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**Medical Response and Surge Exercise (MRSE)**

Situation Manual (SitMan)

Thursday, November 17, 2022

Welcome to the Los Angeles County Emergency Medical Services (EMS) Agency, Medical Response and Surge Exercise (MRSE). The 2022 MRSE will focus on surge and radiological response plan evaluation.

Supported by the U.S. Administration for Strategic Preparedness and Response(ASPR), Hospital Preparedness Program (HPP), and the Los Angeles County Healthcare Coalition (HCC) the MRSE is an annual requirement of the HPP cooperative agreement.

The MRSE is a functional exercise designed to examine and evaluate the ability of HCC and other stakeholders to support medical surge. Placing stress on the health system is important for testing current response systems, identifying gaps in preparedness, and informing improvement planning by facilitating program grant requirements and Healthcare Coalition (HCC) priorities.

ASPR developed the [2017-2022 Health Care Preparedness and](http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf) [Response Capabilities](http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf) guide to detail what health care organizations, including HCCs and emergency medical services (EMS) agencies, must do to prepare for and respond to emergencies.

*This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.*

# Exercise Overview

|  |  |
| --- | --- |
| **Exercise Name** | Medical Response and Surge Exercise (Radiological Response Plan Evaluation)  |
| **Exercise Date** | [Insert Date of Exercise] |
| **Scope** | **Medical Response and Surge Exercise**The Medical Response and Surge Exercise (MRSE) functional exercise is scheduled for Thursday November 17, 2022 and is for Hospital Preparedness Program (HPP) fund recipients and Healthcare Coalition members. |
| **ASPR Core Capabilities** | Capability 1. Foundation for Health Care and Medical ReadinessCapability 2. Health Care and Medical Response CoordinationCapability 4. Medical Surge |
| **FEMA Mission Areas** | FEMA National Preparedness Goal: Five Mission Areas (Prevention, Protection, Mitigation, Response, and Recovery) |
| **FEMA Core Capabilities** | * Planning
* Operational Coordination
* Operational Communication
* Public Health, Healthcare, and Emergency Medical Services
 |
| **Goals and Objectives** | The MRSE is designed to examine and evaluate the ability of HCCs and other stakeholders to support medical surge.In addition, the exercise will test the HCC radiological preparedness plans, communication processes, and patient destination coordination to support surge efforts. |
| **Threat/Hazard** | Radiological surge incident |
| **Scenario** | A dirty bomb explosion has occurred at a mass gathering event near your facility resulting in a large-scale multi-casualty incident (MCI). Many victims self-transported from the scene to local hospitals. Multiple other patients will be transported to hospital emergency departments throughout the county due to injuries related to a radiologic incident. HAZMAT and Public Health’s Radiation Management team confirmed the detonation and release of Caesium-137.Hospital emergency departments are receiving a large influx of self-transport victims and patients arriving by EMS with radiation and other injuries. The patients arriving by EMS have been triaged by personnel in the field in the Immediate, Delayed, and Minor categories. |
| **Sponsor** | Los Angeles County Emergency Medical Services (EMS) Agency, Hospital Preparedness Program |
| **Participating Organizations** | * Ambulatory Surgery Centers
* Clinics
* Dialysis Centers
* Home Health and Hospice
* Hospitals
* Long Term Care Facilities
* Los Angeles City Fire Department
* Los Angeles County EMS Agency
* Los Angeles County Fire Department
* Los Angeles County Office of Emergency Management
* Public Health (Long Beach, Los Angeles County, Pasadena)
* Provider Agencies (Private)
 |
| **Point of Contact** | Darren VerretteDisaster Program ManagerLos Angeles County Emergency Medical Services Agency10100 Pioneer Blvd.Santa Fe Springs, CA 90670 |

**General Information**

**Exercise Objectives and Capabilities**

The MRSE is designed to examine and evaluate the ability of HCCs and other stakeholders to support medical surge. The MRSE is a functional exercise and has very specific surge capacity requirements and data collection elements. HCC must surge to 20% of staffed beds by five (5) required bed types:

1. Emergency Department
2. General Medicine
3. Surgical
4. Post Critical Care (Step Down, Monitored Bed)
5. ICU (MICU, SICU, CCU)

The MRSE includes six (6) required objectives for the Health Care Coalition. The Core Capabilities are from the U.S. Administration for Strategic Preparedness and Response, 2017-2022 Health Care Preparedness and Response Capabilities guide. [2017-2022 Health Care Preparedness and Response Capabilities (phe.gov)](https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf)

**Health Care Coalition (HCC) Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Assess an HCC’s capacity to support a large-scale, community-wide medical surge incident | Capability 4. Medical Surge |
| Evaluate a multitude of coalition preparedness and response documents and plans, including specialty surge annexes, transfer agreements, coordination plans with other state HCCs, and other relevant plans. | Capability 1. Foundation for Health Care and Medical Readiness |
| Evaluate coalition members’ ability to communicate and coordinate quickly to find and match available staffed beds, transportation, supplies and equipment, and personnel during a large-scale surge incident | Capability 2. Health Care and Medical Response Coordination  |
| Assist HCCs and their members with improvement planning based on MRSE outcomes | Capability 1. Foundation for Health Care and Medical Readiness |
| Serve as a data source for performance measure reporting required by the HPP Cooperative Agreement | Capability 1. Foundation for Health Care and Medical Readiness |
| Provide a flexible exercise which could be customized to meet the needs and/or exercise requirements of HCCs | Capability 1. Foundation for Health Care and Medical Readiness |

**Exercise Objectives by Sector**

**Ambulatory Surgery Center Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Maintain Appropriate Communications | Capability 2. Health Care and Medical Response Coordination |
| Shelter in Place | Capability 2. Health Care and Medical Response Coordination |
| Resource Sharing | Capability 2. Health Care and Medical Response Coordination  |

