

Instructions for Use of this PPT Template – Delete this slide prior to presentation

- Edit these slides based on changes made by the Exercise Planning Team to the Situation Manual Template.
- Language and information included here is based on the template design and template sample language.

Instructions for Use:

Helpful hints are included in these call-out boxes. Delete these prior to your presentation.

[delete prior to presentation]

Welcome and Introductions

- Name
- Agency / Facility
- Position / Role

Instructions for Use:

Add coalition or
jurisdiction logo or seal
to customize

[delete prior to presentation]

Agenda

Time	Topic
8:00 AM – 8:30 AM	Introductions and opening remarks
8:30 AM – 9:00 AM	Overview of the HCC Radiation Emergency Surge Annex/ process during a large-scale radiological incident
9:00 AM – 9:40 AM	Module 1 – Initial Recognition and Response
9:40 AM – 10:00 AM	Module 2 – Community Coordination and Collaboration
10:00 AM – 10:10 AM	BREAK
10:10 AM – 10:30 AM	Module 2 (continued)
10:30 AM – 11:10 AM	Module 3 – Ongoing Healthcare Coordination
11:10 AM – 11:50 AM	Wrap up and hotwash

Administrative Details

- Restrooms
- Fire Exits
- Cell Phone Use
- Materials

Introduction to HCC Radiation Emergency Surge Annex

Goal

Scope

Purpose

Instructions for Use:

Slides 6-8 describe the HCC Radiation Emergency Surge Annex and must be filled in by the exercise planning team based on the specific information in the HCC annex. Feel free to add additional slides to the briefing.

[delete prior to presentation]

Planning Assumptions

- Add Assumptions
- Add Assumptions

Instructions for Use:

To be completed by the Exercise Planning Team.

The plans may be in evolution / draft at this point – the attendees should understand that this exercise is designed to help explore, validate, and deconflict the radiation emergency plans in place. We don't expect to have all the answers at this point.

[delete prior to presentation]

Triggers or Coalition-Specific Response Steps

- Insert Triggers
- Specific Response Steps

Instructions for Use:

To be completed by the Exercise Planning Team.

Describe the thresholds or potential triggers for annex use, as well as the specifics of the response by the coalition members / disciplines.

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Tabletop Exercise

Radiation Emergency Surge Annex

Exercise Scope

- This TTX is an interactive, discussion-based exercise focusing on impacts to healthcare coalitions (HCCs) and healthcare facilities caused by the intentional release of a radiological dispersal device (RDD) resulting in a surge of confirmed and potentially exposed radiological patients.
- The scenario portrays a “dirty bomb” incident, and its aftermath, where people who may not need medical treatment but fear they have been exposed (i.e., “worried well”) may overwhelm a health system.
- The emphasis is on radiation exposure, the need to assess patients for contamination/decontamination, injuries, and working with public health and emergency managers.

HPP Program Capabilities Tested

- **Capability 2: Healthcare and Medical Response Coordination**

- **Objective 1:** Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans
- **Objective 3:** Coordinate Response Strategy, Resources, and Communications

- **Capability 3: Continuity of Healthcare Service Delivery**

- **Objective 3:** Maintain Access to Non-Personnel Resources during an Emergency
- **Objective 5:** Protect Responders' Safety and Health
- **Objective 6:** Plan for and Coordinate Health Care Evacuations and Relocation

- **Capability 4: Medical Surge**

- **Objective 1:** Plan for a Medical Surge
- **Objective 2:** Respond to a Medical Surge

Instructions for Use:

Add or change based on exercise planning at the HCC level. Adjust width of main text box.

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Exercise Objectives

1. Review existing radiation emergency care assets and identify gaps that may occur during a radiological mass casualty incident.
2. Review agency/facility role during a radiological emergency incident.
3. Validate assumptions in the HCC Radiation Emergency Surge Annex.
4. Identify changes that need to be made in the HCC Radiation Emergency Surge Annex based on the roles and capabilities of the involved partners.
5. [Other objectives identified by the Exercise Planning Team.]

