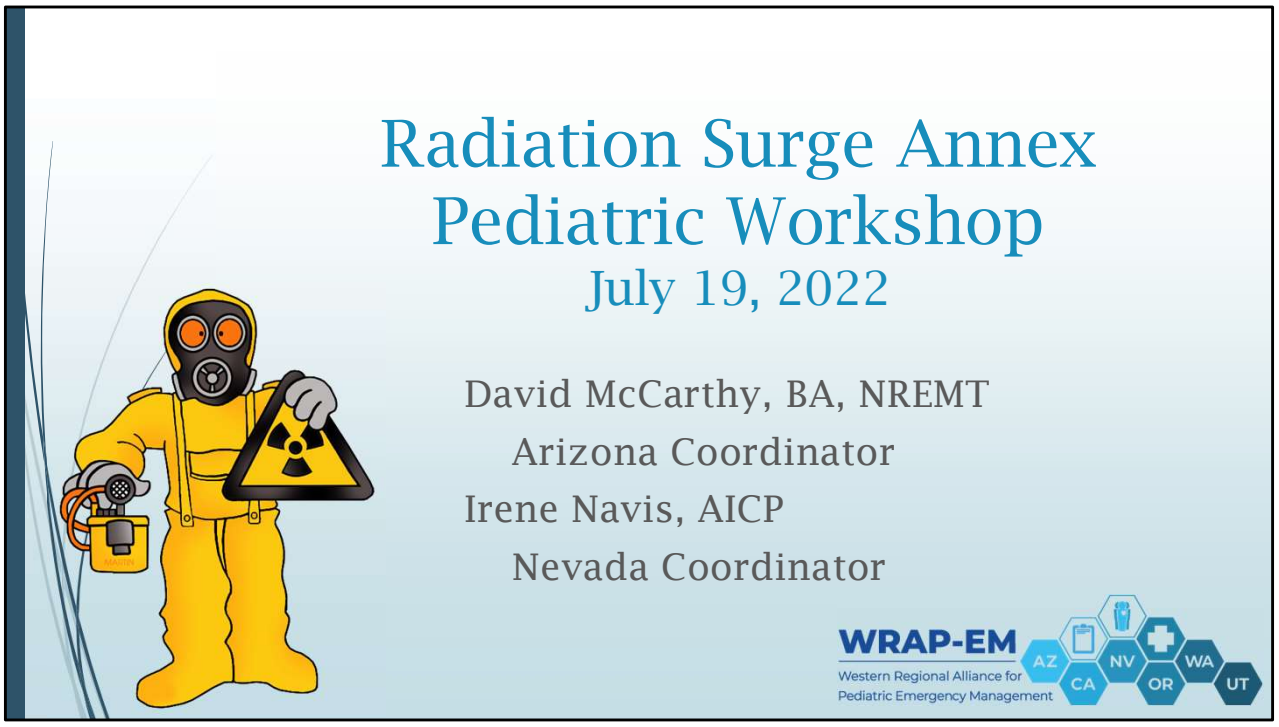


Please contact us if you have any questions or need assistance.

David McCarthy,
David@epsolutionsaz.com

Irene Navis,
NavisStrategicServicesLLC@gmail.com

Workshop Agenda

- Welcome/Introductions/Guidelines
- Pediatric Care – *Emily Kiernan, DO*
- Countermeasures – *Diana Hindman, MD, PharmD*
- Radiation Injury Treatment Network (RITN)
- Additional Resources
- Family Reunification

WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

What is WRAP-EM?

The Western Regional Alliance for Pediatric Emergency Management is an ASPR funded Center of Excellence that supports pediatric-focused initiatives to improve emergency pediatric disaster response capabilities. Initiatives are intended to produce helpful resources and guidance to address challenges that healthcare coalitions, facilities and their community partners may face in a crisis.

WRAP-EM
Western Regional Alliance for Pediatric Emergency Management

AZ CA NV OR WA UT

Goal: To develop regional pediatric disaster planning and response capabilities – through collaboration between all levels of government and hospitals – that effectively match resources to needs for a catastrophic incident.

Funding & Disclaimer

- The Western Regional Alliance for Pediatric Emergency Management is supported by Award Number 6 U3REP190616-01-02 from the Office of the Assistant Secretary for Preparedness and Response (ASPR).

- The content presented here and throughout the presentation is that of the authors and does not necessarily represent the official views of, nor an endorsement by ASPR, HRSA, HHS, or the U.S. Government.

Purpose of Workshop

- Provide pediatric focused content for HCCs to include in Radiation Response Annex
- Provide Pediatric focused resources and templates for inclusion in a Radiation Response Annex
- The workshop is being record and will be made available
- The PowerPoint and other materials will be made available

WRAP-EM
Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

Radiation Injury Treatment Network

RITN@nmdp.org

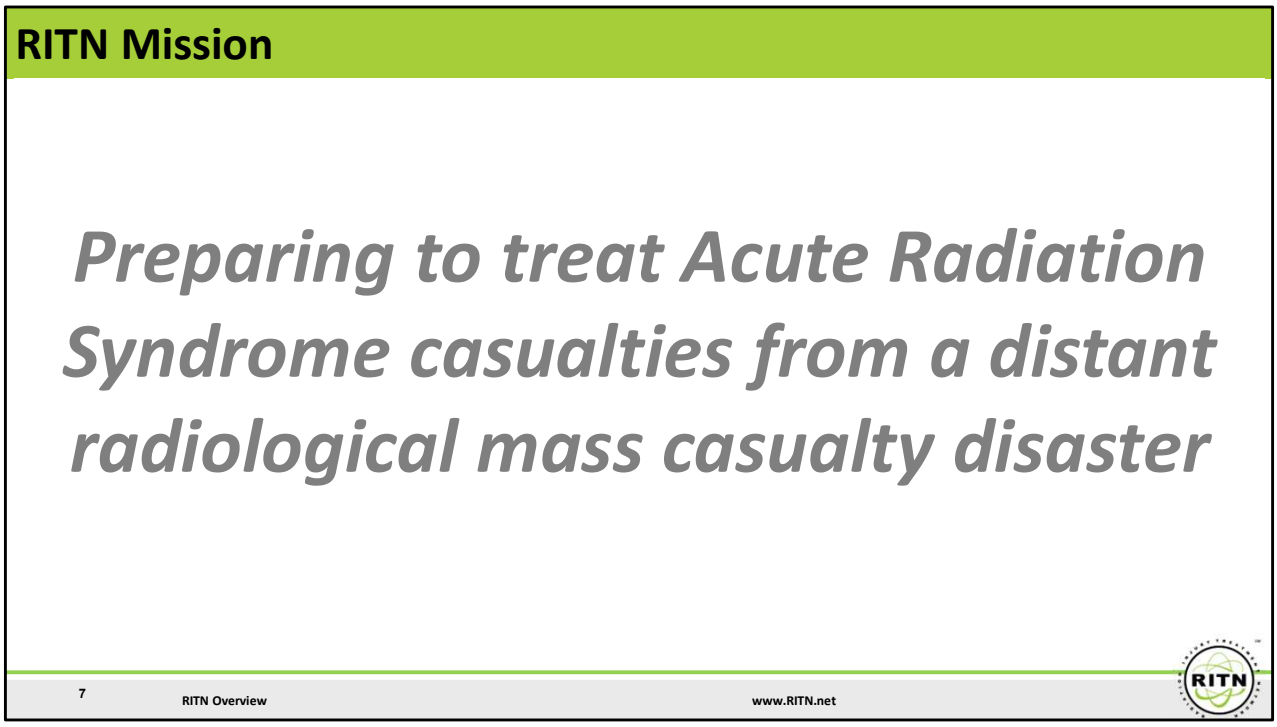
www.RITN.net

-Fortuna Favet Paratis-

est. 2006

RITN Green Color:

PPT RGB definition
Green: 166-206-57
Yellow: 255-242-0



It boils down to a simple statement: Preparing to treat Acute Radiation Syndrome casualties from a distant radiological mass casualty disaster

Vs.