**Clinics Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Maintain communications with healthcare partners and the local Disaster Operations Center | Capability 2. Health Care and Medical Response Coordination |
| Activate the Incident Command System to provide a structured and successful emergency response.  | Capability 2. Health Care and Medical Response Coordination |
| 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 | Capability 2. Health Care and Medical Response Coordination  |
| Initiate shelter in place plan if facility is located within geographically affected area | Capability 4. Medical Surge |

**Dialysis Center Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Maintain Appropriate Communications | Capability 2. Health Care and Medical Response Coordination |
| Shelter in Place | Capability 2. Health Care and Medical Response Coordination |
| Resource Sharing | Capability 2. Health Care and Medical Response Coordination  |

**EMS Agency / MAC / MHOAC Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Alerts and Notifications | Capability 2. Health Care and Medical Response Coordination  |
| Communications and Resource Requesting. | Capability 1. Foundation for Health Care and Medical Readiness |

**Fire Department / Provider Agency Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Alerts and Notifications | Capability 2. Health Care and Medical Response Coordination |
| Implement Plan | Capability 4. Medical Surge |
| Implement FOAC for mutual aid back up providers**.** | Capability 2. Health Care and Medical Response Coordination  |
| Implement Regional Mutual Aid Plan. | Capability 4. Medical Surge |

**Home Health / Hospice Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Maintain Appropriate Communications | Capability 2. Health Care and Medical Response Coordination |
| Shelter in Place | Capability 2. Health Care and Medical Response Coordination |
| Resource Sharing | Capability 2. Health Care and Medical Response Coordination  |

**Hospital Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Alerts and notifications | Capability 4. Medical Surge |
| Activate incident management team. | Capability 2. Health Care and Medical Response Coordination |
| Develop an incident action plan. | Capability 2. Health Care and Medical Response Coordination  |
| Assess the hospital’s ability to activate and integrate patient surge response plans to a radiological event. | Capability 4. Medical Surge |
| MHOAC Communications and Resource Requesting | Capability 1. Foundation for Health Care and Medical Readiness |
| Patient Transfer | Capability 4. Medical Surge |

**Long Term Care (Skilled Nursing Facilities) Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Alerts and notifications | Capability 4. Medical Surge |
| Activate Incident Management Team | Capability 2. Health Care and Medical Response Coordination |
| Develop an Incident Action Plan | Capability 2. Health Care and Medical Response Coordination  |
| Implement Shelter-in-place/surge plans | Capability 4. Medical Surge |
| Implement Evacuation Plans | Capability 4. Medical Surge |
| Communication and Resource Requesting | Capability 2. Health Care and Medical Response Coordination |

**Los Angeles County Office of Emergency Management:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Maintain Communication and Situational Awareness | FEMA Core Capability: Operational Communication |

**Urgent Care Center Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Maintain Appropriate Communications | Capability 2. Health Care and Medical Response Coordination |
| Shelter in Place | Capability 2. Health Care and Medical Response Coordination |
| Resource Sharing | Capability 2. Health Care and Medical Response Coordination  |

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

## Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

* **Players:** Personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
* **Observers:** Do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
* **Facilitators:** Provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts (SMEs) during the exercise.
* **Evaluators:** Are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, polices, and procedures.

## Exercise Structure

This exercise will be a facilitated exercise. Players will participate in the following three (3) modules:

* **Module 1: MCI Initiation**
* **Module 2: Patient Surge**
* **Module 3: Recovery**

Each module begins with an update that summarizes key events occurring within that period. After the updates, participants review the situation and engage in a plenary group discussion of appropriate [focus area] issues.

## Exercise Guidelines

* This exercise will be held in an open, no-fault environment wherein capabilities, plans, systems, and processes will be evaluated. Varying viewpoints, even disagreements, are expected.
* Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
* Decisions are not precedent setting and may not reflect your jurisdiction’s/ organization’s final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
* Problem-solving efforts should be the focus. Areas of opportunities can help improve [focus area] and result in action items.
* The assumption is that the exercise scenario is plausible, and events occur as they are presented. All players will receive information at the same time.

## Calculating the Scale of the Surge

## Calculating the Scale of the Surge

The HCC determined the total number of staffed beds within its coalition by bed type. HCC’s are required to surge to 20% of staffed beds for the exercise. Staffed beds mean those beds which are equipped and available for patient use. Staffed beds include those that are occupied and those that are vacant.

**STAFFED BED CALCULATION**

The HCC has determined that it has **17,000 staffed beds of the five required** bed types. To surge to 20% of its staffed bed capacity, the HCC used the following calculation to determine the total number of surge patients:

**20% of 17, 000** staffed beds of the five required types (**17,000 x 20% = 3,400)**

**Total numbers of surge patients in the exercise = 3,400**

80% of the 3,400 surge patients will self-transport to the eighty (80) acute care hospital in the County (**3,400 x 80% = 2,720)**

20% of the 3,400 surge patients will be distributed between the sixty-nine (69) 911 receiving facilities in the County by ambulance (**3,400 x 20% = 680)**

Staffed bed types are summarized in the Tables below.

