2023 Statewide Medical and Health Exercise

# Chemical Fire with Burn & Pediatric Surge Scenario

# Hospital 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 Statewide Medical and Health Exercise (SWMHE). These capabilities and their supporting objectives were identified based on the Integrated Preparedness Plan (IPP) (formerly MYTEP) developed by the California Department of Public Health (CDPH). To access this document, please visit* <https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe.aspx>*.*

*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 capabilities and objectives and* ***consider them as options to create an Exercise Plan that is customized to the unique characteristics of your organization******and community****. Select and modify as needed. According to the Federal Emergency Management Agency (FEMA),* ***ten or fewer objectives are recommended for a functional exercise****.*

## Applicable Capabilities

* **Health Care Preparedness and Response Capability 1:** Foundation for Health Care and Medical Readiness
	+ **Goal of Capability:** 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.
* **Health Care Preparedness and Response Capability 2:** Health Care and Medical Response and Recovery Coordination
	+ **Goal for Capability:** Health care organizations, Health Care Coalitions, and their jurisdictions collaborate to share and analyze information, manage resources, and coordinate strategies to deliver acute medical care to all populations during emergencies and planned events. Simultaneous response and recovery operations result in a return to normal or improved operations.
* **Health Care Preparedness and Response Capability (HCPRC) 3:** Continuity of Health Care Service Delivery
	+ **Goal of Capability:** Health care organizations, with support from the HCC and the Emergency Support Function-8 (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 result in a return to normal or, ideally, improved operations.
* **Health Care Preparedness and Response Capability 4:** Medical Surge
	+ **Goal for Capability:** 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 Health Care Coalition coordinates information and all available resources for its members to maintain conventional surge response. When an emergency overwhelms the Health Care Coalition’s collective resources, the Health Care Coalition facilitates the health care system’s transition to contingency and crisis surge response and its return to conventional standards of care.

# Proposed Objectives

## Objective One

Alert and notify Hospital Command Center (HCC) staff of event within ten (10) minutes. *Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination*

Sample Task(s):

* Utilize and test redundant communication systems [insert specific system to test, such as radio, email, mass notification software, etc.] to notify Hospital Command Center staff of the incident within [insert timeframe]
* Make appropriate notifications to staff (email, overhead page, etc.) and [insert agency/organization partners] within [insert timeframe]

. Joint Commission EM.12.01.01

2. Joint Commission EM 15.01.01

3. CMS EP Rule §482.15 (c)

## Objective Two

Activate the Hospital Command Center within ten (10) minutes. *Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination*

Sample Task(s):

* The Hospital Incident Commander will establish the command structure, setup the Incident Command System (ICS)/Hospital Incident Command System (HICS) and assign positions down to Chief level (Chiefs will assign positions that report to them) within 30 minutes of initial incident notification
* Alert all staff of Hospital Command Center activation and relevant points of contact within the Hospital Command Center staff via [insert appropriate notification vehicle, such as email, text, or other internal notification system] within [insert timeframe]
* All personnel activated to HICS positions locate associated Job Action Sheet Incident Response Guide and HICS forms identified on the Job Action Sheet for their position

1. Joint Commission EM.11.01.01

2. Joint Commission EM.12.01.01

3. Joint Commission EM 15.01.01

4. CMS EP Rule §482.15 (c)

## Objective Three

Develop an Incident Action Plan (IAP) and conduct Incident Briefing and Planning Meeting within the first operational period. *Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination*

Sample Task(s):

* Gather information to review organizational ability to provide medical, behavioral health, pharmaceutical care, physical security and information as needed to patients (consider MHOAC contact for additional information or assistance).
* Report and document the incident by completing and submitting required forms (201, 204s, 215A or IAP Quick Start), situation reports, documentation, and follow-up notations to [insert relevant partner agencies/organizations] within [insert timeframe] of the end of each operational period
* Disseminate the approved Incident Action Plan (IAP), to include the sharing of IAP information in incident briefings and dissemination of the IAP with [insert other programs within your jurisdiction/agency/organization]
* Include operational objectives for demobilization/recovery planning in each operational period

Joint Commission EM.11.01.01

Joint Commission EM.12.01.01

Joint Commission EM.16.01.01

CMS EP Rule §482.15 (c)

CMS EP Rule §482.15 (d) 2

## Objective Four

Implement internal communication [insert communications strategies such as page, email, or intercom announcement] within [insert timeframe] for information and incident sharing within the hospital, between [XYZ Location, e.g., Labor Pool, HCC] and [XYZ Location, e.g., Triage Area, Pharmacy][[1]](#footnote-1). *Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination*

Sample Task(s):

* Utilize communications as an opportunity to update contact lists and directories (including alternate contact information than office numbers as most staff is not at their desk during an activation) in current facility emergency operations plans and procedures. Compile and submit a list of updated contact information to the [e.g., Hospital Incident Commander] by the end of the exercise
* Complete and use [insert specific form/medium, e.g., HICS 213 General Message Form] to document all messages between the Triage and/or Treatment Area and the Hospital Command Center
* Establish a secure radio channel and review proper radio etiquette within [insert timeframe] of Hospital Command Center activation with all those assigned a radio

Joint Commission EM.12.01.01

Joint Commission EM 12.02.01

CMS EP Rule §482.15 (c)