The Radiation Injury Treatment Network® (RITN) is a national network of medical centers with expertise in the management of bone marrow failure and works with partners from other medical specialties to assist with managing acute radiation syndrome (ARS) and its health-related consequences. The mission of the RITN is to maximize health-related outcomes among

casualties with ARS following a mass casualty disaster involving radiological, nuclear, or chemical agents with marrow toxicity.

To accomplish its mission:

Before the disaster, RITN develops treatment guidelines for managing hematologic toxicity among casualties of radiation exposure and educates health care professionals about pertinent aspects of radiation exposure management through training and disaster exercises.

During the disaster, RITN centers provide comprehensive evaluation and treatment in both inpatient and outpatient settings. The RITN control cell helps to coordinate the response and shares critical information about the disaster between RITN hospitals and governmental agencies, including the Department of Health and Human Services (DHHS), Assistant Secretary of Preparedness and Response (ASPR).

After the disaster, RITN centers collect and share patient data for research through the Center for International Blood and Marrow Transplantation Research.

RITN is led by the National Marrow Donor Program and American Society for Transplantation and Cellular Therapy, with essential support from the US Office of Naval Research

What is RITN? https://www.youtube.com/watch?v=v-qW-z7qXRw

Concept of Operations…. ConOps

Why Cancer Centers?

- Bone marrow is a the most sensitive organ in the body to ionizing radiation
- Doses >2 Gy** of ionizing radiation can cause Acute Radiation Syndrome (ARS)
- ARS mimics what BMT/hematology/oncology staff see daily while treating patients with blood cancers
- Through cancer treatment process patients are irradiated or given chemotherapy to destroy their immune system (marrow)
- Failure to restore would result in **death**

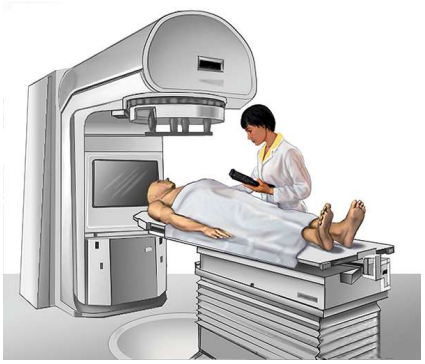


Image Source: NCI https://www.cancer.gov/about-cancer/treatment/types/radiation-therapy/radiation-fact-sheet accessed 11/29/16

**Chest CT = 7 mSv : ~0.007 Gy == 2 Gy ~286 chest CTs
** PET/CT = 25 mSv : ~0.025 Gy == 2 Gy ~ 80 PET/CTs

Extremely small numbers of the long-term blood (hematopoietic) stem cells can repopulate the entire blood forming system
Survival boosts (LD50/60):

Left untreated ½ of radiation casualties will die from >3 Gy
With supportive care increase to ½ survive at 6 Gy
With Cytokines increase ½ survive at 8 Gy

Doses of ionizing radiation >2 Gy** can cause Acute Radiation Syndrome (ARS)

ARS mimics what BMT/hematology/oncology staff see daily from the treatment of blood cancers

Through cancer treatment process patients are irradiated or given chemotherapy to destroy their immune system

Dose treatment:

~< 2Gy is survivable without treatment

4 Gy is LD 50/60 without supportive care

LD 50/60 increases to ~6 Gy with supportive care (fluids, antibiotics, antifungals)

LD 50/60 increases to ~8 Gy with cytokines

Bone marrow is a the most sensitive organ in the body to ionizing radiation.

Bone marrow is the source of production of:

- Red blood cells ----- for oxygen
- White blood cells -- for immunity
- Platelets ---------- for clotting

<u>Failure to restore blood production following radiation injury would result in death.</u>

Untreated, many radiation casualties will die of marrow suppression from whole body exposure greater than 300 cGy (rad).

- Extremely small numbers of the long-term blood (hematopoietic) stem cells can repopulate the entire blood forming system.
- Hematopoietic stem cells are primarily in the bone marrow and also circulate in the blood.
- The hematopoietic stem cell, undamaged, is very sturdy and for transplantation can be obtained from a donor from the bone marrow from their hip or from the blood using apheresis.
- This focus of RITN leverages the expertise of marrow transplant specialists who are accustomed to providing the intensive supportive care required by patients with suppressed marrow function.

==========

Gy to Sv conversion... Approximation: http://www.convert-me.com/en/convert/radiation/rrgray.html?u=rrgray&v=2
Chest CT dose from: http://www.radiologyinfo.org/en/info.cfm?pg=safety-xray
Conversion from: http://www.convert-me.com/en/convert/radiation/rrmsievert.html?u=rrmsievert&v=7

