2017 LOS ANGELES COUNTY
STATE MEDICAL AND HEALTH EXERCISE
AFTER ACTION REPORT
Complex Coordinated Terrorist Attack

FULL SCALE EXERCISE

06.01.2018
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>TABLE OF CONTENTS</td>
<td>2</td>
</tr>
<tr>
<td>PREFACE</td>
<td>3</td>
</tr>
<tr>
<td>EXERCISE OVERVIEW</td>
<td>4</td>
</tr>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>5</td>
</tr>
<tr>
<td>HEALTH CARE COALITION FINDINGS</td>
<td></td>
</tr>
<tr>
<td>AMBULATORY SURGERY CENTERS</td>
<td>6</td>
</tr>
<tr>
<td>COMMUNITY CLINICS</td>
<td>7</td>
</tr>
<tr>
<td>DIALYSIS CENTERS</td>
<td>8</td>
</tr>
<tr>
<td>EMERGENCY MANAGEMENT (HEALTH DOC-EMS AGENCY)</td>
<td>10</td>
</tr>
<tr>
<td>HOME HEALTH AND HOSPICE AGENCIES</td>
<td>11</td>
</tr>
<tr>
<td>HOSPITALS</td>
<td>12</td>
</tr>
<tr>
<td>LONG TERM CARE AND SKILLED NURSING FACILITIES</td>
<td>14</td>
</tr>
<tr>
<td>MENTAL HEALTH</td>
<td>15</td>
</tr>
<tr>
<td>PUBLIC HEALTH</td>
<td>16</td>
</tr>
<tr>
<td>APPENDIX A: EXERCISE PARTICIPANT FEEDBACK</td>
<td>18</td>
</tr>
<tr>
<td>APPENDIX B: EXERCISE PARTICIPANTS</td>
<td>20</td>
</tr>
<tr>
<td>APPENDIX C: ACRONYMS</td>
<td>28</td>
</tr>
</tbody>
</table>
PREFACE

The 2017 Los Angeles County Statewide Medical and Health Exercise (SWMHE) is sponsored by the Los Angeles County Department of Health Services and Emergency Medical Services Agency (EMS). This Countywide Exercise Program was produced with assistance and guidance from the Los Angeles County Statewide Medical and Health Exercise Planning Team (EPT), comprised of representatives from:

- American Medical Response – AMR Medical Transportation
- California Association of Health Facilities (CAHF)
- CARE Ambulance Service, Inc.
- Cedars Sinai Hospital Medical Center
- Children’s Hospital Los Angeles
- City of Los Angeles Department Public Health
- City of Pasadena Public Health Department
- Community Clinic Association of Los Angeles County (CCALAC)
- Fusion Performance LLC
- Henry Mayo Newhall Hospital
- Joint Regional Intelligence Center (JRIC) – Los Angeles
- Kaiser Permanente – Downey Medical Center
- Long Beach Department of Health and Human Services
- Long Beach Memorial Hospital Medical Center
- Los Angeles County Department of Mental Health
- Los Angeles County Emergency Medical Services Agency
- Los Angeles County Fire Department
- Los Angeles County Harbor/UCLA Medical Center
- Los Angeles County Department of Public Health
- PIH Health - Whittier
- Providence Holy Cross Medical Center
- Providence St. Joseph Medical Center
- Providence Tarzana Medical Center
- Pomona Valley Hospital Medical Center
# EXERCISE OVERVIEW

<table>
<thead>
<tr>
<th>Exercise Name</th>
<th>2017 Statewide Medical and Health Exercise (SWMHE) – Full Scale Exercise (FSE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise Date</td>
<td>November 16, 2017</td>
</tr>
<tr>
<td>Scope</td>
<td>The 2017 SWMHE program includes various health care partners; i.e., hospitals, dialysis, ambulatory surgical centers. Each healthcare partner determined their level of participation based on their exercise experience and resources.</td>
</tr>
<tr>
<td>Mission Area</td>
<td>Los Angeles County</td>
</tr>
<tr>
<td>Capabilities</td>
<td><strong>Health Care Preparedness and Response Capabilities:</strong></td>
</tr>
<tr>
<td></td>
<td>• Foundation for Health Care and Medical Readiness</td>
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<td></td>
<td>• Health Care and Medical Response Coordination</td>
</tr>
<tr>
<td></td>
<td>• Continuity of Health Care Service Delivery</td>
</tr>
<tr>
<td></td>
<td>• Medical Surge</td>
</tr>
<tr>
<td>Objectives</td>
<td>See each sector section</td>
</tr>
<tr>
<td>Threat or Hazard</td>
<td>Complex Coordinated Terrorist Attack (CCTA)</td>
</tr>
<tr>
<td>Scenario</td>
<td>Four terrorist attacks with small arms and explosives throughout Los Angeles County</td>
</tr>
<tr>
<td>Sponsor</td>
<td>Los Angeles County Emergency Medical Services Agency</td>
</tr>
<tr>
<td>Exercise Participants</td>
<td>See Appendix C</td>
</tr>
<tr>
<td>Jurisdictional Exercise Director</td>
<td>Joe Palacio – Sr. Disaster Services Analyst</td>
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<tr>
<td>Point of Contact:</td>
<td>Los Angeles County Emergency Medical Services Agency</td>
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<tr>
<td></td>
<td>10100 Pioneer Blvd., Suite 200</td>
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<td>Santa Fe Springs, CA 90670</td>
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<td>562-378-1642</td>
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Executive Summary

This exercise was developed to encourage all health care sectors to exercise their response to a terrorist event that challenged their facilities and personnel.

