



# Knox/East TN Healthcare Coalition Radiation Emergency Surge Event Functional Exercise

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Situation Manual

March 29, 2023

## EXERCISE OVERVIEW

### Exercise Name

Knox/East Tennessee Healthcare Coalition Radiation Surge Event Functional Exercise (KET HC Radiation Surge Event TTX)

### Exercise Dates

March 30, 2023

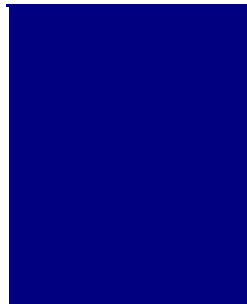
### Scope

This exercise is a regional functional exercise. Exercise play is limited to healthcare coalition members, partner organizations, and Subject Matter Experts (SMEs) in various radiological/healthcare fields. This exercise is designed to address any radiological or nuclear incident that may affect the region encompassed by the Knox-East Tennessee Healthcare Coalition. These incidents may arise from unintentional or intentional release of radioactive materials, may include varied radioactive sources and isotopes, and may necessitate an ability to respond to both contamination and exposure-only events.

The Medical Response and Surge Exercise (MRSE) is designed to examine and evaluate the ability of HCCs and other stakeholders to support medical surge, and specifically, how coalitions help patients receive the care they need at the right place, at the right time, and with the right resources during medical surge; decrease deaths, injuries, and illnesses resulting from medical surge; and promote health care delivery system resilience in the aftermath of medical surge.

**Surge capacity** is the ability to manage a sudden influx of patients. It is dependent on a well-functioning incident command system (ICS) and the variables of space, supplies, and staff. The surge requirements may extend beyond placing patients into beds and should include all aspects related to clinical services (e.g., laboratory studies, radiology exams, operating rooms).

**Surge capability** is the ability to manage patients requiring very specialized medical care. Surge requirements span a range of medical and health care services (e.g., expertise, information, procedures, or personnel) that are not normally available at the location where they are needed (e.g., pediatric care provided at non-pediatric facilities or burn care services at a non-burn center). Surge capability also includes special interventions in response to uncommon and resource intensive patient diagnoses (e.g., Ebola, radiation sickness) to protect medical providers, other patients, and the integrity of the medical care facility.



**Mission  
Area(s)**

Response

**Core  
Capabilities**

- **Capability 2: Health Care 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 Health Care 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

**Objectives**

- Review existing radiation emergency care assets and identify gaps that may occur during a radiological mass casualty incident.
- Review agency/facility role during a radiological emergency incident.
- Validate assumptions in the Healthcare Coalition (HCC) Radiation Emergency Surge Annex.

	<ul style="list-style-type: none"><li>Identify changes that need to be made in the HCC Radiation Emergency Surge Annex based on the roles and capabilities of the involved partners.</li></ul>
<b>Threat or Hazard</b>	Explosion with radioactive material and injury
<b>Scenario</b>	An RDD (Radiation Dispersion Device) has detonated at a large event with injuries, contamination, and a surge of worried well from the community.
<b>Sponsor</b>	Knox/East TN Healthcare Coalition utilizing ASPR grant funding. The template was made available through ASPR TRACIE. Additionally, The Medical Response and Surge Exercise (MRSE) was created by the U.S. Department of Health and Human Services (HHS) Administration for Strategic Preparedness and Response (ASPR). The exercise procedure and supporting materials described in the the plan are aligned with Federal Emergency Management Association (FEMA) Homeland Security Exercise and Evaluation (HSEEP) guidelines issued in 2020.
<b>Participating Organizations</b>	Region-wide hospitals, EMS, EMA, Public Health, healthcare coalition members, partner organizations, and Subject Matter Experts in various radiological/healthcare fields.
<b>Point of Contact</b>	John Brinkley, Knox County Regional Hospital Coordinator. <a href="mailto:john.brinkley@knoxocunty.org">john.brinkley@knoxocunty.org</a> AND Wanda Roberts, East TN Regional Hospital Coordinator <a href="mailto:Etrhc.health@tn.gov">Etrhc.health@tn.gov</a>

## GENERAL INFORMATION

### Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are 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.

