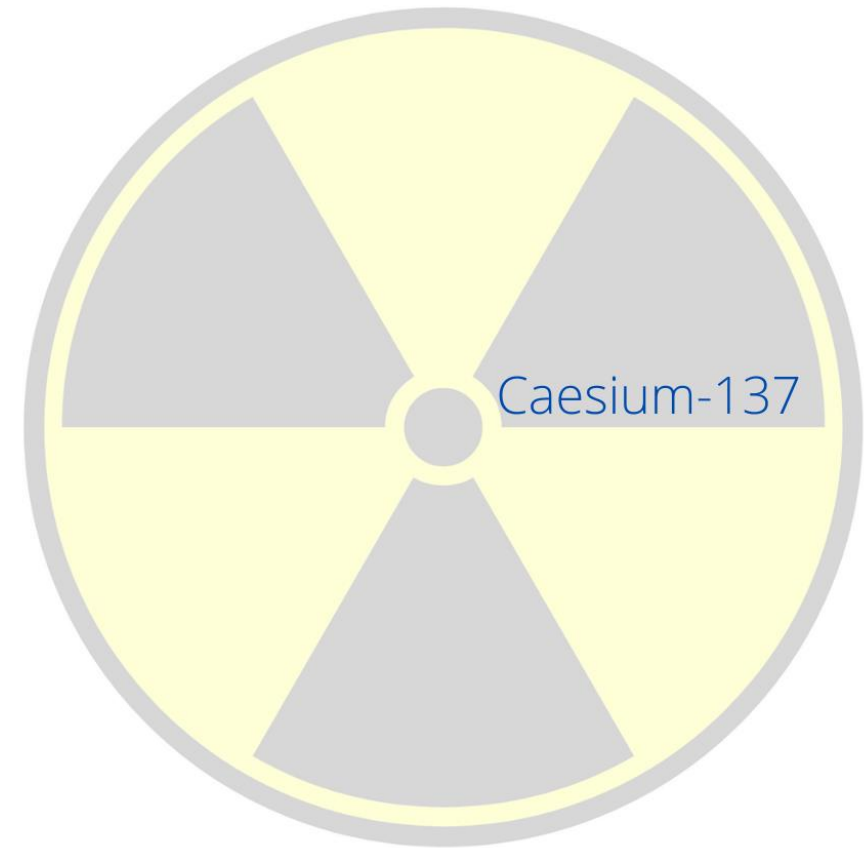


Medical Response
and Surge Exercise
(MRSE)

and

Radiological Response
Plan Evaluation

Exercise Overview



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- Exercises and Drills
Program

Why MRSE?

The Medical Response and Surge Exercise (MRSE) is an annual Hospital Preparedness Program (HPP) Cooperative Agreement requirement and officially replaces both the Coalition Surge Test (CST) and the Hospital Surge Test (HST). As of HPP Budget Period 3, HCCs must complete the MRSE annually.

MRSE Purpose?

The purpose of the MRSE is to provide HCCs with an opportunity to test their surge response and preparedness capabilities. The scenario used in the MRSE is defined by the HCC, but all exercises will test an HCC and its members' capacity to accommodate a surge of patients equal to at least 20% of its staffed bed capacity.

MRSE Components:

- MRSE is a Functional Exercise
- Surge Capacity Requirements
- Data Collection Requirements

MRSE Components: Functional Exercise

- Validate and evaluate capabilities
- Apply established plans, policies, and procedures under crisis condition
- Events are projected through a realistic exercise scenario with event updates that drive activity typically at the management level
- Evaluators observe behaviors and compare them against established plans, policies, procedures, and standard practices
- Usually, simulated deployment of resources and personnel

MRSE Components: Surge Capacity Requirements

- The Healthcare Coalition (HCC) must surge to 20% of its staffed bed capacity. (17,000 staffed beds multiplied by 20% = 3,400 surge patients)
- 69 Hospitals with Emergency Departments and 11 Hospitals without Emergency Departments
- 68 Acute Care Hospitals with an Emergency Department will receive 48 patients, Catalina Island Medical Center will receive 26 patients
- 11 Acute Care Hospitals without an Emergency Department will receive 10 patients
- Total patients = 3,400

MRSE Components: Data Collection Requirements

An Assessment Poll titled, “***2022 Medical Response and Surge Exercise - Hospital Capacity Survey***” will go out to all participating hospitals at the beginning of the exercise.
This is where hospitals record data!

Assessment Poll:

2022 Medical Response and Surge Exercise – Hospital Capacity Survey

2022 Medical Response and Surge Exercise - Hospital Capacity Survey

Created by: MEDICAL ALERT CENTER - 9/01/2022 13:16

Instructions: 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. The five (5) bed types include: 1.) Emergency Department; 2.) Medicine; 3.) Surgical; 4.) Post Critical Care; 5.) ICU

Comments:

Schedule: Once on 11/17/2022 at 08:00

Details

Questions	Instructions
Number of staffed Emergency Department beds at the beginning of the exercise, prior to receiving patients	
Number of staffed Medicine beds at the beginning of the exercise, prior to receiving patients	
Number of staffed Surgical beds at the beginning of the exercise, prior to receiving patients	
Number of staffed Post Critical Care (Step Down, Monitored Beds, Telemetry) beds at the beginning of the exercise, prior to receiving patients	
Number of staffed ICU (MICU, SICU, CCU) beds at the beginning of the exercise, prior to receiving patients	
Number of existing inpatients at the beginning of the exercise	
Number of existing inpatients who could be discharged to accommodate surge patients (decompress)	
Number of surge patients requiring admission for inpatient care based on triage assessment	
Number of surge patients requiring outpatient care who will not be admitted based on your triage assessment (discharged from ED)	
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.	

