Knox/East Tennessee Healthcare Coalition (KETHC)

Medical Response & Surge Exercise – Exercise Plan (ExPlan)

1. General Information

1.1 Exercise Overview

Exercise Name: KETHC Medical Response & Surge Exercise (MRSE 2026)
Exercise Date: Thursday, April 23, 2026, 0800–1200 hrs
Sponsor: Knox/East Tennessee Healthcare Coalition
Participating Agencies:

- Acute care hospitals (18)
- EMS (Ground & Air Medical) agencies
- Law Enforcement
- Fire Departments
- Regional Medical Communications Center (RMCC)
- Tennessee Department of Health (TDH)
- Regional Healthcare Coordinators & Vulnerable Populations Coordinator
- Emergency Management Agencies (EMA)
- Blood Services / Blood Bank partners
- American Red Cross
- Amateur Radio / AUXCOMM
- Others

Scope:
A 4-hour functional exercise testing regional medical surge, patient distribution, tracking, communications, resource management, family assistance center, public messaging, and special populations integration.

2. Exercise Purpose, Scope, and Objectives

2.1 Purpose

To evaluate the healthcare coalition's ability to assist coordinate a multi-agency response to a mass-casualty active shooter + IED incident resulting in large-scale medical surge, special population needs, and complex regional patient distribution across 18 hospitals.

2.2 Scope

This exercise will focus on:

- Medical surge capacity and hospital bed management
- Multi-agency patient tracking using ReadyOP
- Regional communications (HRTS, TEAMS, TNHAN, RMCC)
- EMS/hospital coordination
- Resource request processes
- Special populations integration (ASL needs, service animals, behavioral health, laboring patients, shooter suspect)
- Fatality management
- Friends and Family Assistance Center
- Blood supply shortages and logistical constraints

2.3 Exercise Objectives

Objective 1 – Stress-Test Surge Capacity & Bed Management

Evaluate hospital ability to expand surge capacity and accurately report ED Triage Beds, trauma, ICU, and inpatient availability.

Objective 2 – Patient Tracking Using ReadyOP

EMS and hospitals will initiate and maintain patient tracking from scene to facility destination.

Objective 3 – Regional Communications

Agencies will send, receive, and acknowledge situation updates using:

- Healthcare Resource Tracking System (HRTS)
- Microsoft TEAMS
- Tennessee Health Alert Network (TNHAN)
- RMCC/TACN

Objective 4 – Resource Coordination

Participants will identify, document, and report:

- Critical medical equipment
- Critical personnel levels
- Blood supply levels
- Family Assistance Center capacity

Objective 5 – Special Populations Integration

Each hospital must manage, at a minimum, the following among their surge load:

- One deaf/hard-of-hearing patient requiring ASL interpretation
- One patient in active labor
- One patient with a service animal
- One patient identified as the shooter
- Patients requiring behavioral health assistance

Objective 6 – Fatality Management

Test Medical Examiner/Coroner, hospitals, EMS, and regional fatality processes including tracking, documentation, and mortuary surge.

3. Scenario Summary

3.1 Scenario Overview

At **0800 hours**, an active shooter opens fire at a large entertainment venue with **1,000 attendees**. Multiple gunshots are reported, followed by detonation of an IED near a concession area. Chaos, fleeing crowds, and concerns of a secondary explosive delay entry of EMS.

Uninjured attendees begin providing care with improvised methods. Some lightly injured victims self-transport to clinics and hospitals via POV.

Scene Hazards

- Active shooter
- Secondary IED threat
- Delayed EMS access
- Large crowds, panicked movement
- Explosive residue, structural damage

Patient Surge

Based on the supplied surge distribution list, **all 18 acute care hospitals receive patients**, including:

- High-acuity trauma
- Blast injuries

- Ballistic injuries
- Burns
- Orthopedic injuries
- Behavioral health crises
- Special populations

Each hospital receives:

1. A deaf/hard-of-hearing patient needing ASL
2. A patient in labor – wounded or non-wounded from incident
3. One patient with a service animal
4. A patient behaving as the shooter suspect
5. Patients requiring mental health crisis intervention

4. Exercise Assumptions & Artificialities

4.1 Assumptions

- The scenario is plausible and based on current regional risks.
- Hospitals and agencies will use real-world plans, policies, and communication systems.
- No real-world patient care is interrupted by exercise play.
- All communications occur using real systems (HRTS, TEAMS, ReadyOP).

4.2 Artificialities

- Weather will be assumed stable.
- Some resource constraints (e.g., blood shortages) will be artificially driven through injects.
- Some mutual aid agencies not physically present will participate through simulated channels.