Exercise Objective	Core Capability
Review existing radiation emergency care assets and identify gaps that may occur during a radiological mass casualty incident.	HPP Capability: 2,3
Review agency/facility role during a radiological emergency incident.	HPP Capability: 2,3
Validate assumptions in the HCC Radiation Emergency Surge Annex	HPP Capability 2,3,4
Identify changes that need to be made in the HCC Radiation Emergency Surge Annex based on the roles and capabilities of the involved partners.	HPP Capability 2,3,4

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

### 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 may assist with facilitation 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 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 prevention, mitigation, preparedness, response, and/or recovery 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 scenario is plausible, and event discussions occur as they are presented.
- There is no hidden agenda, and there are no trick questions.
- All players receive information at the same time.
- The radiological event is located in each organization’s individual community.

### **Exercise Evaluation**

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned areas. Additionally, 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 Participant Roles and Responsibilities**

<b>Exercise Role</b>	<b>Role Description</b>
Regional Hospital Coordinator	The lead role for planning and preparing for the exercise. RHCs should be familiar with the HCC’s Hazard Vulnerability Analysis, Preparedness and Response Plans, Specialty Surge Annexes, Surge Estimator Tool, the coalition membership, and other jurisdictional response plans.
HCC Clinical Advisor(s) or Designee	This role will provide clinical guidance and coordination assistance pertaining to acute care medical surge readiness and response operations to include trauma, burn, infectious disease, pediatric, CBRNE (chemical, biological, radiological, nuclear, and high yield explosives), and evacuation emergencies. The individual(s) should be a physician, advanced practice provider, or registered nurse and should be from a lead or co-lead hospital or health care organization and be clinically active (i.e., works shifts/sees patients).

<p>Exercise Facilitator</p>	<p>This role will guide the participants through the exercise actions, ensuring all - required exercise tasks are completed. The Exercise Facilitator triggers the initial exercise incident response.</p>
<p>Exercise Evaluator</p>	<p>The lead role for documenting the actions of the facility and players during the event and evaluating the exercise results. This role will summarize the exercise results and facilitate the AAR session. In principle, this person should be an objective observer</p>

## Information Sharing and Resource Coordination

The HCC will be communicating with participating members to maintain situational awareness, share information, assess resource availability, and support identification and sharing of resources.

**Confirm Availability of EMS Resources.** The HCC will contact participating EMS agencies to request current availability of pre-identified, critical EMS-related resources. The principle goal of this step is to document the availability of appropriate EMS-related resources required to triage and transport surge patients.

**Conduct Staffed Bed Census and Patient Allocation.** In parallel, the HCC will conduct a current staffed bed census for the required and additional bed types.

**Confirm Availability of Personnel, Pharmaceutical Supplies, and Equipment**  
Either after or in the same communication as the staffed bed census request, the HCC will request participating clinical care members to assess the sufficiency of current stock levels of supplies and equipment



**Support Resource Sharing.** The HCC should review responses and assess the availability of the various resource types. If any surging facilities reports having limited/insufficient resource availability or the HCC determines resources are at risk of being insufficient, the HCC contacts other HCC members, neighboring HCCs, or the State Health Authorities to identify available supplies or equipment for the at-risk member.

## Quantitative Results

The Exercise Evaluator tracks a significant amount of data during the exercise. These data include those data elements required to calculate/evaluate performance measures but also numerous data points for use by the HCC in evaluating its actions during the exercise. Forms for this information will be provided on this form.

## APPENDIX A: EXERCISE SCHEDULE (MSEL)

Time	Activity	Notes/To Do	Lead
<b>November 12, 2015</b>			
9:00 AM	Explosion at local event	This will activate local 1 <sup>st</sup> responders to respond to scene. Simulated response only	John Brinkley
9:00	Local News coverage at event during explosion. Video from group claiming responsibility	Video 1 to be shown or read script below:  <i>"This is an exercise: It is 9:00 as families gather at the county park pavilion for a graduation ceremony. There are approximately 1000 attendees (families with small children included). They are compacted into a pavilion with tight seating to ensure everyone can see their graduate as they cross the stage. There is a slight breeze when suddenly a loud explosion can be heard. When the dust settles, there is panic as people try to run away, or try to find loved ones in the rubble.</i>  <i>At 9:05 an anonymous video is released with information that a bomb has been detonated, with reference to possible radiological or "dirty" contamination. This is an exercise."</i>	Hospital Exercise Controller