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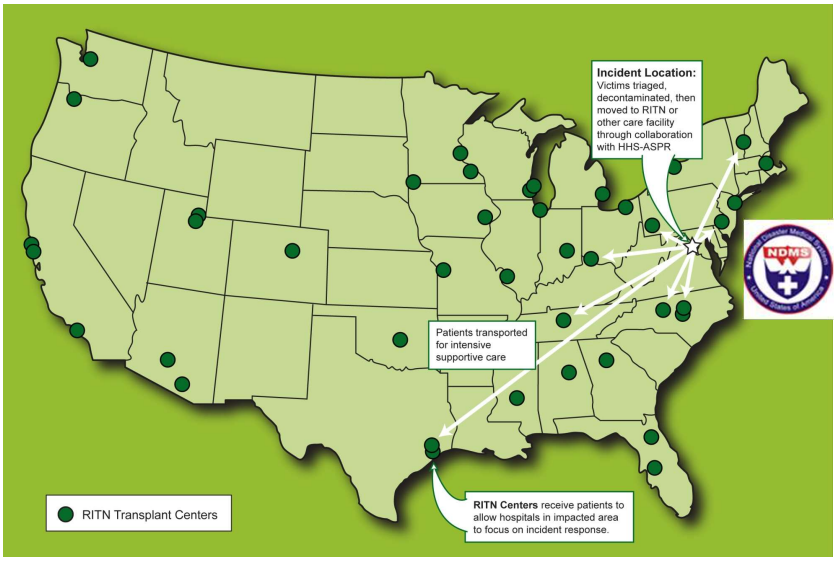
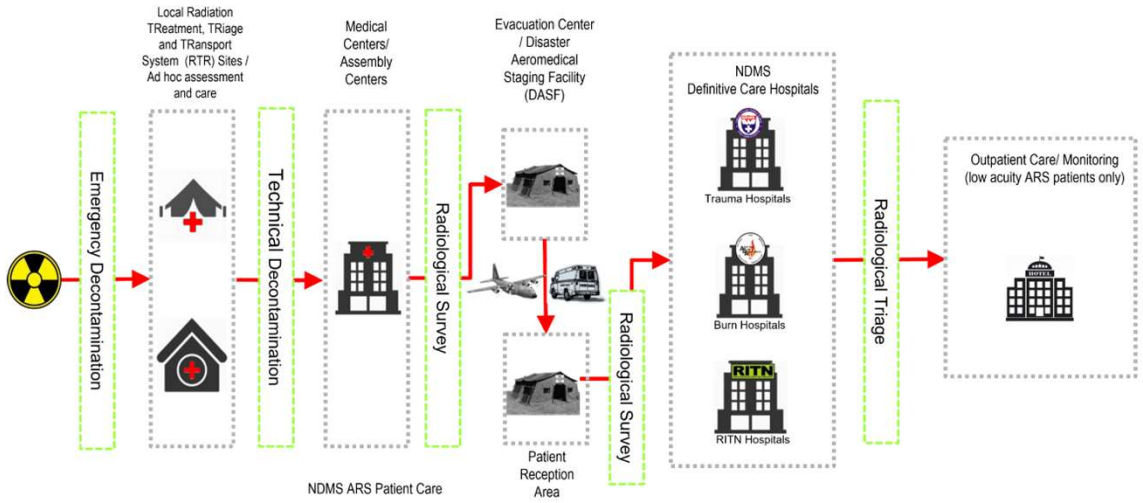
Movement of patients through NDMS



- RITN centers plan to receive patients from the impacted area
- RITN centers are not first responders or a local response asset
- If an RITN center is near a disaster site it will be too busy handling the immediate surge to be preparing to receive additional radiation victims.
- However, other RITN centers could receive existing patients from a RITN center near a disaster site as patients are offloaded to accommodate the medical surge.

ARS Patient Movement



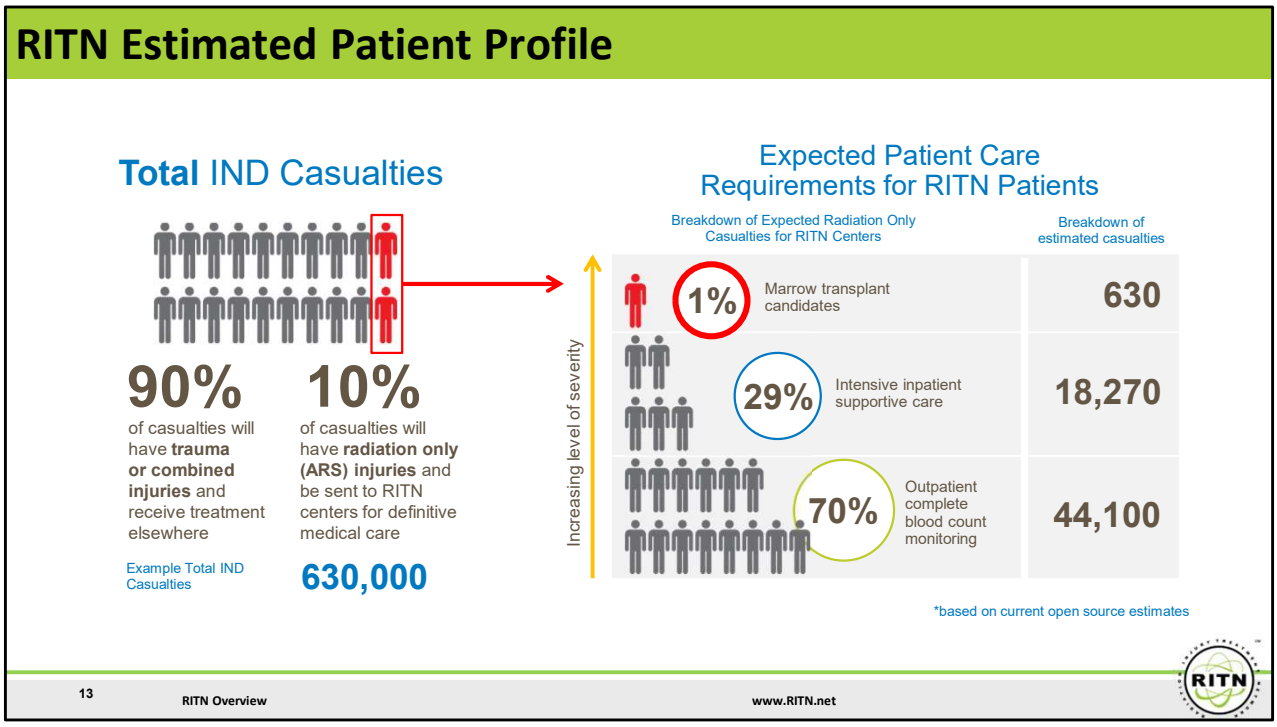
Bottom-line is that all of this will take time for the casualties to arrive at a RITN hospital… ~7-10 Days.

Casualties will be triaged and grossly decontaminated near the disaster then distributed when necessary to distant hospitals for appropriate care.

The boldness of the arrows decreases the further from the incident site as the casualties that are passed on to the next level of care decrease at each stage in the process.

Despite the magnitude of a disaster like this, RITN centers will have time before casualties arrive, possibly a week or more.

And there will be even more time to determine if a casualty requires a transplant, up to four weeks after exposure.



