Los Angeles County

2024 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.

Long Term Care Facilities Objectives

Objective 1 - Maintain awareness of the common operating picture by gathering and sharing real-time information related to the emergency and situational awareness through coordination with the Medical and Health Operational Area Coordinator (MHOAC) within [insert timeframe]. (**Capability 2**)

Sample task(s): [*Remove those that you are not testing*]
- Develop information sharing procedures specific to the incident response and document these procedures for clinic staff within [XX] minutes of incident notification
- Identify and document information access and data protection procedures within [XX] minutes of incident notification

Objective 2 – Activate the Emergency Operation Plan (EOP) and policies related to the incident within thirty (30) minutes of notification of incident information that may affect normal operations. (**Capability 2**)

Sample task(s): [*Remove those that you are not testing*]
- Activate the EOP within thirty (30) minutes of incident notification and begin identifying staffing needs
- Activate staff members within thirty (30) minutes of notification of an incident/event, and begin call-down procedures
- Implement the facility's process to request resources, if any, and coordinate with emergency management and other response partners

Objective 3 – Implement the Nursing Home Incident Command System (ICS) in response to a Burn Incident and effectively transition to an Incident Command within thirty (30) minutes of activation. (**Capability 3**)

Sample task(s): [*Remove those that you are not testing*]
- Incident Commander (IC) receives appointment and opens the command center
- IC appoints command staff and assembles Incident Management Team (IMT)
- IC, IMT, and command staff develop Incident Action Plan (IAP) using NHICS 200 IAP quick start form or NHICS 201 Incident Briefing form
- IC and IMT set immediate operational objectives, Planning Chief captures info on Incident Briefing form
- IC directs command staff and IMT using Job Action Sheets assigned during briefing meeting
- Operations Chief oversees completion of facility system status report in conjunction with Infrastructure Branch Director to be supplied to county MHOAC through County preferred method

Objective 4 – If the decision is made to shelter in place and/or activate surge plans, provide patients with at least a minimum standard of care according to internal protocols and procedures within thirty (30) minutes of activation. (**Capability 3**)

Sample task(s): [Remove those that you are not testing]
- Utilize the IAP process to assess the projected impact of the incident on the facility, and use this assessment to set immediate and long-term priorities for resident care and resource allocation
- Test channels of situational awareness and methods to receive alerts
- Identify impact of incident on physical plant and implement policies and procedures to minimize risk to residents sheltered in facility
- Identify impact of incident and implement policies and procedures to safely shelter during incident
- Identify and calculate critical resource needs based on anticipated duration of the incident within sixty (60) minutes

Objective 5 - If the decision is made to evacuation provide patients with at least a minimum standard of care according to internal protocols and procedures within [insert timeframe]. (**Capability 3**)

Sample task(s): [*Remove those that you are not testing*]
- Implement plans to transfer residents to other facilities
- Triage resident transportation needs
- Utilize communication plan to coordinate transportation resources
- Utilize communication plan to coordinate patient movement with MHOAC
- Determine staffing plan for staff accompanying residents to evacuation locations
- Organize equipment and personal effects to accompany each resident

Objective 6 – 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**)

Sample task(s): [*Remove those that you are not testing*]
- Coordinate with the Medical Health Operational Area Coordination (MHOAC) and Health Care Coalition (HCC) partners to determine the need for additional behavioral and mental health services, partners, and volunteers to provide an appropriate level of care to staff, patients, and family members
- Coordinate with administration and leadership to facilitate access to and promote availability of mental and behavioral health services for staff, patients, and family members, including briefings for staff on educating patients and families on available resources

Objective 7 – Medical and Health Operational Area Coordinator (MHOAC) Communications and Resource Requesting (**Capability 1**)

Sample task(s): [*Remove those that you are not testing*]
- Establish access to communication systems (e.g., ReddiNet, VMed-28, etc....)
- Respond to pertinent polls and/or surveys received from MHOAC
- Identify needs and submit appropriate ReddiNet resource request