Time	Activity	Notes/To Do	Lead
9:03	Law Enforcement on scene for graduation security, reports to dispatch of explosion and multiple casualties.	Simulated call to dispatch and notification to Medical Responders (EMS/Fire)	John Brinkley
9:05	EMS notifies RMCC of call and request mutual aid for standby	EMS SimCell Representative will call RMCC with following message: <i><b>"This is an exercise.</b> We are responding to a report of an explosion at a school graduation. LE on scene is reporting multiple casualties from the explosion and bystanders running from the scene. We need EMS mutual aid. - <b>This is an exercise"</b></i>	EMS SimCell Representative
9:08	RMCC notifies regional emergency group (RHC's, ERC's, State EMS consultant) of EMS request.  RMCC sends TNHAN to EMS for mutual aid	TNHAN Message content to Region II EMS:  <i><b>"This is an exercise.</b> Region 2 Mutual Aid has been requested. Please contact the RMCC, 865-305-8700, with your current ALS and BLS unit availability. <b>This is an exercise.</b>"</i>	RMCC/Tim Taylor
9:10	TNHAN sent to KET HC regional hospital group	TNHAN Message content to Regional Hospitals  <i><b>This is an exercise.</b> Reports of an explosion at a local school graduation. Responders are reporting multiple casualties on scene. Hospitals should prepare for possible surge of patients and update their bed availability in HRTS. A HRTS Event is being activated. Please sign-in to the HRTS event with your facilities POC and contact information</i>	RMCC/Tim Taylor

Time	Activity	Notes/To Do	Lead
		<i>and standby for further updates <b>This is an exercise.</b></i>	
9:12	HRTS event (with Triage) activated	<p><b>Event:</b> EXERCISE Explosion at school graduation EXERCISE ONLY</p> <p><b>Event Type:</b> MCI</p> <p><b>Description:</b> EXERCISE ONLY An explosion has occurred at a local school graduation. Responders are report multiple casualties.</p> <p><b>Location:</b> Local School</p> <p><b>Facility Types Activated:</b> Hospital/Acute Care, Emergency Department, EMS, Behavioral Health, Hospital Rehab, Hospital Transitional</p> <p><b>Frequency:</b> 90 minutes</p> <p><b>EXERCISE YES</b></p> <p><b>Patient Triage: YES</b></p> <p><b>Region 2/KETHC</b></p>	RMCC/Tim Taylor
9:15	Patients begin to arrive at hospitals POV and EMS	Hospitals start to receive patients based on their individual needs	Hospital Controller
9:17	Request for RFC assistance	SIMULATE - On scene command request assistance from RFC due to multiple decease on scene. 865-215-8004 Chris Thomas	John Brinkley HRTS and call to RFC

Time	Activity	Notes/To Do	Lead
9:20	<p>Notification by FD on scene of high radiation readings</p> <p>TNHAN alert (sent to hospitals and EMS) and HRTS message update.</p>	<p>TNHAN and HRTS message content: <i>This is an exercise. On scene commanded has determined a radiology contamination from the explosion. Responders and Hospitals should monitor their patients and staff for possible radiological exposure and contamination. This is an exercise.</i></p> <p><i>HRTS: Note in HRTS to alert hospitals of possible radiological contamination/exposure to patients from scene.</i></p>	RMCC/ Tim Taylor
9:23	<p>Fire Department Notification to hospitals</p>	<p>Hospitals play Video 2 or read script below: <i>This is an exercise. Battalion chief Todd Derrick with KET Fire Department provided an update. Resources have been deployed to scene. Confirmed bomb blast at high school graduation with 1000 attendees. First responders are treating patients with multiple modalities from the bomb blast as well as exasperation of existing medical conditions. Patients are being triaged and transported to the local hospital. Anticipate less than 10% of the 1000 attendees to need medical transport. Protocols for this event require a radiological survey resulting in positive test for beta emitter. Waiting for additional resources on scene to get more detailed information</i></p>	Wanda Roberts

Time	Activity	Notes/To Do	Lead
		<i>which will be provided as received. This is an exercise.</i>	
10:00	Response from REAC/TS (Pre-recorded video) *no call will be placed to REAC/TS.	Video 3 link will be provided	Wanda Roberts
1010	Blood Shortage	Your hospital is running low on blood products and need to request additional blood from Medic Blood Bank Hospital staff will need to contact Stephen Smith with MEDIC Blood Bank at (865-414-1108) to request additional blood product, ensure to state "This is an exercise". Crisis Standards of Care may need to be implemented.	Hospital Controller notifies staff
10:25	Media Messaging	Show Video 4 Or read following script: <i>This is an exercise. On scene news report stating that this accident has produced a nuclear disaster and anyone who suspects they may have radiation poisoning should immediately go to local ED. News reporter is escorted away because they are filming in a restricted crime scene. This is an exercise.</i>	Hospital Controller

