

After Action Report

Regional Hospital Evacuation Functional Exercise 2012

Metrolina Trauma Advisory Committee



Exercise Date: May 30-31, 2012

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Global Experience - Local Expertise

Publishing Date: July 2012



EXECUTIVE SUMMARY

On May 30-31, 2012, the Metrolina Trauma Advisory Committee conducted a full scale exercise to test the emergency preparedness capabilities of hospitals across the MTAC region. MTAC identified several specific objectives for the exercise, which included. Evaluating communication methods between hospitals, emergency medical services, and local, regional and state partners; evaluating patient tracking methods and interoperability across regional facilities and agencies; determining what “bed management” processes are in place and how this information is shared among regional partners; identifying methods for resource management and tracking through regional channels; expanding knowledge of the MTAC coordination role with regional response partners, and knowledge of the utilization process regarding the SMART system in a regional event.

EnviroSafe evaluators measured progress towards these objectives using the officially defined target capabilities of HSEEP and the Joint Commission Standards. Chapter 2 gives a detailed explanation of these target capabilities and standards. Chapter 3 gives evaluator analysis, organized by hospital and target capability. Chapter 4 gives an overview of participant concerns from across the MTAC region regarding a coordinated MTAC event. Evaluations differed across participating hospitals. Both strengths and areas for consideration were included in evaluations. Appendix I gives an improvement plan that participating organizations can use to assign areas of concern to certain groups for development.

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CHAPTER 1: EXERCISE SUMMARY

The MTAC full-scale exercise (FSX) was designed to establish a learning environment for players to exercise emergency response plans, policies, and procedures. The exercise planning team selected objectives that focused on evaluating emergency response procedures, identifying areas for improvement, and achieving a collaborative attitude. EnviroSafe Evaluators selected target capabilities officially defined by the Homeland Security Exercise and Evaluation Program (HSEEP) to measure progress towards these objectives. Responders were tested in their response capabilities and their ability to protect the public and environment from harm. In performing exercise tasks, they were expected to follow their policies, procedures, and protocols. The purpose of this After Action Report (AAR) is to analyze exercise results, identify and maintain strengths, identify potential areas for further improvement, and support development of corrective actions.

The MTAC Regional Exercise is designed to establish a learning environment for players to exercise their plans and procedures for responding to a region-wide hospital evacuation event. Initial injects set the stage for a severe weather storm approaching the region, with a high probability of tornado activity. Exercise play began at 0900 hours with injects presented to the individual agencies participating. The exercise concluded upon completion of operations and attainment of exercise objectives as determined by the Exercise Director.

Before the Exercise, players reviewed the appropriate emergency plans, procedures, and exercise support documents. Participants had no knowledge of the scenario before the exercise. They attended an exercise briefing, which included information on exercise safety. Players responded to the exercise events and information as if the emergency were real unless otherwise directed by an exercise controller. Controllers only give information they are specifically directed to disseminate. Participants were expected to obtain other necessary information through existing emergency information channels.

Participants generally didn't engage in conversations with evaluators unless they were asked an exercise-related question. Controllers were available to explain the scope of the exercise or the role of an agency if players had any questions. Every effort was made to balance realism with safety to create an effective learning and evaluation environment. Communications were carefully restricted by emergency warnings. Players maintained a log of activities. Documentation often includes activities missed by a controller or evaluator.

At the end of the exercise, participants contributed observations on the exercise in a hotwash with the controllers and evaluators. Participant Feedback Form allowed participants to comment candidly on emergency response activities and effectiveness of the exercise. Any other

notes or materials generated from the exercise were turned in to the controller or evaluator for review and inclusion in the AAR.

Exercise Objectives

- Evaluate communication methods between hospitals, emergency medical services, as well as local, regional and state partners.
- Identify patient tracking methods and systems and the interoperability across regional facilities and agencies.
- Determine what “bed management” processes are in place and how this information is shared among regional partners and services.
- Identify methods for resource management and tracking through regional channels such as MTAC.
- Expand knowledge of MTAC coordination role with regional response partners.
- Expand knowledge of the utilization process regarding the SMART system incorporated with a regional event.

Exercise Locations and Participants

- Anson Community Hospital
- Anson County EMS
- Cabarrus County EMS
- Carolinas Health Care System
- Catawba County EM
- Catawba County EMS
- Catawba County Public Health
- Catawba Valley Medical Center
- Charlotte Fire Department
- Cleveland County EMS
- Cleveland Regional Medical Center
- CMC
- CMC-Lincoln
- CMC-Mercy
- CMC-North East
- CMC-Union
- CMC-University
- EMS
- Gaston County EMS
- Gaston Memorial Hospital
- Grace Hospital
- Hickory Fire
- Kings Mountain Hospital
- Lake Norman Regional Medical Center
- Lincoln County EMS
- MEDIC
- Presbyterian Hospital
- Presbyterian Hospital-Huntersville
- Presbyterian Hospital-Matthews
- Public Health
- Stanly County EMS
- Union County EMS
- Valdese Hospital
- Metrolina Trauma Advisory Committee
- NC Office of Emergency Medical Services
- NC Division of Emergency Management

CHAPTER 2: TARGET CAPABILITIES

Capability: Medical Surge

Capability Definition: Medical Surge is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day acute-care medical capacity. Medical Surge is defined as the rapid expansion of the capacity of the existing healthcare system in response to an event that results in increased need of personnel (clinical and non-clinical), support functions (laboratories and radiological), physical space (beds, alternate care facilities) and logistical support (clinical and non-clinical equipment and supplies).

Capability Goal: Injured or ill from the event are rapidly and appropriately cared for. Continuity of care is maintained for non-incident related illness or injury.



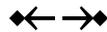
Capability: Triage and Pre-Hospital Treatment

Capability Definition: Triage and Pre-Hospital Treatment is the capability to appropriately dispatch emergency medical services (EMS) resources; to provide feasible, suitable, and medically acceptable pre-hospital triage and treatment of patients; to provide transport as well as medical care en-route to an appropriate receiving facility; and to track patients to a treatment facility.

Capability Goal: Emergency Medical Services (EMS) resources are effectively and appropriately dispatched and provide pre-hospital triage, treatment, transport, tracking of patients, and documentation of care appropriate for the incident, while maintaining the capabilities of the EMS system for continued operations.

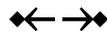


The following target capabilities are defined by the Joint Commission Standards of health care organizations. The Joint Commission is nationally recognized as the prevailing standard for quality health care. The Joint Commission seeks to improve health care for the public by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.



Capability: Planning

Activity 4.12: A successful response relies upon planning around the management of six critical areas: communications; resources and assets; safety and security; staffing; utilities; and clinical activities. It is important for hospitals to develop a comprehensive Emergency Operations Plan (EOP) as documentation to help guide the hospital in its emergency response and recovery efforts. While the Emergency Operations Plan can be formatted in a variety of ways, it must address these six critical areas to serve as a blueprint for managing care and safety during an emergency.



Capability: Communications

Activity 4.13: The organization establishes emergency communication strategies.



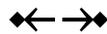
Capability: Resources and Assets

Activity 4.14 - During emergencies, health care organizations that continue to provide care, treatment, and services to their patients must sustain essential resources, materials, and facilities. The emergency operation plan should identify how resources and assets will be solicited and acquired from a range of possible sources, such as vendors, neighboring health care providers, other community hospitals, state affiliates, or a regional parent company. To address emergencies of long duration or broad geographic scope, the hospital's plan must proactively identify, locate, acquire, distribute and account for critical resources and supplies. The plan should also recognize the risk that some assets may not be available from planned sources and that contingency plans will be necessary for critical supplies. This situation may occur when multiple hospitals are vying for a limited supply from the same vendor.



Capability: Safety and Security

Activity 4.15 - Controlling the movement of individuals into, throughout, and out of the hospital during an emergency is essential to the safety of patients and staff, and to the security of critical supplies, equipment, and utilities. The hospital determines the type of access and movement to be allowed by staff, patients, visitors, emergency volunteers, vendors, maintenance and repair workers, utility suppliers, and other individuals when emergency measures are initiated. Factors influencing access and movement vary depending upon the type of emergency and local conditions (i.e. the decision by the hospital to shelter staff families, the allowance for or prohibition against firearms, mutual aid agreements with nearby facilities or vendors, etc.).



Capability: Staffing

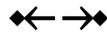
Activity 4.16 - To provide safe and effective patient care during an emergency, staff roles are well defined; staff are oriented and trained in their assigned responsibilities; and staff maintains their competencies over time. Staff roles in emergencies are determined largely by the priority emergencies defined in the Hazard Vulnerability Analysis, and the reporting relationships in the command and control operations of the hospital. As such, staff must stand ready to adjust to changes in patient volume or acuity, work procedures or conditions, and response partners within and outside the hospital. (Note: Standards in the Medical Staff chapter define the processes for accepting independent practitioners as volunteers.) Staff roles and responsibilities may be documented in the EOP using a variety of formats: job action sheets, checklists, flow charts, etc.



Capability: Utilities

Activity 4.17 - Different types of emergencies can have the same detrimental impact on a hospital's utility systems. For example, brush fires, ice storms, and industrial accidents can all result in a loss of utilities required for care, treatment, services, related transport and building operations. Hospitals, therefore, must have alternative means of providing for essential utilities, whether through: negotiated relationships with the primary suppliers; Memoranda of Understanding (MOUs) with other hospitals in the community; alternative equipment at the hospital; or provision through a parent entity, etc. Hospitals should determine how long they

expect to remain open to care for [patients, and plan for their utilities accordingly. Because some emergencies may be regional in scope or of long duration, hospitals should not rely solely on single source providers in the community. Where possible, hospitals should identify other suppliers outside of the local community in case the communities' infrastructure is severely compromised and unable to support the hospital.



Capability: Clinical Activities

Activity 4.18 - The fundamental goal of emergency management planning is to protect life and prevent disability. The manner in which care, treatment, and services are provided may vary by type of emergency. However, certain clinical activities are so fundamental to safe and effective care that the hospital should determine how it will re-schedule or manage patient clinical needs even under the most dynamic situations or in the most austere care environment.

CHAPTER 3: ANALYSIS

Metrolina Trauma Advisory Committee (MTAC)

Hospital Emergency Standards

Activity 4.12: Planning

4.12.1 MTAC develops and maintains a written emergency operations plan (EOP)/incident action plan (IAP) that describes an “all-hazards” command structure for coordinating six critical areas within their response area during an emergency.

Observations: MTAC has detailed plans that define their roles and responsibilities for response and assistance. Area hospitals seem to lack an understanding of MTAC’s complete mission and function. Clearly defined roles need to be established with all area hospitals and agencies in the region-wide system.

4.12.2 The EOP/IAP establishes an incident command structure that is integrated into and consistent with its community’s command structure.

Observations: MTAC staff seems knowledgeable and understands the overall flow and operation of EOP / IAP. This understanding seems to break down as other agencies become involved in an event. Educate area participants to develop a clear understanding of MTAC’s capabilities and how other agencies can benefit from their involvement. Clearly define roles of all players

4.12.3 The EOP/IAP identifies to whom staff report in the MTAC incident command structure.

Observations: MTAC seemed slightly disorganized and fluid during the exercise, but this could be a result of normal daily business being conducted by staff during the exercise. Clearly defined roles of all MTAC members to maintain clear understanding of each responsibility. This would avoid any breakdowns in the process as well as missed details.

4.12.4 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including who has the authority to activate the phases.

Observations: MTAC has tremendous capabilities and resources to offer area facilities in the event of a disaster. The initiation of these resources seems clouded procedurally by a lack of full understanding of the process. Evaluators recommend further exercises utilizing all agencies. Additional interaction would assist in a better understanding and utilization of MTAC.

4.12.5 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including how the phases are to be activated.

Observations: MTAC has tremendous capabilities and resources to offer area facilities in the event of a disaster. The initiation of these resources seems clouded procedurally by lack of full understanding of the process. The individuals currently responsible for MTAC have built relationships with area facilities. While this is good, more emphasis should be put on the agency itself to maintain this continuity regardless of who occupies the lead positions.

4.12.6 The EOP/IAP identifies the MTAC's capabilities and establishes response efforts when area hospitals cannot be supported by the local community for at least 96 hours in the six critical areas

Observations: MTAC stands ready to assist area hospitals. Raise awareness and understanding of mission goals and intentions. Participants contended, however, that there is not adequate staff. Only one operational period is currently covered. Most of the exercise staff were volunteers and they would not definitely be present in an incident.

4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of area patients during emergencies.

