and once for pandemic influenza. Before that, Mr. Koerner was principal of a consulting firm specializing in healthcare, environmental microbiology, biodefense, and emergency response. He holds a Master of Public Health degree from the Johns Hopkins School of Public Health specializing in biological aerosols.

IV. Engaging Local and State Public Health
    Dan Weisdorf, M.D. 8:10-8:25

V. Closing Remarks
    Nelson Chao, M.D. 8:25-8:30

Meeting minutes: will be made available through the RITN Website

RITN resources: RITN Control Cell Contact Info: 612.884.8276 | RITN@nmdp.org
    RITN Web site: www.RITN.net
2012 Year in Review

Cullen Case Jr.
Program Manager, RITN

December 4, 2012

Questions: RITN@nmdp.org
Agenda

• 2012 Activity
• 2013 Projects
• 2013 Tasks and Draft Stipend
• Questions
Prevailing opinion of experts is not if, but when...

“the possibility of a group making a weapon using highly enriched uranium is very plausibly within capabilities of a sophisticated terrorist group.” Matthew Bunn (Harvard Belfer Center) 3/22/2012

“Making a simple “gun-type” bomb, the easiest for terrorists to build, requires at least 50 kilograms of HEU enriched to 90% U-235.” From “Consolidation: Thwarting Nuclear Theft” Harvard Belfer Center, March 2012

“Between 1995-2011 the IAEA has confirmed 2164 incidents, 399 involved unauthorized possession and related criminal activities. Incidents included in this category involved illegal possession, movement or attempts to illegally trade in, or use, nuclear material or radioactive sources. 16 incidents in this category involved HEU or plutonium. There were 588 incidents reported that involved the theft or loss of nuclear or other radioactive material and a total of 1124 cases involving other Unauthorized activities, including the unauthorized disposal of radioactive material or discovery of uncontrolled sources.” IAEA “Nuclear Security Achievements 2002-2011 “
IAEA Reported Incidents

Confirmed incidents involving theft or loss, 1993–2011

Figure 1. Incidents reported to the ITDB involving unauthorized possession and related criminal activities, 1993–2011.

Figure 2. Incidents reported to the ITDB involving theft or loss, 1993–2011.
2012 Activity
Organization

• Five centers were inactive during 2012:
  – Iowa, Vanderbilt, Froedtert, Children’s of WI, St. Francis

• Six centers joined RITN during 2012:
  – Primary Children's Medical Center
  – Massachusetts General Hospital
  – Zalmen A. Arlin Cancer Institute/Westchester MC
  – West Virginia University Hospitals, Inc.
  – Mount Sinai
  – University of Wisconsin Hospital & Clinics, Madison
# Radiation Injury Treatment Network