Instructions for Use:

Other objectives
identified by the
Exercise Planning Team.
Adjust width of main
text box.

[delete prior to presentation]

Guidelines

- Open, low-stress, no-fault discussion environment.
- Comments will be non-attributable.
- Be professional and respect other's opinions based on their knowledge.
- Responses should be based on knowledge of current plans and capabilities.
 - You do not have to have all the answers.
- Decisions are not precedent setting.
- Problem-solving efforts should be the focus – more questions than answers may be generated.
- The situation updates, written material, and resources provided are the basis for discussion.
- Participants are encouraged to use the SitMan as a reference and to fill out the Participant Feedback Form as you go; feedback is welcome!
- Use notes pages available in the SitMan.

Assumptions and Artificialities

During this exercise, the following apply:

- The scenario for this exercise is artificial, however, it is plausible, and events occur as they are presented.
- There is no “hidden agenda” and there are no “trick questions.”
- All players receive information at the same time.
- Assume cooperation and support from other responders, agencies, and organizational entities.

Module 1

Monday Morning, 10:00 am

- Your hospital was at normal staffing and supply levels, with average daily occupancy this morning (8:00 am). Hospitals were at average daily occupancy for general inpatient and intensive care unit (ICU) beds.
- You are notified by local EMS that a large explosion occurred near a prominent high-rise building downtown. The location is populated by office workers, residents, and tourists.
- Within minutes, local EMS begin transferring wounded to all nearby medical facilities for a variety of major/minor traumas including smoke inhalation and burns.
- About an hour later, after many patients have been received, you are notified that radiation detectors at the explosion site indicate higher than normal levels of gamma radiation. HAZMAT teams, specialized investigators, and environmental agencies have been dispatched to further investigate. It is unclear if the increased readings are due to a criminal act.



Module 1 Discussion Questions

1. What are your initial actions upon notification of the blast? Do you know/understand your role during an emergency? Prioritize those actions if able.
 - a. What initial actions do you anticipate taking based on the location of the attack, potential surge in emergency department, and inpatient demand?
2. What actions would you take once you learn radiation detectors are going off?
 - a. Is this in accordance with coalition hospital/facility radiological response plans?
3. If the HCC has an operations center, how is it activated and staffed and what functions does it serve? How does it interface with the Emergency Operations Center (EOC)?
4. Do you know who your local, regional, and national facility radiological experts are and how to contact them?
 - a. Does your state have a FEMA certified Radiation Operations Support Specialist (ROSS)?
5. Are facility staff familiar with proper radiological screening, triage, decontamination, and treatment protocol for exposed or potentially exposed individuals?
 - a. Where would you obtain guidance or additional clinical advice if needed, in real time?

Module 1 Discussion Questions (continued)

6. What specialized resources/supplies are needed to respond to a radiological attack? What is the role of the HCC in acquiring these resources? What other radiological response resources are available within the region?
 - a. What detection equipment do your fire/EMS services have?
 - b. What detection equipment do hospitals have?
 - c. What radiation response equipment does your state have and how will you request it?
 - d. How are SNS assets requested and received if countermeasures are needed?
 - e. Is there protocol, processes in place for resource sharing among coalition members, jurisdictional healthcare facilities?
7. Is additional just-in-time training needed/supported for specialty care, use of new/unfamiliar equipment (e.g., radiation detection, dosimetry, decontamination equipment)? Is the needed training readily available? Where is it located? Who conducts the training?

Module 1 Discussion Questions (continued)

8. Who initiates information sharing for HCC members? What alerts and notification mechanisms are in place to ensure that HCC members and partners are aware of the incident and can share real-time information about the disaster and plans/strategies for patient care/ transport/distribution/ decontamination/supplies?
9. What essential elements of information will you collect from and share with HCC members?