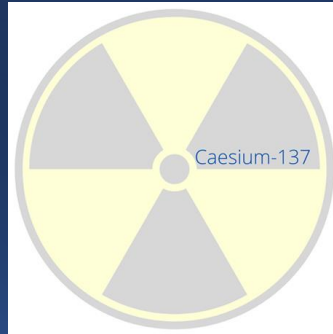
Exercise Scope

There will be no actual movement of patients. The Medical Alert Center will start the exercise at **8:00 a.m.** and end at **12:00 p.m.** Participating facilities can determine their respective play time. Play will take place in the live ReddiNet system. Command center activation is optional.

Exercise Assumption: Location

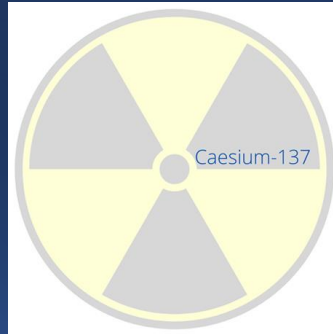
If you are a Fire Department, a Provider Agency, OEM, EMS, or the MAC you will use **Dignity Sports Park in Carson** as the incident location. All other sectors such as Hospitals, LTC, Clinics, Dialysis, etc. choose an independent location that will allow you to exercise capabilities based on your objectives.

Exercise Scenario



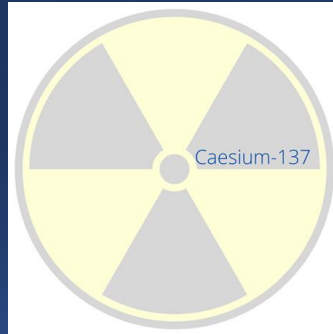
A dirty bomb explosion has occurred at a mass gathering event near your facility resulting in a large-scale multi-casualty incident (MCI). Many victims self-transported from the scene to local hospitals. Multiple other patients will be transported to hospital emergency departments throughout the county due to injuries related to a radiologic incident. HAZMAT and Public Health's Radiation Management team confirmed the detonation and release of Caesium-137.

Exercise Scenario (Continued)



Hospitals 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.

Exercise Objectives



- Hospitals and others can test surge plans (15 til 50, Code Triage, other Surge Plans)
- Non-acute care facilities can test surge plans as hospitals decompress and possibly reach out to LTC, Clinics, Dialysis Centers, and others to take patients
- Hospitals can test radiation response plans – decon, dosimeters, radiation portal monitors, handheld survey meters, how to conduct a patient survey, reaching out to SME, etc....
- Non-acute care facilities can test the same, or shelter in place, or evacuation, etc....

Patient Arrival

- Each acute care hospital with an emergency department (ED) will receive a total of 48 surge patients, 38 by self-transport and 10 by ambulance via ReddiNet.
- Catalina Island Medical Center will receive a total of 26 surge patients, 16 by self-transport and 10 by ambulance via ReddiNet.
- Hospitals without an Emergency Department will receive a total of 10 surge patients by self-transport.

Patient Arrival (Cont.)

- Please be sure to arrive ambulances in ReddiNet
- Update the MCI victim list using the information from Victim Cards
- When entering last name include 3-letter hospital code (e.g., Doe-FHP)
- Non-911 Hospitals will receive a message from the MAC advising to update the FRC application with information from Victim Cards

Patient Victim Cards

- [The Medical Response and Surge Exercise is testing the Healthcare Coalitions capability to surge to 20% of its staffed bed capacity for the following required bed types, *Emergency Department, Medicine, Surgery, Post-Critical Care (monitored, stepdown), and ICU (SICU, MICU) beds.* To test this capability, please ensure that at least 75% of the victim cards you select have an in-patient disposition.]
- Before the exercise, each participating hospital must download the victim list from the EMS website.
- Hospitals with emergency departments select 48 patient victim cards from the list.
- Catalina Island Medical Center will select 26 patient victim cards from the list.
- Hospitals without emergency departments will select 10 patient victim cards from the list.
- Hospitals may select the patient victim cards of their choice.

Patient Victim Cards (continued)

[Clinical personnel **cannot** change the disposition of the victim cards during this exercise.]

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. Patients in need of outpatient care will not need a bed assignment.

Remember its important to capture the surge patient's **disposition**. The disposition will be included on the victim cards. Specifically, capture and track if the surge patient was **admitted** or **not admitted**

Master Scenario Event List (MSEL)

- MSEL is a chronological list of simulated events (injects) that participants (players) will be asked to respond to during an exercise.
- Some injects are for all players such as the Service Level Poll
- Some injects are for specific sectors and players such as Long-Term Care Bed availability Poll
- It is okay to remove non-pertinent injects and add additional if needed to meet your objectives

After the Exercise

- Hot-wash, Debrief
- Participant Feedback Forms
- 60 days to complete and submit AAR/IP

Documentation



- Exercise Objectives (Sector Specific)
- Exercise Plan (ExPlan)
- Situation Manual (SitMan)
- Controller Evaluator Handbook
- Exercise Evaluation Guide (Sector Specific)
- Victim Cards
- Master Scenario Event List (MSEL)
- Participant Feedback Form
- After-Action Report / Improvement Plan

[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)

Exercise Registration



- Please register your facility for the exercise.
- Registration will confirm your facility is planning to participate in the exercise.
- Registration will provide point-of-contact information to EMS (event organizers).
- Registration is required to receive participation credit.
- Facility registration is required, not individual exercise players / participants.

<https://www.eventbrite.com/e/medical-response-and-surge-exercise-radiological-response-plan-evaluation-tickets-408045353637>

Questions

Type questions in chat or
unmute

Thank you!

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EMS Agency

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**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

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