

STATEWIDE MEDICAL AND HEALTH EXERCISE

EMS AGENCY OBJECTIVES - Pandemic Influenza

*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.B1a 4.2.1 | Establish communications with public health and the Emergency Operations Center/Multi-Agency Coordination Center (EOC/MACC) |
| Res.B1c 5.2.3 | Coordinate with public health, non-government agencies, medical facilities, 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. These communication processes may include evaluating policies and procedures in communications utilizing alerting and notification systems such as ReddiNet, WebEOC, LiveProcess, EMResources, or other communication systems, email, phone, amateur (ham) radio, etc. 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** |
| ResB1a 6.2 | Develop an IAP that identifies objectives, priorities, and the operational period  |
| Res.B1a 6.2.1.1 | Obtain Incident Commander approval of the IAP |
| Res.B1a 7.1.1 | Disseminate the IAP, to include the sharing of IAP information in incident briefings and dissemination of the IAP with other programs  |
| Res.B1a 7.5.1 | Evaluate and revise processes in response to incident developments |
| ComC 4.2.3 | Report and document the incident by completing and submitting required forms, situation reports, documentation, and follow-up notations |
| **Objective Comments** |
| This section looks at 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 Continuity of Operations (COOP) plans in response to a public health emergency** |
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| **Objective 7:** | **Exercise the activation of the local disaster medical volunteer system and provide guidelines for volunteer Just-In-Time training as well as credentialing requirements** |
| **Objective 8:** | **Identify and coordinate government-sponsored alternative care site options, transportation, and patient tracking methods in support of hospitals and healthcare facilities inundated by the worried well.**  |
| **Objective 9:** | **Test resource request process for mutual aid resources through existing mutual aid agreements, and additional medical materials through the Medical and Health Operational Area Coordinator (MHOAC) program, to include accountability procedures** |
| **Activity** | Direct and coordinate medical and health surge operations |
| **Task** | **Description** |
| Res.B1d 3.2.2 | Identify existing internal, jurisdiction-specific resources available to support response and recovery operations |
| 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  |
| **Activity** | Support and coordinate response |
| **Task** | **Description** |
| Res.B1c 8.3.2 | Support incident response operations by providing resources ordered by staff |
| Res.B1d 3.1.1 | Establish communication with the EOC and public health or other appropriate response entity to determine resource needs to support incident response and operations |
| Res.B1d 4.3 | Implement resource tracking system |
| Res.B1d 5.1 | Determine additional human and material resources needed to support response |
| **Activity** | Implement surge patient transfer procedures |
| **Task** | **Description** |
| Res.C1b 5.3 | Provide knowledge or visibility of available destination medical care facilities/services and tracking for mass movement of patients, ensuring patients are matched with transportation and destinations that provide appropriate levels of medical care |
| Res.C1b 5.2 | Activate alternative care sites and overflow emergency medical care facilities to support hospital surge capacity |
| **Activity** | Direct triage and pre-hospital treatment tactical operations |
| **Task** | **Description** |
| Res.C1a 3.3.4.1 | Implement and maintain accountability procedures for Emergency Medical Services (EMS) personnel, equipment, and supplies |
| Res.C1a 3.3.4.2 | Provide medical support, safety considerations, and appropriate Personal Protective Equipment (PPE) for EMS responders |
| Res.C1a 3.3.1 | Organize and distribute resources for triage and pre-hospital treatment operations |
| Res.C1a 3.3.2 | Assess need for additional medical resources/mutual aid |
| Res.C1a 3.3.3 | Initiate recall and/or mutual aid to staff spare ambulances and provide immediate surge capability |
|  | **Other Suggested Tasks:** |
| See Res. B1d 3.1.2 and Res C1b. 3.4.1 | Assess near and long-term capacity to provide necessary services and guidance to ambulance services, hospitals, clinics, and other healthcare providers. Implement plans and practices, to include resource requests and mutual aid agreements, to obtain necessary supplies and equipment |
| See Res.C1b 2.2.5 | Activate surge staffing plans to ensure hospitals, clinics, and other healthcare providers are staffed with qualified, accredited and locally-oriented personnel for current and projected staffing needs |
|  | Activate contingency plans in anticipation of possible agency or department staff absenteeism and a decreased workforce |
| See Res.C1b 5.3 | Assist clinics, long-term care facilities, and ambulatory care facilities in patient transport and tracking procedures and available bed reporting, ensuring overall accountability and proper record-keeping |
|  | Evaluate the use of safety precautions and proper equipment during patient transport procedures |
| **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. These objectives target the support of medical surge procedures for healthcare facilities faced with an unprecedented level of worried-well and demands for prophylactic treatment, while also ensuring that all patients are triaged and tracked appropriately. These objectives target the coordination of medical resource and supply requests in between medical and healthcare providers, first responders, public health, the EOC, and the MHOAC Program.  |

CAPABILITY: EMERGENCY PUBLIC INFORMATION AND WARNING

| **Objective 10:** | **Test risk communications in response to a surge event** |
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| **Activity** | Activate emergency public information, alert/warning, and notification plans |
| **Task** | **Description** |
| Res.Blf 4.4 | Participate in the Joint Information System (JIS) |
| Res.Blf 4.2.6 | Activate and deploy public information/affairs personnel |
| **Activity** | Issue public information, alerts/warnings, and notifications |
| **Task** | **Description** |
| Res.Blf 5.1 | Disseminate crisis and emergency risk communication (CERC) information to first responders, in support of local public health and the Joint Information Center (JIC) |
| **Objective Comments** |
| This objective targets the policies and procedures in place to handle an increased demand for public information from other agencies, the media, and the public, including information-sharing, alerts, warnings, notifications, and risk communication messaging.  |

CAPABILITY: CRITICAL TRANSPORTATION

| **Objective 11:** | **Test the activation of existing medical evacuation plans in response to demands above and beyond those encountered in day to day operations, to ensure safety of patients, family members, first responders, and personnel** |
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| **Activity** | Direct evacuation and/or in-place protection tactical operations |
| **Task** | **Description** |
| Res.B3a 3.1.3 | Coordinate with law enforcement to identify risk (e.g., from a potential terrorist attack) to medical infrastructure that may be used for transport of affected individuals |
| Res.B3a 3.5.4 | Coordinate with ambulance providers and notify appropriate agencies of anticipated medical assistance required upon first responder and ambulance arrival at temporary locations (staging area, shelters, etc.) |
| **Objective Comments** |
| This objective targets the medical evacuation procedures for an affected area or population who may need special considerations and immediate medical attention.  |

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), HSEEP, & the Hospital Preparedness Program (HPP). [↑](#footnote-ref-1)