The scenario selected was designed to test each participant’s exercise response and surge capabilities based on their selected objectives. The 2017 Statewide Medical and Health Exercise simulated a Complex Coordinate Terrorist Attack throughout Los Angeles County. The exercise included four separate terrorist attacks with small arms and explosions strategically located at critical transportation corridors.

The EPT developed and designed this exercise to help participants identify gaps in their response planning. This year’s exercise included testing of Los Angeles County’s Burn Surge Plan. The Burn Surge Plan includes a series of policies and procedures that address topics such as; activation, field triage, and emergency department assessment/treatment.

This year’s exercise saw a significant increase in the number of health care coalition participants from seven different health care sectors. There was a substantial number of non-hospital healthcare sector members seeking to meet the new CMS regulatory requirements. Each organization determined their level of participation based on their previous experience and resources. Two hundred and thirty seven (237) participants submitted their After Action Report/Improvement Plans (AAR/IPs) to the EMS Agency for consideration in this year's SWMHE AAR.

It is challenging to identify all key strengths and findings in a healthcare system as large and diverse as Los Angeles County. This AAR will present each sectors major strengths primary areas for improvement and a suggested corrective action plan.
HEALTH CARE COALITION FINDINGS

AMBULATORY SURGERY CENTERS

OBJECTIVES

Based on Ambulatory Surgery Center’s needs, the following objectives were exercised and evaluated:

- Maintain awareness of the common operating picture by gathering and sharing real-time information related to the emergency, the current state of the health care delivery system, and situational awareness through coordination with the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition partners, and the Department of Health Services Department Operations Center (DOC). - Health Care Preparedness and Response Capability 1: Health Care and Medical Response Coordination

- Initiate patient movement, evacuation, and relocation if and when the facility can no longer sustain a safe working environment, and coordinate all evacuation and relocation efforts with the MHOAC, coalition partners, emergency medical services (EMS), and the DHS/DOC. - Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery

- Determine and manage medical surge operations through the continued sharing of resources, information, and expertise across Health Care Coalition partners and the operational area - Health Care Preparedness and Response Capability 4: Medical Surge

MAJOR STRENGTHS

The major strengths identified during this exercise included:

- Increased knowledge of LA County’s Health Care Coalition’s and Ambulatory Surgery Center’s potential supportive roles in surge events

- Established basic knowledge of preparedness and planning for emergencies

- Gained an understanding of the communication protocols with the various health care sectors

PRIMARY AREAS FOR IMPROVEMENT

During the exercise, opportunities for improvement were identified. The primary areas for improvement included:

- ASC need to gain more understanding of how they may be able to support other health care sectors during emergency events

- ASC need more education and training in emergency preparedness and exercise planning

- Communication during surge events was inconsistent with ASC management, staff, patients, visitors, and DHS DOC.

CORRECTIVE ACTION PLAN

- Offer basic emergency preparedness, exercise planning and ICS training to ASCs
  - Responsible person: ASC Disaster Program Manager
  - Due date: October 2018 - ASC Workshop and encourage attendance at SWMHE participant seminar
• Improve communication between DHS DOC and ASCs
  - Responsible persons: DOC staff and ASC Disaster Program Manager
  - Due date: October 2018-Provide guidance at ASC Workshop and review communication plan available on the EMS Agency Disaster Section Website

• Determine how each ASC may be able to assist in an emergency
  - Responsible person: Each ASC’s Emergency Management Officer (EMO)
  - Due date: see individual CAPs but no later than October 2018-ASC Workshop and re-emphasis on healthcare surge planning strategies available on the EMS Agency Disaster Section website

• Tasks to be accomplished from individual ASC corrective action plan (CAP or improvement plan)
  - Responsible person: Each ASC’s Emergency Management Officer (EMO)
  - Due date: see individual CAPs

COMMUNITY CLINICS

OBJECTIVES

Based on Community Clinic’s needs, the following objectives were exercised and evaluated:

• Maintain awareness of the common operating picture by gathering and sharing real-time information related to the emergency, the current state of the health care delivery system, and situational awareness through coordination with the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition partners, and the local Emergency Operations Center (EOC).- Health Care Preparedness and Response Capability 1: Health Care and Medical Response Coordination

• Activate the Incident Command System (ICS) and the clinic’s Command Center within 60 minutes] of incident notification, to provide a structured and successful emergency response.- Health Care Preparedness and Response Capability 1: Health Care and Medical Response Coordination

• Determine the clinic’s priorities for ensuring key functions are maintained throughout the emergency, including the provision of care to existing and new patients within 60 minutes.- Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery

• Ensure processes and procedures are in place throughout response to provide the following to all clinical and non-clinical staff and their families: appropriate Personal Protective Equipment (PPE), psychological first aid, just-in-time training, and other interventions specific to the emergency to protect health care workers from illness or injury.- Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery

