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**Medical Response and Surge Exercise – Pediatric Surge and Health Care Coalition Power Outage Exercise**

Situation Manual (SitMan)

Thursday, November 16, 2023

Welcome to the Los Angeles County Emergency Medical Services (EMS) Agency, Medical Response and Surge Exercise (MRSE). The 2023 MRSE will focus on pediatric surge 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 an operational-based 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 – Pediatric Surge and Health Care Coalition Power Outage Exercise |
| **Exercise Date** | [Insert Date of Exercise] |
| **Scope** | The MRSE is a functional exercise for Hospital Preparedness Program fund recipients and Healthcare Coalition membersThere will be no actual movement of patientsThe Countywide coordination component will last approximately four hoursPlay will take place in the live ReddiNet systemCommand center activation is optional |
| **ASPR Core Capabilities** | Capability 1. Foundation for Health Care and Medical ReadinessCapability 2. Health Care and Medical Response CoordinationCapability 3. Continuity of Health Care Service DeliveryCapability 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
 |
| **PHEP Core Capabilities** | Capability 3: Emergency Operations Coordination |
| **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 pediatric surge plan, communication processes, patient destination coordination to support surge efforts, and power outage for the non-Hospital sectors. |
| **Threat/Hazard** | Pediatric surge incident |
| **Scenario** | At 06:00 hours a large underground explosion occurred in a Metrorail tunnel under Vermont Avenue between Sunset and De Longpre near Children’s Hospital Los Angeles (CHLA). The Los Angeles City Fire Department has cleared the scene and all patients from the incident have been transported to various emergency departments in the County. Metrorail and utility crews remain on scene assessing damage to the tunnel and other infrastructure. At 08:00 hours CHLA requires a full evacuation due to loss of water. The current census of CHLA is 490 patients. CHLA has power. Telephones and internet-based platforms are operational. At 09:00 hours received report of power outages sporadically occurring throughout the County. *(This is an optional exercise component to support play for the non-Hospital sectors. Hospitals can choose to incorporate this optional component into their exercise. However, if included, hospitals cannot divert pediatric patients due to power outage).* |
| **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)
* Urgent Care Centers
 |
| **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 pediatric staffed beds by the designated bed types:

1. Emergency Department
2. General Pediatric / Acute Care
3. Pediatric ICU
4. Neonatal ICU
5. Pediatric Dialysis

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 awareness of the common operating picture by gathering and sharing real-time information related to the emergency | Capability 2. Health Care and Medical Response Coordination |
| Activate the Incident Command System (ICS) and the facility’s Command Center | Capability 2. Health Care and Medical Response Coordination |
| Determine the facility’s priorities for ensuring key functions are maintained throughout the emergency | Capability 3. Continuity of Health Care Service Delivery |

**Clinic 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 to provide appropriate resources to staff  | Capability 3. Continuity of Health Care Service Delivery |

**Dialysis Center Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Evaluate capabilities and resources for a surge event | Capability 2. Health Care and Medical Response Coordination |
| Maintain Communication | Capability 2. Health Care and Medical Response Coordination |
| Determine the facility’s priorities for ensuring key functions are maintained throughout the emergency | Capability 3. Continuity of Health Care Service Delivery |

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

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Alerts and notifications | Capability 2. Health Care and Medical Response Coordination |
| 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 pediatric surge response plans to a hospital evacuation event | Capability 4. Medical Surge |
| MHOAC 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  |

**Home Health / Hospice Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Maintain Appropriate Communication | Capability 2. Health Care and Medical Response Coordination |
| Shelter-In-Place / Evacuation (Water & Power) | Capability 2. Health Care and Medical Response Coordination |
| Resource Sharing | Capability 2. Health Care and Medical Response Coordination |
| Patient Safety and Continuity of Care (Water & Power) | Capability 3. Continuity of Health Care Service Delivery |

**Hospital Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Alerts and notifications | Capability 2. Health Care and Medical Response Coordination |
| 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 pediatric surge response plans to a hospital evacuation event | Capability 4. Medical Surge |
| MHOAC Communications and Resource Requesting | Capability 1. Foundation for Health Care and Medical Readiness |

