

Los Angeles County

2023 Medical Response and Surge Exercise (MRSE)

Exercise Objectives

How to use this document: The purpose of this document is to provide sample objectives and capabilities for exercise planners to select from in designing their coalition based Medical Response and Surge Exercise (MRSE). If you do not use all the objectives, remember to remove those objectives and corresponding capabilities that do not pertain to your chosen objectives. You may also replace or add objectives that are not given as examples. (This paragraph should be removed, only capabilities and objectives with sample tasks should be included)

2017-2022 ASPR Health Care Preparedness and Response Capabilities:

Capability 1: Foundation for Health Care and Medical Readiness

Goal of Capability 1: The community has a sustainable Health Care Coalition – comprised of members with strong relationships – that can identify hazards and risks and prioritize and address gaps through planning, training, exercising, and acquiring resources.

Capability 2. Health Care and Medical Response Coordination

Goal for Capability 2: Health Care and Medical Response Coordination Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage, and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Capability 3: Continuity of Health Care Service Delivery

Goal of Capability 3: Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

Capability 4. Medical Surge

Goal for Capability 4: Health care organizations — including hospitals, emergency medical services (EMS), and out-of-hospital providers — deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the Emergency Support Function-8 (ESF-8) lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

Home Health & Hospice Objectives

Objective 1 - Maintain Appropriate Communications (Capability 2)

Sample task(s): [Remove those that you are not testing]

- Activate the Communication Plan
- Utilize and test communication systems [insert your own specific systems to test, such
 as text messaging, email, mass notification software, ReddiNet, etc.] to notify staff and
 DHS MCC as applicable
- Develop a process of sharing of information related to the emergency with onsite staff or staff scheduled to work that day within XX minutes of incident notification (timeframe is optional – if not setting a time, please remove from task) Document responses
- Develop/determine information sharing procedures specific to the incident response with DHS MCC staff and document these procedures
- Respond to communication received from local healthcare partners and/or DHS MCC communication e.g., status request color, if ReddiNet user
- Coordinate and document response strategies and resource availability and needs to DHS MCC within [insert timeframe e.g., 30 mins, 1 hour, etc.] or as indicated on message received. [DHS MCC will ask you for your color status – see status handout for ReddiNet]

Objective 2 – Shelter in Place (Capability 2)

Sample task(s): [Remove those that you are not testing]

- Implement the facility's shelter in place (SIP) plan upon notification that the facility is within the affected area within [insert timeframe]
- Operationalize strategies and tactics for the implementation of the SIP plan
- Ensure supplies for SIP are available and adequate for number of staff, patients, and physicians
- Determine how patients will be prioritized if your operations are affected and develop continuity of care plans for existing patients/patients unable to be seen
- Provide routine updates to the DHS MCC on facility status via [insert appropriate communication system, e.g., ReddiNet] and staff that are in the facility or are scheduled to work that day

Objective 3 – Resource Sharing (Capability 2)

Sample task(s): [Remove those that you are not testing]

- Assess for demand/ability to share/expand space for non-traditional care to off load hospital surge
- Activate plans and mutual aid agreements as needed to obtain, share, and/or return Health Care Coalition resources as appropriate

- Assess regional health care resources to potentially develop an alternate care system to ensure care for patients in impacted areas
- Serve as a charging station for power dependent patients unable to get medical care in a timely manner
- Share emergency supplies with impacted healthcare partners
- Ensure operations are maintained-extend/adjust operating hours

Objective 4 – Patient Safety and Continuity of Care (Water & Power) (Capability 3)

Sample task(s): [Remove those that you are not testing]

- Coordination and tracking of patient movement (look for corporate policy for best practice), staff deployment during surge/movement of patient, Staff role to inform patients/family to track patient movement, ensuring continuity of care
- What method of transportation if patient is unable to transport? Consider percentage of transport dependent patients (uber, family, public transport)