• Prepare for medical surge operations by activating appropriate plans for all levels of care and populations, and ensure all personnel have been trained in their use.- Health Care Preparedness and Response Capability 4: Medical Surge

• Implement and manage medical surge operations through the continued sharing of resources, information, and expertise across Health Care Coalition partners and the operational area.- Health Care Preparedness and Response Capability 4: Medical Surge
MAJOR STRENGTHS

The major strengths identified during this exercise included the following:

- Gained perspective of the network of resources to assist in preparation, planning and exercise participation
- Successful activated Incident Command Staff within 45-minute time frame while the IC Team quickly decided on which services could be suspended or postponed, such as new patients’ appointments, enrollment services
- Command Staff supported and directed emergency plans activation during the exercise event and were able to effectively communicate to staff

PRIMARY AREAS FOR IMPROVEMENT

During the exercise, opportunities for improvement were identified. The primary areas for improvement included:

- Need to identify and secure triage area with the necessary triage equipment to support victims and to keep existing patients safe
- Need to train management and staff to ensure understanding of policies and procedures for shelter in place and lockdown
- Need to establish communication protocols with patients and visitors during surge events via an electronic notification system

CORRECTIVE ACTION PLAN

- Establish triage policy and procedures (P&P), which includes identifying and secure triage area with the necessary triage equipment to support victims and to keep existing patients safe, and/or train staff on established P&P during an emergency
  - Responsible person: Clinic Disaster Program Manager, Community Clinic Association of Los Angeles County (CCALAC) Emergency Management Coordinator and each community clinic’s EMO
  - Due date: October 2018
- Train staff on emergency preparedness policies and procedures
  - Responsible person: Each Community Clinic’s EMO
  - Due date: October 2018
- Establish communication protocols and/or train staff on established protocols during an emergency
  - Responsible person: Each Community Clinic’s EMO
  - Due date: October 2018

DIALYSIS CENTERS

OBJECTIVES

Based on Dialysis Center’s (DC) needs, the following objectives were exercised and evaluated:
• Activate the Emergency Operation Plan (EOP) and policies related to emergency admits within 30 min of notification of incident information that may affect normal operations.- Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness

• Gather, organize, and document incident situation and resource information to maintain situational awareness, and share information horizontally and vertically with stakeholders.- Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness

• Initiate communication strategies (email & phone) within 60 min between facility and the EMS Department Operations Center (DOC)- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination

• Provide patients with at least a minimum standard of care according to internal protocols and procedures, if the decision is made to shelter in place.- Health Care Preparedness and Response Capability 4: Medical Surge

• Implement policies and procedures to assure the safety and care of patient at other appropriate facilities, if the decision is made to evacuate.- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination

MAJOR STRENGTHS
The major strengths identified during this exercise included:

• Gained an understanding how dialysis centers fit within the County’s surge planning
• Successfully activated facility emergency plans
• Increased knowledge of the number of resources available within the Disaster Resource Center network

PRIMARY AREAS FOR IMPROVEMENT
During the exercise, opportunities for improvement were identified. The primary areas for improvement included the following:

• Need to develop instruction for Incident Command System and procedures for emergency events
• Need for management and staff to be trained to gain full understanding of emergency preparedness policies including and procedures for shelter in place and lockdown protocols
• Need to establish communication protocols with patients and visitors during surge events via a mass notification system

CORRECTIVE ACTION PLAN

• Offer basic emergency preparedness, exercise planning and ICS training to DCs
  - Responsible person: Dialysis Center Disaster Program Manager
  - Due date: October 2018- DC Workshop and encourage attendance at SWMHE participant seminar

• Train staff on emergency preparedness policies and procedures
  - Responsible persons: Each Dialysis Center’s EMO
- Due date: November 2018

- Establish communication protocols and/or train staff on established protocols during an emergency
  - Responsible person: Each Dialysis Center’s EMO
  - Due date: November 2018

**EMERGENCY MANAGEMENT (HEALTH DOC-EMS AGENCY)**

**OBJECTIVES**

Based on the **EMS Agency’s DOC** needs, the following objectives were exercised and evaluated:

- Activate MHOAC program for medical and health resource ordering within 60 minutes of identification of need.- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination PHEP: Emergency Operations Coordination

- Establish, maintain and/or update communications with jurisdictional partners.- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination PHEP: Information Sharing

- Regional Disaster Medical and Health Specialist (RDMHS) will report to the Regional Emergency Operations Center (REOC)- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination

- Provide situational awareness update to MHOAC using sit rep form.- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination PHEP: Information Sharing and Emergency Operations Center Coordination

- Develop Incident Action Plan (IAP) and gather situational information to share with DOC staff- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination PHEP: Emergency Operations Coordination

- Maintain patient tracking and maintains components of patient movement- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination PHEP: Emergency Operations Coordination

**MAJOR STRENGTHS**

The major strengths identified during this exercise included the following:

- Information Technology did not create any problems. It appears that the monthly testing of DOC equipment and software applications provided very few IT related issues.

- DOC was less crowded than previous drills due to a better understanding of needed personnel and work load by the various section coordinators.

