

STATEWIDE MEDICAL AND HEALTH EXERCISE

AMBULANCE SERVICES OBJECTIVES

*How To Use This Document: The purpose of this document is to provide sample objectives and core capabilities[[1]](#footnote-1) for exercise planners to select from in designing their Statewide Medical and Health Exercise (SWMHE). These core capabilities and their supporting objectives were identified based on previous exercises, incidents, and your feedback. To use this document, insert your agency/organization’s name in the bracketed text in the header that reads “INSERT NAME OF AGENCY/ORGANIZATION HERE”. Review the suggested core capabilities and objectives and* ***consider them as options to create an Exercise Plan that is tailored to the unique characteristics of your organization*** *and community. Select and modify as needed core capabilities and exercise objectives for your organization based on prior incidents, exercises, and requirements. According to the Federal Emergency Management Agency,* ***ten or fewer objectives are recommended for a full-scale exercise****. Additional agency/discipline specific objectives have also been developed to encourage participation by partner agencies and aid with the design of a multi-agency/discipline exercise. To access these please visit www.californiamedicalhealthexercise.com.*

CAPABILITY: OPERATIONAL COMMUNICATIONS

| **Objective 1:** | **Exercise communications PROCESS internally and externally in accordance with local policies and procedures within the exercise time frame** |
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| **Objective 2:** | **Test REDUNDANT communications modalities within and across response partners in accordance with local policies and procedures** |
| **Activity** | Provide command center communications support |
| **Task** | **Description** |
| ComC 4.2.1 | Communicate internal incident response information |
| ComC 4.2 | Implement response communications interoperability plans and protocols |
| Res.B1c 5.2.3 | Coordinate with public health, non-government agencies and/or private sector to collect/share data on incident situation |
| **Objective Comments** | |
| This section addresses the communications process both internally and externally, and the use of redundant communication modalities. A continuous flow of critical information should be maintained, as needed, among multi-jurisdictional and multi-disciplinary emergency responders, command posts, agencies, and the governmental officials for the duration of the emergency response operation in compliance with the National Incident Management System (NIMS) and the Standardized Emergency Management System (SEMS). | |

CAPABILITY: OPERATIONAL COORDINATION AND ON-SITE INCIDENT MANAGEMENT

| **Objective 3:** | **Activate the Incident Command System (ICS)** |
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| **Objective 4:** | **Develop an Incident Action Plan (IAP) and conduct associated meetings** |
| **Objective 5:** | **Test the ability to respond and manage the incident based on the specific hazard, threat, and event** |
| **Activity** | Activate ICS |
| **Task** | **Description** |
| Res.B1a 4.2 | Initiate and implement ICS |
| Res.B1a 5.1.2 | Establish the command structure to manage the incident and meet objectives |
| Res.B1c 5.2.4 | Make appropriate notifications |
| **Activity** | Develop an IAP |
| **Task** | **Description** |
| Res.B1a 6.1 | Develop an IAP that identifies objectives, priorities, and the operational period |
| Res.B1a 6.2.1.1 | Obtain Incident Commander approval of the IAP |
| ResB1a 7.1.1 | Disseminate the IAP, to include the sharing of IAP information in incident briefings and dissemination of the IAP with other programs |
| ResB1a 7.5.1 | Evaluate and revise processes in response to incident developments |
| ComC 4.2.3 | Report and document the incident through the completion and submission of required forms, situation reports, documentation, and follow-up notations |
| Res.B1a 1.1.2 | Identify and implement clinical Standard Operating Procedures (SOP) that are specific to the type of threat or agent |
|  | **Other Suggested Tasks:** |
|  | Identify and implement protective measures for staff |
| **Objective Comments** | |
| This section addresses incident management and information sharing from the on-site location to the command centers across the state at the various levels. | |

CAPABILITY: PUBLIC HEALTH AND MEDICAL SERVICES

| **Objective 6:** | **Activate and implement surge plans in response to a surge event** |
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| **Activity** | Direct and coordinate surge operations |
| **Task** | **Description** |
| Res.C1b 4.6 | Activate plans, procedures, and protocols to ensure surge capabilities for treatment of people with disabilities and others with access and functional needs |
|  | **Other Suggested Tasks:** |
| See Res. B1d 3.1.2 and Res C1b. 3.4.1 | Assess near and long-term capacity to provide necessary ambulance services and implement plans and practices, to include resource requests and mutual aid agreements, to obtain necessary supplies and equipment |
|  | Activate surge staffing plans to ensure ambulances are staffed with qualified, accredited and locally-oriented personnel, and as defined in local pre-hospital care policy standards, for current and projected staffing needs |
|  | Ensure that ambulance services continue to meet contractual response time standards |
|  | Place into service available ambulances to immediately respond to pending ambulance calls |
|  | Decrease elective ambulance use (low risk standbys, special events, etc.) |
|  | Maintain deployed ambulance availability by clearing units from hospitals, cancelling scheduled non-urgent standbys, closely monitoring deployed units |
| **Objective Comments** | |
| This section includes evaluating the organization’s medical and health surge plans to include the accommodation of people with disabilities and others with access and functional needs. | |

1. These are selected based on the National Preparedness Goal and Homeland Security Exercise and Evaluation Program (HSEEP) core capabilities (2013). The numbers used to enumerate the tasks are based on the 2007 Target Capabilities List as the 2013 core capabilities list does not provide numbered tasks. Tasks are amended/added to align with Public Health Emergency Preparedness (PHEP) Program, HSEEP, & the Hospital Preparedness Program (HPP). [↑](#footnote-ref-1)