Mary Massey, BSN, MA, CHEP, PHN
CHA Hospital Preparedness Program

Making the Statewide Medical and Health Exercise Work for You
STATEWIDE MEDICAL AND HEALTH EXERCISE

Where will you be on Nov. 16, 2017?
PURPOSE OF THE EXERCISE

The 2017 Statewide Medical and Health Exercise is focused on testing objectives specifically designed to:

• Improve our understanding of response procedures
• Build collaborative relationships
• Identify areas for improvement

4-PHASE EXERCISE

Each phase helps build on and prepare for the next, and aligns with Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) grants:

• Phase 1: Multimedia Training
• Phase 2: Organizational Self-Assessment
• Phase 3: Tabletop Exercise
• Phase 4: Functional Exercise
CAPABILITIES LIST — CORE AND PHEP

• Planning and Information Sharing
• Mass Care Services and Community Recovery
• Operational Communications
• Public Information and Warning
• Public Health, Health Care and Emergency Services
• Foundation for Health Care and Medical Readiness
• Health Care and Medical Response Coordination
• Emergency Public Information and Warning

EXERCISE OBJECTIVES

• Participants may choose the objectives that will challenge and develop their emergency preparedness programs
• Customize objectives to local needs
EXERCISE OBJECTIVES SPECIFIC TO SERVICE

- Hospitals
- Community Clinics
- Long-Term Care Facilities
- Emergency Management
- EMS Agencies
- Fire Departments
- Ambulance Service
- Law Enforcement
- Public Health
- Coroner/Medical Examiners

EXAMPLE OBJECTIVE FOR HOSPITALS

OBJECTIVE ONE: Alert and notify Hospital Command Center (HCC) responders and key service line staff and physicians within [insert time frame].

*Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination (TJC EM.02.02.01)*

OBJECTIVE TWO: Activate and staff the Incident Command System (ICS) and HCC.

*Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination (TJC EM.01.01.01 EP 7)*
EXAMPLE OBJECTIVE FOR HOSPITALS (CONT.)

OBJECTIVE THREE: Develop an Incident Action Plan (IAP) and conduct [number of] associated meetings (e.g., incident briefing) within the first operational period.

Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination

EXAMPLE OBJECTIVE FOR HOSPITALS (CONT.)

OBJECTIVE FOUR: Implement internal [insert communications strategies] within [XXX] for information and incident sharing within the hospital, between [XYZ location] and [XYZ location].

Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination (TJC EM.02.02.01)
EXAMPLE OBJECTIVE FOR HOSPITALS (CONT.)

OBJECTIVE FIVE: Initiate communication strategies between HCCs and the [XXX].

*Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination (TJC EM.02.02.01, EM 03.01.03 EP 7, EM.03.01.03 EP 7)*

EXAMPLE OBJECTIVE FOR HOSPITALS (CONT.)

OBJECTIVE SIX: [XYZ] will document the dispositions of victims through the continuum of care for the entire exercise time frame.

*Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination (TJC EM.02.02.11)*

OBJECTIVE SEVEN: Assess and report hospital situation status and capability to provide care to [insert agency] within [insert time frame].

*Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination (TJC EM.02.02.11)*
EXAMPLE OBJECTIVE FOR HOSPITALS (CONT.)

OBJECTIVE EIGHT: Activate and implement [name of specific] surge/mass casualty incident plan within [insert time frame] and deliver timely and efficient care.

*Health Care Preparedness and Response Capability 4: Medical Surge (TJC EM.02.02.11)*

EXAMPLE OBJECTIVE FOR HOSPITALS (CONT.)

OBJECTIVE NINE: [Insert position] will send at least one resource request through the Medical and Health Operational Area Coordinator (MHOAC) and will communicate resource needs with health care coalition partners to identify available assistance.
EXAMPLE OBJECTIVE FOR HOSPITALS (CONT.)

OBJECTIVE TEN: Plan for the activation of mental and behavioral health services for all staff members and patients as part of incident response and recovery planning.

Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness (TJC EP.02.02.11 EP 6)

TABLETOP EXERCISE

The tabletop exercise is divided into three modules:

Module I. Pre-incident Information
Module II. Day of the Incident
Module III. Incident Update and Recovery
FUNCTIONAL EXERCISE SCENARIO
(SAME AS TABLETOP EXERCISE)

Pre-event — Events such as:
- Bomb/Active shooter
- Cyberattack
- Civil disorder
- Kidnapping

are happening in your region and are reported through news and social media.

SCENARIO

First Incident: A local event is being held. A white van drives up to the area and lurches forward, fatally wounding a security guard and launching into the crowd of bystanders. The driver escapes.

Initial estimates:
X injuries, X fatalities
SCENARIO

Second Incident: A couple enters a local school posing as concerned parents looking for a lost child. The shooters are able to get into multiple classrooms, fatally wounding additional students and staff with automatic weapons.

Initial estimates:
X injuries, X fatalities

SCENARIO

Third Incident: A staff member is listening to a police scanner app and hears radio traffic that there has been an explosion at a local hospital. The person is asking leadership to confirm whether there has been an explosion.
CHANGING THE SCENARIO

Local planners can tailor the scenario to their objectives and unique hazards. For example, jurisdictions that rate an act of terrorism low on their Hazard Vulnerability Analysis could substitute events that are due to weather, errors or mechanical failure.