*Table 2: Required and optional staffed bed types used by the Medical Response & Surge Exercise*

|  |  |
| --- | --- |
| **Staffed Bed Type** | **Calculation** |
| Emergency Department Beds | Required |
| General Medical Unit Beds | Required |
| ICU beds (SICU, MICU, CCU) | Required |
| Post Critical Care (Monitored / stepdown) Beds | Required |
| Surgical Unit Beds (pre-op, post-op, & procedural) | Required |

*Table 3: Below is a crosswalk between bed types and the equivalent in the MRSE.*

|  |  |
| --- | --- |
| **Bed Type** | **MRSE Staffed Bed Type Equivalent** |
| Adult Psychiatric | Psychiatric Unit Beds |
| Burn Floor Beds | Post Critical Care (Monitored / stepdown) Beds |
| Burn ICU | ICU Beds (SICU, MICU, CCU) |
| Closed / Inactive Floor Beds | Not Included in the MRSE |
| Floor Beds | General Medical Unit Beds |
| ICU Beds | ICU Beds (SICU, MICU, CCU) |
| Monitored / Stepdown Beds | Post Critical Care (Monitored / Stepdown) Beds |
| Neonatal ICU (NICU) | Neonatal ICU Beds |
| Nursery Beds | Labor and Delivery Unit Beds |
| Operating Room Beds | Surgical Unit Beds (pre-op, post-op, & procedural) |
| Pediatric ICU | Pediatric ICU Beds |
| Pediatric Psychiatric | Psychiatric Unit Beds |
| Pediatrics Floor Beds (Inpatient) | General Pediatric Unit Beds |
| Pre-induction, Post Anesthesia andProcedural Beds | Surgical Unit Beds (pre-op, post-op, &procedural) |

**Data Elements and Information Sharing**

Hospitals will be communicating with the Medical Alert Center (MAC) to maintain situational awareness, share information, assess resource availability, and support identification and sharing of resources. Communication with the MAC should follow the normal communication procedures unless informed of alternative channels.

**Patient Allocation**

The Healthcare Coalition (HCC) must surge to 20% of its staffed bed capacity (17,000 staffed beds multiplied by 20% = 3,400 surge patients)

The HCC consist of sixty-nine (69) Acute Care Hospitals with Emergency Departments and eleven (11) Acute Care Hospitals without Emergency Departments.

Sixty-eight (68) of the Acute Care Hospitals with an Emergency Department will receive forty-eight (48) surge patients. One (1) facility, Catalina Island Medical Center, will receive twenty-six (26) surge patients.

The eleven (11) Acute Care Hospitals without an Emergency Department will receive ten (10) surge patients.

Before the exercise, each participating hospital must download the victim list from the EMS website [https://dhs.lacounty.gov/emergency-medical-services-agency/home/disaster-programs/exercise-drills/ - 1648150843740-ab025eee-cd58](https://dhs.lacounty.gov/emergency-medical-services-agency/home/disaster-programs/exercise-drills/#1648150843740-ab025eee-cd58).

Hospitals will select the number of victims off the victim list equivalent to the total number of surge patients they will have for the exercise. Hospitals with emergency departments will select forty-eight (48) patients from the victim list. Hospitals without emergency departments will select ten (10) patients from the victim list. Catalina Island Medical Center will select twenty-six (26) patients from the victim's list. Hospitals may select the victim cards (patients) of their choice. Clinical personnel will perform patient triage and determine if patients will require inpatient care and admission versus outpatient care based upon the selected victim cards. Patients who require inpatient care and admission will need an appropriate, staffed bed while patients in need of outpatient care will not in this exercise.

Each hospital with an emergency department will receive the (10) patients in the ambulance group via ReddiNet. Please be sure to arrive ambulances and update the victim list in ReddiNet.

**Confirm Staffed bed Availability for Patients**

Participating facilities will need to capture the following data elements:

**Start of Exercise (Prior to Patient Surge Data):**

1. Number of staffed beds (includes both vacant and occupied beds) at the beginning of the exercise, prior to receiving patients, for the five (5) required bed types only.
2. Number of existing in-patients (census) at the beginning of the exercise, prior to receiving patients
3. Number of existing in-patients who could be safely discharged to accommodate surge patients (decompress)

**During and Post Exercise (Patient Surge Data):**

1. Number of surge patients requiring admission for inpatient care based on triage assessment
2. Number of surge patients requiring outpatient care who will not be admitted based on your triage assessment (discharged from ED)
3. Number of existing in-patients and surge patients requiring admission for inpatient care with an appropriate staffed bed and after safe discharge of patients from the original patient census.

**Exercise Assumptions and Artificialities**

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise and should not allow these considerations to negatively impact their participation.

***Assumptions***

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions apply to the exercise:

* If you are a Fire Department, a Provider Agency, OEM, EMS, or the MAC use **Dignity Sports Park in Carson** as the incident location. All other sectors such as Hospitals, LTC, Clinics, Dialysis, etc. choose a location that allows you to exercise the capabilities based on the objectives.
* The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
* The exercise scenario is plausible, and events occur as they are presented.
* Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.
* Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

***Artificialities***

During this exercise, the following artificialities apply:

* Some hospitals will be disproportionately impacted more than others. For example, the 20% staffed bed capacity of Ronald Reagan UCLA (RR UCLA) is a larger number compared to the 20% staffed bed capacity of Emanate Foothill Presbyterian (FHP) Hospital. Sending 48 surge patients to RR UCLA is less than their 20% surge capacity, while sending 48 surge patients to FHP is greater than their 20% surge capacity.
* Exercise communication and coordination is limited to participating exercise organizations, venues, and the SimCell
* Only communication methods listed in the Communications Directory are available for players to use during the exercise.

**Exercise Evaluation**

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned areas. Additionally, players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise, and compile the After-Action Report (AAR)/Improvement Plan (IP)

# Module 1: MCI initiation and notification

## Scenario

### November 17, 2022 07:40 hours:

At 07:40 hours, an explosion occurred at a mass-gathering event near your facility.

Reports indicate that the explosion happened at the start of a mass-gathering event with hundreds of people already in attendance.

Upon arrival at the scene, first responders reported that their dosimeters alarmed, signaling the presence of radioactive emissions.