5. Roles & Responsibilities

5.1 Exercise Leadership Structure

- **Exercise Director:** Regional Healthcare Coordinator
- **Safety Controller:** Knox County EMA
- **Lead Evaluator:** TDH Healthcare Preparedness Program
- **RMCC Lead:** Regional Medical Communications Center
- **Hospital Command Staff:** Each facility's HICS/ICS lead

5.2 Participating Agency Roles

Hospitals

- Activate surge plans
- Track and receive patients
- Provide ASL, obstetric, security, and animal assistance
- Report bed availability and resource status
- Manage behavioral health and shooter suspect

EMS

- Scene triage
- Transport coordination
- ReadyOP patient tracking
- Distribution to all 18 hospitals

Public Health

- Public messaging
- TNHAN notifications
- Epidemiology/data tracking
- Fatality management support

Emergency Management

- Resource request processing
- Logistics support
- EOC coordination

Blood Bank

- Provide injects on supply shortages
- Coordinate emergency resupply

Red Cross

- Operate Friends & Family Center
- Assist with reunification

Amateur Radio (AUXCOMM)

- Backup communications for hospitals and RMCC

6. Communications Plan

6.1 Systems Used

- **HRTS** – Bed tracking, EMS unit availability, Communications, Resource Request
- **ReadyOP** – Patient tracking
- **TEAMS** – Real-time incident coordination
- **TNHAN** – Alerts/notifications
- **RMCC** – Communications Field/Hospitals, TACN Communications
- **AUXCOMM** – Amateur radio backups

6.2 Communications Expectations

- All messages acknowledged within 10 minutes
- Triage Bed Updated within 10 minutes
- All facilities maintain redundant comms
- Tracking entries made in real time

7. Logistics & Safety

7.1 Safety

This is a **no-fault** exercise.
Real-world emergencies take priority.
"**Real-world Emergency**" phrase is used to halt exercise play.

7.2 Exercise Location

- Hospitals: Play from Emergency Department, Floors, Command Centers
- Regional partners: RMCC, EOCs, Public Health, EMS, Bloodbank.

7.3 Controller/Evaluator Structure

Controllers guide exercise flow; evaluators assess objective performance.

8. Evaluation & After-Action

8.1 Evaluation Process

Evaluators will document:

- Strengths
- Areas for Improvement
- Recommendations
- Corrective actions

8.2 After-Action Meeting

- Each organization will conduct a hotwash and provide feedback to the coalition via ReadyOP form.
- Hospitals will complete required ReadyOp After Action Forms with suggestions for improvements at the coalition level to include, resource, equipment, response, communications, and other gaps identified during exercise.
- The coalition will hold a tabletop exercise the following day to expand on exercise with discussion and sharing of information.

8.3 Improvement Plan

The KETHC AAR/IP will be an overarching response to exercise. Each organization will be responsible for their own facilities / organizations AAR/IP based on their evaluators and AAR feedback. All AAR's should be complete within 30 days.

- Responsible agency
- Timeline
- Required resources
- Benchmarks

9. Appendices

Appendix A – Patient Distribution Summary

Appendix B – MSEL (Master Scenario Events List) (under development)

Injects include:

- Initial 911 calls
- Secondary device threat
- Blood shortage injects
- RMCC distribution
- Behavioral health surge
- Service animal issues
- Shooter suspect escalation
- Fatality management triggers

Appendix C – Communications Directory

(HRTS, TEAMS, RMCC, Amateur Radio frequencies, etc.)

Appendix A – Patient Distribution Summary

Facility	Adult Surge	Pedi Surge	Total Surge
Big South Fork Medical Center	4	1	5
Blount Memorial Hospital	31	3	34
Claiborne Medical Center	7	1	8
East Tennessee Childrens Hospital	0	22	22
Fort Loudoun Medical Center	9	1	10
Fort Sanders Regional Medical Center	51	5	56
Jefferson Memorial Hospital	10	1	11
LaFollette Medical Center	6	1	7
Leconte Medical Center	13	1	14
Methodist Medical Center	34	3	37
Morristown Hamblen Hospital Assoc	20	2	22
Newport Medical Center	8	1	9
North Knoxville Medical Center	19	2	21
Parkwest Medical Center	47	5	52
Roane Medical Center	10	1	11
Sweetwater Hospital Association	12	1	13
Turkey Creek Medical Center	27	3	30
University Of Tennessee Medical Center	68	7	75
	376	61	437

Appendix B – MSEL (Master Scenario Events List)