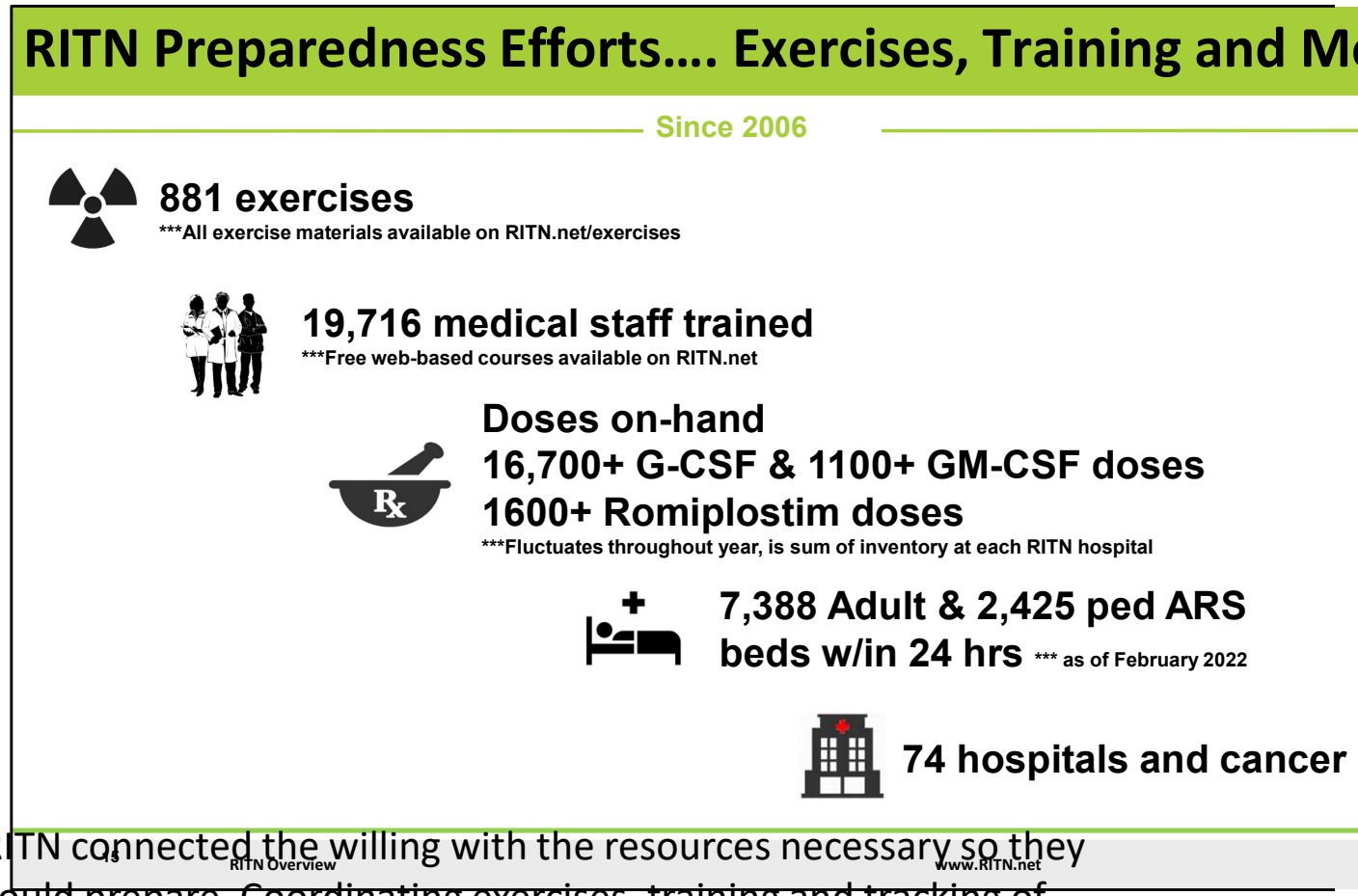
Those with ARS will need specialists. Approximately 10% will have ARS, they will need specialized supportive care to survive, care given every day at cancer centers around the world.**

With Radiation exposure only victims with 2-6 Gy are likely to survive with specialized supportive care. Those with less than 2 Gy of exposure should not require significant medical resources for their care, they will self recover or survive with outpatient care.

The pyramid of treatment illustrates the small percentage of casualties with "radiation only" marrow-toxic injuries that likely would be moved through NDMS to RITN centers calculated from Knebel AR, Coleman CN, Cliffer KD; et al. Allocation of scarce resources after a nuclear detonation: setting the context. Disaster Med Public Health Prep. 2011;5 (Suppl 1):S20-S31

The composition of casualties is very difficult to estimate. This figure conveys the point that the majority of casualties will require supportive care, frequently as an outpatient. The percentages shown here are an estimate determined by RITN based on interpretation of current publications and medical experience.

Resources

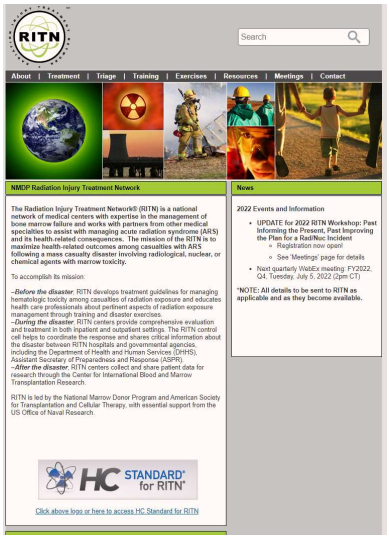


RITN connected the willing with the resources necessary so they could prepare. Coordinating exercises, training and tracking of medical resources.**

The exercises RITN has conducted include mostly tabletop exercises where we provide a scenario and discussion questions for each hospital, and they review them in a low stress meeting type environment. Then they submit their answers to the discussion questions online. We post all of these exercises and summary data on RITN.net/exercises. In 2014 we began providing funding to hospitals to conduct functional and full-scale exercises which activate portions of a response plan or the entire plan including partner organizations respectively.

Resources

- Medical Guidance www.RITN.net/treatment
  - ARS Treatment Guidelines
  - Referral Guidelines
  - Adult and Pediatric Medical Orders in collaboration with REMM
- Training www.RITN.net/training
  - Mobile REAC/TS course
  - ARS Medical Grandrounds training
  - Web based training courses (basic radiation, ConOps, etc...)
  - Non-medical Radiation Awareness Course Adopted by NNSA for USAID staff
- Operations
  - Exercises
  - Web based data collection for ARS patients
  - RITN hospital “bed report +” integrated into GEO Health



MOU with ASPR

Medical Guidance

www.RITN.net/treatment

- ARS Treatment Guidelines
- Referral Guidelines
- Adult and Pediatric Medical Orders in collaboration with REMM

Training www.RITN.net/training

- Mobile REAC/TS course
- ARS Medical Grandrounds training
- Web based training courses (basic radiation, ConOps, etc...)
- Non-medical Radiation Awareness Course Adopted by NNSA for USAID staff

Operations

- Web based data collection for ARS patients
- RITN hospital “bed report +” integrated into GEO Health

Federal Plans Involving the RITN

- White House: Planning Guidance for Response to a Nuclear Detonation
- FEMA: Nuclear/Radiological Incident Annex
- ASPR: Radiological Dispersal Device Playbook
- ASPR: Rad/Nuke Annex to All Hazards Plan
- ASPR: State & Local Planners Playbook for Medical Response to a Nuclear Detonation
- ASPR: Medical Planning and Response Manual for a Nuclear Detonation Incident

NLM: REMM-RITN Prototype for Adult & Pediatric Medical Orders During a Radiation Incident

Adult & Pediatric Medical Orders: REMM.HHS.GOV & RITN.net/treatment

Adult Medical Orders

REMM
Prototype / Template for
Adult Hospital Orders
During a Radiation Emergency
Version: Jan 25, 2019

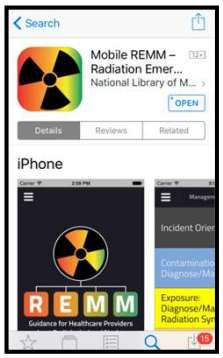
Cautions
- Authored by REMM and RITN physicians, this set of orders is a prototype only.
- **Orders must be customized for each patient and incident.**
- Specific drugs are suggested for function only. Patients may not need any/every category of drug listed.
- No HHS, CDC, FDA, or other US government entity endorsement of specific drugs or drug doses is intended or implied by inclusion in this order set.
- Consult the notes at the end of this document for additional, key information.