Time	Activity	Notes/To Do	Lead
		(With this inaccurate description being broadcast, hospitals should prepare for worried well, inundation of calls, and considerations for evidential treatment of patients and their belongings)	
1035	Video update from KET FD Chief.	SIMCELL will Call RFC and make notification.	SIMCELL
10:35	Decedent Assistance	Request in HRTS from hospitals needing assistance with decedents. Call Chris Thomas at Forensic Center 215-8004. <b>This is an exercise</b>	Hospital Controller/Hospital Staff
1055	Hospital Shortage triggering Crisis Standards of Care	Your hospital is out of VENTILATORS and have patients requiring ventilators.  Message from RHCs posted on HRTS: NO ADDITIONAL VENTILATORS ARE AVAILABLE IN THE REGION. It will be 36 hours before additional ventilators are available. CSC should be implemented.	Hospital Controller/HRTS Event notification.
1100 - 1200	<ul style="list-style-type: none"> <li>Hospitals continue process of CSC and remaining patients.</li> <li>Red Cross will attempt to locate patients using new patient tracking system.</li> </ul>	<ul style="list-style-type: none"> <li>Hospitals will move patients from ED to hospital beds as noted on patient cards</li> <li>Red Cross will be at SIMCELL to review new patient tracking system and try to locate missing family members</li> </ul>	<ul style="list-style-type: none"> <li>Hospital Controller</li> <li>RED Cross</li> </ul>

Time	Activity	Notes/To Do	Lead
1200	ENDEX	End of Exercise – TNHAN and HRTS notice sent to end exercise plan	RHC



## APPENDIX D: ACRONYMS

Acronym	Term
AAR	After Action Report
AAR/IP	After Action Report/Improvement Plan
ASPR	Assistant Secretary for Preparedness and Response
cpm	Counts per minute
DHS	U.S. Department of Homeland Security
EEG	Exercise Evaluation Guide
EOC	Emergency Operations Center
EMA	Emergency Management Agency
EMS	Emergency Medical Services
FEMA	Federal Emergency Management Agency
Gr	Gram
HCC	Healthcare Coalition
HHS	Health and Human Services
HPP	Healthcare Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
ICU	Intensive Care Unit
IP	Improvement Plan
KET HC	Knox/East Tennessee Healthcare Coalition
KI	Potassium Iodide
mR/h	milliRoentgen per hour
MRSE	Medical Response Surge Exercise
POV	Privately Operated Vehicle
RDD	Radiological Dispersal Device
SitMan	Situation Manual
SME	Subject Matter Expert
SNS	Strategic National Stockpile

Note: The Medical Response & Surge Exercise is designed to mimic extreme stress on the local health care system. If the exercise is performed correctly, it is expected that most HCCs will not be able to meet 100% of its pre-identified resource requirements to respond to the surge incident. The exercise results – even when “unsuccessful” in some respects – will assist the HCC in determining where challenges exist in its ability to respond to large-scale patient surges.

## EMS RESPONSE NEEDED

**\*\*\*EXERCISE | EXERCISE | EXERCISE | EXERCISE\*\*\***

Today, the Knox East Tennessee Healthcare Coalition (KET HC) is conducting the Medical Response & Surge Exercise, an operations-based exercise. We are expecting approximately 530 people to require triage and transport services in the area because of an explosion using a radiological dispersion device (RDD). Their injuries include adult and pediatric trauma (blast injuries, trampling injuries) medical injuries (exacerbation of chronic issues, respiratory distress, chest pain...). **Note: this is an exercise so there are no actual surge patients, and no resources or patients are to be moved or otherwise affected during the exercise.**

Please confirm the current number of the following resources you have available by.

Ground ambulance (BLS)
Ground ambulance (ALS)
Multi-patient medical transport vehicle
Air ambulance rotary-wing (critical care transport)
Air ambulance rotary-wing (non-critical care transport)
Hazmat team
Decontamination team
Specialized protective equipment

Was mutual aid required? Any issues or concerns?	
What additional resources does EMS require (staff, equipment, etc.) to care and transport patients?	
Based on chosen scenario what is the estimated EMS response time?	
What is the process for EMS to provide updates to hospitals?	
Who is responsible for determining patient transport locations?	
Based on the chosen scenario what is the estimated time that it takes EMS to triage and transport all patients to a receiving facility?	
Was there effective communication between the evacuating and receiving facilities?	
Was a unified response plan effectively coordinated and updated as the incident evolved?	
Was the acuity level of patients in choosing between BLS, ALS, or other forms of transportation considered?	
Was a system maintained for tracking patients while in transit?	
Did you consider potential issues of transferring medical records and credentialing of personnel?	