<table>
<thead>
<tr>
<th>Transplant Centers</th>
<th>Transplant Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL - University of Alabama at Birmingham</td>
<td>PA - Children's Hospital of Philadelphia</td>
</tr>
<tr>
<td>AZ - University Medical Center</td>
<td>PA - Temple University</td>
</tr>
<tr>
<td>CA - UCSF Medical Center</td>
<td>PA - University of Pennsylvania Medical Center</td>
</tr>
<tr>
<td>CA - City of Hope National Medical Center</td>
<td>PA - Western Pennsylvania Cancer Institute</td>
</tr>
<tr>
<td>CA - Stanford Hospital and Clinics</td>
<td>RI - Roger Williams Medical Center</td>
</tr>
<tr>
<td>CO - Presbyterian/St. Lukes Medical Center</td>
<td>SC - Medical University of South Carolina</td>
</tr>
<tr>
<td>FL - H. Lee Moffitt Cancer Center</td>
<td>SD - Avera McKennan Transplant Institute</td>
</tr>
<tr>
<td>FL - Shands Hospital at the University of Florida</td>
<td>TN - Vanderbilt University Medical Center</td>
</tr>
<tr>
<td>FL - University of Miami</td>
<td>TX - M.D. Anderson Cancer Center</td>
</tr>
<tr>
<td>GA - Northside Hospital</td>
<td>TX - Texas Children's Hospital</td>
</tr>
<tr>
<td>IA - University of Iowa Hospitals and Clinics</td>
<td>UT - LDS Hospital</td>
</tr>
<tr>
<td>IL - Rush University Medical Center</td>
<td>UT - Primary Children's Medical Center</td>
</tr>
<tr>
<td>IN - St. Francis Hospital and Health Centers</td>
<td>UT - University of Utah</td>
</tr>
<tr>
<td>KS - University of Kansas Medical Center</td>
<td>WA - Seattle Cancer Care Alliance</td>
</tr>
<tr>
<td>MA - Dana Farber/Partners Cancer Care</td>
<td>WV - West Virginia University Hospitals</td>
</tr>
<tr>
<td>MA - Massachusetts General Hospital</td>
<td>WI - Children’s Hosp of WI &amp; Midwest Children’s CC</td>
</tr>
<tr>
<td>MI - Barbara Ann Karmanos Cancer Center</td>
<td>WI - Froedtert Memorial Lutheran Hospital</td>
</tr>
<tr>
<td>MN - Mayo Clinic Rochester</td>
<td>WI - Univ. of Wisconsin at Madison</td>
</tr>
<tr>
<td>MN - University of Minnesota BMT Program</td>
<td>P/A ndms HPP</td>
</tr>
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<td>MO - Barnes-Jewish Hospital at Washington</td>
<td>P/A ndms HPP</td>
</tr>
<tr>
<td>MO - The Children's Mercy Hospital</td>
<td>Ped ndms CA - City of Hope National Medical Center</td>
</tr>
<tr>
<td>MS - University of Mississippi Medical Center</td>
<td>P/A ndms HPP CO - Colorado Marrow Donor Program</td>
</tr>
<tr>
<td>NC - UNC Hospitals</td>
<td>P/A ndms HPP MD - C.W. Bill Young Marrow Donor Center</td>
</tr>
<tr>
<td>NC - Wake Forest Univ Baptist Medical Center</td>
<td>HPP MI - NMDP operated donor center</td>
</tr>
<tr>
<td>NC - Duke University Medical Center</td>
<td>P/A ndms HPP TN - Blood Assurance</td>
</tr>
<tr>
<td>NH - Dartmouth-Hitchcock Medical Center</td>
<td>WA - Puget Sound Blood Center</td>
</tr>
<tr>
<td>NY - Strong Memorial Hospital</td>
<td>P/A ndms</td>
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<td>NY - Memorial Sloan-Kettering Cancer Center</td>
<td>P/A HPP CA - StemCell International Cord Blood Center</td>
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<td>Ped NDMS HPP IL - ITxM Cord Blood Services</td>
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<td>OH - Cleveland Clinic Foundation</td>
<td>NDMS HPP NC - Carolinas Cord Blood Bank</td>
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<td>P/A ndms HPP TX - MD Anderson</td>
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<tr>
<td>OK - Oklahoma Univ. Medical Center &amp; Children's Hospital</td>
<td>P/A ndms HPP WA - Puget Sound Blood Center</td>
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<tr>
<td>OR - Oregon Health &amp; Science University</td>
<td>P/A ndms HPP WA - Puget Sound Blood Center</td>
</tr>
</tbody>
</table>

Ped = Pediatric patient only facility
P/A = Pediatric and adult capable facility
NDMS = National Disaster Medical System Center
HPP = Hospital Preparedness Program

If no capability is annotated the facility is adult only

As of 12 Nov 2012

| TC | 53 |
| DC | 6 |
| CBB | 7 |
| Total | 66 |

Total NDMS Centers 39
% TCs that are NDMS 74%
Total HPP Centers 39
% TCs that are HPP 74%
RITN Center Task Completion

<table>
<thead>
<tr>
<th>Year</th>
<th># of Centers</th>
<th>% Task Completion</th>
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<tr>
<td>2006</td>
<td>13</td>
<td>92%</td>
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<tr>
<td>2007</td>
<td>53</td>
<td>96%</td>
</tr>
<tr>
<td>2008</td>
<td>51</td>
<td>96%</td>
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<tr>
<td>2010</td>
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<td>98%</td>
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<tr>
<td>2011</td>
<td>61</td>
<td>98%</td>
</tr>
<tr>
<td>2012</td>
<td>66</td>
<td>99%</td>
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Training of RITN Center Staff