Internal contamination (decorporation treatments)
- This **Adult Orders Prototype** lists only FDA-approved medications as radioisotope countermeasures.
- Some, but not all of these drugs are currently in the Strategic National Stockpile.
- Prescribers should consult the FDA drug label for complete prescribing information.
- Decorporation drugs should be used in children and pregnant women with great caution.
- The online version of REMM has additional recommendations about additional countermeasure drugs that may be considered.
- This prototype does **not** address threshold levels of internal contamination that would trigger initiation, continuation, or discontinuation of decorporation treatment.
- See REMM Countermeasures Caution and Comment, which discusses this issue.

Drug dosages
- All adult drug doses in this prototype are based on a 70 kg adult with normal renal and hepatic function.
- Appropriate dose adjustments should be made based on age, weight, drug-drug interactions, nutritional status, renal, and hepatic function.

U.S. Department of Health & Human Services
REMM RADIATION EMERGENCY MEDICAL MANAGEMENT

www.REMM.HHS.gov



Pediatric Medical Orders

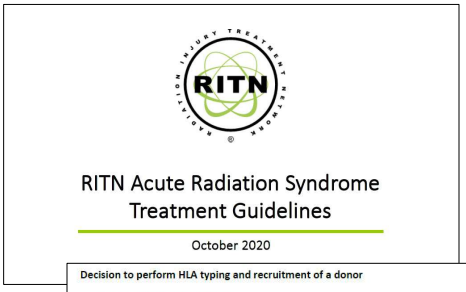
REMM
Prototype / Template for
Pediatric Hospital Orders
During a Radiation Emergency
Version: Jan 25, 2019

Cautions
- Authored by REMM and RITN physicians, this set of orders is a prototype only.
- **Orders must be customized for each patient and incident.**
- Specific drugs are suggested for function only. Patients may not need any/every category of drug listed.
- No HHS, CDC, FDA, or other US government entity endorsement of specific drugs or drug doses is intended or implied by inclusion in this order set.
- Consult the notes at the end of this document for additional, key information.

Internal contamination (decorporation treatments)
- This **Pediatric Orders Prototype** lists only FDA-approved medications as radioisotope countermeasures.
- Some, but not all of these drugs are currently in the Strategic National Stockpile.
- Prescribers should consult the FDA drug label for complete prescribing information.
- Decorporation drugs should be used in children and pregnant women with great caution.
- The online version of REMM has additional recommendations about additional countermeasure drugs that may be considered.
- This prototype does **not** address threshold levels of internal contamination that would trigger initiation, continuation, or discontinuation of decorporation treatment.
- See REMM Countermeasures Caution and Comment, which discusses this issue.

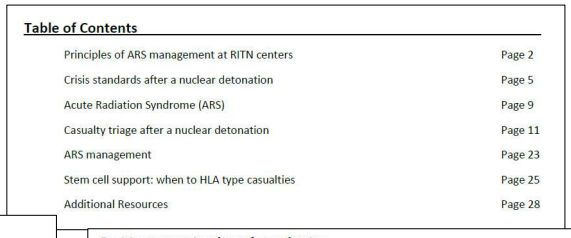
Drug dosages
- All drug doses in this prototype should be customized for each patient.
- All pediatric drug doses should be prescribed as appropriate for **age**, **weight**, and any **clinical issues**, including allergies.
- Appropriate dose adjustments should be made based on age, weight, drug-drug interactions, nutritional status, renal, hepatic function, and risk/benefit calculus.

Treatment Guidelines on RITN.net/treatment



RITN Acute Radiation Syndrome Treatment Guidelines

October 2020



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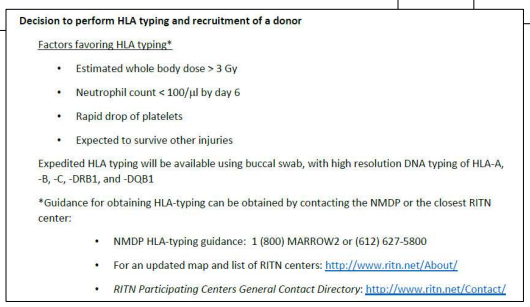
Acute Radiation Syndrome (ARS)	Page 9
Casualty triage after a nuclear detonation	Page 11
ARS management	Page 23
Stem cell support: when to HLA type casualties	Page 25
Additional Resources	Page 28



Decision to perform HLA typing and recruitment of a donor

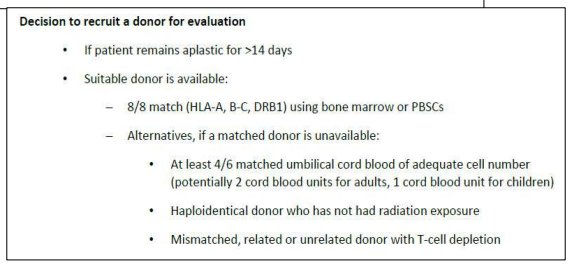
Factors favoring HLA typing*

- Estimated whole body dose > 3 Gy
- Neutrophil count < 100/µl by day 6
- Rapid drop of platelets
- Expected to survive other injuries

Expedited HLA typing will be available using buccal swab, with high resolution DNA typing of HLA-A, -B, -C, -DRB1, and -DQB1

*Guidance for obtaining HLA-typing can be obtained by contacting the NMDP or the closest RITN center:

- NMDP HLA-typing guidance: 1 (800) MARROW2 or (612) 627-5800
- For an updated map and list of RITN centers: http://www.ritn.net/About/
- *RITN Participating Centers General Contact Directory*: http://www.ritn.net/Contact/



Decision to recruit a donor for evaluation

- If patient remains aplastic for >14 days
- Suitable donor is available:
  - 8/8 match (HLA-A, B-C, DRB1) using bone marrow or PBSCs
  - Alternatives, if a matched donor is unavailable:
    - At least 4/6 matched umbilical cord blood of adequate cell number (potentially 2 cord blood units for adults, 1 cord blood unit for children)
    - Haploidentical donor who has not had radiation exposure
    - Mismatched, related or unrelated donor with T-cell depletion

Referral Guidelines: www.RITN.net/triage

Guidelines for Identifying Radiation Injury and Considering Transfer to a Specialized Facility