HAZMAT and Public Health’s Radiation Management team were requested to the scene.

News crews respond to the scene of the explosion and begin emergency broadcasting.

The dirty bomb explosion resulted in a multi-casualty incident (MCI).

First responders report > 3,000 victims on scene with radiation-related injuries and many victims are self-transporting to local hospitals.

First responders began triaging the victims in the Immediate, Delayed, and Minor categories and are preparing patients for transport to local hospitals.

At 08:00 hours, upon receiving the ReddiNet MCI notification and hearing the emergency news broadcast, hospital leadership began mobilization of the command center (incident management team) and preparing for the influx of patients to the Emergency Department. (*Implement your surge plan. Hospitals begin your MRSE action items.*)

**Instructions**

1. You have **20-30 minutes** to consider the questions in this module.
2. **Participants are not required to address every assigned question.** Take a moment to review the questions in their entirety and then focus on the critical issues of major concern for your group at this point in the exercise.
3. Elect a spokesperson and a scribe/note taker for your group to discuss the group’s findings after each module and document them.
4. Groups should work to identify any additional questions, critical issues, or decisions they feel should be addressed at this time. **Each participant should record their thoughts, issues, and questions on the provided Participant Feedback Form.**
5. Make decisions using the information provided and your best judgment of how to proceed.

## Key Issues

* **MCI Initiation**
* **Notification**
* **Patient Surge Plan Activation**

## Questions

Based on the information provided, participate in the discussion concerning the issues. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

**Ambulatory Surgery Centers Questions:**

1. Does your center have an Emergency Operations Plan (EOP)? How and when is it activated? At what point in the scenario above would you activate and implement the EOP?
2. If you decide to cancel procedures for the day, what would you need to do?
3. How would your center maintain overall situational awareness? How would you connect with the EMS MCC and/or other sectors?
4. If your ASC decided to accept patients from surrounding healthcare facilities what procedures would need to be done? How would your relay your capacity and capabilities? Who would you relay this information to?

**Clinic and/or Urgent Care Questions:**

1. How would your clinic relay/obtain information from law enforcement agencies to staff, patients, family of patients, and volunteers regarding the status of the situation? How would your facility maintain overall situational awareness with other agencies? How could the clinic work through the Medical and Health Operational Area Coordinator program to achieve this?
2. Would your clinic accept patients if surrounding healthcare facilities reached capacity? How would you relay available bed capacity? Who would you relay this information to?
3. Does your clinic have a medical surge plan? When and how is it activated? Have staff been trained in medical surge operations?
4. Are your staff trained in the Incident Command System (ICS)? Does your clinic have a Command Center? What would the ICS structure look like at your facility for this type of incident?

**Dialysis Center Questions:**

1. How would your dialysis center relay/obtain information from law enforcement agencies to staff, patients, family of patients, and volunteers regarding the status of the situation? How would your dialysis center maintain overall situational awareness with other agencies? How could the clinic work through the Medical and Health Operational Area Coordinator program to achieve this?
2. Would your dialysis center accept patients if surrounding healthcare facilities reached capacity? How would you relay available bed capacity? Who would you relay this information to?
3. Does your dialysis center have a medical surge plan? When and how is it activated? Have staff been trained in medical surge operations? Given this scenario, how does your dialysis center response adjusted when dealing with a radiological event? How has this response been exercised?
4. Are your staff trained in the Incident Command System (ICS)? Does your dialysis center have a Command Center? What would the ICS structure look like at your dialysis center for this type of incident?

**EMS Agency Questions:**

1. Would this incident trigger an activation of your Medical Coordination Center (MCC)? If so, at what level (e.g., Emergency Medical Services (EMS) Command Center, Health MCC, and/or County Emergency Operations Center [CEOC])? What would your Incident Command System (ICS) structure look like for this response effort? What would your Incident Action Plan objectives look like for the first operational period?
2. Would this incident overwhelm the EMS System, including your 911 medical call response? What resources and/or mutual aid agreements could you rely on to assist in these and other potential incidents?
3. In past incidents such as Las Vegas, Orlando and San Bernardino, a lack of transportation resources was a significant factor in response efforts. This can be a result of an inadequate quantity of resources or communication failures in dispatch. Do you anticipate similar challenges in your jurisdiction? How might resource requesting be handled effectively through the MHOAC program?
4. What protocols are put in place to make sure that resource needs are continually reassessed during the incident? Who is responsible for making sure this takes place? How is this communicated from the field to the EMS Agency and up to the MHOAC program?
5. How would you initiate patient tracking from the different incidents? What partners would you work with for patient tracking / patient movement?

**Home Health / Hospice Questions:**

1. Does your agency/office have an Emergency Operations Plan (EOP)? How and when is it activated? At what point in the scenario above would you activate and implement the EOP?
2. How would your agency/office maintain overall situational awareness? How would you connect with the EMS MCC and/or other sectors?
3. If you were able to accept additional patients, e.g. from hospitals or from other home health & hospice agencies, what procedures would need to be done? How would your relay your capacity and capabilities? Who would you relay this information to?