## Objective Five

Initiate communication strategies [such as page, email. etc.] within [insert timeframe] between Hospital Command Centers and the [local operational area/Department Operations Center (DOC)/Emergency Operations Center (EOC)][[2]](#footnote-2). *Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination*

Sample Task(s):

* Issue, receive, and confirm incident information and messages
* Include at least one redundant system (e.g., satellite phones, radios, ReddiNet, WebEOC)[[3]](#footnote-3)
* Participate in the Joint Information Center (JIC), if established, through regular status updates, email, or an in-person designated representative
1. Joint Commission EM.12.02.01
2. CMS EP Rule §482.15

## Objective Six

[Insert XYZ position, e.g., Medical Care Branch Director] will document the dispositions of victims through the continuum of care for the entire exercise timeframe, utilizing the appropriate [Insert Patient Tracking Form to be used]. *Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination*

Sample Task(s):

* Include on [insert applicable forms] the locations of victims/patients moved to alternative care sites or other areas
* Ensure that all Health Insurance Portability and Accountability Act (HIPAA) regulatory/confidentiality requirements are being met with all documentation used by assigning [insert an individual role] to review forms for compliance
* Track patients from entry into the healthcare system through discharge or transfer throughout the exercise

Joint Commission EM.12.02.07

CMS EP Rule §482.15 (b) 2

## Objective Seven

Assess and report hospital situation status and capability to provide care to the Med Health Branch as soon as possible. *Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination*

Sample Task(s):

* Provide information on the bed status/bed capacity, as requested to the MHOAC.

Joint Commission EM.12.01.01

Joint Commission EM 12.02.07

CMS EP Rule §482.15 (b) 2

## Objective Eight

Activate and implement [name of specific plan] (such as Burn Surge, Pediatric and potentially Decontamination plans) within [insert timeframe] and deliver timely and efficient care.  *Health Care Preparedness and Response Capability 4: Medical Surge*

Sample Task(s):

* Examine current capability and develop additional strategies to increase and expand pediatric and burn surge capacity as needed at all facilities, not only burn or pediatric specialty centers
* Identify resource constraints limiting surge capacity, including burn and pediatric resources in not specialty facilities, and describe strategies to increase resources within incident action plans and objectives
* Identify pediatric patients as well as, those with access and/or functional needs and describe strategies to address those needs within incident action plans and objectives
* Assess resource requirements during each operational period based on the evolving situation and coordinate with [insert relevant response partners] to obtain necessary resources during surge operations[[4]](#footnote-4)
* Enhance pediatric and burn surge response capabilities by implementing expanded patient triage and treatment areas, including non-specialty facilities, deploying clinical decision support systems, and utilizing tertiary facilities to assess and treat chemically exposed, burned, and pediatric trauma patients.
* Access HICS Chemical Response Incident Response Guide at: https://emsa.ca.gov/hospital-incident-command-system-incident-response-guides-2014/
* Access “Chemical Considerations for Healthcare Facilities” available at: https://files.asprtracie.hhs.gov/documents/chemical-emergency-considerations-for-healthcare-facilities-final.pdf

## Objective Nine

[Insert specific position, e.g., Logistics Section Chief] will send at least one resource request through the Medical and Health Operational Area Coordinator (MHOAC) within the first Operational Period and will communicate resource needs with Health Care Coalition partners to identify available assistance*. Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness*

Sample Task(s):

* Confirm communication and data interoperability for healthcare coalition partners
* Respond to requests for emergency management and Unified Incident Command System expertise and assistance from Health Care Coalition partners in their response
* Activate plans and mutual aid agreements to obtain, share and/or return Health Care Coalition resources as appropriate, going through the proper resource request and resource demobilization procedures [e.g., through the local Medical Alert Center (MAC) and/or MHOAC]

Joint Commission EM.12.01.01

Joint Commission EM 12.02.07

CMS EP Rule §482.15 (b) 2

## Objective Ten

Initiate collaborative efforts with public health and EMS to support potential criminal or terrorist investigations, identify mitigations for incident-specific staff safety risks, and assess incident-specific implications for evidence preservation within [insert timeframe]*. Health Care Preparedness and Response Capability 4: Medical Surge*

Sample Task(s):

* Establish communications with, and designate liaisons to, public health and EMS authorities for ongoing operational coordination and information sharing (Potentially through MHOAC).
* Identify law enforcement evidence preservation requirements and implement any applicable collection and reporting processes at facilities
* Assess potential ongoing health and safety risks to facility staff and their families, as well as current patients, and document mitigation strategies within incident action plans and objectives
* Execute appropriate mitigations, to include delivery of personal protective equipment, just-in-time training, and implementation of expanded health and safety protocols
* Identify and acquire resources and services necessary to safely care for and treat trauma and burn injuries in both adult and pediatric patients.
* Identify and acquire resources and services necessary to safely handle and preserve potential criminal evidence.
1. Joint Commission EM.12.02.07

## Objective Eleven

Plan for the activation of mental and behavioral health services for all staff members and patients as part of incident response and recovery planning within [insert timeframe].[[5]](#footnote-5) *Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery*

Sample Task(s):

* Coordinate with the MHOAC and local responding agencies 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
1. Joint Commission EM.12.02.03
1. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)
4. 1. Joint Commission EM.02.02.03 EP 6 [↑](#footnote-ref-4)
5. 2. Joint Commission EP.02.02.11 EP 6 [↑](#footnote-ref-5)