Currently under development

Date	Time	Event	Notes	Who will do
23APRIL	0800	Fire/EMS/LE dispatched- possible shooting at large venue	911 Dispatch, EMS Dispatch makes appropriate notifications.	EMS Representative
23APRIL	0815	EMS/911 Dispatch notifies RMCC. Request additional units and hospital notification	EMS will contact RHOC simcell	EMS Representative
23APRIL	0825	RMCC SENDS TNHAN AND HRTS	Message content: HRTS: **Event Name** – **Exercise** MCI Active Shooter **Location** - Region 2 Area **Description** – Exercise – Active Shooter Event Reported at Large Venue **Event Type** – MCI **Bed Update** – 30 minutes **MARK:** Exercise, Patient Triage, EMS Call Down boxes **Address** – Region 2 KET HC area City – Region 2 ZIP - 12345 PAGE 2	TNHAN/HRTS: Tim Taylor

			Regions – East Tennessee (counties should auto fill) Page 2 (continue) **Facilities** – Hospital Acute Care, Emergency Departments, EMS, EMA, LTC, Behavior Health, Transitional LTC, Rehabilitation, Assisted Living. Specialty Services – NONE Page 3 – Review and send TNHAN "**This is an exercise**. An active shooter event has been reported in the region. Local EMS is requesting additional EMS units. EMS should update unit availability in HRTS. Hospitals should update bed availability by triage category. **This is an exercise**." • TNHAN to Region 2 EMS and hospitals	
23APRIL	0830	Scene Command reports multiple casualties from shooting and explosion.	Delay access to scene due to possible secondary devices. Victims self-evacuating.	
23APRIL	0840	First victims arrive at ED by POV.	Hospital Controller	Hospital Controller
23APRIL	0840	Scene Command reports CCP currently has 40 plus patients	HRTS – Note made by RHC in HRTS Exercise – On scene command reporting 40 plus patients	• HRTS – RHC
23APRIL	0840	Patient Tracking initiated on scene	HRTS – Note patient track initiated.	RHC's

23APRIL	0850	EMS crew arrives with two patients from incident		Hospital Control reports information about receiving EMS Patients
23APRIL	0900	KETHC sends out TEAMS meeting	TEAMS meeting established to assist with communications	RHC
23APRIL	0900	News Media Arriving at Hospitals wanting information and video of arriving patients	HICS Team Advised.	Hospital Controller
23APRIL	0910	Pregnant patient in active labor arrives.	Patient is in active labor. Was at event. Unknown injuries.	Hospital Controller
23APRIL	0910	Additional patients are arriving by POV, Uber, and EMS		Hospital Controller
23APRIL	0915	Patient arrives at ED unable to hear or speak. Need ASL interpreter.		Hospital Controller
23APRIL	0920	Medic Blood Bank	Medic Blood Bank is receiving blood product request from multiple hospitals.	Note in HRTS
23APRIL	0930	Amateur Radio Operators are establishing net for communication assists	Available amateur radio members test communications with hospitals and communications trailer	
23APRIL	0930	Victims, Family and Friends are arriving at hospitals seeking help.	Friends and Family assistance center needed	Hospital Controller
23APRIL	0935	Victim with service animal arrives at ED	Service animal must stay with victim	Hospital Controller
23APRIL	0940	Victim arrives at hospital by LE. Identified as shooter.	This causes victims and families to become angry. Additional Security is needed.	Hospital Controller
23APRIL	0950	Worried well are overcrowding ED Lobby		Hospital Controller
23APRIL	1000	Red Cross establishes Friends and Family Center	Assistance with patient information and tracking is requested.	Red Cross
23APRIL	1010	Cellphone service is overloaded and slowing down cell service.		Hospital Controller
23APRIL	1030	TACN Radio Check	RHC will conduct TACN radio check	RHC

23APRIL	1030 – 1100	Additional victims continue to arrive.		Hospital Controller
23APRIL	1100	EMS Reports all victims transported. Approximately 15-20 DOA on scene. Requesting assistance	Note in HRTS	RHC
23APRIL	1110	Hospital Reporting additional deaths from incident. Limited morgue space		Hospital Controller
23APRIL	1110-1200	Hospitals, EMS, RC, EMA continue to work incident.		Controllers
23APRIL	1200	Exercise End		RHC

Appendix C – Communications Directory

Currently under development

Controller Directory					
HCC and Exercise Director	KETHC	John Brinkley	RHOC	865-216-6280	John.brinkley@knoxcounty.org
HCC and Exercise Director	KETHC	Wanda Roberts	RHOC	865-202-9800	ETRHC.HEALTH@tn.gov
CMS 17 Director	KETHC	Brenan Mitchell	RHOC	865-850-2884	Brenan.Mitchell@tn.gov
Duty Officer – Communications	RMCC	Tim Tyler	RMCC	865-305-9112	JTaylor@utmck.edu
ARC Shelter Controller	ARC		Shelter Location		
SIMCELL	KETHC	SIMCELL	RHOC	865-549-5343	N/A
TACN	KETHC	TACN Radio	ZONE: RMCC REG 2A	Channel: 1 RMCC 2	
TEAMS Meeting					