Observations: MTAC has the ability and resources to adequately assist hospitals with alternate sites. MTAC has enough supplies to support an ACF for one facility. Review priority plans for which hospitals should receive assistance (most damaged hospitals, most over-crowded, closest, smallest, etc.).

Activity 4.13: Communications

4.13.1 MTAC plans for notifying staff when emergency response measures are initiated.

Observations: MTAC staff monitors area communications and readily responds to calls. Area hospitals lack a clear understanding and therefore calls are not made to MTAC. Work with area hospitals and agencies on proper notification procedures and capabilities.

4.13.2 The MTAC plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.

Observations: MTAC Staff seems to work well together and understand internal capabilities. Test and verify VIPER system utilization. There were some problems with blocked emails (Gmail) from CHS.

4.13.3 The MTAC defines processes for notifying external authorities when emergency

response measures are initiated.

Observations: Procedures are in place and flow well. MTAC acted as an informational resource for agencies. There were questions concerning RN Credentialing for Health Department nurses to work in hospitals. There should be a clear plan for calling hospitals, using different modes of communication based on the incident.

4.13.4 MTAC plans for communicating with external authorities once emergency response measures are initiated.

Observations: Relationships are in place and working well for interaction with external authorities.

4.13.5 MTAC plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.

Observations: MTAC is capable of assisting agencies with these communications, but would likely not be included in this process by local area hospitals. Continue to foster the relationship of assistance and work closely with all interior agencies. Request flows seem to be very inconsistent.

4.13.6 MTAC defines the circumstances and plans for communicating with the community and/or the media during emergencies.

Observations: MTAC could assist in these events. The limitation would be the number of staff available in an incident.

4.13.7 MTAC plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated;

Observations: MTAC regularly orders needed supplies for preparedness and possesses the needed relationships for an effective disaster response. Blood bank requests came in during exercise. The group seemed unsure how these requests should be handled.

4.13.8 MTAC plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: essential elements of their command structures and control centers for emergency response;

Observations: Calls were made in an attempt to reach out to area agencies in a timely manner. Work closely with all area responders and agencies to form a better understanding

of MTAC and its resources. MTAC is clearly ready to assist, but lacks clear direction and buy in from area agencies. Talk with hospitals about what they need from MTAC and build systems to address these needs.

Anson Hospital

Medical Surge

Activity 1: Pre-Event Mitigation and Preparedness

Activity Description: Conduct pre-event mitigation and preparedness plans, policies, and procedures prior to notification of mass casualty incident.

- 1.1 Conduct Hazard Vulnerability Analysis (HVA).
 - *Identify and list, by type, all hazards that could affect the location or asset of interest, and the relative likelihood of each hazard's occurrence ("threat")*
 - *Assess both the community and response systems' susceptibility to the hazard impact, including the post-impact health and medical needs of the population*
 - *Identify issues that create catastrophic system failure*
 - *Prioritize possible mitigation and preparedness activities based on cost-benefit analysis*
 - *Conduct an assessment of medical surge facilities, hospital capacity, sub-state regions, development of community/regional based surge capacity models, critical steps planning committee jurisdiction*
 - *Identify hospitals with realistic plans to include an alternate care facility and buildings of opportunity*
-

Observations: As weather warnings were issued, command staff continued to address hospital staffing, and preparedness as it would potentially relate to their hospital. Bed availability and staffing were priority. Maximum capacity with the ED was reached immediately with day to day emergencies and additional exercise emergencies. Measures to create availability were initiated. Surgeries for that day were either cancelled or postponed based on individual situational needs of the patient, freeing up staff and facilities for expected medical surge. More contact with surrounding medical facilities is needed to determine potential medical surge. A possible web-based program between hospitals may assist with information flow.

- 1.2 Define incident management structure and methodology.
- *Define the organization's internal incident management structure and methodology according to National Incident Management System (NIMS) doctrine*
 - *Identify the location(s) of incident management activities*
 - *Identify logistical, IT, equipment, communications requirements needed to support incident management*
 - *Establish interoperable communications systems with other response entities (e.g., other hospitals, EMS, public health, first responders)*
-

Observations: ICS was utilized and the EOC was activated, Communications were established—both within the facility and landline to Corporate. IC appropriately facilitated the event utilizing command staff. No IT issues were observed. Evaluators recommend training with the VIPER system and possible use of Satellite phones as a back-up.

- 1.3 Establish a bed tracking system.
- *Develop a system for tracking available beds and other information within a facility by bed type (e.g., ICU, med/surge, pediatric)*
 - *Establish mechanisms to aggregate and disseminate bed tracking information to local and State EOCs, other healthcare partners and other response entities (e.g., fire, public safety, etc.)*
-

Observations: Bed counts and locations of patients were maintained, Attempts to gain patient information on incoming medical surge was made. Medical surge from the affected hospital did not arrive. Evaluators recommend a Web based tracking system.

- 1.4 Develop protocols for increasing internal surge capacity.
- *Establish criteria and processes for canceling outpatient and elective procedures (if necessary)*
 - *Establish criteria and clearly defined processes to evaluate and discharge lower activity patients to home, other health care facilities*
 - *Establish a mechanism to track patients who are discharged*
-

Observations: Evaluators did not see any formal “written protocol” utilized for criteria and process for patient evaluation and discharge; however this was done throughout the exercise as priorities were set for each patient based on needs. Evaluators did not observe a mechanism to track the discharged patients.

- 1.5 Determine medical surge assistance requirements.
- *Identify potential gaps in personnel, supplies, and equipment*
 - *Identify local, State, Tribal, Federal, and private sector partners who can work to ensure adequate staffing, supplies, equipment, and bed space*
 - *Coordinate with State, Tribal, and local medical, behavioral health, public health, substance abuse, and private sector officials to establish mutual aid agreements in support of surge requirements*
-

Observations: Adequate personnel appeared to be on hand to handle the event. Staff from within the hospital were assigned roles surrounding the medical surge and influx in the ED

Activity 2: Incident Management

Activity Description: In response to notification of a mass casualty incident, activate the healthcare organization's Emergency Operations Plan.

- 2.1 Activate the health care organization's Emergency Operations Plan (EOP).
- *Implement notification procedures for incident management personnel and key administrative staff*
 - *Assign roles and responsibilities to the incident management team and general staff*
 - *Manage incident response in accordance with Incident Command System (ICS) organizational structures, doctrine, and procedures, as defined in NIMS*
 - *Establish a safety plan for facility patients and staff*
 - *Implement a common communications plan*
-

Observations: Evaluators observed procedures and protocols that showed organization with the EOC. The staff was attentive to the EOP and ICS structures. Regular briefings were held every 30 minutes.

-
- 2.2 Conduct incident action planning.
- *Establish and document incident goals and objectives*
 - *Establish and document the strategy and general tactics to meet incident objectives*
 - *Develop and document support plans (e.g., safety plans, contingency plans)*
 - *Coordinate with other response entities, if appropriate, to define an operational period for response*
 - *Evaluate and revise objectives for each operational period*
-

Observations: Evaluators did not observe the “goals and objectives” listed for exercise. Although plans containing goals for the event were discussed and assigned. Goals and objectives were not listed and/or documented.

- 2.3 Disseminate key components of incident action plan.
- *Incident management team debriefs administrative staff on incident action plan, operational period objectives, and/or important changes in incident parameters*
 - *Disseminate key components of the incident action plan with external response entities during each operational period*
-

Observations: IC utilized debriefings to inform Command staff of situational reports. The staff was very attentive and responsive to the briefings.

- 2.4 Provide emergency operations support to incident management.
- *Establish connectivity and coordinate requests for emergency operations support with multi-agency coordination centers (e.g., local Emergency Operations Center (EOC), State EOC, etc.)*
-

Observations: Participants accomplished this task, communications were maintained.

Activity 3: Increase Bed Surge Capacity

Activity Description: Increase as many staffed and resourced hospital beds as clinically appropriate.

- 3.1 Implement bed surge capacity plans, procedures, and protocols.
- *Activate plans to cancel outpatient or elective procedures (if necessary)*
 - *Activate plans, procedures, and protocols to maximize bed surge capacity (e.g., utilize non-traditional patient care spaces such as hallways, waiting areas, etc.)*
-

Observations: Plans appeared to be in place for medical surge, plans included location of additional space for patients, staff and visitors within the facility.

-
- 3.2 Maximize utilization of available beds.
- *Coordinate patient distribution with other health care facilities, EMS, and private patient transport partners*
-

Observations: Available beds were maximized throughout the exercise.

- 3.3 Forward transport less acutely ill patients.
- *Activate MOUs with other health care organizations (if applicable) for transport and care of patients that are not stable enough to discharge home or to an ACS*
 - *Institute protocols to discharge stable inpatients to home or other health care facilities*
 - *Coordinate transport of inpatients with families and the incident management team*
 - *Implement transport procedures to pre-identified facilities based on level of care required*
-

Observations: Less acute patients were transported multiple times throughout the exercise by Command Staff. Patients' assessments were crucial as to determining if the facility could and /or should be treating the patient, discharging the patient, or diverting the patient to a higher care facility. Diversion was due to "over run of patients" within the hospital.

- 3.4 Provide medical surge capacity in alternate care facilities.
- *Activate MOUs or agreements to open alternate care facilities*
 - *Activate appropriate staffing (e.g., clinical security, administrative, etc.) and supply plans*
-

Observations: Evaluators not see an MOU's, nor were they mentioned to have been in place. Establish regional meetings to explore legal and logistical possibilities of MOUs.

Activity 4: Medical Surge Staffing Procedure

Activity Description: Maximize staffing levels through recall of off-duty personnel, part-time staff, and retired clinical and non-clinical associates.

- 4.1 Recall clinical personnel in support of surge capacity requirements.
- *Implement health care organization's staff call-back procedures (including "part-time" staff)*
 - *Activate procedures to receive, process, and manage staff throughout the incident*
 - *Debrief clinical staff on incident parameters and how the organization is responding*
 - *Verify credentials and disuse clinical staff assignments*
-

Observations: Staffing was adequately addressed throughout the exercise. Debriefings for staff were conducted prior to beginning assignments. Evaluators did not observe any “verification of credentials” regarding staff assignments. Consult with legal and the heads of departments to establish credential-checking procedures.

- 4.2 Augment clinical staffing.
- *Activate roster and initiate call-back procedures for qualified and licensed volunteer clinicians*
 - *Institute procedures to receive, register, process (including credential verification), and manage volunteer clinicians throughout the incident*
 - *Implement strategies to integrate Federal clinical personnel (e.g., National Disaster Medical System and U.S. Public Health System Personnel)*
 - *Provide just-in-time training to clinical staff*
-

Observations: Clinical staffing was augmented immediately once a confirmed weather incident had damaged the neighboring hospital in anticipation of medical surge and/or a weather incident occurring in the facility or its immediate surroundings. Evaluators did not observe procedures to receive, register, process, or manage volunteers. There was no just-in-time training conducted. Assess whether this training is needed.

- 4.3 Augment non-clinical staffing.
- *Initiate call-back procedures for non-clinical staff (e.g. custodians, security, cooks, etc.)*
 - *Activate MOUs for non-clinical staff (if applicable)*
 - *Activate processes to receive, process, and manage non-clinical staff throughout the incident*
-

Observations: Evaluators did not observe “MOU’s” for non-clinical staff. Establish meetings with regional partners to assess possible agreements.

Activity 6: Receive, Evaluate, and Treat Surge Casualties

Activity Description: Receive mass casualties and provide appropriate evaluation and medical treatment.

- 6.1 Establish initial reception and triage site.
- *Identify location(s) for initial patient reception and triage*
 - *Disseminate information on patient reception/triage site to external response entities (e.g., EMS) and to the public through a coordinated public information message (i.e., since many patients will self-refer)*
 - *Activate MOUs with other health care organizations or community assets (e.g., schools, conference centers) for initial patient triage*
-

Observations: Patients triage within ED, information for each patient was sufficiently tracked and/or maintained.

- 6.2 Provide medical equipment and supplies in support of immediate medical response operations and for restocking supplies/equipment requested.
- *Identify additional medical equipment and supplies needed to meet surge capacity requirements*
 - *Implement restocking procedures for pre-hospital care providers*
 - *Request the strategic national stockpile (SNS) through ICS*
-

Observations: Logistic coordinated these duties with appropriate hospital staff throughout the exercise. SNS was not mentioned. Review procedures for accessing this resource.

- 6.3 Institute patient tracking.
- *Implement systems to track all patients in the facility with capability to distinguish between incident-related and non-incident patients*
-

Observations: Patient's info, location, and conditions were maintained and they were triaged to determine needs.