**Hospital Questions:**

1. In the scenario above would you activate your facility’s mass casualty incident and/or medical surge plans? What are the “triggers” to activate your surge plan?
2. What strategies do you have in place to increase capacity for your facility? What factors are needed if strategies to increase capacity are tier leveled, progressive (e.g. what strategies to implement and when to implement - when to decompress or discharge patients, when to call-in additional staff, when to cancel elective surgeries, etc.)?
3. How do you obtain the number of staffed beds (Staffed beds mean those beds which are equipped and available for patient use Staffed beds include those that are occupied and those that are vacant.), prior to receiving patients,?
4. How do you obtain the number of existing patients (census) prior to receiving patients?
5. How do you obtain the number of patients who could be safely discharged to accommodate surge patients (decompress)?
6. How do you obtain the number of surge patients requiring admission for inpatient care based on triage assessment?
7. How do you obtain the number of surge patients requiring outpatient care who will not be admitted based on your triage assessment (discharged from ED)?
8. How do you obtain the number of existing inpatients and surge patients requiring admission for inpatient care with an appropriate staffed bed and after safe discharge of patients from the original patient census?
9. In past incidents, such as Las Vegas, Orlando and San Bernardino, a lack of transportation resources was a significant factor in response efforts. How might a lack of adequate ambulance transport affect the timeline in which patients arrive at your facility? What about patients that self-transport?
10. What communication strategies (e.g., page, email, etc.) will be utilized **internally** to share information between the HCC and the Triage and Treatment areas of the hospital? What gaps exist in these communication channels, as determined through prior incidents or exercises?
11. What communications strategies (e.g., bed tracking software, Situation Reports) will be utilized **externally** to share information between the HCC and the local operational area’s Emergency Operations Center, the Medical Coordination Center (MCC), or other local agencies’ Department Operations Centers? How will your hospital share information about hospital status and capabilities?
12. If your facility/organization’s resources to respond are overwhelmed, what resource requests and/or mutual aid could you rely on in response to additional incidents?

**Long Term Care Questions:**

1. How would your facility relay/obtain information from law enforcement agencies to staff, patients, family of patients, and volunteers regarding the status of the situation? How would your facility maintain overall situational awareness with other agencies? How could the clinic work through the Medical and Health Operational Area Coordinator program to achieve this?
2. Would your facility accept patients if surrounding healthcare facilities reached capacity? How would you relay available bed capacity? Who would you relay this information to?
3. Does your facility have a medical surge plan? When and how is it activated? Have staff been trained in medical surge operations? Given this scenario, how does your facility response adjusted when dealing with a radiological event? How has this response been exercised?
4. Are your staff trained in the Incident Command System (ICS)? Does your facility have a Command Center? What would the ICS structure look like at your facility for this type of incident?

# Module 2: Patient surge

## Scenario

At 08:20, many of the patients that self-transported begin arriving at hospitals with various complaints and injuries.

At 08:30, ambulance patients, with various complaints and injuries, arrive at the emergency department. (*Implement your surge plan and your radiological incident plan. Hospitals begin your MRSE action items*).

At 08:35 hours, Public Health Radiation Management team arrived on scene.

At 08:40 hours, Public Health Radiation Management team confirmed the detonation of a dirty bomb and the release of Caesium-137. (*Implement your radiological incident plan.)*

## Key Issues

* **Patient Surge**
* **Activate Radiation Plan**

**Instructions**

1. You have **20-30 minutes** to consider the questions in this module.
2. **Participants are not required to address every assigned question.** Take a moment to review the questions in their entirety and then focus on the critical issues of major concern for your group at this point in the exercise.
3. Elect a spokesperson and a scribe/note taker for your group to discuss the group’s findings after each module and document them.
4. Groups should work to identify any additional questions, critical issues, or decisions they feel should be addressed at this time. **Each participant should record their thoughts, issues, and questions on the provided Participant Feedback Form.**
5. Make decisions using the information provided and your best judgment of how to proceed.

## Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

**Ambulatory Surgery Center Questions:**

1. Given this scenario, how will your center be able to continue to perform regular procedures during a radiological event? Will your focus change and if yes, what will change?
2. During the incident, some facilities may be instructed to, or decide to shelter in place depending on how close you are to the incident. Do you have policies and/or procedures to shelter in place? Do staff know what to do? Do you have enough supplies for sheltering in place? Do you know your center’s lockdown procedures?
3. Given the scenario above, do you have the supplies necessary to shelter in place for a minimum of 24 hours? If not, what resources would you need? How would you request or obtain these resources? If you have resources to share, how would the authorities be notified?

**Clinic and/or Urgent Care Questions:**

1. During the incident, some clinics may be put under lockdown or instructed to shelter-in-place. Would your facility activate lockdown or shelter-in-place procedures if notification is received of an active shooter incident nearby? What additional security steps would staff take? What are your facility’s lockdown procedures? What is your facility’s shelter-in-place procedures?
2. Given the scenario above, does your facility have the supplies necessary to be under lockdown for multiple days if necessary? If not, what resources would you need? How would you request or obtain these resources?
3. If the decision was made to evacuate, how will your clinic evacuate your patients and staff? How would your facility notify staff and patients of an evacuation order? What special considerations need to be taken in the event of a rapid evacuation? What obstacles do you foresee with this? How might those be resolved?
4. In this type of scenario, your clinic’s senior leadership may be asked to appear in front of the media, either in private interviews or in joint press conferences. How can you prepare your senior leadership to respond to media inquiries? How would you coordinate with the Joint Information Center? Does your agency have pre-existing public information templates for active shooter, terrorist incident, or explosive incidents?

[Recommendation: Viewing clips of past incident press conferences and interviews as examples can help to spark additional discussion in the Tabletop setting. Here are some examples:]

* Doctors Speak at San Bernardino Shooting Press Conference: <https://www.youtube.com/watch?v=u-0Se1QW3WE>
* Orlando Mayor Buddy Dyer leads Press Conference after Pulse Nightclub Shooting: <https://www.youtube.com/watch?v=v4cudR1wXaA>

**Dialysis Center Questions:**

1. During the incident, some dialysis centers may be put under lockdown or instructed to shelter-in-place. Would your dialysis center activate lockdown or shelter-in-place procedures if notification is received of a dirty bomb detonation nearby? What additional security steps would staff take? What are your dialysis center’s lockdown procedures? What are your dialysis center’s shelter-in-place procedures?