- The atmosphere in the DOC remained calm. Additionally it was very clear that years of practicing is paying off as many staff felt comfortable in their roles and demonstrated collectively outstanding teamwork.
PRIMARY AREAS FOR IMPROVEMENT

During the exercise, opportunities for improvement were identified. The primary areas for improvement included the following:

- There are no DOC guidelines or trigger points to modify DHS prehospital care policy during incidents or DOC activations.
- There were not enough pre-developed Resource Request or messages to drive the exercise during idle time.
- DOC lacked emergency fund to purchase food or other emergency items that would be needed for an actual DOC activation. For example, credit card machine might not work during a real disaster.

CORRECTIVE ACTION PLAN

- DEC program will organize a workgroup to establish trigger points and guidelines to be incorporated into an internal policy which will be used during surge activation. The policy should be completed by September 2018 and will be evaluated during the 2018 annual exercise.
- DEC program will develop training Resource Requests and/or messages for each section with the assistance of Hospital Disaster Program Manager by September 2018. These documents will be used during next medical and health exercise in November 2018.
- DEC program will work with EMS Agency finance staff to develop preparedness plan for DOC activations including funding and obtaining emergency supplies, meals and other essential items. This plan will be completed before and tested during the next medical and health exercise in November 2018.

HOME HEALTH AND HOSPICE AGENCIES

OBJECTIVES

Based on Home Health and Hospice Agency’s (HHH) needs, the following objectives were exercised and evaluated:

- Maintain awareness of the common operating picture by gathering and sharing real-time information related to the emergency, the current state of the health care delivery system, and situational awareness through coordination with the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition partners, and the Department of Health Services Department Operations Center (DHS/DOC) for Health Services within LA County - Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination
- Inform the MHOAC, coalition partners, emergency medical services (EMS), and the DHS/DOC for Health Services within LA County when the agency can no longer reach patients requiring care.- Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery
MAJOR STRENGTHS
The major strengths identified during this exercise included the following:

- Effective communication with field staff via text messaging
- Identified and observed the potential effects on patient population during a disaster event
- Increased awareness that planning needs to take place and solutions created to address various emergencies

PRIMARY AREAS FOR IMPROVEMENT
During the exercise, opportunities for improvement were identified. The primary areas for improvement included the following:

- Need for established communication protocols with patients and staff during surge events via alternative notification systems, and improve coordination and communication with DHS DOC
- Need for management and staff to be trained to gain full understanding of emergency preparedness policies including procedures for shelter in place and lockdown protocols
- Need to train staff on acuity/severity levels for patients and update levels regularly

CORRECTIVE ACTION PLAN

- Establish communication protocols and/or train staff on established protocols during an emergency
  - Responsible person: Each agency’s Emergency Management Officer (EMO)
  - Due date: November 2018
- Improve communication between DHS DOC and HHH agencies
  - Responsible persons: DOC staff and HHH Disaster Program Manager
  - Due date: October 2018-Provide guidance at HHH Workshop and review communication plan available on the EMS Agency Disaster Section Website
- Train staff on emergency preparedness policies and procedures
  - Responsible person: Each agency’s Emergency Management Officer (EMO)
  - Due date: see individual CAPs but no later than November 2018
- Other tasks to be accomplished from individual HHH corrective action plan (CAP or improvement plan)
  - Responsible person: Each agency’s Emergency Management Officer (EMO)
  - Due date: see individual CAPs

HOSPITALS
OBJECTIVES
Based on Hospital’s needs, the following objectives were exercised and evaluated:
• Alert and notify Hospital Command Center (HCC) responders and key service line staff and physicians - Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination. Joint Commission EM.02.02.07 Staff Responsibilities

• Activate and staff the Incident Command System (ICS) and HCC within 30 minutes- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination. Joint Commission EM.02.02.07 Staff Responsibilities

• Develop an Incident Action Plan (IAP) and conduct associated meetings (e.g., incident briefing) within the first operational period. -Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination. Joint Commission EM.02.02.01 Communications, Joint Commission EM.02.02.03 Resources and Assets, Joint Commission EM.02.02.07 Staff Responsibilities

• Implement internal communications strategies such as paging, email, or intercom announcement within facilities designated timeframe for information and incident sharing within the hospital. - Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination. Joint Commission EM.02.02.01 & EM.03.01.03 EP 7 Communications

• Initiate communication strategies utilizing the Medical and Health Operational Area Coordinator (MHOAC) Communication Plan within 15 minutes of information requested between HCC and the LAC DHS DOC (EMS Agency) - Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination. Joint Commission EM.02.02.01 & EM.03.01.03 EP 7 Communications

• Facility will document the dispositions of victims through the continuum of care for the entire exercise timeframe, utilizing the appropriate patient tracking form/mechanism. Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination. Joint Commission EM.02.02.11 Patient Clinical and Support Activities

• Assess and report hospital situation status and capability to provide care to the LAC Department of Health Services DOC - Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination. Joint Commission EM.02.02.01 Communications, Joint Commission EM.02.02.09 Utilities Management

• Activate and implement incident plans and deliver timely and efficient care -Health Care Preparedness and Response Capability 4: Medical Surge. Joint Commission EM.02.02.11 Patient Clinical and Support Activities, Joint Commission EM.02.02.03 Resources and Assets, Joint Commission EM.02.02.05 Safety and Security