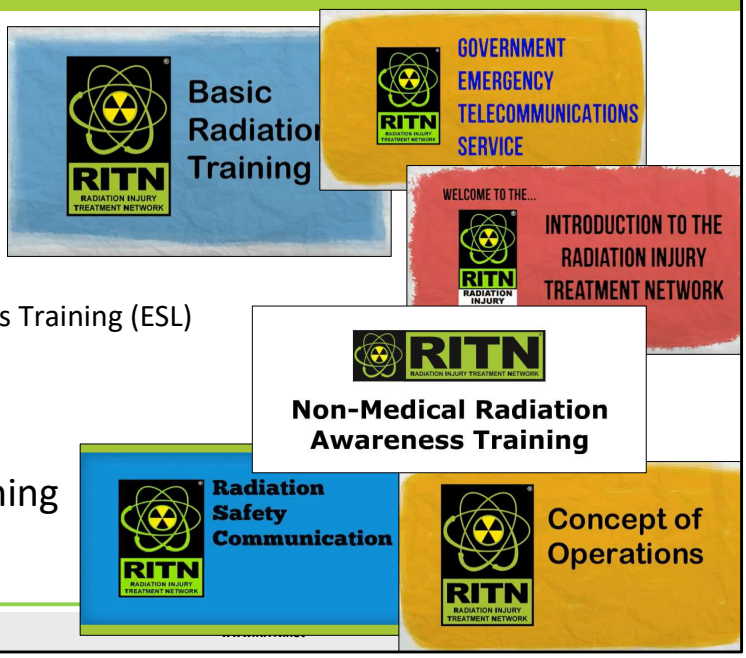
1) **Purpose:** to provide hospitals with a concise guide for identifying casualties in the aftermath of a radiation incident who may have received a clinically significant dose of radiation.
2) **Regional RITN hospital contact information for specialized consultation:**
   Hospital Name: Click here to enter text.
   Department: Click here to enter text.
   Phone: Click here to enter text. Email: Click here to enter text.
3) **Overview:** Ionizing radiation affects the hematopoietic system even at very low doses; hematology and oncology medical staff treat these effects daily. Irradiated patients may develop severe organ dysfunction over time and require intense and specialized management.
4) **For extensive information on the acute radiation syndrome** (hematologic, gastrointestinal, cutaneous, central nervous system), types of radiation incidents, and radiation decontamination, see: www.remm.nlm.gov (Radiation Emergency Medical Management (REMM) website)
5) **CONSULTATION/REFERRAL CRITERIA:** Any patient suspected of having a radiation injury can be discussed with your local RITN center. The ability to accept referrals will depend on the size of the incident and the capacity of regional RITN center(s).
   a. **Criteria for considering RITN center consultation/referral include:**
      i. Absolute neutrophil count less than 1,000/µL
      ii. Absolute lymphocyte count less than 1,000/µL
      iii. Severe nausea, vomiting and/or anorexia
      iv. A localized cutaneous radiation injury that requiring extensive management
      v. Suspected or known internal contamination (*e.g.* involving a wound, the lung or GI tract)
      vi. Current facility not equipped to provide irradiated, leukoreduced blood products
   b. Manage comorbidities and possible sequelae of irradiation:

Web Based Training on RITN.net/training (FREE TRAINING)

- Web based training
  - Intro to RITN
  - Basic Radiation Training
  - RITN Concept of Operations
  - Radiation Safety Communication
  - GETS Card 101
  - Non-Medical Radiation Awareness Training (ESL)

Adopted by NNSA for USAID training

- Medical Grand Rounds training

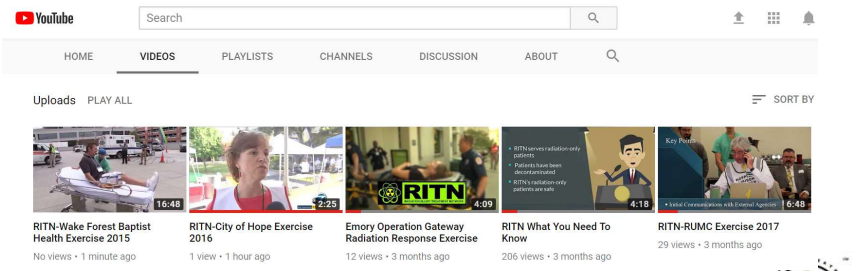


RITN YouTube Channel https://www.youtube.com/watch?v=v-qW-z7qXRw

- RITN What You Need to Know (Video): 4 min overview video

+

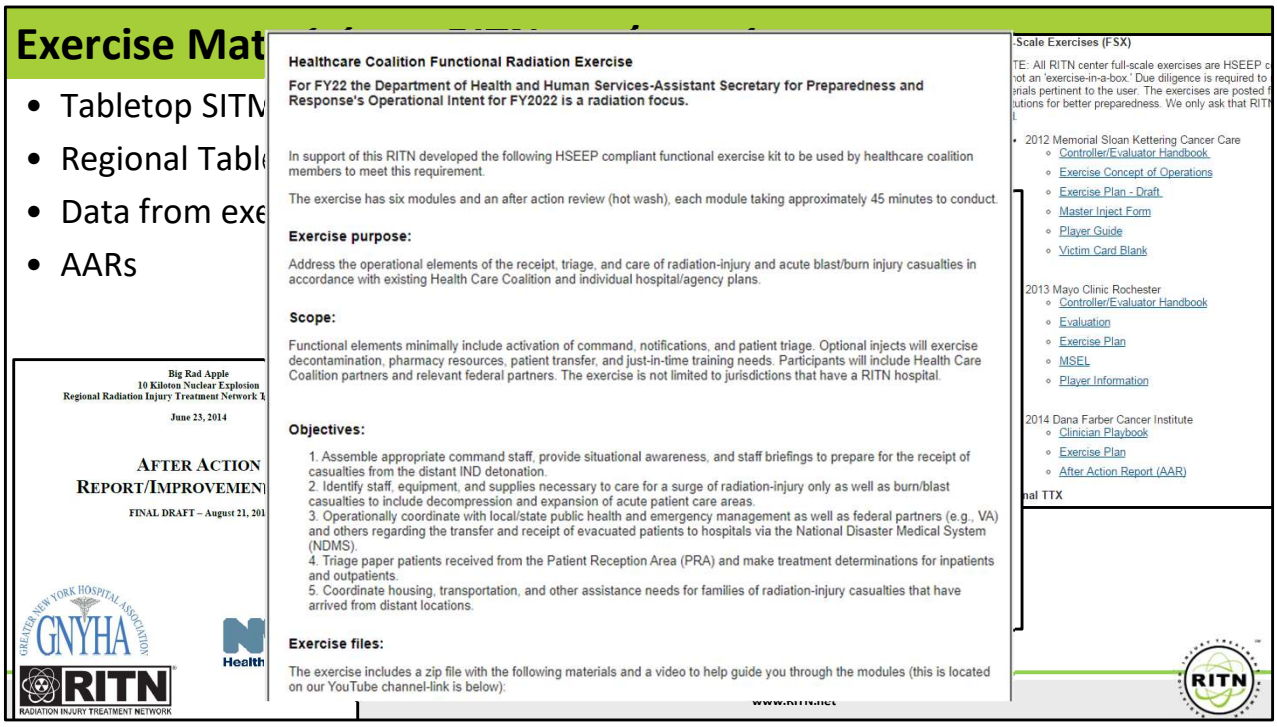
- Exercise videos
- Just-in-Time Training videos



https://www.youtube.com/watch?v=v-qW-z7qXRw

Exercise Mat

- Tabletop SITM
- Regional Tabl
- Data from exe
- AARs



Big Rad Apple
10 Kiloton Nuclear Explosion
Regional Radiation Injury Treatment Network

June 23, 2014

AFTER ACTION REPORT/IMPROVEMENT

FINAL DRAFT – August 21, 201

Healthcare Coalition Functional Radiation Exercise

For FY22 the Department of Health and Human Services-Assistant Secretary for Preparedness and Response's Operational Intent for FY2022 is a radiation focus.

In support of this RITN developed the following HSEEP compliant functional exercise kit to be used by healthcare coalition members to meet this requirement.

The exercise has six modules and an after action review (hot wash), each module taking approximately 45 minutes to conduct.