Summary of Training of RITN Center Staff

<table>
<thead>
<tr>
<th>Year</th>
<th>REAC/TS</th>
<th>Grandrounds</th>
<th>Basic Radiation Training</th>
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<td>677</td>
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<td>26</td>
<td>564</td>
<td>752</td>
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<td></td>
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<td>322</td>
</tr>
<tr>
<td>2012</td>
<td></td>
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<td>744</td>
</tr>
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</table>

6323 total
2012 Activity

- Site Assessments
- Site Assessment summary of best practices
- Updated SOP template
- 2012 Member Survey
- Pediatric treatment guidelines with REMM website
- Basic Radiation Training move to Web based system
- MSKCC Full-scale Exercise (postponed due to Sandy)
- New Partners:
  - Veteran’s Administration
  - ASTHO – Association of State and Territorial Health Officials
  - NACCHO – National Assoc. of County and City Health Officials
2012 Member Survey (summary)

What type of RITN center are you responding for?

- Transplant Center: 8, 23%
- Donor Center: 3, 9%
- Cord Blood Bank: 23, 68%

How you feel participation in RITN benefits (3 skipped question):

- Greatly benefits: 16, 15
- Slightly benefits: 10, 15
- No significance: 0, 1

How Difficult is it to (3 skipped question):

- Effortless: 2, 0
- Some effort: 18, 18
- Insignificant: 2, 0
- Complicated: 3, 4
- Very difficult: 0, 1
- N/A: 1, 0

To secure continued participation in RITN (annual agreement approval)?
To participate in RITN (task completion)?
2013 Plan & Tasks
2013 Projects

- **New:**
  - Addition of 5+ transplant centers
  - User Managed Inventory proposal to BARDA
  - 2013 surveys (capacity and member)
  - Referral center patient review guidelines
  - New/updated RITN training:
    - Intro to RITN
    - GETS
    - Satellite telephone
    - Concept of operations
    - Non-medical staff rad training

- **Mayo Full-Scale Exercise**
Initial Pool for 2013 Growth

1. Cook Children's Medical Center
2. Thomas Jefferson University Hospital, Inc.
3. Children's Hospital of Michigan
4. Akron Children's Hospital
5. Medical City Dallas Hospital
6. Miami Children's Hospital
7. Hahnemann University Hospitals
8. All Children's Hospital
9. North Shore University Hospital
10. Indiana University Bone Marrow & Stem Cell Transplant Program
11. Univ KY
12. Univ of Colorado
13. Yale New Haven
14. Children's Hospital Boston
15. UCSD Medical Center
16. University of Chicago
### 2013 Tasks (Period of performance is TBD)

<table>
<thead>
<tr>
<th>Task 1</th>
<th>Task 2</th>
<th>Task 3</th>
<th>Task 4</th>
<th>Task 5</th>
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<td>SOP</td>
<td>Exercise</td>
<td>Education</td>
<td>IRB</td>
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<tr>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>$8,000</td>
</tr>
</tbody>
</table>

Only 9 have not already done this already
TO: All RITN Centers
FROM: Cullen Case
DATE: December 17, 2012
SUBJECT: FY 2013 Radiation Injury Treatment Network® Center Participation Tasks

PURPOSE: This memorandum specifies the required tasks that Radiation Injury Treatment Network® (RITN) centers must complete for FY 2013; all tasks must be completed to be members in good standing of RITN and to receive payment.

OVERVIEW:
The Radiation Injury Treatment Network® (RITN) provides comprehensive evaluation and treatment for victims of radiation exposure or other marrow toxic injuries by developing treatment guidelines, educating health care professionals, working to expand the network and coordinating situation response. RITN is a cooperative effort of the National Marrow Donor Program® (NMDP) and The American Society for Blood and Marrow Transplantation (ASBMT).