- 6.4 Execute medical mutual aid agreements.
- *Identify additional needed medical supplies, equipment, and other resources needed to meet surge requirements*
 - *Identify needed health care professionals*
 - *Coordinate requests for mutual aid support with local, regional, and State response agencies*
-

Observations: Logistics was charged with maintaining and obtaining items. They updated the IC at each briefing and provided a resource manual for the logistics group. A web-based program may assist with tracking resources.

Activity 7: Provide Surge Capacity for Behavioral Health Issues

Activity Description: Have personnel available to provide behavioral health services to patients, families, responders and staff.

- 7.1 Institute strategy to address behavioral health issues.
- *Implement strategy to meet behavioral health needs of staff (including incident management team) as well as patients and their family members*
-

Observations: CISM was implemented correctly.

- 7.2 Provide behavioral health support.
- *Identify personnel required to assist with counseling and behavioral health support*
 - *Implement the organization's behavioral plan for emergency response*
 - *Coordinate with community leaders (e.g., religious community)*

Observations: Some participants mentioned that the local churches in the area were “partners” with the hospitals and provided CISM assistance. Review these plans periodically to account for any system changes.

Activity 8: Demobilize

Activity Description: Prepare facility and staff to return to normal operations.

- 8.1 Coordinate decision to demobilize with overall incident management.
- *Notify health care personnel and external response entities that medical surge is demobilized*
 - *Conduct demobilization activities under incident command structure*

Observations: This task was observed

- 8.3 Reconstitute medical supply, equipment inventory.
- *Complete inventories of medical supplies, pharmaceuticals, and equipment*
 - *Account for all costs incurred by the health care organization as a result of the incident response*
 - *Apply for financial remuneration of those costs*
 - *Request replacement nor servicing of equipment, supplies, and pharmaceuticals used during the response*

Observations: Logistics provided information to the IC staff regarding replacement of items used. It was unclear whether there was an update schedule for providing this information.

Hospital Emergency Standards

Activity 4.12: Planning

- 4.12.1 The hospital develops and maintains a written emergency operations plan (EOP)/incident action plan (IAP) that describes an “all-hazards” command structure for coordinating six critical areas within the hospital during an emergency.

Observations: Plan was distributed to individuals as they entered the EOC. Positions within the plan were determined. Plan was utilized during the exercise

4.12.2 The EOP/IAP establishes an incident command structure that is integrated into and consistent with its community's command structure.

Observations: All actions were in compliance with NIMs.

4.12.3 The EOP/IAP identifies to whom staff report in the hospital's incident command structure.

Observations: The EOP identified reporting staff in ICS.

4.12.4 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including who has the authority to activate the phases.

Observations: Evaluators did not observe processes for initiating and terminating phases in the EOP. Review forms or develop forms that include these protocols.

4.12.6 The EOP/IAP identifies the hospital's capabilities and establishes response efforts when the hospital cannot be supported by the local community for at least 96 hours in the six critical areas.

Observations: The EOP identified capabilities. It provided for diversion of patients, relocation within other areas of the hospital, and additional staff to support relocations. Ensure that plans take all different kinds of emergencies into account.

4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.

Observations: Although not clearly defined as to the specific alternate care sites, multiple locations were identified for potential alternate care locations. Plans for ACFs should as concrete as possible. Patients were triaged and diversion site carefully coordinated by staff

Activity 4.13: Communications

4.13.5 The hospital plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.

Observations: Patients were not relocated from the facility, they were diverted to other hospitals prior to arriving. Test this capability in future exercises. This could become a logistical problem when managing traffic out of hospitals and into alternate care sites. Chose ACF locations with the capability to manage traffic flow.

4.13.6 The hospital defines the circumstances and plans for communicating with the

community and/or the media during emergencies.

Observations: There are plans in place for communicating with the community and the media. It was unclear if a location for media updates or a JIC were identified. In future exercises and plan, review locations to send media and participation in delivering information updates.

4.13.7 The hospital plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated;

Observations: The logistic section worked closely with suppliers, and reported info to the IC at briefings. Water, food, blood, fuel, meds, and linens were the primary concerns. Make sure appropriate people have contact lists with updated numbers and determine contingency plans if primary communications with vendors are unavailable or if these vendors are overtaxed.

4.13.8 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: essential elements of their command structures and control centers for emergency response;

Observations: Communication was conducted via land lines, and cell phones. Web-EOC or a web-based program for communication purposes may provide a more “open line” of communication with other neighboring hospitals. There was also a question of whether VIPER radio capabilities exist and are regularly tested.

4.13.11 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: names of patients and deceased individuals brought to their hospitals in accordance with applicable law and regulation, when requested.

Observations: Patients admitted to the ED were tracked. Attempts to gain patient info when medical surge was expected were accomplished. This could be a particular concern with ACF scenarios where more than one hospital staff may be responsible for patients.

4.13.13 The hospital plans for communicating with identified alternative care sites

Observations: Land lines were used. Utilize a web-based program for tracking, communication, and IC structure. This would help facilitate information flow

Activity 4.14: Resources and Assets

-
- 4.14.1 The hospital plans for: obtaining supplies that will be required at the onset of emergency response (medical, pharmaceutical and non-medical);
-

Observations: The logistics section was handled and reported to the IC regularly.

- 4.14.2 The hospital plans for: replenishing medical supplies and equipment that will be required throughout response and recovery, including personal protective equipment where required;
-

Observations: Logistics contacted outside vendors for additional supplies—linens, food, etc.. Water was a big concern. Ensure that contingency plans are in place in case water lines are interrupted. Communicate with potential suppliers or local fire departments about the potential for transporting water as a last resort.

- 4.14.3 The hospital plans for: replenishing pharmaceutical supplies that will be required throughout response and recovery, including access to and distribution of caches (stockpiled by the hospital or its affiliates, local, state or federal sources) to which the hospital has access;
-

Observations: Pharmaceutical supplies were addressed throughout the entire exercise, Evaluators were unaware of any state or federal requests made. Ensure appropriate personnel know the procedure to make these requests. Communicate with regional, state and federals when possible to know available resources.

- 4.14.4 The hospital plans for: replenishing non-medical supplies that will be required throughout response and recovery (for example, food, linen, water, fuel for generators and transportation vehicles, etc.);
-

Observations: Plans were coordinated via logistics. Make sure logistics has alternate means of transportation, a place to take in and organize these items, and a way of tracking use.

- 4.14.5 The hospital plans for: managing staff support activities (for example, housing, transportation, incident stress debriefing, etc.);
-

Observations: Housing plans for the staff were addressed, transportation plans and CISM were not addressed. Ensure transportation plans exist and are available for reference along with contact numbers. Utilize pastoral care.

- 4.14.9 The hospital plans for: evacuating (both horizontally and, when required by circumstances, vertically) when the environment cannot support care, treatment, and services;
-

Observations: Evacuation of the facility was not needed as the hospital and was not affected by weather issues. Plans were addressed as to ACF locations if evacuation was needed. Ensure that sufficient ambulance transportation area is available, and there are designated locations to hold patients waiting for evacuation and that these areas are in a safe location away from any traffic, weather, or contamination hazards. If the hospital itself is affected,

designate backup routes (for instance if a certain set of elevators are unavailable).

4.14.10 The hospital plans for: transporting patients, their medications and equipment, and staff to an alternative care site or sites when the environment cannot support care, treatment, and services

Observations: This issue was addressed briefly, probably because of the shortened exercise time. In the event of a large regional emergency involving MTAC, ambulance service will be taxed. Consider meetings with other MTAC members and emergency services to ensure that appropriate plans are in place for allocate ambulance resources and other backup modes of transportation.

Activity 4.15: Safety and Security

4.15.1 The hospital establishes internal security and safety operations that will be required once emergency measures are initiated.

Observations: Security issues were addressed throughout the exercise. The building was immediately locked down. It was unclear whether security will be down or upstaged according to the severity of the situation, what the criteria will be for these levels.

4.15.2 The hospital identified the roles of community security agencies and defines how the hospital will coordinate security activities with these agencies.

Observations: The hospital addressed security throughout the exercise.

4.15.5 The hospital establishes processes for the following: controlling entrance into and out of the health care facility during emergencies.

Observations: Lock down of the facility was initiated and maintained throughout the exercise. It was unclear whether traffic plans for medical surge also exist as well as personnel to manage traffic.

4.15.6 The hospital establishes processes for the following: controlling the movement of individuals within the health care facility during emergencies.

Observations: Evaluators did not observe this specifically addressed throughout the exercise, however care was given to make sure the accountability of individuals was maintained (staff, patients, visitors, etc...) Patient info was a critical concern. Ensure that all staff are aware of procedures for tracking documentation and any backup systems.

Activity 4.16: Staffing

4.16.1 Staff roles and responsibilities are defined in the Emergency Operations Plan for all critical areas (communications, resources and assets, safety and security, utilities and clinical activities).

Observations: Staff within the EOC were aware of roles within the EOP. It was unclear whether checklists exist in case secondary personnel have to take over roles.

4.16.2 Staff is trained for their assigned roles during emergencies

Observations: Staff members had been placed within new roles within the EOC. Although it created a few challenges it afforded these staff members opportunities to learn these positions. Continue to train additional employees to fill roles with the emergency. Attempt to be “4 deep” with staff members available to fill positions.

4.16.4 The hospital establishes a process for identifying care providers and other personnel (such as ID cards, etc.) assigned to particular areas during emergencies.

Observations: Badges were used. Ensure that there is a supply of these badges for surge staff, security personnel, etc.

Activity 4.17: Utilities

4.17.1 Hospitals identify an alternative means of providing for the critical utilities in the event that their supply is compromised or disrupted: electricity;

Observations: Generator power was turned on. Staff was updated regularly regarding the status of the generator. Provide for fuel refills, especially in adverse weather. Ensure that somebody is available to retrieve or deliver fuel and that there is a backup generator available nearby.

4.17.2 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for consumption and essential care activities;

Observations: The hospital generator was operational and efficient, according to maintenance, to supply necessary power for all critical usage. Logistics maintained ample water supply for crucial and critical needs. Possible contingency plans in the event of generator failure include contracts with outside generator vendors. There was a question regarding transfer switches.

4.17.3 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for equipment and sanitary purposes

Observations: Logistics was concerned regarding water supply for crucial critical needs. Review plans; ensure that adverse weather and region-wide shortage were taken into account.

4.17.4 Hospitals identify an alternative means of providing for the following utilities in the event that their

supply is compromised or disrupted: fuel required for building operations or essential transport activities; and

Observations: Maintenance provided and updated Command regularly regarding fuel supplies. It was not clear whether alternate fuel suppliers were contacted. Confirm a drop off point and determine potential need for storage.

Activity 4.18: Clinical Activities

4.18.1 The hospital plans to manage the following during emergencies: the clinical activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, discharge, and evacuation.

Observations: Management of clinical activities was handled on a priority bases. All non-life essential activities were ceased. Be sure that there is a group who can make a decision on whether certain functions are essential if there is a question, especially with regard to generator power.

4.18.2 The organization plans to manage the following during emergencies: clinical services for vulnerable populations served by the hospital, including patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.

Observations: Command staff directed hospital staff throughout the exercise as to patient care according to the critical needs of the patient.

4.18.3 The hospital plans to manage the following during emergencies: personal hygiene and sanitation needs of its patients.

Observations: Hygiene and sanitation were addressed regularly. Logistics and planning worked throughout the exercise regarding the need for patient care including linens, sanitation, etc.

4.18.6 The hospital plans for documenting and tracking patients' clinical information.

Observations: Patient documentation and tracking was implemented. Ensure that you can trade information with other regional hospitals if necessary, through several mediums.

Catawba County

Catawba Valley/ Catawba County

Triage and Pre-Hospital Treatment

Activity 1: Direct Triage and Pre-Hospital Treatment Tactical Operations

Activity Description: In response to a notification for emergency medical assets, provide the overall management and coordination of the Triage and Pre-Hospital Treatment Response, through to demobilization.