Exercise purpose:

Address the operational elements of the receipt, triage, and care of radiation-injury and acute blast/burn injury casualties in accordance with existing Health Care Coalition and individual hospital/agency plans.

Scope:

Functional elements minimally include activation of command, notifications, and patient triage. Optional injects will exercise decontamination, pharmacy resources, patient transfer, and just-in-time training needs. Participants will include Health Care Coalition partners and relevant federal partners. The exercise is not limited to jurisdictions that have a RITN hospital.

Objectives:

1. Assemble appropriate command staff, provide situational awareness, and staff briefings to prepare for the receipt of casualties from the distant IND detonation.
2. Identify staff, equipment, and supplies necessary to care for a surge of radiation-injury only as well as burn/blast casualties to include decompression and expansion of acute patient care areas.
3. Operationally coordinate with local/state public health and emergency management as well as federal partners (e.g., VA) and others regarding the transfer and receipt of evacuated patients to hospitals via the National Disaster Medical System (NDMS).
4. Triage paper patients received from the Patient Reception Area (PRA) and make treatment determinations for inpatients and outpatients.
5. Coordinate housing, transportation, and other assistance needs for families of radiation-injury casualties that have arrived from distant locations.

Exercise files:

The exercise includes a zip file with the following materials and a video to help guide you through the modules (this is located on our YouTube channel-link is below):

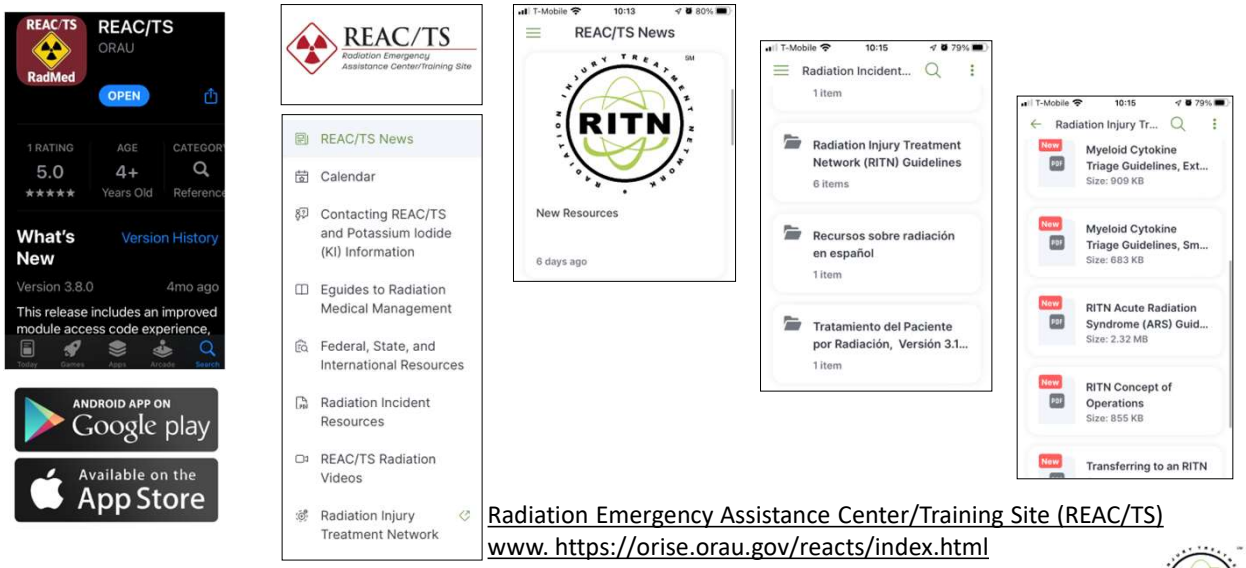
.Scale Exercises (FSX)

TE: All RITN center full-scale exercises are HSEEP c
ot an 'exercise-in-a-box.' Due diligence is required to
rials pertinent to the user. The exercises are posted f
lutions for better preparedness. We only ask that RITN
l.

- 2012 Memorial Sloan Kettering Cancer Care
  - Controller/Evaluator Handbook
  - Exercise Concept of Operations
  - Exercise Plan - Draft
  - Master Inject Form
  - Player Guide
  - Victim Card Blank
- 2013 Mayo Clinic Rochester
  - Controller/Evaluator Handbook
  - Evaluation
  - Exercise Plan
  - MSEL
  - Player Information
- 2014 Dana Farber Cancer Institute
  - Clinician Playbook
  - Exercise Plan
  - After Action Report (AAR)

nal TTX

RITN Added to REACT/TS App



Radiation Emergency Assistance Center/Training Site (REAC/TS)
www. https://orise.orau.gov/reacts/index.html

The Radiation Emergency Assistance Center and Training Site (REAC/TS) is located outside Knoxville, TN and has been providing crisis response to radiological accidents since 1976. REAC/TS staff include physicians and health physicists. REAC/TS maintains a stockpile of decorporation agents as well.

I suggest you also familiarize yourself with their website. They have an APP in the Apple store and the Android store, and there are links to RITN found here as well.

Radiation Readiness Radiation Training for Public Health

- National Alliance for Radiation Readiness Radiation Training Modules for Public Health
  - https://www.radiationready.org/posted-tools/national-alliance-for-radiation-readiness-radiation-training-modules-for-public-health/

Resources continued

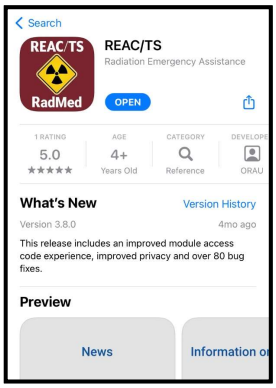
Radiation Emergency Assistance Center/ Training Site (REAC/TS)

www. https://orise.orau.gov/reacts/index.html

ANDROID APP ON Google play

Available on the App Store

Downloadable from Google Play or the App Store



The Radiation Emergency Assistance Center and Training Site (REAC/TS) is located outside Knoxville, TN and has been providing crisis response to radiological accidents since 1976. REAC/TS staff include physicians and health physicists. REAC/TS maintains a stockpile of decorporation agents as well.

I suggest you also familiarize yourself with their website. They have an APP in the Apple store and the Android store, and there are links to RITN found here as well.