2. Given the scenario above, does your dialysis center have the supplies necessary to be under lockdown for multiple days if necessary? If not, what resources would you need? How would you request or obtain these resources?

3. If the decision was made to evacuate, how will your dialysis center evacuate your patients and staff? How would your dialysis center notify staff and patients of an evacuation order? What special considerations need to be taken in the event of a rapid evacuation? What obstacles do you foresee with this? How might those be resolved?

4. How would your dialysis center relay/obtain information from law enforcement agencies to staff, patients, family of patients, and volunteers regarding the status of the situation? How would your dialysis center maintain overall situational awareness with other agencies? How could the clinic work through the Medical and Health Operational Area Coordinator program to achieve this?

5. In this type of scenario, your dialysis center’s senior leadership may be asked to appear in front of the media, either in private interviews or in joint press conferences. How can you prepare your senior leadership to respond to media inquiries? How would you coordinate with the Joint Information Center? Does your agency have pre-existing public information templates for active shooter, terrorist incident, or explosive incidents?

[Recommendation: Viewing clips of past incident press conferences and interviews as examples can help to spark additional discussion in the Tabletop setting. Here are some examples:]

* Doctors Speak at San Bernardino Shooting Press Conference: <https://www.youtube.com/watch?v=u-0Se1QW3WE>
* Orlando Mayor Buddy Dyer leads Press Conference after Pulse Nightclub Shooting: <https://www.youtube.com/watch?v=v4cudR1wXaA>

**EMS Agency Questions:**

1. Considering the scenario, are there in “triggers” to initiate any pre-hospital care policy waivers? How would you inform partners of those waivers?
2. How would you inform partners that decorporation agents are available?
3. How would you process and distribute resources requests for decorporation agents, DECON trailers, and other items associated with a radiological event?

**Home Health / Hospice Questions:**

1. Given this scenario, will you center be able to continue to perform day to day business during a radiological event? Will your focus change and if yes, what will change?
2. During the incident, some facilities may be instructed to, or decide to shelter in place depending on how close you are to the incident. Do you have policies and/or procedures to shelter in place? Do staff know what to do? Do you have enough supplies for sheltering in place? Do you know your center’s lockdown procedures? What about your field staff, how and what will you communicate to them?
3. Given the scenario above, does your office and field staff have the supplies necessary to shelter in place for a minimum of 24 hours? If not, what resources would you need? How would you request or obtain these resources? If you have resources to share, how would the authorities be notified?
4. If you decide to cancel visits for the day, what would you need to do?

**Hospital Questions:**

1. If your facility/organization’s resources to respond are overwhelmed, what resource requests and/or mutual aid could you rely on in response to additional incidents?
2. How do you obtain the number of surge patients requiring admission for inpatient care based on triage assessment?
3. How do you obtain the number of surge patients requiring outpatient care who will not be admitted based on your triage assessment (discharged from ED)?
4. How do you obtain the number of surge patients admitted for inpatient care with an appropriate, staffed bed and after safe discharge of patients from the original patient census?
5. Given this scenario, how does your facility response adjusted when dealing with a radiological event? How has this response been exercised?
6. The public will be worried and will panic, these individuals will begin to make their way to hospitals and add more pressure to the chaotic scene. How will you identify that worried-well vs. the radiological contaminated victims? How will you separate the worried well vs. the radiological contaminated victims or will you decontaminate all individuals that show up at the entrances of the hospital?
7. At what point will your facility activate Radiological Decontamination Procedures? How will your facility activate the Decontamination Team and or call-in decontamination team members? If only one or two decontamination team members are on site, how can the facility proceed with decontamination procedures, what must be done?
8. What kind of radiological detection equipment does your facility have, where are they stored and how many? What responsibilities will the Radiation Department have in this event?
9. What local or national subject matter experts are you aware of that you can contact for medical management and treatment consults for patients with radiological injuries? (LA County DPH Radiation Management, Oak Ridge Institute for Science and Education, National Council on Radiation Protection and Measurements, or others)
10. What staff is trained to use radiological detection equipment to perform patient surveys checking for radiological contaminates?
11. Patients that sustained injuries due to a dirty bomb explosion and radiological contamination, do you initiate and conduct decontamination procedures prior to treating patients with life threating injuries or do you treat the life threating injuries prior to decontamination? What do you do with the contaminated clothing and other items brought in with the patient?
12. What is the difference between radiological exposure and radiological contamination?
13. What safety and security procedures will be initiated internally to keep the facility clean? What resources can be used to keep: equipment, flooring, walls and supply clean?
14. In this type of scenario, your facility’s senior leadership may be asked to appear in front of the media, either in private interviews or in joint press conferences. How can you prepare your senior leadership to respond to media inquiries? How would you coordinate with the Joint Information Center? Does your agency have pre-existing public information templates for active shooter, terrorist incident, or explosive incidents?

[Recommendation: Viewing clips of past incident press conferences and interviews as examples can help to spark additional discussion in the Tabletop setting. Here are some examples:]

* Doctors Speak at San Bernardino Shooting Press Conference: <https://www.youtube.com/watch?v=u-0Se1QW3WE>
* Orlando Mayor Buddy Dyer leads Press Conference after Pulse Nightclub Shooting: <https://www.youtube.com/watch?v=v4cudR1wXaA>

**Long Term Care Questions:**

1. During the incident, some facilities may be put under lockdown or instructed to shelter-in-place. Would your facility activate lockdown or shelter-in-place procedures if notification is received of a dirty bomb explosion nearby? What additional security steps would staff take? What are your facility’s lockdown procedures? What is your facility’s shelter-in-place procedures?

2. Given the scenario above, does your facility have the supplies necessary to be under lockdown for multiple days if necessary? If not, what resources would you need? How would you request or obtain these resources?