# HOSPITAL RESPONSE NEEDED

**\*\*\*EXERCISE | EXERCISE | EXERCISE | EXERCISE\*\*\***

Today, the Knox East Tennessee Healthcare Coalition (KET HC) is conducting the Medical Response & Surge Exercise, an operations-based exercise which evaluates our capacity to manage a large-scale, community-wide patient surge. We are expecting approximately 530 to require care across our region. The patients will have injuries, including adult and pediatric trauma (blast injuries, trampling injuries) medical injuries (exacerbation of chronic issues, respiratory distress, chest pain...). You must determine how many will require admission for inpatient care and how many patients will be cared for in outpatient settings. **Note: this is an exercise so there are no actual surge patients, and no resources or patients are to be moved or otherwise affected during the exercise**

**Please confirm the current number of staffed beds you have immediately available by the types below.**

- Emergency Department beds.
- General Medical Unit beds.
- ICU beds (SICU, MICU, CCU).
- Post Critical Care (Monitored / stepdown) beds.
- Surgical Unit beds (pre-op, post-op, & procedural).
- Pediatric Emergency Department beds
- Pediatric ICU

# HOSPITAL RESPONSE NEEDED

\*\*\*EXERCISE | EXERCISE | EXERCISE | EXERCISE\*\*\*

Today, the Knox East Tennessee Healthcare Coalition (KET HC) is conducting the Medical Response & Surge Exercise, an operations-based exercise which evaluates our capacity to manage a large-scale, community-wide patient surge. We are expecting approximately 530 to require care across our region. The patients will have injuries, including adult and pediatric trauma (blast injuries, trampling injuries) medical injuries (exacerbation of chronic issues, respiratory distress, chest pain...). You must determine how many will require admission for inpatient care and how many patients will be cared for in outpatient settings. **Note: this is an exercise so there are no actual surge patients, and no resources or patients are to be moved or otherwise affected during the exercise**

If you receive a surge of patients equal to twenty percent (20%) of your staffed beds, will you have **sufficient** or **insufficient** immediate availability of the following resources? For those resources which may experience shortages, please indicate if you require HCC support in identifying alternative sources.

Personnel Categories	Were Sufficient Quantities Available at all Surging Facilities?
Critical Care Physicians	
Critical Care Nurses	
Advanced Practice Nurses	
Physicians Assistants	
Respiratory Therapists	
Pharmacists	
Mental Health Clinicians, Social Workers, Chaplaincy, and Clinical Ethicists	
Trauma, Emergency Department, and Perioperative Services	
Pediatrics, Neonatal, and Obstetric Services	
Laboratory and Diagnostic Imaging Services	
Environmental Services Staff	
Clinical Supply Staff	
Facilities and Information Technology	
Security	
<b>Describe Other Categories</b>	

Would you require HCC support in identifying alternative sources of these resources? If so, which?

# HOSPITAL RESPONSE NEEDED

\*\*\*EXERCISE | EXERCISE | EXERCISE | EXERCISE\*\*\*

Today, the Knox East Tennessee Healthcare Coalition (KET HC) is conducting the Medical Response & Surge Exercise, an operations-based exercise which evaluates our capacity to manage a large-scale, community-wide patient surge. We are expecting approximately 530 to require care across our region. The patients will have injuries, including adult and pediatric trauma (blast injuries, trampling injuries) medical injuries (exacerbation of chronic issues, respiratory distress, chest pain...). You must determine how many will require admission for inpatient care and how many patients will be cared for in outpatient settings. **Note: this is an exercise so there are no actual surge patients, and no resources or patients are to be moved or otherwise affected during the exercise**

If you receive a surge of patients equal to twenty percent (20%) of your staffed beds, will you have **sufficient** or **insufficient** immediate availability of the following resources? For those resources which may experience shortages, please indicate if you require HCC support in identifying alternative sources.

Critical Resources	Were Sufficient Quantities Available <u>at all Surging Facilities?</u>
Emergency department beds	
General medical unit beds	
ICU beds (SICU, MICU, CCU)	
Post critical care (monitored/stepdown) beds	
Surgical unit beds (pre-op, post-op, and procedural)	
General pediatric unit beds	
Pediatric ICU beds	
Analgesia and sedation medications (oral and injectable)	
Anesthesia medications	
Antiemetics	
Respiratory medications	
Antidotes (e.g., atropine, hydroxocobalamin)	
Psychotropic medications	
Blood products	
Intravenous fluids	
Infusion pumps	
Ventilators	
Bedside monitors	
Airway suction (adult and pediatric)	
Surgical equipment and supplies	
Supplies needed to administer pharmaceuticals, blood products, and intravenous fluids	
Other (describe below)	
<b><i>Describe Other Categories</i></b>	

Would you require HCC support in identifying alternative sources of these resources? If so, which?