• Facility will send at least one resource request through the MHOAC, and will communicate resource needs with Health Care Coalition partners to identify needed assistance. Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness. Joint Commission EM.02.02.01 Communications, Joint Commission EM.02.02.03 Resources and Assets. Joint Commission EM.02.02.13 & EM.02.02.15 Volunteer practitioners

• Plan for the activation of mental and behavioral health services for all staff members and patients as part of incident response and recovery planning. Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness. Joint Commission EM.02.02.07 Staff Responsibilities & EM.02.02.11 EP 6

MAJOR STRENGTHS
The major strengths identified during this exercise included:
• Successfully alerted and notified Hospital Command Center responders and key service line staff and physicians within designated time

• Reported hospital situation status and capability to provide care to the DOC and activate/implement MCI plan within specified timeframe

• Activated BCP/COOP plans – achieved better understanding of the process for obtaining resources and alternate methods of continuing operations

PRIMARY AREAS FOR IMPROVEMENT
During the exercise, opportunities for improvement were identified. The primary areas for improvement included:

• Hospital training and exercises for all incident command personnel needs to include reporting status via an established communications plan

• Patient tracking and their disposition throughout the continuum of care needs to be clarified and streamlined.

• Mental and behavior health services for staff and patients need to be activated as part of the incident response and recovery planning

CORRECTIVE ACTION PLAN

• Provide links to the Los Angeles County EMS Agency Communication Plan and Ref. No. 519, Management of Multiple Casualty Incidents, to clarify the expectation for mass notification procedures/systems (i.e. ReddiNet and Everbridge)
  - Responsible person: Hospital Disaster Program Manager to provide links and each hospitals EMO is to provide training to their staff
  - Due date: September 2018

• Establish a best practice patient tracking plan to track patients throughout the continuum of care
  - Responsible person: Each hospitals EMO will identify a process to track patients-Los Angeles County EMS will work with ReddiNet and facilities to implement the Family Reunification Module before next SWMHE
  - Due date: September 2018

• Define the process by which mental health resources can be activated and requested by health care partners
  - Responsible person: DOC manager and Department of Mental Health Disaster Preparedness Manager
  - Due date: November 2018

LONG-TERM CARE AND SKILLED NURSING FACILITIES

OBJECTIVES
Based on Long-term Care and Skilled Nursing Facilities' needs, the following objectives were exercised and evaluated:

- Activate the Emergency Operation Plan (EOP) and policies related to emergency admits within 60 minutes of notification of incident information that may affect normal operations.- Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness

- Gather, organize, and document incident situation and resource information to maintain situational awareness, and share information horizontally and vertically with stakeholders.- Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness

- Provide patients with at least a minimum standard of care according to internal protocols and procedures, if the decision is made to shelter in place.- Health Care Preparedness and Response Capability 4: Medical Surge

- Implement policies and procedures to assure the safety and care of patient at other appropriate facilities, if the decision is made to evacuate.- Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination

- Plan for the activation of mental and behavioral health services for all staff members as part of incident response and recovery planning.- Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness

MAJOR STRENGTHS

The major strengths identified during this exercise included the following:

- Effective phone communication with duty staff and shift personnel during exercise

- Improved awareness of the resources / tools available from the LA County EMS website and disaster program manager

- Increased awareness that planning needs to take place to address various emergencies

PRIMARY AREAS FOR IMPROVEMENT

During the exercise, opportunities for improvement were identified. The primary areas for improvement included the following:

- Need for established communication protocols with patients and staff during surge events via alternative notification systems

- Need for management and staff to be trained and gain full understanding of policies and procedures for shelter in place and lockdown protocols

- Need to establish regular scheduled training on emergency procedures and protocols

CORRECTIVE ACTION PLAN
• Establish communication protocols and/or train staff on established protocols during an emergency
  - Responsible person: Each LTC/SNF’s EMO
  - Due date: November 2018

• Establish and maintain emergency preparedness training program for staff
  - Responsible persons: Each LTC/SNF’s EMO
  - Due date: November 2018

MENTAL HEALTH

OBJECTIVES

Based on Los Angeles County Department of Mental Health needs, the following objective was exercised and evaluated:

• DMH will activate Emergency Plans and Procedures to maintain situational awareness and coordinate the disaster mental health response by providing an appropriate DMH Liaison to the DHS DOC

MAJOR STRENGTHS

The major strengths identified during this exercise included the following:

• DHS successfully sent a DMH Liaison to the DHS DOC and the DMH – Disaster Program Manager simulated the DMH DOC
• DMH Liaison did an excellent job of seeking out information, appropriately requested brochures and information on coping while keeping DMH informed

PRIMARY AREAS FOR IMPROVEMENT

During the exercise, opportunities for improvement were identified. The primary areas for improvement included:

• DMH did not actually receive any request from the hospitals or other county partners during the exercise
• The scenario was based on the first days of response. Since services from DMH are not typically requested until several days after an incident, this did not provide the optimal opportunity for DMH to practice its disaster response role