- 1.1 Establish Medical Branch/Group Officer.
 - *Establish coordination with on-scene medical personnel*
 - *Provide input to and follow the Incident Action Plan (IAP)*
 - *Brief key subordinates on IAP and Emergency Support Function (ESF) coordination processes*
 - *Identify on-scene medical care problems and needs*
 - *Address number of ill/injured patients in IAP*
 - *Assign roles and responsibilities to EMS responders*
 - *Ensure that safety and hazard awareness practices are followed*

Observations: Incident command was established shortly after the notification went out to staff. The call system had a few glitches where some team members did not receive their notification. ICS was somewhat of a “unified model” as the fire department and Emergency Management were all at the table. EM coordinated the EMS efforts and set up transportation for patients being evacuated. Frequently update contact information in the notification system to ensure that the most accurate information is there, and do periodic tests of the system. The liaison officer was working more in the role of EOC Manager which may be a more appropriate role, to facilitate the operations of the command center

- 1.2 Coordinate with on-scene Incident Command.
 - *Obtain briefing from Incident Command (IC) or appropriate authority*
 - *Report limiting medical care, personnel, and/or equipment factors to IC*
 - *Maintain ongoing coordination with IC for medical personnel and equipment needs*

Observations: IC, with Emergency Management, were able to establish that six ambulances would be en route to transport patients. Evaluators recommend frequent briefings to the command group, to make sure all information is being communicated as appropriate. After getting updates from each section, the IC didn’t have an adequate method to compile his information. Evaluators recommend additional white boards.

- 1.3 Ensure effective, reliable interoperable communications between providers, medical command, public health, and health care facilities.
- *Identify operational radio channels*
 - *Establish contact with other ESF liaisons as necessary*
 - *Ensure that on-scene communication procedures are established*
 - *Ensure that on-scene equipment checks are completed*
-

Observations: County command had limited hand held radios. Several players were not comfortable with the use of them. There was only one phone line into the command center. This made it very difficult for the logistics team to contact other agencies and limited communications from the outside. Others are scheduled to be installed but at the time of the exercise this had not been completed. No red phones were available to staff. The PIO did an outstanding job of getting messages out and making sure the IC was aware of what was in the messages. Some staff were unable to locate the medical director as there was no means of contacting him. Evaluators recommend more radios and periodic in-service on the use of these radios. The installation of the other phone lines in the command center will help with some of the communication problems observed. After receiving a report that roads are impassible and it was going to take several hours to get patients moved from the facility, IC began to consider the initiation of an alternate care site. Evaluators recommend that alternate care sites only be used as a last resort especially when there are other facilities available to take transferred patients.

- 1.4 Assess need for additional medical resources/mutual aid.
- *Coordinate with IC on projected needs*
 - *Coordinate with EMS responders on status and capacity*
 - *Identify mutual aid (local jurisdictional and EMAC) capacity and availability*
 - *Continually re-assess on-scene medical needs*
-

Observations: EM contacted EMS for transportation needs. EMS was able to provide 6 ambulances to help with the transport of patients. The staff was not given enough information on patients being transferred. Two infants with the same last name became confusing for the staff. Evaluators recommend more detailed identifying information be provided for each patient

- 1.8 Organize and distribute medical resources.
- *Assess availability of on-scene unit-level medical equipment*
 - *Collect non-committed essential medical supplies and equipment*
 - *Establish medical supply and equipment resource area(s)*
 - *Develop a medical equipment inventory list(s)*
 - *Complete appropriate documentation*
-

Observations: The location of the evacuation equipment was quickly established and its availability made known. It was noted that Rehab had the bariatric sled, the labor pool was activated. A request was sent out to establish the availability of a state bus and ambulance strike team. Evaluators recommend keeping an inventory of equipment with EOP/Evac plans, so that it is easy to ascertain where emergency equipment is located especially if the “normal” players are not available.

Activity 3: Triage

Activity Description: Once on-scene, provide initial and ongoing emergency medical triage of ill and injured patients that prioritizes their respective treatment and transport.

- 3.1 Conduct initial and on-going pre-hospital triage in accordance with a jurisdiction’s existing plans and procedures and prescribed triage methodology (e.g., Simple Triage and Rapid Treatment (START) Triage).
- *Coordinate with Medical Branch/Group Command/Tactical Operations*
 - *Assess triage needs and report to Tactical Operations*
 - *Follow the strategy developed by Tactical Operations*
 - *Assign triage teams to assess patients*
 - *Address life-threatening issues*
 - *Document the priority of patient(s)*

Observations: The IC pulls section chiefs together to establish triage protocol for the evacuation of the nearly 100 patients at the facility. Ambulatory patients will be the first to be discharged. Establish that Hickory Fire Department is available to help with the evacuation of patients and there are 6 ambulances available to transport other patients to safe areas. The most critical patients will be the last to move. The IC and planning discuss the need to keep the OR open and available to receive patients, that require emergent surgical treatment. Evaluators recommend that a method of triage be established prior to the event. A lot of time was spent trying to figure out in which order patients should be evacuated. Just in time training on the evacuation equipment worked well with the fire department. FD stated they would be unable to evacuate a 500 pound patient; consider bariatric patient planning for future events.

- 3.2 Initiate a patient tracking system.
- *Use triage tags*
 - *Document status and location of patients*
 - *Request additional triage tags as needed*
 - *Communicate patient tracking information to Medical Branch/Group Command*

Observations: Patient tracking board was initiated almost immediately after weather notification. The tracking board is a new tool for this group and was developed as an improvement item from their last exercise. The tracking board however required manual input of data which slowed the process. There was some confusion as where some of the patients were being placed but this was related to communication problems and exercise artificiality. Evaluators recommend that revisions and updates continue to be made to the tracking board. Development of the board will provide a valuable tool, once all the needed fields are designed.

- 3.3 Move patients to safe, secure, and easily accessible treatment area(s).
- *Coordinate with Medical Branch/Group Command/Tactical Operations*
 - *Coordinate with Treatment Area(s)*
 - *Consider patient priority in sequencing patient movement*
 - *Safely move patients*
-

Observations: The IC received notification that a laboring patient was actively delivering as more severe weather was approaching the facility. The patient was moved to a central, safe area to complete delivery. Evaluators recommend that once it is established that severe weather is in the area or it has been confirmed that it is going to impact the facility, patients should be moved away from windows to an internal area for protection. Staff evacuation patients feel that some type of belay system would help with the use of the evacuation sleds. However, this judgment should be made on a case by case basis.

Activity 4: Provide Treatment

Activity Description: Provide medical treatment appropriate to the patient's injuries and the incident.

- 4.2 Provide treatment appropriate to the nature of incident and number of injured/ill.
- *Re-assess patients*
 - *Treat patients based upon the medical priority or their signs and symptoms*
 - *Follow established protocols*
 - *Document patient treatment on triage tags*
 - *Request additional medical supplies and equipment as needed*
 - *Coordinate on-line medical control*
-

Observations: There was a discussion with the chief medical officers, IC, and planning on the need to continue having surgery while evacuating the facility so that patients that require emergent surgical treatment can receive it. Consider the condition of the facility and the fact that it is being evacuated because of damage and the inability to maintain integrity.

Activity 5: Transport

Activity Description: Transport ill and injured patients via the most appropriate mode of transport available (e.g., ambulances, helicopters, etc.), provide ongoing medical assessment and treatment en route to the designated receiving facility, and upon arrival transfer medical care of the patient(s) to the receiving facility's staff.

-
- 5.1 Identify transport vehicles, victims, and priority of transport.
- *Coordinate with Medical Branch/Group Command/Tactical Operations*
 - *Coordinate with Triage and Treatment areas*
 - *Coordinate with Emergency Dispatch*
 - *Assess transportation requirements and needs*
 - *Maintain an inventory of available on-scene transport units*

Observations: Emergency Management quickly worked on obtaining transportation to get patients moving from the facility. The Transportation Unit leader was also trying to establish resources, many of which EM had already solicited. Transportation was being established before the condition of all the patients was determined. The IC took charge and got a report from everyone, established an IAP and started coordinating the group. After the initial briefing, evaluators recommend that the IC and planning chief create a written IAP and assign task to individuals so that work is not being duplicated. ICS is designed to organize activity and conserve resources. Staff were uncomfortable with the use of the radios, it would be good to have a confirmation that radio transmission were received and understood.

-
- 5.2 Provide for alternative modes of transport should air or other operations be necessary (e.g., helicopters along with a corresponding landing zone (LZ)).
- *Coordinate with Medical Branch/Group Command/Tactical Operations*
 - *Arrange patient transport to helicopter LZ, if needed*
 - *Identify and request alternative transport units as needed (e.g., all-terrain vehicles (ATVs), brush trucks, boats, Coast Guard units, etc.)*

Observations: EM contacted the state to inquire about the use of a bus to help evacuate patients. No other forms of alternate transportation were entertained due to the impending line of storms approaching. Evaluators recommend considering any type of ground transportation available to get patients to a safe environment and back to appropriate medical treatment. Pre-event contracts for transportation services should be considered in the case of an event that would task local and state resources.

Activity 6: Demobilize

Activity Description: Upon completion of duties, clear the incident scene, reconstitute as appropriate, and return to service or end duty tour.

- 6.2 Participate in incident debriefing.
- *Document mission issues and accomplishments*
 - *Brief the plan to return to the prior readiness state to personnel*
 - *Discuss General Incident Stress Management strategies*
-

Observations: The majority of players gathered for a Hot Wash immediately following the close of the event. Several concerns were brought up. There was concern over not being familiar with roles, The Liaison officer was filling the role of EOC manager and at times deputy IC. Others were not comfortable in their roles. There was not a current phone list for the local hospitals nor was there knowledge of hospital capabilities. Evaluators recommend continued practice and training on the ICS principles. Positions that have back up personnel could benefit from doing section-specific training so that each person better understands what role they play in the command structure.

- 6.3 Identify responder needs dependent upon their level of involvement and/or hours committed to the incident.
- *Provide Critical Incident Stress Management (CISM) services to those responders identified in the debriefings, or subsequent to the debriefings*
 - *Identify time-off needs for responders, and their families in the event they are directly affected by the incident*
 - *Triage and pre-hospital personnel restored to normal or original operations*
-

Observations: This component was not well observed as exercise ran for a short period of time. Participating in longer exercises would give more opportunity to evaluate the needs of the organization

Activity 7: Special Threats and Duties

Activity Description: This activity highlights tasks that require special planning, analysis, and procedures in order for medical personnel to safely conduct their operations in a high or special threat condition.

-
- 7.2 Provide triage (ensure decontamination of patients prior to treatment and transport).
- *Coordinate with HazMat team(s)*
 - *Ensure teams are aware of the decontamination (decon) area location*
 - *Assign and brief the decon team(s)*
 - *Identify and use proper personal protection*
 - *Complete the gross decontamination of contaminated patient(s)/fatalities*
 - *Isolate contaminated patients*
 - *Isolate contaminated clothing and equipment*
 - *Document the extent of hazardous contamination on triage tags*
-

Observations: Triage was established early in the exercise. It was noted that correct copies of the transfer form was needed in the triage area. Staff observed that a pre-assessment form would be good, but the evacuation tags worked well. Evaluators recommend stocking triage/staging area with the needed transfer forms and development of a pre-assessment form to travel with the patient.

- 7.4 Provide transport (identify transport vehicles, victims, and priority of transport).
- *Ensure patients are decontaminated prior to transport to prevent cross-contamination, if needed*
 - *Ensure medical personnel are properly protected from high infectious respiratory disease (e.g., small pox, influenza, etc.)*
 - *Ensure cross-contamination or infectious conditions are communicated to all patient handlers*
 - *Coordinate and communicate patient decontamination status with hospitals*
 - *Decontaminate personnel, unit, and equipment as necessary*
 - *Identify responder evacuation plan*
-

Observations: Ambulatory patients will be the first to be discharged. Establish that Hickory Fire Department is available to help with the evacuation of patients and there are 6 ambulances available to transport. Consider planning for staffing resources in the case local Fire Department is consumed with severe storm events in their community.

Cleveland Regional Medical Center

Hospital Emergency Standards

Activity 4.12: Planning

4.12.1 The hospital develops and maintains a written emergency operations plan (EOP)/incident action plan (IAP) that describes an “all-hazards” command structure for coordinating six critical areas within the hospital during an emergency.

Observations: Admin-On-Call assumed the Incident Command position. They began moving patients internally. The IC notified the Hospital CEO.

4.12.2 The EOP/IAP establishes an incident command structure that is integrated into and consistent with its community’s command structure.

Observations: Code Green (drill) was paged overhead. Additional participants arrived in the ICC. Gaston Memorial tried to transfer 5 to 10 ICU patients: 3 on vents, 2 on Med-IV pumps. The Board Room overhead speaker was either turned down or non-functional. ICS structure much improved, staff was more focused on task. Evaluators recommend having either a remote on/off switch, volume control or both installed to accommodate both daily business as well as ICC needs during emergencies; or finding an acceptable volume level for all situations.