**Long Term Care Objectives:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Activate the Emergency Operation Plan (EOP) and policies related to Surge Incident | Capability 2. Health Care and Medical Response Coordination |
| Activate Communication Plan | Capability 2. Health Care and Medical Response Coordination |
| Activate Surge Plans | Capability 3. Continuity of Health Care Service Delivery |
| Implement the Nursing Home Incident Command System (ICS) in Response to a Surge Incident | Capability 3. Continuity of Health Care Service Delivery |
| Plan for the Activation of Mental and Behavioral Health Services for all Staff Members as part of Incident Response and Recovery Planning as Needed | Capability 3. Continuity of Health Care Service Delivery |

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

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Maintain Communication and Situational Awareness | Federal Emergency Management Agency (FEMA) Core Capability: Operational Communication |

**Los Angeles County Department of Public Health:**

| **Exercise Objective** | **Core Capability** |
| --- | --- |
| Establish situational awareness with health and medical stakeholders/MHOAC to determine needs | Public Health Emergency Preparedness (PHEP) Capability 3: Emergency Operations Coordination |
| Determine need as to whether or not to activate formal ICS organization | PHEP Capability 3: Emergency Operations Coordination |
| Coordinate ongoing situational awareness and establish information sharing plan | PHEP Capability 3: Emergency Operations Coordination |

**Urgent Care Center 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 to provide appropriate resources to staff  | Capability 3. Continuity of Health Care Service Delivery |

**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: Pediatric Surge / Decompression**
* **Module 3: Power Outage**

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

The HCC determined the total number of pediatric 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.

**Pediatric Staffed Bed Calculation**

The HCC has determined that it has **2,453 staffed pediatric beds.** 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 2,453** staffed pediatric beds (**2,453 x 20% = 490)**

**Total numbers of pediatric surge patients in the exercise = 490**

Staffed bed types are summarized in the Tables below.

|  |  |
| --- | --- |
| **Staffed Bed Type** | **Calculation** |
| Emergency Department  | Required |
| General Pediatrics / Acute Care | Required |
| Pediatric ICU (PICU) | Required |
| Neonatal ICU (NICU) | Required |
| Pediatric Dialysis | Required |

 **Table 2: Required and optional staffed bed types used by the 2023 MRSE**

**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 490 pediatric patients which is 20% of its staffed pediatric bed capacity.

Each hospital will be allocated a pre-determined number of pediatric patients based on the assigned tier level:

* Tier 1 to Tier 3 Hospitals: 12 pediatric patients each
* Tier 4 to Tier 5 Hospitals: 7 pediatric patients each
* Tier 6 Hospitals: 5 pediatric patients each
* Tier 7 Hospitals: 0 pediatric patients
* Undesignated Hospitals: 0 pediatric patients

Each participating hospital will receive pre-assigned types of pediatric patients according to tier level:

* Tier 1 to Tier 3 hospitals will receive the youngest and most critical cases
* Tier 4 to Tier 6 hospitals will receive older more stable patients
* Tier 7 and participating undesignated hospitals will not receive pediatric patients. They will be allocated 10 adult victims each (patient transfers) to support hospital decompression efforts.

**Pediatric Victim List**

Before the exercise, each participating hospital assigned to Pediatric Surge Plan tiers 1 through 6 must download the Pediatric Victim list from the EMS Agency 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).

SimCell will facilitate pediatric patient movement on the day of the exercise. There will be no actual movement of patients. SimCell will call each receiving facility and provide patient assignment information from the Pediatric Victim List. The SimCell caller will relay which patients on the list downloaded from the website are assigned to the contacted hospital..

When Hospitals register for the exercise, each facility must provide the point of contact information including the name, title or position, and telephone number of the person who will receive the facility's pediatric victim list information on the day of the exercise.

Clinical personnel will perform patient triage and determine if patients will require inpatient care and admission versus outpatient care based on the data provided on the victim cards. Patients who require inpatient care and admission will need an appropriate, staffed bed in this exercise.

**Adult Victim List**

Before the exercise, Tier 7 and participating undesignated hospitals must download the Adult Victim list from the EMS Agency 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).

After downloading the victim list, the facility must select any 10 victims of their choice to process at their facility.

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 in this exercise.