CORRECTIVE ACTION PLAN

• Continue to improve the briefing and preparedness of the DMH Liaison prior to their role in the DHS DOC as part of the exercise planning schedule
  - Responsible person: DMH – Disaster Program Manager
  - Due date: October 2018
• Work with DHS and DPH “Health Authority Partners” ahead of time to better develop the exercise scenario for more “realistic” participation of DMH and the DMH Liaison during a disaster
  - Responsible persons: DMH – Disaster Program Manager working with the MHOAC group
  - Due date: October 2018

PUBLIC HEALTH

OBJECTIVES
Based on City of Long Beach Department of Health and Human Service’s needs, the following objectives were exercised and evaluated:

- Provide and receive situational awareness with inter- and intra-jurisdictional stakeholders per local policies and procedures through the Medical and Health Operational Area Coordinator (MHOAC) program
- Activate and/or coordinate the Department Operations Center (DOC) within the City of Long Beach Department of Health and Human Services (PHEM) in order to combine information sharing abilities and coordinate messages

**MAJOR STRENGTHS**

The major strengths identified during this exercise included:

- Distributed an intra-departmental situation report one pager by the end of exercise
- Coordinated and communicated with the various departments for status throughout the exercise per policies and procedures

**PRIMARY AREAS FOR IMPROVEMENT**

During the exercise, opportunities for improvement were identified. The primary areas for improvement included:

- The development of the Situation Report for the Region and State
- Consistent messaging to Public Information Officer(s) (PIO) across City of Long Beach Departments and Services

**CORRECTIVE ACTION PLAN**

- Utilize the combine information and coordinate internal and external messages of all departments existing reporting structure.
  - Responsible person: City of Long Beach Public Health Emergency Management Division
  - Due date: August 2018
- Coordinate in the development of a standardized press release template once DOC is activated per policies and procedures. Continue to improve the briefing and preparedness of the Public Information Officers and Liaison Officers prior for their role in exercise.
  - Responsible persons: City of Long Beach Public Health Emergency Management Division
  - Due date: August 2018
PARTICIPANT SUMMARY

In 2017: 238 After Action Report / Improvement Plans were submitted from the following health care partners:

- Ambulatory Surgery Centers: 19
- Community Clinics: 38
- Dialysis Centers: 40
- Emergency Management (EMS DOC): 1
- Home Health & Hospice: 34
- Hospitals: 73
- Long Term Centers and Skilled Nursing Facilities: 31
- Mental Health Department: 1
- Public Health Department: 1

2017 Participants Total: 238
APPENDIX A: EXERCISE PARTICIPANT FEEDBACK

Feedback was based on the exercise scenario, materials provided, the county website, and overall exercise experience. The feedback provided in this report will used to determine revisions to incorporate in the 2018 countywide program.

Participants’ feedback on the exercise and materials:

- A majority of participants did not use more than four of the provided LACOMHE exercise templates such as Exercise Scenario, Ex-Plan, C/E Handbook, Master Scenario Events List, during the exercise this year. However, this may represent a skewed distribution in the data, since many of the participants received templates from their healthcare group or healthcare associations (i.e. HHH, ASC and Dialysis held workshops) and did not need to edit or utilize the county’s templates. The materials were prepared by the disaster program managers.

- Participants expressed that the exercise objectives were relevant to their exercises and developed in-house scenarios.

- A majority of respondents noted robust participation in 2017’s exercise as a whole, both internally and externally, but expressed the need to customize the documents, especially as a result of the applicability of the scenario to all health care sectors.

The comments regarding which materials were useful and what improvements could be made:

- Depending on the healthcare sector, most participants found some of the provide exercise templates unnecessary and were unsure of how to use them.

- Some facilities used a different scenario, so the exercise plans or templates had to be changed or alternate were used.

- The participants already had their own versions of the exercise plans or templates, tailored for their type of facility, as they were part of a network affiliate or under a corporate charter.

- Some participants were not aware of the templates, did not have access, or did not have enough time to use them properly.

- Comments reflect that there were too many templates to read and review for the participant, too much material.

Requests/Needs:

- Samples of correctly filled-out documents such as would help new healthcare agencies

- Victim cards with injuries specific to the scenario

- To provide all healthcare partners with the ability to generate “play” with the scenario and expand participation, include injects that are relevant to other healthcare partners— nonhospital in the Master Scenario Events List (MSEL)
• Agencies (Department of Mental Health) need to get involved earlier in the exercise planning process

• More attention and involvement for other sectors’ (non-hospital) roles in the scenario

• EMS providers, police and fire need to be included

• Expand the event or start at 24 hours past the incident

• Alternate days of the week/month for the exercise

• The process and time of reporting, communications and feedback to healthcare partners with Medical Alert Center / Operations needs to be clarified.