4.12.3 The EOP/IAP identifies to whom staff report in the hospital’s incident command structure.

Observations: Command and General Staff positions were delegated by the IC; NIMS/ICS training & competency were evident with certain participants. Continue training.

4.12.4 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including who has the authority to activate the phases.

Observations: The EOP/IAP was evident through participants’ actions and decisions and ascertained via participant inquiry. The IC dismissed personnel without current assignments from the ICC to adjacent offices or back to their departments.

4.12.5 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including how the phases are to be activated.

Observations: Use of the EOP.IAP was evident from periodic sidebar interviews with various participants and observers. The IC became overwhelmed. Evaluators recommend delegating positions of responsibility without delay. Clear the room early of non-essential staff and

arrange ICC seating to adequately separate staff to mitigate stress, confusion, and overlapping conversations.

4.12.6 The EOP/IAP identifies the hospital's capabilities and establishes response efforts when the hospital cannot be supported by the local community for at least 96 hours in the six critical areas.

Observations: Compensatory adjustments began as news indicated the need to do so. The IC had staff call the National Weather Service (simcell) for update on tornado activity to drive decisions in whether or not to move critical patients into hallways. In the scenario, CRMC sustained structural damage from tornado. A power outage required lab equipment recalibration. The IC asked for an ETA on getting the Lab back online. A damage assessment was completed by Facility Services supervisor (Infrastructure Branch Director); and verbally reported to IC. Many in the ICC did not hear it. Evaluators strongly recommend holding structured periodic briefings at set intervals; announcing the start of each briefing 5 minutes prior to, then getting everyone's undivided attention and all quiet before speaking.

4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.

Observations: The EOP was used to make the decision to transfer patients from the damaged portion of the facility to a nearby auxiliary structure owned by the hospital. A JIC would be established ASAP at nearby CRMC-owned structures to communicate with officials and media. Make sure all media personnel are aware of the location of the JIC. With air conditioning inoperable, all elective surgeries were cancelled.

Activity 4.13: Communications

4.13.1 The hospital plans for notifying staff when emergency response measures are initiated.

Observations: Plans were evident through staff discussion on contacting extra personnel per protocol for the oncoming shift.

4.13.2 The hospital plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.

Observations: Two-way radios were disseminated within the hospital, overhead paging and email were used. Live census updates were delivered to command via department runners.

4.13.3 The hospital defines processes for notifying external authorities when emergency response measures are initiated.

Observations: Staff made contact with County EM Office and local law enforcement.

-
- 4.13.4 The hospital plans for communicating with external authorities once emergency response measures are initiated.
-

Observations: Evaluators recommend actual verification of VIPER radio operation and ED staff's ability to operate equipment.

- 4.13.5 The hospital plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.
-

Observations: Staff contacted extra personnel per protocol for the oncoming shift. With the power still on; patients and staff were asked to tune in to the local information channel to receive real-time info and updates in the community. Consider a secondary way to get potential information out to the community during a power failure, including radio.

- 4.13.6 The hospital defines the circumstances and plans for communicating with the community and/or the media during emergencies.
-

Observations: A JIC would be established ASAP at nearby CRMC-owned structure to communicate with officials/ media. CRMC PIOs were deployed and assigned to interact with the media.

- 4.13.8 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: essential elements of their command structures and control centers for emergency response;
-

Observations: CRMC communicated with Gaston Memorial and their adjacent facility. There was a question of whether they were in contact with the clinic.

- 4.13.10 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: resources and assets that potentially could be shared in an emergency response
-

Observations: A blood inventory within CRMC was reported in ICC the briefing.

Activity 4.14: Resources Assets

- 4.14.2 The hospital plans for: replenishing medical supplies and equipment that will be required throughout response and recovery, including personal protective equipment where required;
-

Observations: Questions arose about the hospital's ability to quickly access medical equipment through its software program.

-
- 4.14.3 The hospital plans for: replenishing pharmaceutical supplies that will be required throughout response and recovery, including access to and distribution of caches (stockpiled by the hospital or its affiliates, local, state or federal sources) to which the hospital has access;
-

Observations: The hospital should be quickly able to access equipment through its tracking program. all lists and systems and vendor information.

- 4.14.4 The hospital plans for: replenishing non-medical supplies that will be required throughout response and recovery (for example, food, linen, water, fuel for generators and transportation vehicles, etc.);
-

Observations: Infrastructure Branch Director called (actual contacts) several community businesses to determine actual availability and cost of several generators, 9 high-volume chillers and 1200 bottles of drinking water from local vendors. Take into account that these supplies would probably be scarce in an emergency situation.

- 4.14.6 The hospital plans for: managing staff family support needs (for example, childcare, elder care, communication, etc.);
-

Observations: The Safety Officer ascertained updates in briefing that local Red Cross shelters can take ~300 people. It was unclear whether the families of staff would have ensured spots at these shelters.

- 4.14.7 The hospital plans for: potential sharing of resources and assets (e.g., personnel, beds, transportation, linens, fuel, PPE, medical equipment and supplies, etc.) with other health care organizations within the community that could potentially be shared in an emergency response;
-

Observations: Staff learns by calling to inquire that Gaston is evacuating and treating patients in a parking lot. Blood is needed. Verify transfer protocols for blood in an emergency.

- 4.14.8 The hospital plans for: potential sharing of resources and assets with health care organizations outside of the community in the event of a regional or prolonged disaster;
-

Observations: Gaston Memorial calls to request 120 pints of blood. This was not treated seriously in the ICC.

- 4.14.9 The hospital plans for: evacuating (both horizontally and, when required by circumstances, vertically) when the environment cannot support care, treatment, and services;
-

Observations: CRMC conducted both a horizontal and vertical patient evacuation exercise using several "air-filled" patients. Results were reported to the ICC staff upon completion.

- 4.14.10 The hospital plans for: transporting patients, their medications and equipment, and staff to an alternative care site or sites when the environment cannot support care, treatment, and services
-

Observations: Questions arose about the ability of the hospital to quickly access medical equipment through its software program.

Activity 4.15: Safety and Security

4.15.1 The hospital establishes internal security and safety operations that will be required once emergency measures are initiated.

Observations: Security personnel were deployed to strategic locations to control and limit hospital access.

4.15.2 The hospital identified the roles of community security agencies and defined how the hospital will coordinate security activities with these agencies.

Observations: Local law enforcement was requested in response to a bus load of travelers (inject) showing up at the hospital looking for refuge. All were eventually accommodated in a location determined by staff in the ICC.

4.15.5 The hospital establishes processes for the following: controlling entrance into and out of the health care facility during emergencies.

Observations: Security personnel were deployed to strategic locations to control and limit hospital access.

4.15.6 The hospital established processes for the following: controlling the movement of individuals within the health care facility during emergencies.

Observations: Facility Services personnel deployed barrier tape and signage for the damaged area.

4.15.7 The hospital establishes processes for the following: controlling traffic accessing the health care facility during emergencies.

Observations: IC has a Safety Officer assigned at Patient Advocate to coordinate and speak with incoming public in a pre-designated area in hospital.

Activity 4.16: Staffing

4.16.1 Staff roles and responsibilities are defined in the Emergency Operations Plan for all critical areas (communications, resources and assets, safety and security, utilities and clinical activities).

Observations: Evaluators recommend better descriptions of the Planning Function's role and importance during emergencies.

4.16.2 Staff is trained for their assigned roles during emergencies

Observations: Some displayed adequate knowledge and competency; some were new at their assigned positions and showed a need for training. Guidance and practice was needed. Administration and Finance staff did well tracking assets and costs.

4.16.3 The hospital communicates to licensed independent practitioners their roles in emergency response and to whom they report during an emergency.

Observations: Doctors, PAs and professional staff were contacted (some simulated) and briefed on expectations during the event. Include potential surge doctors and nurses in this briefing.

Activity 4.17: Utilities

4.17.1 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: electricity;

Observations: Infrastructure Branch Director called (actual contacts) several community businesses to determine actual availability and cost of several generators of adequate size to supply the needs of damaged area of hospital. Take problems of installation, fueling, and transport into account.

4.17.2 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for consumption and essential care activities;

Observations: Infrastructure Branch Director called (actual contacts) several community businesses to determine actual availability and cost of 1200 bottles of drinking water from local vendors.

4.17.3 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for equipment and sanitary purposes

Observations: Alternative utilities for water was addressed by Infrastructure Branch Director .

4.17.4 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: fuel required for building operations or essential transport activities; and

Observations: Infrastructure Branch Director called (actual contacts) several community businesses to determine actual availability and cost of 9 high-volume chillers to supply temporary cooling for patient areas. Consider priority for the use of these devices.

4.17.5 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: other essential utility needs (for example, ventilation, medical

gas/vacuum systems, etc.).

Observations: Chillers, AC window units and generators now arriving (simulated based on actual ETA provided) from local Lowes Home Improvement. They also ordered dehumidifiers. 600 E-cylinders of medical O₂ ordered (actual contacts made for verification) and schedule to arrive at 3pm. Bulk truck of liquid oxygen was ordered (actual contacts made for verification) and scheduled to arrive at 4pm. Determine priority for assigning these limited resources.

Activity 4.18: Clinical Activities

4.18.1 The hospital plans to manage the following during emergencies: the clinical activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, discharge, and evacuation.

Observations: Staff on standby was deployed to assess patients for discharge.

4.18.3 The hospital plans to manage the following during emergencies: personal hygiene and sanitation needs of its patients.

Observations: Infrastructure Branch Director referenced the part of the plan dealing with this issue.

4.18.6 The hospital plans for documenting and tracking patients' clinical information.

Observations: This task was addressed to a degree during internal patient evacuation exercise using paperwork attached to each patient. Consider that multiple hospitals may need documentation for billing purposes especially if there is an evacuation, transfer, or ACF.

Carolinas Medical Center Main-Charlotte

Medical Surge

Activity 1: Pre-Event Mitigation and Preparedness

Activity Description: Conduct pre-event mitigation and preparedness plans, policies, and procedures prior to notification of mass casualty incident.

- 1.2 Define incident management structure and methodology.
- *Define the organization's internal incident management structure and methodology according to National Incident Management System (NIMS) doctrine*
 - *Identify the location(s) of incident management activities*
 - *Identify logistical, IT, equipment, communications requirements needed to support incident management*
 - *Establish interoperable communications systems with other response entities (e.g., other hospitals, EMS, public health, first responders)*

Observations: HICs version of ICS was utilized within the facility. This is consistent with the NIMS doctrine. They used IMT for incident coordination. There is an assigned room equipped as an EOC within the facility. The facility has 800 MHz radios that are interoperable with response agencies and other stakeholders. Identify a larger room for the IMT, or possibly move the planning and logistics section to breakout rooms. The current room appeared too small for extended operations. Evaluators suggested adding an area and state map to the EOC. They also suggested pre-designed white boards for visual tracking of significant events and actions taken.

- 1.3 Establish a bed tracking system.
- *Develop a system for tracking available beds and other information within a facility by bed type (e.g., ICU, med/surge, pediatric)*
 - *Establish mechanisms to aggregate and disseminate bed tracking information to local and State EOCs, other healthcare partners and other response entities (e.g., fire, public safety, etc.)*

Observations: There is a bed tracking system in place. There is also a statewide bed tracking system that CMC participates in.

- 1.4 Develop protocols for increasing internal surge capacity.
- *Establish criteria and processes for canceling outpatient and elective procedures (if necessary)*
 - *Establish criteria and clearly defined processes to evaluate and discharge lower activity patients to home, other health care facilities*
 - *Establish a mechanism to track patients who are discharged*

Observations: There was early discussion regarding the cancellation of elective procedures, early discharges and relocation of existing patients. Early planning for surge and a “triage alert” was issued.

- 1.5 Determine medical surge assistance requirements.
- *Identify potential gaps in personnel, supplies, and equipment*
 - *Identify local, State, Tribal, Federal, and private sector partners who can work to ensure adequate staffing, supplies, equipment, and bed space*
 - *Coordinate with State, Tribal, and local medical, behavioral health, public health, substance abuse, and private sector officials to establish mutual aid agreements in support of surge requirements*
-

Observations: Procedures are in place to reach out to predetermined partner entities, both in house and externally. No mutual aid agreements were observed.

- 1.6 Develop plans for providing external surge capacity outside the health care facility setting.
- *Identify off-site or alternate care facilities to provide surge capacity*
 - *Determine the number of patients and level of care (e.g., triage, basic care and stabilization, trauma) that can be accommodated at each site*
 - *Develop staffing, supply, and re-supply plans*
-

Observations: There are multiple sister hospitals within the CMC system to allow for off-site surge, supply, and re-supply. Consider that these hospitals would be affected by a region wide epidemic or emergency.