RITN Centers prepare to respond to a mass casualty incident resulting in marrow toxic injuries. RITN Centers adopt, to the extent practical, the treatment guidelines, donor selection criteria, data collection plan, and other related documents developed by the RITN Committees.

TASK DEADLINE: 10/30/2013

PAYMENT/QUESTIONS: Once tasks are completed submit an invoice to the NMDP via RITN@nmdp.org.

FUNDING USAGE: There are no restrictions on usage of this funding; this payment is a “fee for service”.

TASK SUMMARY TABLE:

<table>
<thead>
<tr>
<th>Task</th>
<th>Task 1</th>
<th>Task 2</th>
<th>Task 3</th>
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<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>TC</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>$8,000</td>
</tr>
</tbody>
</table>

TASK DETAILS:

TASK 1 – Emergency Communications

- Center must update contact information provided for the RITN Medical Director, one RITN Primary Coordinator, one RITN Secondary Coordinator and the RITN General Contact Number (the general contact number is made available for referring institutions to call with questions).
- There is a monthly RITN conference call held on the first Tuesday for each month from 2-3 PM Central for all RITN staff.
- Perform communications tests as directed by RITN:
  - Test call of the RITN issued Government Emergency Telecommunications Service (GETS) calling card.
  - Test call using the RITN issued satellite telephone to the RITN.
  - Login to the RITN portal for HealthCareStandard (HCS) software and submit a Capabilities report.

TASK 2 - Standard Operating Procedure (SOP) update

- All centers must review for accuracy and update as needed their existing SOPS.
  - New centers must create an SOP using the template found on www.RITN.net/templates
- All centers must submit a copy of the SOP for review, even if there are no changes.

TASK 3 - Participate in RITN directed tabletop exercise

- All materials related to this exercise will be provided by RITN.
- Responses will be submitted through the process defined by RITN.
- Previously conducted exercises are available at www.RITN.net.
SUBJECT: 2013 Radiation Injury Treatment Network Center Tasks (cont.)

TASK 4 – Education of staff or response community

- **Option A** - Present the RITN Overview presentation to the Local Emergency Planning Commission, emergency preparedness group, federal emergency response planning group, county or city emergency managers, a local blood bank or similar appropriate entity. If this is selected it requires:
  - Use the RITN Overview presentation available on the RITN website ([www.RITN.net](http://www.RITN.net)) in the ‘About RITN’ section, this presentation contains the minimum content to present.
  - Submit an attendance log with the event date, time, location, and the attendees’ printed names must be submitted to RITN@nmdp.org.
  - The RITN Overview presentation must be given to a group that has not received the presentation previously.
  - Deviations from the specified groups must be pre-approved.

- **Option B** – Staff training of NMDP Basic Radiation Training: 20 staff members must successfully complete the Basic Radiation Training course. **Staff must not have taken the BRT previously**

- **Option C** - RITN Grand Rounds presentation to medical staff:
  - Use the presentation provided by RITN titled “Medical Response to Radiation Exposure: the Role of Hematologists” to expand the medical knowledge of staff.
  - The presentation can be found in the ‘Reference Materials’ section on [www.RITN.net](http://www.RITN.net).
  - Submit an attendance log with the event date, time, location, and the attendees’ printed names must be submitted to RITN@nmdp.org.

- **Option D** - Physician attendance of Advanced Radiation Medical Training at the Radiation Emergency Assistance Center and Training Site (REAC/TS):
  - This applies to training coordinated and paid for by RITN only; unless an alternate REAC/TS training course is approved in advance through RITN@nmdp.org.
  - Signup will be conducted on a first come first served basis; except where feasible the following will be taken into consideration:
    - First priority for attendance will be given to physicians.
    - Second priority will be given to centers that have not had staff attend training.