# HOSPITAL RESPONSE NEEDED

\*\*\*EXERCISE | EXERCISE | EXERCISE | EXERCISE\*\*\*

In the context of today's Medical Response & Surge Exercise conducted by the Knox/East TN Healthcare Coalition, we are contacting you to request information about staffed bed availability and patient needs. As a reminder, you have received a surge of patients equal to twenty percent (20%) of your staffed beds, that require admission to your facility. Their injuries include adult and pediatric trauma (blast injuries, trampling injuries) medical injuries (exacerbation of chronic issues, respiratory distress, chest pain...). Note: this is an exercise so there are no actual surge patients, and no resources or patients are to be moved or otherwise affected during the exercise.

**Based on the number of patients expected at your facility, could you kindly note the following?**

- a) Number of existing patients at the beginning of the exercise.
- b) Number of those patients who could be safely discharged to accommodate surge patients.
- c) Number of surge patients requiring admission for inpatient care based on your triage assessment.
- d) Number of surge patients requiring outpatient care who will not be admitted based on your triage assessment.
- e) Number of surge and existing patients requiring admission for inpatient care with an appropriate, staffed bed after patients are discharged.
- f) Number of patients requiring admission for inpatient care without an appropriate, staffed bed who require transfer to another facility for inpatient care.
- g) Of those requiring transfer to another facility for care, for how many are you able to identify an appropriate, staffed bed at a receiving facility and appropriate transport?
- h) Number of patients for whom you are unable to find an appropriate, staffed bed at a receiving facility and/or appropriate transport?

## HCC Response Needed

Describe the process utilized to manage and coordinate resources?	
What process do you use to manage requests for resources from HCC members and other stakeholders?	
What process do you use to facilitate the management and distribution of resources across HCC members?	
Based on bed availability within your HCC, did you have sufficient bed resources for your patients or were you required to go outside of your HCC?	
If you had to go outside of your HCC, what beds did you have to look for?	
Were there any types of beds you were completely unable to secure?	
Did you collect baseline capacity data from coalition facilities in a timely fashion?	
Were you able to reach and communicate effectively with the appropriate persons at other facilities?	
Were you able to reach and communicate effectively with the appropriate persons at EMS?	



**Triage Tag Number/Barcode**

**TRIAGE STATUS**

Complete as much information as possible

**Location of Triage**

**Incident/Location Note**

**Triage Status**

Green (Walking)
  Yellow (Delayed)
  Red (Immediate)
  Black (Deceased)
  Uninjured

**Age**

**Age Value**

Years

**Transport Unit Number**

**Destination Facility**

Parkwest Medical Center

**If OTHER, Facility Name**

**EMS Rapid Narrative - (not required)**

**Patient Received**

Completed by Receiving Facility

**Receiving Facility (Choose Once Patient At Facility)**

**Family At Bedside**

**If OTHER/Specialty, Facility Name**

**PATIENT DEMOGRAPHICS / IDENTIFIERS**

List all known information - leave blank any unknowns

**Hospital MRN**

**DL/ID Number**

**First**

**Middle**

**Last**

**Street 1**

**Street 2**

**City**

**State**

**Zip**

**DOB**

**Sex**

**Personal Identifiers (scars, marks, tattoos)**

**Photo 1**

**Photo 2**

Photo 3

Photo 4

**Personal Property / Evidence Taken Log**

**Patient's Next of Kin**

*First*

*Last*

**Relationship**

**Cell Phone Number**

**Secondary Phone Number**

**Additional Phone Number**

**Address**

**Patient Disposition**

Update any time the patient is moved or transferred, then Submit

**Disposition**

**Staff Dispositioning Patient**

*First*

*Last*

**Dispositioning Staff Role & Unit Name**

**Transferred/Admitted Facility**

**Transfer Facility Name (if Othe/Specialty)**

**Transferring Unit Number or Service Name**

**Transfer Notes**

**Administrative Notes**

**Reunification Status**

New Patient

**Investigating Agency Assigned**

**Investigator Assigned**

**Reunification Notes/Comments/Narrative**

**Comment(s)**