Activity 2: Incident Management

Activity Description: In response to notification of a mass casualty incident, activate the healthcare organization's Emergency Operations Plan.

- 2.1 Activate the health care organization's Emergency Operations Plan (EOP).
- *Implement notification procedures for incident management personnel and key administrative staff*
 - *Assign roles and responsibilities to the incident management team and general staff*
 - *Manage incident response in accordance with Incident Command System (ICS) organizational structures, doctrine, and procedures, as defined in NIMS*
 - *Establish a safety plan for facility patients and staff*
 - *Implement a common communications plan*
-

Observations: The EOP was activated and followed throughout the exercise. It was obvious that the players are used to coming together for exercises, and all appeared to know their role and responsibilities. There was good coordination between the IMT and ED. Evaluators did not observe a safety plan. It took less than 30 minutes to be fully operational. IMT was asked to stop their operations while the EOC was reconfigured for EOC operations. Evaluators suggest notifying the information services group earlier to prevent downtime. However, the IMT made good use of the time by conducting a section chiefs briefing.

- 2.2 Conduct incident action planning.
- *Establish and document incident goals and objectives*
 - *Establish and document the strategy and general tactics to meet incident objectives*
 - *Develop and document support plans (e.g., safety plans, contingency plans)*
 - *Coordinate with other response entities, if appropriate, to define an operational period for response*
 - *Evaluate and revise objectives for each operational period*
-

Observations: Evaluators did not see an IAP developed, however it was discussed. Develop a general IAP as a guide. This would provide a format and reminder to begin the IAP early on in the incident.

-
- 2.3 Disseminate key components of incident action plan.
- *Incident management team debriefs administrative staff on incident action plan, operational period objectives, and/or important changes in incident parameters*
 - *Disseminate key components of the incident action plan with external response entities during each operational period*
-

Observations: An IAP was not developed.

- 2.4 Provide emergency operations support to incident management.
- *Establish connectivity and coordinate requests for emergency operations support with multi-agency coordination centers (e.g., local Emergency Operations Center (EOC), State EOC, etc.)*
-

Observations: Most of the operations centered on in-hospital needs. Some interaction with county EOC was discussed, but not observed during this exercise.

Activity 3: Increase Bed Surge Capacity

Activity Description: Increase as many staffed and resourced hospital beds as clinically appropriate.

- 3.1 Implement bed surge capacity plans, procedures, and protocols.
- *Activate plans to cancel outpatient or elective procedures (if necessary)*
 - *Activate plans, procedures, and protocols to maximize bed surge capacity (e.g., utilize non-traditional patient care spaces such as hallways, waiting areas, etc.)*
-

Observations: This was done early into the exercise, and was accomplished without any observed issues.

- 3.2 Maximize utilization of available beds.
- *Coordinate patient distribution with other health care facilities, EMS, and private patient transport partners*
-

Observations: There are plans in place to relocate patients as needed.

-
- 3.3 Forward transport less acutely ill patients.
- *Activate MOUs with other health care organizations (if applicable) for transport and care of patients that are not stable enough to discharge home or to an ACS*
 - *Institute protocols to discharge stable inpatients to home or other health care facilities*
 - *Coordinate transport of inpatients with families and the incident management team*
 - *Implement transport procedures to pre-identified facilities based on level of care required*
-

Observations: Protocols to discharge stable inpatients were instituted. The hospital maintains its own ambulance fleet.

- 3.4 Provide medical surge capacity in alternate care facilities.
- *Activate MOUs or agreements to open alternate care facilities*
 - *Activate appropriate staffing (e.g., clinical security, administrative, etc.) and supply plans*
-

Observations: ACFS were not utilized during this exercise. Test in future exercises.

Activity 4: Medical Surge Staffing Procedure

Activity Description: Maximize staffing levels through recall of off-duty personnel, part-time staff, and retired clinical and non-clinical associates.

- 4.1 Recall clinical personnel in support of surge capacity requirements.
- *Implement health care organization's staff call-back procedures (including "part-time" staff)*
 - *Activate procedures to receive, process, and manage staff throughout the incident*
 - *Debrief clinical staff on incident parameters and how the organization is responding*
 - *Verify credentials and disuse clinical staff assignments*
-

Observations: There is a recall process in place for healthcare personnel with various capabilities. An "all call" was placed for relief personnel.

- 4.2 Augment clinical staffing.
- *Activate roster and initiate call-back procedures for qualified and licensed volunteer clinicians*
 - *Institute procedures to receive, register, process (including credential verification), and manage volunteer clinicians throughout the incident*
 - *Implement strategies to integrate Federal clinical personnel (e.g., National Disaster Medical System and U.S. Public Health System Personnel)*
 - *Provide just-in-time training to clinical staff*
-

Observations: This was not done as a part of this exercise. It was discussed by the EOC staff and it was apparent that plans are in place to augment staff.

- 4.3 Augment non-clinical staffing.
- *Initiate call-back procedures for non-clinical staff (e.g. custodians, security, cooks, etc.)*
 - *Activate MOUs for non-clinical staff (if applicable)*
 - *Activate processes to receive, process, and manage non-clinical staff throughout the incident*
-

Observations: They did not physically initiate call-back procedures, but process is in place.

Activity 6: Receive, Evaluate, and Treat Surge Casualties

Activity Description: Receive mass casualties and provide appropriate evaluation and medical treatment.

- 6.2 Provide medical equipment and supplies in support of immediate medical response operations and for restocking supplies/equipment requested.
- *Identify additional medical equipment and supplies needed to meet surge capacity requirements*
 - *Implement restocking procedures for pre-hospital care providers*
 - *Request the strategic national stockpile (SNS) through ICS*
-

Observations: There is an extensive plan for providing equipment and supplies as well as for restocking supplies and equipment. The hospital maintains a 96 hour capability.

- 6.3 Institute patient tracking.
- *Implement systems to track all patients in the facility with capability to distinguish between incident-related and non-incident patients*
-

Observations: Patient tracking was accomplished.

Activity 7: Provide Surge Capacity for Behavioral Health Issues

Activity Description: Have personnel available to provide behavioral health services to patients, families, responders and staff.

- 7.1 Institute strategy to address behavioral health issues.
- *Implement strategy to meet behavioral health needs of staff (including incident management team) as well as patients and their family members*

Observations: Procedures are in place to address behavioral health issues.

- 7.2 Provide behavioral health support.
- *Identify personnel required to assist with counseling and behavioral health support*
 - *Implement the organization's behavioral plan for emergency response*
 - *Coordinate with community leaders (e.g., religious community)*

Observations: Behavioral health support was not observed, but it was discussed, and it was apparent that plans are in place to address this issue.

- 7.3 Provide family support services.
- *Identify Federal, State, local and support agencies to assist with family support services*
 - *Identify available resources*
 - *Coordinate with families to ensure they know where/how to receive support*

Observations: Plans are in place to address family support needs.

Activity 8: Demobilize

Activity Description: Prepare facility and staff to return to normal operations.

- 8.1 Coordinate decision to demobilize with overall incident management.
- *Notify health care personnel and external response entities that medical surge is demobilized*
 - *Conduct demobilization activities under incident command structure*

Observations: Demobilization was not exercised, but was discussed, and the decision was made to plan for operations until 1900 hours. Test in future exercises.

- 8.2 Provide a staff debriefing.
- *Determine Critical Incident Stress Management (CISM) needs*
 - *Transition to normal operations and normal staff scheduling*
 - *Institute plan for staff counseling, stress debriefing, or other follow-on activities to address response workers mental or behavioral health needs (acute and long-term)*

Observations: Debriefing was deferred to a later date as part of their AAR meeting.

Hospital Emergency Standards

Activity 4.12: Planning

- 4.12.1 The hospital develops and maintains a written emergency operations plan (EOP)/incident action plan (IAP) that describes an “all-hazards” command structure for coordinating six critical areas within the hospital during an emergency.

Observations: EOP is in place, IAP was not utilized during this exercise due to the limited timeframe. Job Action sheets are available to assist EOC staffers in initial stages of operations. These may need review and update following the exercise.

- 4.12.2 The EOP/IAP establishes an incident command structure that is integrated into and consistent with its community’s command structure.

Observations: Incident Command structure is in place and was followed throughout the exercise. IMT was utilized for EOC operations.

- 4.12.3 The EOP/IAP identifies to whom staff report in the hospital’s incident command structure.

Observations: EOP outlines the chain of command, but evaluators did not observe an IAP being used. Develop forms and place hard copies in convenient locations.

- 4.12.4 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including who has the authority to activate the phases.

Observations: The EOC staff reported when called, and began their duties upon arrival without hesitation. Early into the exercise, discussions were held regarding demobilization issues.

4.12.5 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including how the phases are to be activated.

Observations: The EOP outlined initial actions. Evaluators not observe anything related to recovery. Include this in plans and reference early to plan.

4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.

Observations: This task was not accomplished, but there are a number of partner hospitals that could serve as alternate care facilities. Test in future exercises.

Activity 4.13: Communications

4.13.1 The hospital plans for notifying staff when emergency response measures are initiated.

Observations: There are procedures in place for recalling staff as needed. An “All Call” was placed to put relief personnel on standby.

4.13.2 The hospital plans for ongoing communication of information and instructions to its staff once emergency response measured are initiated.

Observations: The hospital plans for ongoing operations through the PIOs and marketing capabilities. There is a system in place for keeping staff informed. There were a couple of departments identified that need to be added to the notification and information update process. Evaluators recommend a review of departments that need to be notified and kept informed during a response. They also a suggested a general debriefing to hospital staff following an incident.

4.13.3 The hospital defines processes for notifying external authorities when emergency response measures are initiated.

Observations: The hospital notified authorities via their alert and notification list, according to the EOP.

4.13.4 The hospital plans for communicating with external authorities once emergency response measures are initiated.

Observations: There is an outreach process in place.

4.13.5 The hospital plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care

sites.

Observations: There is a process in place for communicating with patients and families in the facility. Evaluators did not observe any communication for alternative care sites. Review available radios, cell phones, and alternate forms of communication. Update communication plan for alternate care sites according to the capabilities of the site (some may have bad reception, few outlets for charging batteries, etc.).

4.13.6 The hospital defines the circumstances and plans for communicating with the community and/or the media during emergencies.

Observations: There are plans for public information and for responding to media needs. Community hospitals may want to consider conducting a Joint Information exercise to test those procedures.

4.13.7 The hospital plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated;

Observations: The hospital maintains 96 hours of supplies in their inventory and has identified their critical vendors for resupply. There was good anticipation of potential needs both for supplies and personnel.

4.13.8 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: essential elements of their command structures and control centers for emergency response;

Observations: There was an ongoing exchange of information between facilities and administrations.

4.13.9 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area regarding names and roles of individuals in their command structures and command center telephone numbers.

Observations: Contact information and a chain of command list were available.

4.13.10 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: resources and assets that potentially could be shared in an emergency response; and

Observations: The hospital communicated with other health care organizations. Evaluators did not observe any mutual aid agreements between competing hospitals but were informed that there is an agreement between the NC hospital association.

4.13.11 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: names of patients and deceased individuals brought to their hospitals in accordance with applicable law and regulation, when requested.

4.13.12 The hospital defines the circumstances and plans for communicating information about patients to third parties (such as other health care organizations, the state health department, police, FBI, etc.).

Observations: Hospitals communicated regarding patients and planned for communication to third parties.

4.13.13 The hospital plans for communicating with identified alternative care sites.

Observations: There is a plan for communications, but ACFs were not exercised

4.13.14 The hospital establishes backup communication systems and technologies for the activities identified above.

Observations: Some backup systems are in place, but evaluators were unsure as to the extent of the backup systems. They suggest a review of critical systems to ensure redundant capability.

Activity 4.14: Resources and Assets

4.14.1 The hospital plans for: obtaining supplies that will be required at the onset of emergency response (medical, pharmaceutical and non-medical);

Observations: There is surge capability via the 96 hour supply inventory.

4.14.2 The hospital plans for: replenishing medical supplies and equipment that will be required throughout response and recovery, including personal protective equipment where required;

Observations: There is a warehousing capability and a 96 hour inventory maintained. Evaluators did not observe personal protective equipment capability. Ensure that all PPE kept on site are maintained, along with certification of any personnel in decontamination procedures, fire response, etc.