**Long Term Care (LTC) Adult Victim List**

Optional: The Adult Victim list is available for download for those LTC facilities that select to support hospital decompression efforts. Before the exercise, download the Adult Victim List from the EMS Agency 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).

After downloading the list, select as many victims as needed to support objectives.

Clinical personnel can perform patient assessments to support your intake and bed assignment processes.

**Pre-Exercise MCI Adult Victim List**

Optional: The Adult Victim list is available for download for those hospitals that select to participate with the pre-exercise MCI component. Before the exercise, download the Adult Victim List from the EMS Agency 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).

After downloading the victim list, select as many victims as needed to support objectives.

Clinical personnel will perform patient triage and determine if patients will require inpatient care and admission versus outpatient care based on the data provided on the victim cards.

**Staffed Bed Availability Data**

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 ***emergency department*** ***bed type***
2. Number of staffed pediatric beds (includes both vacant and occupied beds) at the beginning of the exercise, prior to receiving patients, for the ***designated pediatric bed types (pediatric general / acute care, PICU, NICU, and pediatric dialysis)***
3. Number of existing pediatric in-patients (census) at the beginning of the exercise, prior to receiving patients
4. Number of existing pediatric in-patients who could be safely discharged to accommodate surge patients (decompress)

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

1. Number of pediatric surge patients requiring admission for inpatient care based on triage assessment
2. Number of pediatric surge patients requiring outpatient care who will not be admitted based on your triage assessment
3. Number of existing pediatric 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:

* 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:

* 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 (Optional)

## Scenario

### November 16, 2023 06:00 hours:

At 06:00 hours a large underground explosion occurred in a Metrorail tunnel under Vermont Avenue between Sunset Boulevard and De Longpre Avenue near Children’s Hospital Los Angeles (CHLA).

People are coming up out of the nearby Metrorail station, located on the northeast corner of Sunset and Vermont, with various injuries and complaints.

First responders arrive on scene at the Metrorail Station and began triaging the victims in the Immediate, Delayed, and Minor categories and are preparing patients for transport to local hospitals.

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

Metrorail and utility crews from various City and County departments arrive on scene to assess damage to the Metrorail tunnel, the road surface, and other infrastructure impacted by the explosion.

07:30 hours the Los Angeles City Fire Department has cleared the MCI and all patients from the incident have been transported to various emergency departments in the County.

Metrorail and utility crews remain on scene assessing damage to the tunnel and other infrastructure.

**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**
* **Activation**
* **Notification**
* **Emergency Department Surge**

## 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.

**Hospitals:**

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.)?

# Module 2: Pediatric Patient Surge / Decompression

## Scenario

At 08:00 hours, Children’s Hospital Los Angeles (CHLA) requires a full evacuation due to loss of water. The current census of CHLA is 490 patients.

The L.A. County EMS Agency activates the Pediatric Surge plan to support the full evacuation of CHLA.

Receiving hospitals initiate pediatric patient surge plans and hospital decompression efforts to increase capacity *(Hospitals begin your MRSE action items)*

## Key Issues

* **Pediatric Surge Plan**
* **Activation and Notification**
* **Implementation**
* **Decompression**

**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.

**EMS Agency Questions:**

1. What is the EMS Agency’s role in a Pediatric Surge incident?
2. 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?
3. 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?
4. How will the MAC and/or the MCC coordinate resources and patient movement to support a pediatric surge event?

**Hospital Questions:**

1. Have staff assessed patients for potential discharges, and contacted the doctors for discharge orders?
2. Can any patients be transferred out to sister hospitals not affected by the disaster?
3. Is there a need for an alternate care site to accommodate the influx of patients?
4. How do you obtain the number of staffed pediatric 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?
5. How do you obtain the number of existing pediatric patients (census) prior to receiving patients?
6. How do you obtain the number of pediatric patients who could be safely discharged to accommodate surge patients (decompress)?
7. How do you obtain the number of pediatric surge patients requiring admission for inpatient care based on triage assessment?
8. How do you obtain the number of pediatric surge patients requiring outpatient care who will not be admitted based on your triage assessment?
9. How do you obtain the number of existing pediatric inpatients and pediatric surge patients requiring admission for inpatient care with an appropriate staffed bed and after safe discharge of patients from the original patient census?
10. 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?