• Some communications bypassed Medical Alert Center/Department Operations Center and did not allow for another type of response (ham radio)
APPENDIX B: EXERCISE PARTICIPANTS

AMBULATORY SURGERY CENTERS (19)
Admiralty Surgery Center
Azusa Surgery Center
Broadway Surgical Institute
Centinela Valley Endoscopy Center
Congress Medical Surgery Center LLC
Endoscopy Center of Santa Monica
Glendora Digestive Disease Institute
High Desert Health System Ambulatory Surgical Center
HRC Fertility Reproductive Surgical
HRC Fertility Reproductive Surgical
La Peer Surgery Center
Northridge Facial Plastic Surgery Medical Group
Pasadena Surgery Center
Plaza Surgical Center
Sunset Surgical Center
Surgery Center of South Bay
Torrance Surgery Center
Valley Digestive Health Center
Valley Endoscopy Center

COMMUNITY CLINICS (38)
All for Health - Health for All
All-Inclusive Community Health-Center
All-Inclusive Community Health-Center1
AltaMed Health Services
AltaMed Health Services1
APLA Health
APLA Health1
APLA Health Long Beach
Arroyo Vista Family Health Center
Arroyo Vista Family Health Center
Asian Pacific Health Care Venture
Asian Pacific Health Care Venture1
Center for Family Health Education
Center-for-Family-Health-Education1
Chinatown-Service-Center
Chinatown-Service-Center1
Comprehensive Community Health Center
Comprehensive Community Health Center1
El Proyecto del Barrio
El Proyecto del Barrio1
Herald Christian Health Center
Herald Christian-Health Center1
Kheir Center
Kheir Center1
Los Angeles LGBT Center
Los Angeles LGBT Center1
Northeast Valley Health Corporation
QueensCare Health Centers
Saban Community Clinic
South Bay Family Health Care
St. Johns Well Child Family Center
The Children’s Clinic
The Achievable Foundation
The R.O.A.D.S. Foundation
Venice Family Clinic
Via Care Community Health Center
Westside Family Health Center
White Memorial Community Health-Center

**DIALYSIS CENTERS (40)**
Canyon Country Dialysis Center, LLC
DaVita - Bluff Rd Dialysis #5430
DaVita Arcadia Oaks- 05487
DaVita Covina
DaVita Eaton Canyon
DaVita Garfield Dialysis
DaVita Greater El Monte Dialysis
DaVita Iowa Street Dialysis #5794
DaVita Kidney Care
DaVita Kidney Care
DaVita Kidney Care -Burbank Dialysis
DaVita Kidney Care, Downey Dialysis
DaVita Los Nietos Dialysis Center
DaVita Monterey Park #00399
DaVita North Glendale
DaVita Norwalk Dialysis
DaVita Pasadena Foothills- 04329
Downey Landing Dialysis Center #02218
East LA Dialysis Center
Firestone Blvd Dialysis
Glendale DaVita
Kidney Care Center of the North Valley
La Puente Dialysis Center
Northridge Dialysis Center, LLC
Santa Clarita Kidney Center
South Valley Dialysis
Sylmar Dialysis, LLC
U.S. Renal Care Sherman Oaks Dialysis
US Renal Care Earl Street
US Renal Care Gardena
US Renal Care of Northridge Roscoe
US Renal Care Redondo Beach Dialysis
U.S. Renal Care Skypark Dialysis 0598
US Renal Care South Bay Dialysis
US Renal Care Van Nuys
US Renal Care/Panorama City #0622
Valley Dialysis
Warner Center Dialysis
West Coast Dialysis
Whittier Dialysis Center

EMERGENCY MANAGEMENT (1)
Los Angeles County Emergency Medical Services Agency (EMS)-Health DOC

HOME HEALTH AND HOSPICE AGENCIES (34)
A-1 Home Health Care
All Care Provider
Alternative Health Care
Amity Home Health
Assisted Healthcare Services
Assisted Home Health and Hospice
Assisted Home Hospice
Blue Star Home Health Inc.
Bright Horizons Home Health Services
Brightcare Home Health Services, Inc.
Brookdale Home Health
Buena Vista Home Health, Palliative Care & Hospice
Care Center Home Health, Inc.
Coastal Care Inc.
Dedicated Home Health Services, Inc.
Divine Home Health, Inc.
Elite Home Care, Inc.
Five Star Home Health, Inc.
Garfield Home Program
Grand Care HealthCare
Hope International Hospice, Inc.
Jewish Home Care Agency
Linx Home Health Care
Madison Hospice
Mission Home Health Services, Inc.
N&D Health Care Services
Oceanside Home Health Services, Inc.
Premium Home Health
Providence Little Company of Mary Home Health
Skirball Hospice
Universal Home Care, Inc.
Universal Hospice, Inc.
Verdugo Hills Home Care
Vitas Healthcare