The focus is learning how to deal with simultaneous events

THERE IS A LOT GOING ON

- Explosions
- Active Shooters
- Pediatric Victims
- Multi-Casualty Incident
- Possible Crime Scene
- Multiple Incident Locations
CHANGING THE SCENARIO

A suggested number of dead and wounded is listed, but it should be tailored locally. The jurisdiction/agency/organization can examine what would constitute a mass casualty incident and potential medical surge to their system and adjust the numbers accordingly.

CHANGING THE SCENARIO TOOL

The "Changing the Scenario" document provides a guide on how to modify the Statewide Medical and Health Exercise to work for you.
PHASE 1: MULTIMEDIA TRAINING

- Acronyms and Glossary
- California Emergency Operations Manual
- Disaster Preparedness and Response
- Medical and Health Coordination
- Request Medical and Health Resources

PHASE 2: ORGANIZATIONAL SELF-ASSESSMENT

Assessments are customized to specific disciplines and categorized by the four phases of emergency management:

- Mitigation
- Preparedness
- Response
- Recovery
PHASE 2: ORGANIZATIONAL SELF-ASSESSMENT (CONT.)

Who benefits if I complete the Organizational Self-Assessment?

ORGANIZATIONAL SELF-ASSESSMENTS

- Clinical Organizational Self-Assessment
- Community Preparedness Self-Assessment
- Public Safety Self-Assessment

<table>
<thead>
<tr>
<th>I. MITIGATION AND PREPAREDNESS</th>
<th>Completed</th>
<th>In Progress</th>
<th>Not Started</th>
<th>N/A</th>
<th>Grant Requirements Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Organization/agency contact information for medical health partners and emergency management is verified and updated at least annually and is available during a medical surge event</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The organization/agency has a Continuity Plan to activate during any business interruption that might occur due to the emergency event and it is reviewed and updated at least annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. The organization/agency participates in pre-incident local response planning with public safety officials (e.g., emergency medical services (EMS), fire, and law enforcement), local emergency management officials, and other appropriate public and private organizations, including meetings and conference calls to plan and share status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Six critical areas:

- Communications
- Resources and Assets
- Safety and Security
- Staff Responsibilities
- Utilities
- Patient Clinical and Support Activities

**THE JOINT COMMISSION**

CMS EMERGENCY PREPAREDNESS RULE

d. Training and Testing

§482.15 (d) 2 The hospital must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan, risk assessment, policies and procedures, and the communication plan.
d. Training and Testing

§482.15 (d) The hospital must conduct exercises to test the emergency plan at least annually. The hospital must do the following:

(i) Participate in a full-scale exercise that is community-based, or when a community-based exercise is not accessible, an individual, facility-based exercise.

§482.15 (d) 2 (iv) (ii) Conduct an additional exercise that may include, but is not limited to, the following:

§482.15 (A) A second full-scale exercise that is community-based or individual, facility-based.

§482.15 (B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages or prepared questions designed to challenge an emergency plan.
CMS EMERGENCY PREPAREDNESS RULE (CONT.)

d. Training and Testing (cont.)

(iii) Analyze the hospital's response to and maintain documentation of all drills, tabletop exercises and emergency events, and revise the hospital's emergency plan as needed.

PHASE 3: TABLETOP EXERCISE

• Who should we invite?
• Why are we doing a tabletop exercise when we are already planning a functional exercise?
PHASE 3: TABLETOP EXERCISE TOOLS

- Situation Manual
- Facilitators Guide
- Controller/Evaluator Handbook
- Exercise Evaluation Guides
- Incident Planning Guides
- Player and Observer Handouts
- After Action Report
- Certificate of Participation
- Slide Deck

PHASE 4: FUNCTIONAL EXERCISE

- Who should I include?
- What can I do to make this a full-scale exercise to meet accreditation requirements?
PHASE 4: FUNCTIONAL EXERCISE TOOLS

Many of the same as the Tabletop, adding:

- Exercise Plan
- Master Scenario Events List
- Participant Waiver Form
- Player Badge
- Press Release
- Sample Timeline for Exercise Planners
- Save-the-Date Flyer

SURVIVOR CARDS

- How to make survivor cards
- Step-by-step directions
- YouTube video on file merge
CUSTOMIZING THE EXERCISE

It is a statewide exercise, but we want the exercise to work for you.
AFTER ACTION REPORT/IMPROVEMENT PLAN

Exercise Overview
- Analysis of Capabilities
  - Strengths
  - Areas of improvement
  - Reference
  - Analysis
- Improvement Plan
- List of Participants
MAKE THE EXERCISE WORK FOR YOU

• Objectives: What needs to be tested?
• Who needs to participate to test the objectives?
• Add, subtract, edit to make it work for the jurisdiction

RESOURCES AND TOOLS

• California Emergency Operations Manual: cdph.ca.gov
• Homeland Security Exercise and Evaluation Plan: hseep.dhs.gov
• Statewide Medical and Health Website: californiamedicalhealthexercise.com or swmhe.com
• California Standards and Guidelines: bepreparedcalifornia.org
• 2009 State Emergency Plan: caloes.ca.gov
• CHA Website: calhospitalprepare.org
WHAT IS IN OUR FUTURE?

Check the website for proposed PHEP, HPP and National Core Capabilities. “Suggested” scenarios to meet the capabilities include:

- 2018 — Infectious disease
- 2019 — Flood
- 2020 — Bioterrorism event

Regional focus starts in 2018
Thank you!

Mary Massey
CHA Hospital Preparedness Program
mmassey@calhospital.org