3. If the decision was made to evacuate, how will your facility evacuate your patients and staff? How would your facility notify staff and patients of an evacuation order? What special considerations need to be taken in the event of a rapid evacuation? What obstacles do you foresee with this? How might those be resolved?

4. In this type of scenario, your facility’s senior leadership may be asked to appear in front of the media, either in private interviews or in joint press conferences. How can you prepare your senior leadership to respond to media inquiries? How would you coordinate with the Joint Information Center? Does your agency have pre-existing public information templates for active shooter, terrorist incident, or explosive incidents?

[Recommendation: Viewing clips of past incident press conferences and interviews as examples can help to spark additional discussion in the Tabletop setting. Here are some examples:]

* Doctors Speak at San Bernardino Shooting Press Conference: <https://www.youtube.com/watch?v=u-0Se1QW3WE>
* Orlando Mayor Buddy Dyer leads Press Conference after Pulse Nightclub Shooting: <https://www.youtube.com/watch?v=v4cudR1wXaA>

# Module 3: Recovery (OPTIONAL)

## Scenario

Hours after the initial incident.

There are many family members flooding local hotlines, and healthcare organizations, asking for information about loved ones who either worked or were treated at the nearby medical facility.

The hotlines established by the county are flooded with phone calls from members of the public seeking information, resources, or just someone to talk to about the incidents.

Staff at the incident scene, and at receiving facilities, along with in the Command and Operations Centers, and first responders in the area are deeply affected by the events. Some are showing signs of exhaustion, while others are quiet and isolated. Some are showing signs of stress. There is a need for additional mental and behavioral support. Some staff/responders had family members or friends involved in the incidents.

There are concerns about those with pre-existing disorders, acute syndromes, or mental health conditions, with a potential worsening due to the trauma of these events.

Conversely, medical personnel, law enforcement, and first responders from other healthcare facilities and jurisdictions have flooded the area with offers of volunteering and donations. It is unclear who is managing volunteers and donations.

## Key Issues

* **Recovery**
* **Family Assistance**
* **Mental Health / Wellness Support**

**Instructions**

1. You have **20-30 minutes** to consider the questions in this module.
2. **Participants are not required to address every assigned question.** Take a moment to review the questions in their entirety and then focus on the critical issues of major concern for your group at this point in the exercise.
3. Elect a spokesperson and a scribe/note taker for your group to discuss the group’s findings after each module and document them.
4. Groups should work to identify any additional questions, critical issues, or decisions they feel should be addressed at this time. **Each participant should record their thoughts, issues, and questions on the provided Participant Feedback Form.**
5. Make decisions using the information provided and your best judgment of how to proceed.

## Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

**Ambulatory Surgery Center Questions:**

1. Who determines when a lockdown or shelter in place order is no longer necessary? How is the order communicated to staff, patients, family of patients, and volunteers?
2. What types of broader, community-based behavioral support services will be available to the public in the days, weeks, and even months following these incidents? Will there be services such as crisis hotlines, counseling, self-help tips, social media resources, educational materials, and/or text messages?
3. What steps will be taken to ensure that your organization’s staff feel safe when returning to work? How would your organization ensure that the public feels safe to return to your facility?
4. What are your center’s priorities for ensuring key functions are maintained throughout the response and recovery phases from an incident, including the care of existing and new patients?
5. How would your center demobilize operations after evacuating, re-locating, or receiving a surge of patients? How would your center coordinate with the Medical and Health Operational Area Coordinator, health care coalition partners, emergency medical services, and the local Emergency Operations Center to return to normal operations?

**Clinic and/or Urgent Care Questions:**

1. Who determines when a lockdown or shelter in place order is no longer necessary? How is the order communicated to staff, patients, family of patients, and volunteers?
2. What types of broader, community-based behavioral support services will be available to the public in the days, weeks, and even months following these incidents? Will there be services such as crisis hotlines, counseling, self-help tips, social media resources, educational materials, and/or text messages?
3. What steps will be taken to ensure that your organization’s staff feel safe when returning to work? How would your organization ensure that the public feels safe to return to your facility?
4. What are your center’s priorities for ensuring key functions are maintained throughout the response and recovery phases from an incident, including the care of existing and new patients?
5. How would your center demobilize operations after evacuating, re-locating, or receiving a surge of patients? How would your center coordinate with the Medical and Health Operational Area Coordinator, health care coalition partners, emergency medical services, and the local Emergency Operations Center to return to normal operations?

**Dialysis Center Questions:**

1. Who determines when a lockdown or shelter in place order is no longer necessary? How is the order communicated to staff, patients, family of patients, and volunteers?
2. What types of broader, community-based behavioral support services will be available to the public in the days, weeks, and even months following these incidents? Will there be services such as crisis hotlines, counseling, self-help tips, social media resources, educational materials, and/or text messages?
3. What steps will be taken to ensure that your organization’s staff feel safe when returning to work? How would your organization ensure that the public feels safe to return to your facility?
4. What are your center’s priorities for ensuring key functions are maintained throughout the response and recovery phases from an incident, including the care of existing and new patients?
5. How would your center demobilize operations after evacuating, re-locating, or receiving a surge of patients? How would your center coordinate with the Medical and Health Operational Area Coordinator, health care coalition partners, emergency medical services, and the local Emergency Operations Center to return to normal operations?