HOSPITALS (73)
Alhambra Hospital Medical Center
Antelope Valley Hospital
Barlow Respiratory Hospital
Beverly Hospital
California Hospital Medical Center
Catalina Island Medical Center
Cedars Sinai Medical Center
Centinela Hospital Medical Center
Children's Hospital Los Angeles
Citrus Valley Medical Center-Intercommunity
Citrus Valley Medical Center-Queen of the Valley
City of Hope National Medical Center
Coast Plaza Doctors Hospital
College Medical Center
Community Hospital Long Beach
Community Hospital of Huntington Park
East Los Angeles Doctors Hospital
Encino Hospital Medical Center
Foothill Presbyterian Hospital (CVHP)
Garfield Medical Center
Glendale Memorial Hospital and Health Center
Glendora Community Hospital
Good Samaritan Hospital
Greater El Monte Community Hospital
Henry Mayo Newhall Memorial Hospital
Hollywood Presbyterian Medical Center
Huntington Memorial Hospital
Kaiser Foundation Hospital-Baldwin Park
Kaiser Foundation Hospital-Downey
Kaiser Foundation Hospital-Panorama City
Kaiser Foundation Hospital-South Bay
Kaiser Foundation Hospital-Sunset (LA)
Kaiser Foundation Hospital-West Los Angeles
Kaiser Foundation Hospital-Woodland Hills
LAC Harbor/UCLA Medical Center
LAC Olive View/UCLA Medical Center
LAC/Rancho Los Amigos National Rehab Ctr
LAC+USC Medical Center
Long Beach Memorial Medical Center
Los Angeles Community Hospital
Marina Del Rey Hospital
Martin Luther King Jr. Community Hospital
Memorial Hospital of Gardena
Methodist Hospital of Southern California
Mission Community Hospital
Monterey Park Hospital
Northridge Hospital Medical Center
Norwalk Community Hospital (Los Angeles)
Pacifica Hospital of the Valley
Palmdale Regional Medical Center
PIH Health Hospital-Downey
PIH Health Hospital-Whittier
Pomona Valley Hospital Medical Center
Providence Holy Cross Medical Center
Providence Little Company of Mary- San Pedro
Providence Little Company of Mary- Torrance
Providence Saint Joseph Medical Center
Providence Tarzana Medical Center
Ronald Reagan UCLA Medical Center
Saint Francis Medical Center
Saint Mary Medical Center
Saint Vincent Medical Center
San Dimas Community Hospital
San Gabriel Valley Medical Center
Santa Monica/UCLA Medical Center
Sherman Oaks Hospital
Southern California Hospital@ Culver City
Southern California Hospital @ Hollywood
Torrance Memorial Medical Center
USC Verdugo Hills Hospital
Valley Presbyterian Hospital
West Hills Hospital & Medical Center
Whittier Hospital Medical Center

LONG TERM CARE / SKILLED NURSING FACILITIES (31)
Ararat Convalescent Hospital
Atherton Baptist Homes
Bel Vista Healthcare Center
California Post-Acute
Casitas Care Center
Clear View Sanitarium and Clear View Convalescent Center
Country Manor Healthcare
Country Villa Terrace Nursing Center
Del Amo Gardens Care Center
Del Rio Convalescent
FKC-EL Monte
Granada Hills Convalescent Hospital dba Granada Hills Care Center
Heritage Rehabilitation Center
High Valley Lodge
Huntington Healthcare Center
Lotus Care Center
Mountain View Convalescent Hospital
Northridge Care Center
Pacific Palms Healthcare
Sakura Intermediate Care Facility
Santa Teresita, Inc.
Sherman Oaks Health & Rehab Center
Sunnyside Nursing Center
The Californian Pasadena
Topanga Terrace Convalescent Center
Two Palms Nursing Center, Inc.
United Cerebral Palsy of Los Angeles, Ventura & Santa Barbara Counties
Valley Village
Verdugo Valley Skilled Nursing & Wellness Center
Whittier Nursing and Wellness Center
Windsor Convalescent Center of North Long Beach

MENTAL HEALTH (BEHAVIORAL HEALTH (1)
Los Angeles County Department of Mental Health

PUBLIC HEALTH (1)
Long Beach Department of Health and Human Services
### APPENDIX C: ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AAM</td>
<td>After Action Meeting</td>
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<tr>
<td>AAR</td>
<td>After Action Report</td>
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<td>AAR/IP</td>
<td>After Action Report / Improvement Plan</td>
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<td>AFN</td>
<td>Access and Functional Needs</td>
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<td>ASC</td>
<td>Ambulatory Surgery Center</td>
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<td>Controller/Evaluator</td>
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<td>California Health Alert Network</td>
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<td>California Association of Health Facilities</td>
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<td>California Division of Occupational Safety and Health</td>
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<td>Community Based Organizations</td>
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<td>California Department of Public Health</td>
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<td>California Hospital Association</td>
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<td>DOC</td>
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<td>EEG</td>
<td>Exercise Evaluation Guide</td>
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<td>Estimated Time of Arrival</td>
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<td>HICS</td>
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<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
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<tr>
<td>HPP</td>
<td>Hospital Preparedness Program</td>
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<td>HSEEP</td>
<td>Homeland Security Exercise and Evaluation Program</td>
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<td>IAP</td>
<td>Incident Action Plan</td>
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<td>ICS</td>
<td>Incident Command System</td>
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<td>IP</td>
<td>Improvement Plan</td>
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<td>Joint Information Center</td>
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<td>JIS</td>
<td>Joint Information System</td>
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<td>JRIC</td>
<td>Joint Regional Intelligence Center</td>
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<td>JTTF</td>
<td>Joint Terrorism Task Force</td>
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<td>LACSMHE</td>
<td>Los Angeles County State Medical and Health Exercise</td>
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<td>MRC</td>
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<td>MSEL</td>
<td>Master Scenario Events List</td>
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<td>NGO</td>
<td>Non-governmental organization</td>
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<td>Nursing Home Incident Command System</td>
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<td>California Governor’s Office of Emergency Services</td>
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<td>PHEP</td>
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<td>Subject Matter Expert</td>
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<td>Unified Command</td>
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<td>Very Important Person</td>
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