4.14.4 The hospital plans for: replenishing non-medical supplies that will be required throughout response and recovery (for example, food, linen, water, fuel for generators and transportation vehicles, etc.);

Observations: Non-medical supplies were replenished and recovered as part of their normal operation procedures.

4.14.5 The hospital plans for: managing staff support activities (for example, housing, transportation, incident stress debriefing, etc.);

Observations: There is some capability for managing staff support activities but evaluators were unsure about the extent. They suggest a review of these functions and identification of any current gaps. Consider child care for single parents and the potential for bringing in extended families.

4.14.8 The hospital plans for: potential sharing of resources and assets with health care organizations outside of the community in the event of a regional or prolonged disaster;

Observations: There is sharing capability within the hospital chain.

4.14.9 The hospital plans for: evacuating (both horizontally and, when required by circumstances, vertically) when the environment cannot support care, treatment, and services;

Observations: There are plans for both vertical and horizontal evacuations.

4.14.11 The hospital plans for: transporting pertinent information, including essential clinical and medication-related information, for patients to an alternative care site or sites when the environment cannot support care, treatment, and services.

Observations: The hospital planned to transport patient information to alternative care sites when necessary.

Activity 4.15: Safety and Security

4.15.1 The hospital establishes internal security and safety operations that will be required once emergency measures are initiated.

Observations: Security staff and procedures are in place for use as needed. ED indicated that they need to improve security at their entrances.

4.15.3 The hospital identifies a process that will be required for managing hazardous materials and waste once emergency measures are initiated.

Observations: Daily operations require processes for managing medical waste and some hazardous materials. A local hazmat team is available for hazmat responses. Ensure that

there is a process for delivering information on any hazmat situations to this team.

4.15.4 The plan identifies means for radioactive, biological, and chemical isolation and decontamination.

Observations: There are procedures in place for isolating patients as needed. Evaluators did not observe anything related to radiation capability.

4.15.5 The hospital establishes processes for the following: controlling entrance into and out of the health care facility during emergencies.

Observations: The hospital controls entrance and exit from the health care facility as part of their existing security plans and procedures. ED indicated that they need to improve security at their entrances.

4.15.6 The hospital establishes processes for the following: controlling the movement of individuals within the health care facility during emergencies.

Observations: Movement is controlled as part of their existing security plans and procedures. It was unclear whether there would be an identification system for visitors and security in a surge situation.

4.15.7 The hospital establishes processes for the following: controlling traffic accessing the health care facility during emergencies.

Observations: There is a traffic control plan in place, but evaluators did not observe anything related to traffic control. Take into account secondary ambulance reception areas in case the main area is full, backed up, or compromised in some way.

Activity 4.16: Staffing

4.16.1 Staff roles and responsibilities are defined in the Emergency Operations Plan for all critical areas (communications, resources and assets, safety and security, utilities and clinical activities).

Observations: Staff roles are in accordance with NIMS and ICS (HICS) formats

4.16.2 Staff is trained for their assigned roles during emergencies

Observations: Based on this exercise, everyone was familiar with their respective role and responsibilities.

4.16.4 The hospital establishes a process for identifying care providers and other personnel (such as ID cards, etc.) assigned to particular areas during emergencies.

Observations: Care providers and personnel were identified by badges.

Activities 4.17: Utilities

4.17.1 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: electricity;

Observations: Critical functions and operations are on generator back up.

4.17.2 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for consumption and essential care activities;

Observations: Backup supplies are available as well as pre-identified vendors.

4.17.5 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: other essential utility needs (for example, ventilation, medical gas/vacuum systems, etc.).

Observations: There are backup inventories for some of these needs, as well as contracts with various supply agencies.

Activity 4.18: Clinical Activities

4.18.2 The organization plans to manage the following during emergencies: clinical services for vulnerable populations served by the hospital, including patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.

Observations: Based on discussions held during the MTAC exercise, these plans are in place. Evaluators were unsure to what extent. They suggest a review of these functions and current capabilities.

4.18.3 The hospital plans to manage the following during emergencies: personal hygiene and sanitation needs of its patients.

Observations: Personal hygiene and sanitation needs are planned for.

4.18.6 The hospital plans for documenting and tracking patients' clinical information.

Observations: A system is in place (START) for patient registration, tracking, etc. There was some discussion regarding the START system, and how it impeded patient registration. Review the flaws of the system and staff capability for potential changes and training.

Carolinas Medical Center— Union

Medical Surge

Activity 1: Pre-Event Mitigation and Preparedness

Activity Description: Conduct pre-event mitigation and preparedness plans, policies, and procedures prior to notification of mass casualty incident.

- 1.2 Define incident management structure and methodology.
- *Define the organization's internal incident management structure and methodology according to National Incident Management System (NIMS) doctrine*
 - *Identify the location(s) of incident management activities*
 - *Identify logistical, IT, equipment, communications requirements needed to support incident management*
 - *Establish interoperable communications systems with other response entities (e.g., other hospitals, EMS, public health, first responders)*

Observations: There was no planning chief identified in this event. The incident command area was small, and there were quite a few people in and out of the room. It was confusing at times with several conversations going on. HICS is adaptable and not all areas have to be activated, but evaluators highly recommend a Planning Chief for large scale events. Consider a larger conference room for command or maybe multiple rooms. It was a help to send codes out via email in addition to paging over head

- 1.3 Establish a bed tracking system.
- *Develop a system for tracking available beds and other information within a facility by bed type (e.g., ICU, med/surge, pediatric)*
 - *Establish mechanisms to aggregate and disseminate bed tracking information to local and State EOCs, other healthcare partners and other response entities (e.g., fire, public safety, etc.)*

Observations: The facility has a bed tracking system that shows bed availability at a glance. Evaluators recommend continued use of system and the design of a plan for medical surge and rapid evacuation. Logistics could use more radios to communicate or designated runners. Participants couldn't hear overhead paging in all areas. Make sure everyone is up to speed on radio etiquette and use.

-
- 1.6 Develop plans for providing external surge capacity outside the health care facility setting.
- *Identify off-site or alternate care facilities to provide surge capacity*
 - *Determine the number of patients and level of care (e.g., triage, basic care and stabilization, trauma) that can be accommodated at each site*
 - *Develop staffing, supply, and re-supply plans*
-

Observations: External triage was established in this exercise for the expected surge of patients, and triage was staffed with a MD and RN, and several medics that helped bring patients into the facility. Triage specifics were not observed from command. Evaluators recommend a written plan that states where the external triage staff would come from. The plan could also map out the triage area as well as alternate areas. Everyone needs to be aware of safety issues and communication

Activity 2: Incident Management

Activity Description: In response to notification of a mass casualty incident, activate the healthcare organization's Emergency Operations Plan.

- 2.1 Activate the health care organization's Emergency Operations Plan (EOP).
- *Implement notification procedures for incident management personnel and key administrative staff*
 - *Assign roles and responsibilities to the incident management team and general staff*
 - *Manage incident response in accordance with Incident Command System (ICS) organizational structures, doctrine, and procedures, as defined in NIMS*
 - *Establish a safety plan for facility patients and staff*
 - *Implement a common communications plan*
-

Observations: After receiving weather updates and conditions the IC and the AOC discussed whether to call a Code Green and initiate the EOP, Code Green was initiated. Staff were familiar with their roles, reported to the incident command and received their vest and JAS. Evaluators recommend HICS forms be included with the JAS sheets. Completing these forms will be important for the Finance section when trying to recoup funds and make claims. The PIO was not properly activated

-
- 2.2 Conduct incident action planning.
- *Establish and document incident goals and objectives*
 - *Establish and document the strategy and general tactics to meet incident objectives*
 - *Develop and document support plans (e.g., safety plans, contingency plans)*
 - *Coordinate with other response entities, if appropriate, to define an operational period for response*
 - *Evaluate and revise objectives for each operational period*
-

Observations: There was no written IAP, but tasks were assigned to key members of the team. No HICS forms were completed but regular updates were provided to command. Evaluators recommend a written IAP to keep track of tasks that need to be completed to ensure that it is occurring. They also recommend that HICS forms be added to each person's package so that they are readily available and can be completed.

- 2.4 Provide emergency operations support to incident management.
- *Establish connectivity and coordinate requests for emergency operations support with multi-agency coordination centers (e.g., local Emergency Operations Center (EOC), State EOC, etc.)*
-

Observations: The liaison officer quickly established contact with the county EM and dispatch to clarify the rumor of the storm, and on several other occasions to set up a shelter and to relay information through a JIC. There was strong use of resources by reaching out to other agencies.

Activity 3: Increase Bed Surge Capacity

Activity Description: Increase as many staffed and resourced hospital beds as clinically appropriate.

- 3.1 Implement bed surge capacity plans, procedures, and protocols.
- *Activate plans to cancel outpatient or elective procedures (if necessary)*
 - *Activate plans, procedures, and protocols to maximize bed surge capacity (e.g., utilize non-traditional patient care spaces such as hallways, waiting areas, etc.)*
-

Observations: Once notified of the possibility of receiving patients, AOC and IC, OPS discussed and cancelled elective surgery and requested bed status. There were several areas in use for a bus load of people needing shelter from the storm but no medical treatment. They were placed in the common area until EM could get shelter set up. Ensure that areas are safe from outside hazards and out of the way of medical operations.

-
- 3.4 Provide medical surge capacity in alternate care facilities.
- *Activate MOUs or agreements to open alternate care facilities*
 - *Activate appropriate staffing (e.g., clinical security, administrative, etc.) and supply plans*
-

Observations: While an alternate care facility was not considered, many minor patients were being treated and discharged to the shelter across the street to free up space for surging patients. Staffing was provided by Red Cross for the shelter.

Activity 4: Medical Surge Staffing Procedure

Activity Description: Maximize staffing levels through recall of off-duty personnel, part-time staff, and retired clinical and non-clinical associates.

- 4.1 Recall clinical personnel in support of surge capacity requirements.
- *Implement health care organization's staff call-back procedures (including "part-time" staff)*
 - *Activate procedures to receive, process, and manage staff throughout the incident*
 - *Debrief clinical staff on incident parameters and how the organization is responding*
 - *Verify credentials and disuse clinical staff assignments*
-

Observations: After notification went out and Code was called, command staff quickly began to discuss the plan for increasing staffing needs, including nurses from non-clinical areas such as Medical Records, infection prevention, employee health, palliative care etc. They considered moving clinical staff from nontraditional positions to assist in clinical needs while waiting for recalled staff to arrive.

- 4.3 Augment non-clinical staffing.
- *Initiate call-back procedures for non-clinical staff (e.g. custodians, security, cooks, etc.)*
 - *Activate MOUs for non-clinical staff (if applicable)*
 - *Activate processes to receive, process, and manage non-clinical staff throughout the incident*
-

Observations: Staff from non-critical areas were reassigned to needed areas, such as providing child care for staff being called in. There was great use of non-essential staff

Activity 6: Receive, Evaluate, and Treat Surge Casualties

Activity Description: Receive mass casualties and provide appropriate evaluation and medical treatment.

- 6.1 Establish initial reception and triage site.
- *Identify location(s) for initial patient reception and triage*
 - *Disseminate information on patient reception/triage site to external response entities (e.g., EMS) and to the public through a coordinated public information message (i.e., since many patients will self-refer)*
 - *Activate MOUs with other health care organizations or community assets (e.g., schools, conference centers) for initial patient triage*
-

Observations: Patient reception, staging, and triage areas were established outside the ED. This area was staffed with an MD, RN, and 8 medics. This was a great use of resources, patients could be triaged and receive minor treatment while waiting to be examined by an MD

- 6.2 Provide medical equipment and supplies in support of immediate medical response operations and for restocking supplies/equipment requested.
- *Identify additional medical equipment and supplies needed to meet surge capacity requirements*
 - *Implement restocking procedures for pre-hospital care providers*
 - *Request the strategic national stockpile (SNS) through ICS*
-

Observations: Upon activation of the EOP, Code Green, and/or Code Triage, all section chiefs advised areas to check for supplies and to identify equipment that was available. Evaluators recommend an inventory of MCI supplies and equipment maintained with other command documents with a method for tracking usage of those supplies

- 6.4 Execute medical mutual aid agreements.
- *Identify additional needed medical supplies, equipment, and other resources needed to meet surge requirements*
 - *Identify needed health care professionals*
 - *Coordinate requests for mutual aid support with local, regional, and State response agencies*
-

Observations: In a search for additional linen, liaison officer contacted MTAC who advised to use mutual aid agreements. Contact was made to other hospitals to get support for linen, but in the meantime they cleaned linen at their facility. Know the capabilities of agencies in your mutual aid agreement and call upon those agencies to support your needs. There was a question of whether MTAC could have facilitated this exchange.