**Long Term Care Questions:**

1. Have staff assessed patients for potential discharges, and contacted the doctors for discharge orders?
2. Can any patients be transferred out to sister facilities not affected by the disaster?
3. Is there a need for an alternate care site to accommodate the influx of patients?

# Module 3: Power Outage (Optional for Hospitals)

## Scenario

At 09:00 hours received report of power outages sporadically occurring throughout the County.

Power outages occurring for extended periods of time impacting operations requiring use of back-up generators or other power source to maintain operations.

Impacted facilities with backup generators opening space for community for those with durable medical equipment that need power.

## Key Issues

* **Power Outage**
* **Business Continuity**

**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. What is the policy for power outage?
2. What are the specs for your generator and when was the last time your staff received training?
3. What is the fuel capacity of your generator? How many hours of fuel do you have on hand? What is the process to re-fuel your generator?
4. Do you have policies/MOUs for utilization as a powering station?
5. Does your facility have a Business Continuity Plan?
6. How will your facility maintain operations or minimize disruption to operations in the event of a power outage?
7. How will you manage patient care during a power outage according to your BCP?

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

1. What is the policy for power outage?
2. What are the specs for your generator and when was the last time your staff received training?
3. What is the fuel capacity of your generator? How many hours of fuel do you have on hand? What is the process to re-fuel your generator?
4. Do you have policies/MOUs for utilization as a powering station?
5. Does your facility have a Business Continuity Plan?
6. How will your facility maintain operations or minimize disruption to operations in the event of a power outage?
7. How will you manage patient care during a power outage according to your BCP?

**Dialysis Center Questions:**

1. What is the policy for power outage?
2. Is there a time frame that triggers notifications?  Who do you notify? Internally and externally?
3. What dietary instructions have the patients been provided?  Orders for Kayexalate?
4. What is the Business Continuity Plan look like for managing a surge of dialysis for patients who have been displaced due to a power outage?

**EMS Agency Questions:**

1. What is the EMS Agency’s role if any in an power outage event impacting the Medical and Health sector?

**Home Health / Hospice Questions:**

1. Do you have a "medical priority" list for power dependent patients? What does your policy and procedures look like for a power outage of unknown duration?
2. Do you have policies/MOUs for powering stations for patients on DME?
3. Are patients provided with alternatives to power in the event circumstances prohibit evacuation of power dependent patients?

**Long Term Care Questions:**

1. What is the policy for power outage?
2. What are the specs for your generator and when was the last time your staff received training?
3. What is the fuel capacity of your generator? How many hours of fuel do you have on hand? What is the process to re-fuel your generator?
4. Does your facility have a Business Continuity Plan?
5. How will your facility maintain operations or minimize disruption to operations in the event of a power outage?
6. How will you manage patient care during a power outage according to your BCP?
7. What is the Business Continuity Plan look like for managing a surge of LTC patients who have been displaced due to a power outage?

# 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 Pediatric Surge Plan**

<https://file.lacounty.gov/dhs/cms1_206938.pdf>

# Appendix D: Acronyms

|  |  |
| --- | --- |
| Term | Definition |
| AAR | After-Action Report |
| AOD | Administrator on Duty |
| ASPR | Administration of Strategic Preparedness and Response |
| CEOC | County Emergency Operations Center |
| DHS | U.S. Department of Homeland Security |
| EMS Agency | Los Angeles County Emergency Medical Services Agency |
| ESF-8 | Emergency Support Function – 8 (Medical and Health) |
| ExPlan | Exercise Plan |
| FEMA | Federal Emergency Management Agency |
| HCC | Health Care Coalition |
| HHS | U.S. Department of Health and Human Services |
| HPP | Hospital Preparedness Program |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| IP | Improvement Plan |
| MAC | Medical Alert Center |
| MCC | Medical Coordination Center |
| MCI | Multi-Casualty Incident |
| MHOAC | Medical and Health Operational Area Coordinator |
| MRSE | Medical Response and Surge Exercise |
| MSEL | Master Scenario Event List |
| OEM | Office of Emergency Management |
| PHEP | Public Health Emergency Preparedness |
| RDMHS | Regional Disaster Medical Health Specialist |
| SimCell | Simulation Cell |
| SME | Subject Matter Expert |
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