Module 1 Report Out

- Each table provides top three lessons, due outs, action items.
- Provide the rest of your notes to the exercise facilitator.
- Please select a team scribe with legible handwriting.



Module 2

Monday Afternoon, (radiation identification + 2 hours)

- By 12:00 pm it is verified the explosion was caused by a Radiological Dispersal Device (RDD) (i.e., a “dirty bomb”). Investigators confirm the device contained cesium-137.
- Physical damage confined to the front of several buildings and their facing interiors. That block and a three-block downwind area are cordoned and evacuated; their surface contamination levels exceed 10mrem/h, with higher levels at the site of the detonation.
- 12 persons are dead at the scene, about 60 require hospitalization, and about 100 are being evaluated for minor injuries.
- A state of emergency is declared to support federal requests for Strategic National Stockpile (SNS) assets, additional disaster services.
- News/social media outlets report the device was “radioactive;” 911 operators/Poison Control Centers are inundated with calls.
- Healthcare facilities are beginning to see patients and EMS transports of people who were nearby and now worried about potential contamination.



Module 2 Discussion Questions

1. Do the HCC and its members response activities change now that this is a confirmed intentional radiological attack?
2. Who has the healthcare coordination role at this point? What is it?
3. Who is coordinating messaging to the public? What are the key messages to get out?
4. Who has responsibility for community screening locations for persons that are worried about contamination?
5. How are you triaging patients to distinguish among those needing medical evaluation, those needing community-based screening, and those that do not need screening?
 - a. Who will operate the community reception center? When/how would those be coordinated, managed, supplied?
 - b. How will hospitals assess their current patients for contamination? How will hospitals triage and refer those that are seeking contamination assessment only?
6. Do facility staff understand plans for contamination control and workforce safety/exposure protocols?
7. Do the hospitals have a plan for evaluating those patients with significant contamination for radiation injury and internal contamination (e.g., CBC+Diff for ALC counts and use of stool/urine monitoring)? If not, who will they work with to obtain these?

Module 2 Discussion Questions (continued)

8. What is the EMS plan for local distribution of casualties (e.g., what patients go to which hospitals if there are multiple ones receiving varying levels of trauma)? What is their capacity? What are their treatment limits (e.g., not a level-1 trauma center, unable to receive high number of respiratory distress patients, specialize in burn care)?
9. What special considerations affect EMS patient transportation resources during a radiological emergency (e.g., EMS restrictions related to transportation and care of radiological casualties)?
10. How will the community reception center (radiological screening site) be staffed? Where will radiological screening equipment be sourced from?
11. How will requests for chelating agents such as Prussian Blue (PB) from SNS be made? Where will they be delivered?
 - a. Who has information about local/federal stockpiles? How do you communicate with them?
 - b. Will supplies require special storage conditions or security protocol?
 - c. Is there a toxicologist with experience/knowledge for using PB available?
12. What agencies/contractors will the hospitals work with to address contaminated waste and low-level contamination of some tile floors that are not responding to usual clean up procedures?

Module 2 Discussion Questions (continued)

13. How is the EOC Joint Information Center (JIC) coordinating public information with the HCC(s)?
 - a. How will you ensure clear and consistent risk communication messaging to the public and media to prevent/mitigate mass panic?
 - b. Are there readily available RDD information packets/scripts available for patients and staff?
14. How will you address provider/public safety information needs to ensure that workers feel safe? (Note that only trivial levels of radiation have been detected outside of the cordoned area).
15. How is HCC clinical and surge information being collected and distributed (e.g., via email, special portal, messaging boards) to ensure consistent care and guidance across facilities?
 - a. Are special reporting requirements, metrics, or data being collected for situational awareness (e.g., hospital capacity, number exposed, transport needs, supply requests)?
 - b. How will the HCC coordinate and share patient information across multiple facilities for patient tracking and family re-unification?

Module 2 Report Out

- Each table provides top three lessons, due outs, action items.
- Provide the rest of your notes to the exercise facilitator.
- Please select a team scribe with legible handwriting.