- **Option E** – Site assessment (only available to a limited number of transplant centers)
  - Centers will be evaluated on their level of preparedness for response to a mass casualty incident resulting in marrow toxic injuries by an NMDP evaluator.
  - Results of evaluations are for preparedness improvements; outcomes of evaluations shall not adversely affect the hospital’s standing in RITN.
  - Evaluated centers must volunteer to be evaluated; there are a limited number of evaluations per year, they will be assigned on a first come, first serve basis.
  - Evaluators will use established checklists to systematically review preparedness:
    - These checklists are maintained by the NMDP.
    - Checklists will be available to evaluated centers prior to evaluation for preparation.
  - Results of evaluation will be provided to the evaluated center.
  - Results of evaluation may be incorporated as non-attributable data; for publication, report to RITN funding agencies, or as reference in grant applications.

TASK 5 – IRB Approved Marrow Toxic Injury Research Consent Form

- All RITN centers must have the CIBMTR Marrow Toxic Injury Research Consent form approved by their institutions IRB or show it has been submitted for approval by their IRB

QUESTIONS: Direct all questions to the RITN Control Cell at RITN@nmdp.org or by calling 612.884.8276.
ASPR, ESF #8, and RITN: A Unique Public/Private Partnership

John F. Koerner, MPH, CIH
Chief, CBRNE Branch, OPEO, ASPR

2013 RITN Steering Committee Meeting

14 February 2013
The views and opinions expressed in this presentation are strictly that of the presenter and are not necessarily the views of ASPR, the Department of Health and Human Services, or the United States Government. No endorsement of products is implied.
Goals

Purpose: To provide updates on Federal IND activities and facilitate discussion regarding RITN/ASPR forward momentum.

• Principles
• What's new
• ESF #8 Coordination
• Discussion
Principles
Why is coordination for IND unique?

• Assume massive disruption of communications, transportation, financial systems

• Capability v. capacity
  — Capability does not imply capacity

• Dual/Multi–utility Capabilities
  — Smarter ways to use existing capabilities and systems
  — We’ve Never Done This Before?
    • Katrina, Haiti, Deep Water Horizon, Japan, Sandy, etc.
Principles
Why is coordination for IND unique?

- **Scarce resources** – a major driver
  - Resource availability and operational capability are directly proportional to time and distance from the incident
  - There are significant ethical considerations as well
  - In Dangerous Fallout Zone shelter 12 to 24 hours, evacuate along given routes
  - The majority of “savable” casualties will come from the Moderate Damage Zone
  - Significant communication and movement challenges
  - Systematic regional triage can maximize the medical benefit for the most people – discuss RTR
Key Factors to Success

**Feasible** – Scalable, flexible, sustainable, portable, cost-effective

**Evidence-based** – Best available scientific information

**Multi-use** – Smarter ways to utilize existing capabilities

**Collaborative** – Informed by partnerships and multi-level participation
What is Being Coordinated?

- **Strategic Decisions**
  - HHS Emergency Management Group linkage to the National Security Staff

- **Information** – SOC is the hub
  - Situational awareness
  - Expertise informs decisions

- **Operational Capabilities**
“What do I do?”
Action Steps

- Sequential guidance to coordinate the medical response to a nuclear detonation
- Detailed time-phased, sector-oriented approaches to response activities with linked references.
  - General Readiness Planning and Emergency Management
  - Emergency Medical Services (EMS)
  - Health and Facility Response, Public Health
  - Medical System Response
  - Evacuee Medical Care and Fallout-related Illness
  - Recovery
U.S. radiological/nuclear preparedness
Radiation sciences- based and largely
published in peer review literature (PubMed)

• Planning Guidance for Response to a Nuclear Detonation
  – Multi-agency- OSTP lead

• Scarce resources for a nuclear detonation
  – Triage for mass casualty

• Medical planning and response for a nuclear detonation: a practical guide

• Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness
UMI- User Managed Inventory
Would supplement current supply modalities

- VA National system
  - VA local facilities
  - VA local facilities

- USG oversight/coordination
  - HHS coordination
  - USG oversight/coordination

- SNS system
  - RITN, NDMS
  - RITN, NDMS

- VMI
  - Other agreements Internat’l partners
  - Other agreements Internat’l partners

- Distribution Network
  - Manufacturer surge

- Hatchett, Wallace, Casagrande, Cliffer
Model of Resource and Time-Based Triage (MORTT)