RITN has worked to develop partners that also are preparing for similar incidents as well as professional organizations that can assist in getting the word out about the importance of preparedness for mass casualty incidents that result in marrow toxic injuries.

www.remm.nlm.gov

www.radiationready.org

Additional Resources & Family Reunification

- CYSHCN
- NETEC
- REMM
- WISER
- SARA Title III – Hazmat

- Hospital Reception Site Template

Irene

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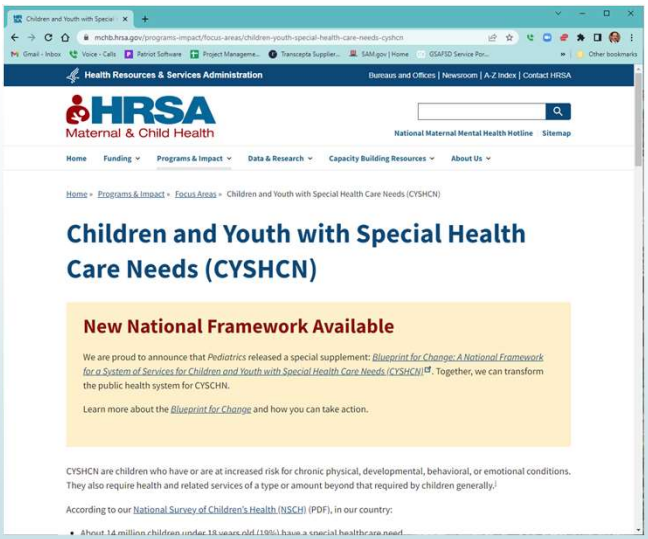
Transition to Irene

CYSHCN



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National Emerging Special Pathogens Training and Education Center (NETEC)

https://netec.org/

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Radiation Emergency Medical Management (REMM)

https://remm.hhs.gov/

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Wireless Information System for Emergency Responders (WISER)

https://wiser.nlm.nih.gov/

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SARA Title III

- Title III of the Superfund Amendments and Reauthorization Act (SARA)
- Emergency Planning & Community Right-to-Know Act (EPCRA) was enacted by Congress as the national legislation on community safety.
- EPA provides on-scene support and special teams that focus on responding to environmental emergencies, including the Radiological Emergency Response Team (RERT).

https://www.epa.gov/laws-regulations/summary-emergency-planning-community-right-know-act

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EPA responds to oil spills, chemical, biological, radiological releases, and large-scale national emergencies.
This law is designed to help local communities protect public health, safety, and the environment from chemical hazards.

State Emergency Response Commission

- To implement the Emergency Planning and Community Right to Know Act (EPCRA), Congress requires each state to appoint a State Emergency Response Commission (SERC).
- Under EPCRA, Local Emergency Planning Committees (LEPCs) must develop an emergency response plan.
- Contact information for SERCs and LEPCs is available by contacting your local SERC office or the following website:
  - https://www.epa.gov/epcra/state-emergency-response-commissions-contacts

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The SERCs are required to divide their states into Emergency Planning Districts and to name a Local Emergency Planning Committee (LEPC) for each district.
Broad representation by fire fighters, health officials, government and media representatives, community groups, industrial facilities, and emergency managers ensures that all necessary elements of the planning process are represented.

Grant Funding Available – State, Local, Tribal, Facilities

- Planning (e.g. response plans, SOPs)
- Training (e.g. community, staff)
- Exercise (e.g. community, agencies)
- Equipment (e.g. monitoring, decon for people and facilities)
- Preparedness (e.g. outreach, education)

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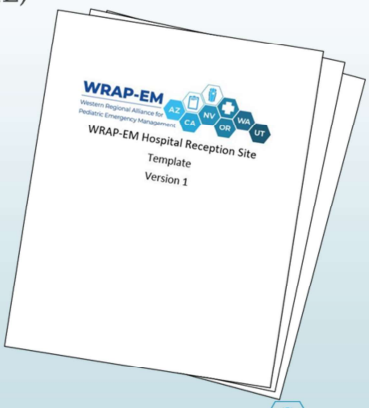
Pediatric Hospital Reception Site Template

Existing documents (AAP and ASPR/TRACIE)
Additions:

- Toolkit / Checkbox function
- HICS infrastructure integration

Result: Hospital Reception Site Plan for

- Health Care Coalitions
- Health Care Facilities
- Aligned with Community Family
- Assistance Center Plans



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Challenges Addressed…

in the Reunification/Reception Site Plan Template

- Children separated from parents/unaccompanied minors
- Unidentified minors/body markings as proof
- Parents uninjured/children injured
- Parents injured/children uninjured
- Legal authority/proof of guardianship
- HIPAA and state laws regarding patient transfer/transport

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Pediatric Considerations for Reunification after a Rad Incident

- Confirm location
  - Hospital Reunification Site
  - Community Site (e.g. Family Assistance Center)
  - Shelter-in-Place
- At location
  - Decontamination
  - Physical Protective Measures
  - Medical Countermeasures (pediatric doses)
- Demobilization
  - Follow Plans
  - Follow Federal/State/Local Directives
  - Ongoing monitoring and countermeasures as needed

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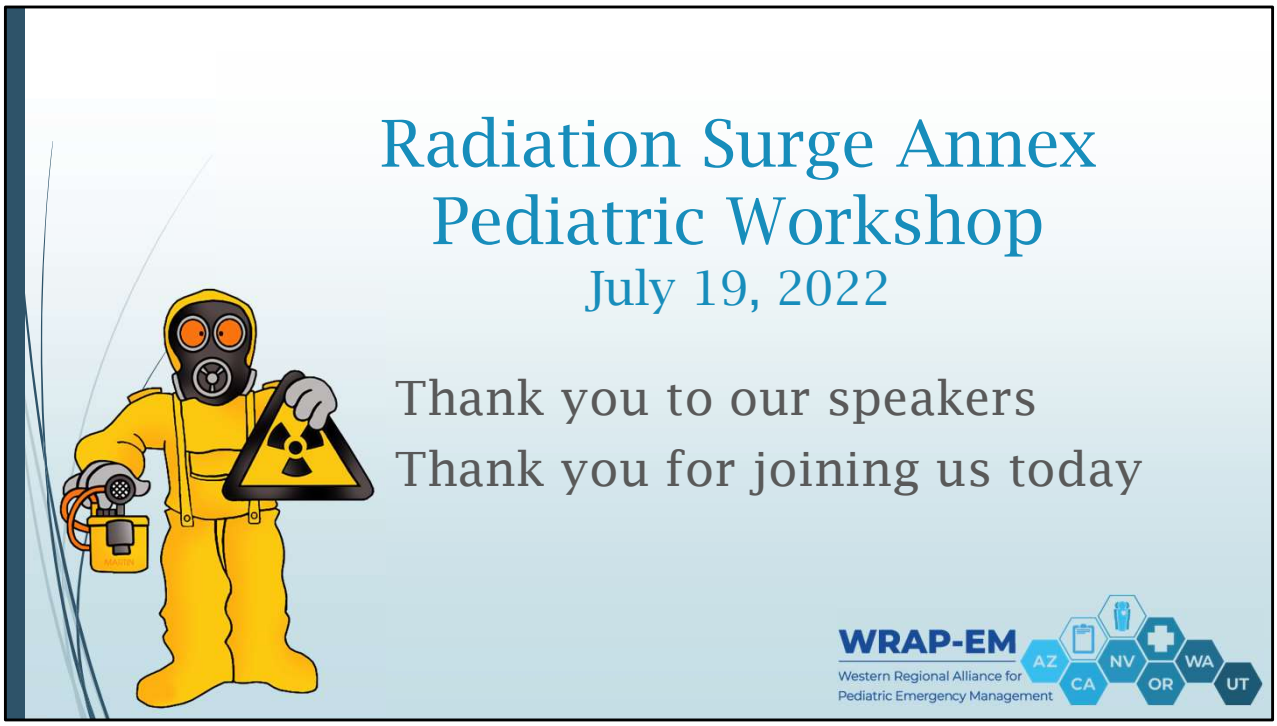

Thank you Dr Walter