Module 3

Tuesday Morning, 8:00 am and beyond (Recognition + 14 hours)

- By 12:00 pm it is verified the explosion was caused by a Radiological Dispersal Device (RDD) (i.e., a “dirty bomb”). Investigators confirm the device contained cesium-137.
- Physical damage confined to the front of several buildings and their facing interiors. That block and a three-block downwind area are cordoned and evacuated; their surface contamination levels exceed 10mrem/h, with higher levels at the site of the detonation.
- 12 persons are dead at the scene, about 60 require hospitalization, and about 100 are being evaluated for minor injuries.
- A state of emergency is declared to support federal requests for Strategic National Stockpile (SNS) assets, additional disaster services.
- News/social media outlets report the device was “radioactive;” 911 operators/Poison Control Centers are inundated with calls.
- Healthcare facilities are beginning to see patients and EMS transports of people who were nearby and now worried about potential contamination.



Module 3 Discussion Questions

1. How does the HCC Radiological Emergency Surge Annex address community screening?
2. Does the HCC have a coordination role at this point? What is it? If not, who is coordinating healthcare resource issues?
3. How will the HCC, or coordination lead, work towards resupplying or redistributing needed equipment and supplies? How will it ensure proper supply levels are continuously available if response efforts take longer than anticipated?
4. What types of staffing shortages will occur for long-term response needs (e.g., over weeks) and how can the HCC help to address them? How many hospital staff, especially in the ER, have been REAC/TS trained?
5. How will you address radiological waste issues; what agencies, partners can support exponential increased need for disposal of contaminated materials?
6. How will the HCC coordinate with the FBI to retain possible evidence from radiologically contaminated clothing? Where will evidence be stored? How will it be monitored to ensure it does not reach a hazardous level?
7. How are patients being tracked that were transported or who may need follow-up care, ongoing treatment? Does the tracking mechanism support family reunification efforts?

Module 3 Discussion Questions (continued)

8. What is the process for providing ongoing situational awareness communication among the HCC facilities, or jurisdictional health facilities, regarding capacity, transported patients, updated treatment guidelines?
9. What is your communication strategy to alleviate public fear and misinformation? How are mental health services being offered to incident survivors, trauma victims, workforce?
10. What state and federal emergency authorities and waivers has your HCC been operating under? Are they sufficient to meet your requirements?
 - a. Who is tracking disaster relief administrative needs (e.g., financial assistance, billing/coding issues, reimbursement requirements)?

Module 3 Discussion Questions (continued)

11. How is information being tracked/documentated for an after-action report (e.g., issues, gaps, lessons learned)?
12. What efforts can be made to divert worried well to seek medical attention at facilities other than hospital settings?
13. What mass fatality management plans are in place to support a large-scale incident? What considerations should be made for storing and disposing of radiologically contaminated bodies?



Module 3 Report Out

- Each table provides top 3 lessons, due outs, action items.
- Provide the rest of your notes to the exercise facilitator.
- Please select a team scribe with legible handwriting.



Wrap Up

- Closing comments



Hotwash

Instructions for Use:

An alternate option to the immediate feedback requested from participants can be to ask each participant to provide “3 Ups” (what worked well) and “3 Downs” (areas of improvement)

[delete prior to presentation]

- Immediate feedback from participants
 - One positive about the exercise (something you learned, something you can implement immediately)
 - One item of correction or action from the exercise (something you would like to take back for immediate action)
- Participants should fill out the Participant Feedback Form and submit it before they leave TODAY.



Next Steps

Instructions for Use:

Suggested next steps.
Update as appropriate.

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- Each participant/facility should prepare their own action items to close any noted gaps, in addition to the coalition-wide After Action Report and Improvement Plan
- Compile notes and comments, and produce an After-Action Report and Improvement Plan
- Share Improvement Plan with coalition members and any entity with an action item
- Implement action items in the Improvement Plan such as updating plans, and address any training or equipment needs