Cassagrande, Scarce Resources for Nuc Det project
Standards of care will vary by location and time after incident.
Linking Science to Requirements and CONOPs

- Integrated Clinical Diagnostics System
- Novel Molecular Diagnostics
- Hematology
- Radiobioassay
- Cytogenetic Biodosimetry
- Triage
- Dose Estimate
- Medical Management
- Epidemiology

TIME ➔
Assessment of biodosimetry methods for a mass-casualty radiological incident: medical response and management considerations

Sullivan, JM et al, Health Phys submitted

DO NOT DUPLICATE
Assessment of biodosimetry methods for a mass-casualty radiological incident: medical response and management considerations

Sullivan, JM et al, Health Phys submitted

DO NOT DUPLICATE
What Else?

• FEMA Regional Planning – 2012 - 2013
  — Chicago
  — New York
  — Washington, DC
  — Boston

• National Special Security Events (NSSE) with RITN
  — G-8, RNC, DNC, Inauguration

• Exercises

• Way forward discussions
  — Better NDMS Integration
  — Transport, Out Patient Care, etc.
ASPR Playbooks

http://www.phe.gov/preparedness/planning/playbooks/
ESF #8 / HHS Coordination

Department Of Homeland Security (DHS)
National Operation Center (NOC)

Federal Emergency Management Agency
(DHS/FEMA)
National Response Coordination Center

Regional Response Coordination Center (RRCC)
Joint Field Office (JFO)

Joint Information Center (JIC)

FBI Joint Operations Center (JOC)

Disaster Resiliency Group
(DRG)

Emergency Management Group

Regional—IRCT

State/Territory EOC

County/City EOC

County/City Health Departments

Hospitals/Clinics/Shelters/Staging Areas

Incident Site

Incident Site

Incident Site
ESF #8 Operations Centers

- HHS Secretary’s Operations Center – Washington, DC
  - Activated 24/7 since 2002.
  - Used for oversight of all major operations.
  - US hub for international health information reporting

- CDC Operations Center – Atlanta, GA
  - Tracks and manages public health information.
  - Serves as a centralized facility to gather and disseminate public health information.
MedMap - Multiple Layers and Tools
Rapid Situational Awareness

Radiation TRiage, TReatment and TRansport (RTR) system

<table>
<thead>
<tr>
<th>Site</th>
<th>Radiation</th>
<th>Physical damage</th>
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<tbody>
<tr>
<td>RTR 1</td>
<td>√</td>
<td>√</td>
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<td>RTR 2</td>
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<tr>
<td>RTR 3</td>
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Site  Predetermined site
MC     Medical care
AC     Assembly center
EC     Evacuation center

MedMap system

ESF #8 Response Personnel

- **National Disaster Medical System (NDMS)**
  - 1700+ Hospitals
  - Patient movement
  - Disaster Medical Assistance Teams (DMAT)
    - ~8000 professionals
    - Incident Response Coordination Teams

- **Public Health Service**
  - ~ 4200 deployable professionals

- **Medical Reserve Corps (MRC)**
  - Primarily local / Community Based.

- **Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)**
  - National system of State-based programs for managing health professional volunteers
Patient Movement

- DOD links to aeromedical evacuation
- FEMA coordinates ambulance surge with ASPR
- Provide patient movement and regulation from the disaster area and return to home
- For IND – Utilize all types of transportation
Health and Human Service Partners for Medical Response

Federal Coordinating Centers

Map of the United States showing locations of Federal Coordinating Centers with symbols indicating Army, Navy, Air Force, and VA locations.

Alaska

Hawaii

Puerto Rico
Prime example of multi-use

The Radiation Injury Treatment Network® (RITN) provides comprehensive evaluation and treatment for victims of radiation exposure or other marrow toxic injuries. RITN develops treatment guidelines, educates health care professionals, works to expand the network, and coordinates situation response. RITN is a cooperative effort of the National Marrow Donor Program (NMDP) and The American Society for Blood and Marrow Transplantation (ASBMT).
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