**EMS Agency Questions:**

1. How would your agency continue to receive and vet information in order to provide situational awareness during the incidents? What jurisdictional partners would you work with (e.g., Joint Information Center, Emergency Medical Services system partners, Medical and Health Operational Area Coordinator program)?
2. What agency positions are responsible for compiling information and completing assessments and/or situational reports related to the incident? If the incident is prolonged, how often are these required for local, regional, state and/or federal partners?
3. What types of broader, community-based behavioral support services will be available to your employees in the days, weeks, and even months following these incidents?
4. Would your agency play a role in working with the Family Assistance Center if one were activated? If so, what role would your agency play? Would you anticipate fielding inquiries from concerned individuals seeking out their friends, family and/or loved ones?
5. What are your agency’s priorities for ensuring key functions are maintained throughout the response and recovery phases from an incident?

**Home Health / Hospice Questions:**

1. Who determines when a lockdown or shelter in place order is no longer necessary? How is the order communicated to staff, patients, family of patients, and volunteers?
2. What types of broader, community-based behavioral support services will be available to the public in the days, weeks, and even months following these incidents? Will there be services such as crisis hotlines, counseling, self-help tips, social media resources, educational materials, and/or text messages?
3. What steps will be taken to ensure that your organization’s staff feel safe when returning to work?
4. What are your priorities for ensuring key functions are maintained throughout the response and recovery phases from an incident, including the care of existing and new patients?
5. How would your center demobilize operations after evacuating, re-locating, or receiving a surge of patients? How would your center coordinate with the Medical and Health Operational Area Coordinator, health care coalition partners, emergency medical services, and the local Emergency Operations Center to return to normal operations?

**Hospital Questions:**

1. How would your facility coordinate with law enforcement and state/federal partners to assist in evidence collection and protection? What about interviewing of patients?
2. Would your facility set up a Family Information Center? Would your facility play a role in working with a Family Assistance Center if one were set up by the county? If so, what role would your facility play? Would the hospital anticipate fielding inquiries from concerned individuals seeking out their friends, family and/or loved ones?
3. Does your health care coalition have mental health experts or teams that can be utilized if your facility needed additional resources? How would you request these resources?
4. Who is responsible for updating the Incident Action Plan each operational period? What would your objectives be for the next operational period?
5. Consider that you may have limited staff and resources in the coming days and weeks. How would your facility prioritize essential functions to continue to provide quality care to your patients? Would your Continuity of Operations Plan be activated? If so, how and when?
6. How would your organization accept volunteer practitioners to assist with caring for your patients? Do you have a policy/procedure in place? What sorts of identification do you require and how will you validate that the staff are competent to practice at your facility?

**Long Term Care Questions:**

1. Who determines when a lockdown or shelter in place order is no longer necessary? How is the order communicated to staff, patients, family of patients, and volunteers?
2. What types of broader, community-based behavioral support services will be available to the public in the days, weeks, and even months following these incidents? Will there be services such as crisis hotlines, counseling, self-help tips, social media resources, educational materials, and/or text messages?
3. What steps will be taken to ensure that your organization’s staff feel safe when returning to work? How would your organization ensure that the public feels safe to return to your facility?
4. What are your facility’s priorities for ensuring key functions are maintained throughout the response and recovery phases from an incident, including the care of existing and new patients?
5. How would your facility demobilize operations after evacuating, re-locating, or receiving a surge of patients? How would your facility coordinate with the Medical and Health Operational Area Coordinator, health care coalition partners, emergency medical services, and the local Emergency Operations Center to return to normal operations?

# Appendix A: Exercise Schedule

**Note:** Because this information is updated throughout the exercise planning process, appendices may be developed as stand-alone documents rather than part of the SitMan.

|  |  |
| --- | --- |
| Date | [Insert Date] |
| [Time] | [Player Check-In] |
| [Time] | [Exercise Briefing] |
| [Time] | [Start Exercise] |
| [Time] | [Capture Initial Data Elements] |
| [Time] | [Objectives] |
| [Time] | [Objectives] |
| [Time] | [Capture Ending Data Elements] |
| [Time] | [End Exercise] |
| [Time] | [Hot wash] |
| [Time] | [Closing Comments] |

# Appendix B: Exercise Participants

| **Participating Organizations** |
| --- |
| **County** |
| Medical Alert Center |
| [County Participant] |
| [County Participant] |
| **City** |
| [City Participant] |
| [City Participant] |
| [City Participant] |
| **[Jurisdiction A]** |
| [Jurisdiction A Participant] |
| [Jurisdiction A Participant] |
| [Jurisdiction A Participant] |
| **[Jurisdiction B]** |
| [Jurisdiction B Participant] |
| [Jurisdiction B Participant] |
| [Jurisdiction B Participant] |

# Appendix C: Relevant Plans

* **Los Angeles County Multi-Agency Radiological Response Plan (2009)**

[Microsoft Word - LA Rad Plan VOL I Feb 2009.doc (lacounty.gov)](http://publichealth.lacounty.gov/eprp/docs/LACMARRP/LACo%20MARRP%20VOL%20I%20Feb%202009.pdf)

* **Ambulance Guidelines for Response to Radiation Events**

[\*Microsoft Word - Ambulance Guidelines for Response to Radiation Events Rev 7-20131030 (lacounty.gov)](https://file.lacounty.gov/SDSInter/dhs/216885_AmbulanceGuidelinesforResponsetoRadiationEventsRev7-20131030.pdf)

* **Medical Management of Internally Radiocontaminated Patients**

[Microsoft Word - Final Complete MMRS Manual 05-31-06.doc (lacounty.gov)](https://file.lacounty.gov/SDSInter/dhs/207055_MMRSManual.pdf)

# Appendix D: Acronyms

|  |  |
| --- | --- |
| Term | Definition |
| AAR / IP | After-Action Report / Improvement Plan |
| ESF-8 | Emergency Support Function – 8 (Medical and Health) |
| HCC | Health Care Coalition |
| MAC | Medical Alert Center |
| MRSE | Medical Response and Surge Exercise |
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