DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(HOSPITAL/PARAMEDIC/EMT-I)

SUBJECT: **DISASTER PREPAREDNESS EXERCISE/DRILLS** REFERENCE NO. 1124

PURPOSE: To provide guidelines for conducting system wide disaster preparedness exercises and drills for emergency medical services (EMS) participants in Los Angeles County. This policy defines the roles of EMS provider agencies, health care facilities and the EMS Agency during disaster preparedness exercises and drills.

PRINCIPLE:

1. Disaster preparedness exercises/drills should involve active participation from prehospital care personnel, hospital and clinic personnel, EMS Agency staff and Medical Alert Center (MAC) personnel to improve coordination and communication between all involved entities.

2. Coordination between prehospital care personnel, receiving facilities and the MAC allow for maximum resource allocation and efficient patient distribution.

3. Exercises and drills that simulate realistic situations and are planned carefully with clear objectives permit evaluation of response plans as well as identifying training needs.

POLICY:

I. State of California Statewide Medical & Health Exercise (SMHE) – statewide annual exercise incorporating hospitals and ancillary healthcare providers, including long-term care facilities and clinics, prehospital care providers, auxiliary communications networks, blood banks, and local and regional governmental agencies.

   A. Hospitals and clinics participating in the Hospital Preparedness Program are required to participate in the annual SMHE.

   B. When invited by a hospital or clinic, provider agencies will participate in the annual SMHE by participating in the exercise planning sessions and after-action debriefings conducted by the hospital or clinic, whenever possible.

   C. In the absence of the annual SMHE, Los Angeles County may conduct a Countywide Medical and Health Exercise in its place.

II. Los Angeles County EMS Agency Exercise – drills and exercises sponsored by the EMS Agency. These are conducted with EMS provider agencies, hospitals and the MAC.

   A. MAC Hospital Polling Drill – designed for receiving hospitals and the MAC to expediently and efficiently determine resource availability of hospitals, in particular, bed availability of hospitals to receive patients.

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1. This drill will be conducted monthly with the four hospital regions (Northern, Southern, Eastern and Western) and for each shift (7:00 AM – 7:00 PM and 7:00 PM – 7:00 AM).

2. The MAC will initiate the drill utilizing the ReddiNet system by requesting the hospitals to provide the number of patients that could be transported to their facility.

3. Hospitals are encouraged to develop and maintain a methodology by which the hospital determines how many patients it can receive based on hospital resources currently available.

4. Hospitals should respond to the polls by acknowledging receipt of the drill notification and providing information as to how many patients (immediate and delayed) the hospital could receive via the ReddiNet system.

5. The EMS Agency will evaluate responses received from the hospitals and provide feedback to the hospitals on the outcome of the drills whenever possible.

B. Provider Agency Multiple Casualty Incident (MCI) Drills – designed for provider agencies and the MAC to expediently and efficiently determine patient destinations based on resource availability of hospitals.

1. The provider agency generally initiates the drill by:

   a. Pre-arranged drill – MAC is notified in advance and provided with specific information regarding the date, time and nature of the drill.

   b. Random unannounced drill – MAC is contacted by the provider agency without prior notification. MAC may either poll hospitals for resource availability or provide patient destination as requested by the provider agency.

2. The MAC may request a pre-arranged MCI drill with a provider agency for training purposes of MAC staff.

3. In order to simulate a realistic scenario, it is highly encouraged that Provider Agency MCI Drills be conducted in conjunction with the MAC Polling Drill.

4. Analysis and evaluation of the drill may be conducted jointly by the provider agency and the MAC.

CROSS REFERENCE:

California Civil Code, Section 56.10 (c) (1)

Prehospital Care Manual:
Ref. No. 519, **Management of Multiple Casualty Incidents**