Activity 7: Provide Surge Capacity for Behavioral Health Issues

Activity Description: Have personnel available to provide behavioral health services to patients, families, responders and staff.

- 7.1 Institute strategy to address behavioral health issues.
- *Implement strategy to meet behavioral health needs of staff (including incident management team) as well as patients and their family members*

Observations: A group of people arrived at the ED seeking shelter from the impending storm. This group becomes aggressive and ED is quickly locked down for safety, Code Grey is called and security is dispatched to the area to assist. Evaluators recommend behavioral health specialist to participate on command staff to advise and guide on behavioral issues that arise.

- 7.3 Provide family support services.
- *Identify Federal, State, local and support agencies to assist with family support services*
 - *Identify available resources*
 - *Coordinate with families to ensure they know where/how to receive support*

Observations: They used non-essential staff to help with the management of families and non-injured people. The PIO crafted messages to keep families informed of the situation

Activity 8: Demobilize

Activity Description: Prepare facility and staff to return to normal operations.

- 8.1 Coordinate decision to demobilize with overall incident management.
- *Notify health care personnel and external response entities that medical surge is demobilized*
 - *Conduct demobilization activities under incident command structure*

Observations: At exercise end, IC ordered everyone to stand down.

- 8.2 Provide a staff debriefing.
- *Determine Critical Incident Stress Management (CISM) needs*
 - *Transition to normal operations and normal staff scheduling*
 - *Institute plan for staff counseling, stress debriefing, or other follow-on activities to address response workers mental or behavioral health needs (acute and long-term)*

Observations: After stand down, a Hotwash immediately followed. This gave command staff the opportunity to decompress and discuss both positive and negative issues during the event as well as a summary of what took place in the various sections. Evaluators recommend a debriefing with front line staff as well to address any mental or behavioral needs of the staff involved in care and treatment of patients

- 8.3 Reconstitute medical supply, equipment inventory.
- *Complete inventories of medical supplies, pharmaceuticals, and equipment*
 - *Account for all costs incurred by the health care organization as a result of the incident response*
 - *Apply for financial remuneration of those costs*
 - *Request replacement nor servicing of equipment, supplies, and pharmaceuticals used during the response*
-

Kings Mountain

Medical Surge

Activity 1: Pre-Event Mitigation and Preparedness

Activity Description: Conduct pre-event mitigation and preparedness plans, policies, and procedures prior to notification of mass casualty incident.

- 1.1 Conduct Hazard Vulnerability Analysis (HVA).
- *Identify and list, by type, all hazards that could affect the location or asset of interest, and the relative likelihood of each hazard's occurrence ("threat")*
 - *Assess both the community and response systems' susceptibility to the hazard impact, including the post-impact health and medical needs of the population*
 - *Identify issues that create catastrophic system failure*
 - *Prioritize possible mitigation and preparedness activities based on cost-benefit analysis*
 - *Conduct an assessment of medical surge facilities, hospital capacity, sub-state regions, development of community/regional based surge capacity models, critical steps planning committee jurisdiction*
 - *Identify hospitals with realistic plans to include an alternate care facility and buildings of opportunity*

Observations: HVA was conducted. Specific hazards were indicated. Surge resulting from patient evacuation inside facility was examined. Consideration was given to other care facilities that could accept evacuated patients. Evaluators recommend better documentation of the hazards and plans. Issues were well addressed but not fully documented. An additional scribe position would be beneficial.

- 1.2 Define incident management structure and methodology.
- *Define the organization's internal incident management structure and methodology according to National Incident Management System (NIMS) doctrine*
 - *Identify the location(s) of incident management activities*
 - *Identify logistical, IT, equipment, communications requirements needed to support incident management*
 - *Establish interoperable communications systems with other response entities (e.g., other hospitals, EMS, public health, first responders)*

Observations: ICS command structure is in place to address surge issues. Existing EOC is well equipped (comparable to the size of the facility) and well positioned within the building. Kings Mountain was an affected facility requiring evaluation; medical surge dealt with the movement of patients within the facility for safety. Practice utilizing the ICS structure. Staff specifically states the need to drill more in certain areas for familiarity. Generally the staff is well trained, works well together and is aware of ICS procedures. Infrequent use of procedures is the issue, slowing activities.

- 1.3 Establish a bed tracking system.
- *Develop a system for tracking available beds and other information within a facility by bed type (e.g., ICU, med/surge, pediatric)*
 - *Establish mechanisms to aggregate and disseminate bed tracking information to local and State EOCs, other healthcare partners and other response entities (e.g., fire, public safety, etc.)*
-

Observations: Tracking system is in place. Dissemination is by telephone or computer.

- 1.4 Develop protocols for increasing internal surge capacity.
- *Establish criteria and processes for canceling outpatient and elective procedures (if necessary)*
 - *Establish criteria and clearly defined processes to evaluate and discharge lower activity patients to home, other health care facilities*
 - *Establish a mechanism to track patients who are discharged*
-

Observations: These procedures and criteria exist. They addressed the cancelation of procedures and the discharge of patients to home as appropriate.

- 1.5 Determine medical surge assistance requirements.
- *Identify potential gaps in personnel, supplies, and equipment*
 - *Identify local, State, Tribal, Federal, and private sector partners who can work to ensure adequate staffing, supplies, equipment, and bed space*
 - *Coordinate with State, Tribal, and local medical, behavioral health, public health, substance abuse, and private sector officials to establish mutual aid agreements in support of surge requirements*
-

Observations: These requirements were addressed in relation to the exercise.

- 1.6 Develop plans for providing external surge capacity outside the health care facility setting.
- *Identify off-site or alternate care facilities to provide surge capacity*
 - *Determine the number of patients and level of care (e.g., triage, basic care and stabilization, trauma) that can be accommodated at each site*
 - *Develop staffing, supply, and re-supply plans*
-

Observations: External surge issues were addressed. Off-site care facilities were identified. Overall the plan was quite functional. Maintain written data on off-site facilities (updated contact numbers, etc.)

Activity 2: Incident Management

Activity Description: In response to notification of a mass casualty incident, activate the healthcare organization's Emergency Operations Plan.

- 2.1 Activate the health care organization's Emergency Operations Plan (EOP).
- *Implement notification procedures for incident management personnel and key administrative staff*
 - *Assign roles and responsibilities to the incident management team and general staff*
 - *Manage incident response in accordance with Incident Command System (ICS) organizational structures, doctrine, and procedures, as defined in NIMS*
 - *Establish a safety plan for facility patients and staff*
 - *Implement a common communications plan*

Observations: The plan was activated. ICS was implemented and the EOC was opened.

- 2.2 Conduct incident action planning.
- *Establish and document incident goals and objectives*
 - *Establish and document the strategy and general tactics to meet incident objectives*
 - *Develop and document support plans (e.g., safety plans, contingency plans)*
 - *Coordinate with other response entities, if appropriate, to define an operational period for response*
 - *Evaluate and revise objectives for each operational period*

Observations: Planning was ongoing and evolving throughout the exercise. Each of the components of this task were addressed. As previously indicated, assign additional scribes for documentation. Evaluators suggest that a dry erase board type system be employed to provide visual data to staff in EOC regarding plans, assignments etc.

- 2.3 Disseminate key components of incident action plan.
- *Incident management team debriefs administrative staff on incident action plan, operational period objectives, and/or important changes in incident parameters*
 - *Disseminate key components of the incident action plan with external response entities during each operational period*

Observations: The staff was debriefed an information was disseminated.

Activity 3: Increase Bed Surge Capacity

Activity Description: Increase as many staffed and resourced hospital beds as clinically appropriate.

-
- 3.1 Implement bed surge capacity plans, procedures, and protocols.
- *Activate plans to cancel outpatient or elective procedures (if necessary)*
 - *Activate plans, procedures, and protocols to maximize bed surge capacity (e.g., utilize non-traditional patient care spaces such as hallways, waiting areas, etc.)*
-

Observations: Participants showed excellent use of non-traditional patient care spaces. This task was addressed early on and very effectively and efficiently. In response to staff comments in EOC, evaluators suggest that this entire activity area be discussed among operational staff on occasion. They also recommend this for continued efficiency, as this area was a strong area of response.

- 3.3 Forward transport less acutely ill patients.
- *Activate MOUs with other health care organizations (if applicable) for transport and care of patients that are not stable enough to discharge home or to an ACS*
 - *Institute protocols to discharge stable inpatients to home or other health care facilities*
 - *Coordinate transport of inpatients with families and the incident management team*
 - *Implement transport procedures to pre-identified facilities based on level of care required*
-

Observations: This area also addressed for well being of patients. The only area not specifically addressed was the coordination of patient transport with family. Who would be responsible for contacting patient families?

- 3.4 Provide medical surge capacity in alternate care facilities.
- *Activate MOUs or agreements to open alternate care facilities*
 - *Activate appropriate staffing (e.g., clinical security, administrative, etc.) and supply plans*
-

Observations: Medical surge capacity was appropriately in relation to the drill.

Activity 4: Medical Surge Staffing Procedure

Activity Description: Maximize staffing levels through recall of off-duty personnel, part-time staff, and retired clinical and non-clinical associates.

-
- 4.1 Recall clinical personnel in support of surge capacity requirements.
- *Implement health care organization's staff call-back procedures (including "part-time" staff)*
 - *Activate procedures to receive, process, and manage staff throughout the incident*
 - *Debrief clinical staff on incident parameters and how the organization is responding*
 - *Verify credentials and disuse clinical staff assignments*

Observations: All components of this task were addressed.

-
- 4.2 Augment clinical staffing.
- *Activate roster and initiate call-back procedures for qualified and licensed volunteer clinicians*
 - *Institute procedures to receive, register, process (including credential verification), and manage volunteer clinicians throughout the incident*
 - *Implement strategies to integrate Federal clinical personnel (e.g., National Disaster Medical System and U.S. Public Health System Personnel)*
 - *Provide just-in-time training to clinical staff*

Observations: Call-back procedures were initiated and staffing was augmented. Credentialing was addressed as well as the certification of responding medical personnel. Just-in-time training was not addressed during this exercise. Assess need.

-
- 4.3 Augment non-clinical staffing.
- *Initiate call-back procedures for non-clinical staff (e.g. custodians, security, cooks, etc.)*
 - *Activate MOUs for non-clinical staff (if applicable)*
 - *Activate processes to receive, process, and manage non-clinical staff throughout the incident*

Observations: Completed. Excellent arrangements in place for this facility.

Activity 6: Receive, Evaluate, and Treat Surge Casualties

Activity Description: Receive mass casualties and provide appropriate evaluation and medical treatment.

- 6.1 Establish initial reception and triage site.
- *Identify location(s) for initial patient reception and triage*
 - *Disseminate information on patient reception/triage site to external response entities (e.g., EMS) and to the public through a coordinated public information message (i.e., since many patients will self-refer)*
 - *Activate MOUs with other health care organizations or community assets (e.g., schools, conference centers) for initial patient triage*
-

Observations: Initial reception was established within the facility for the internal surge resulting from (internal) evacuation of patients.

- 6.2 Provide medical equipment and supplies in support of immediate medical response operations and for restocking supplies/equipment requested.
- *Identify additional medical equipment and supplies needed to meet surge capacity requirements*
 - *Implement restocking procedures for pre-hospital care providers*
 - *Request the strategic national stockpile (SNS) through ICS*
-

Observations: Appropriate areas completed for this scenario.

- 6.3 Institute patient tracking.
- *Implement systems to track all patients in the facility with capability to distinguish between incident-related and non-incident patients*
-

Observations: Patient tracking was addressed from the onset.

- 6.4 Execute medical mutual aid agreements.
- *Identify additional needed medical supplies, equipment, and other resources needed to meet surge requirements*
 - *Identify needed health care professionals*
 - *Coordinate requests for mutual aid support with local, regional, and State response agencies*
-

Observations: Mutual aide, especially between sister hospitals, is an ongoing event. Periodically review all MOU's

-
- 6.5 Activate Procedures for Altered Nursing and Medical Care Standards
- *Implement pre-defined altered nursing and medical care standards*
 - *Disseminate information on the use of altered standards of care through established information management mechanisms within the organization and to external response entities*
-

Observations: Altered medical care standards were addressed by the staff. Clarify written procedures for acceptable levels of care and changes under emergency conditions.

Activity 7: Provide Surge Capacity for Behavioral Health Issues

Activity Description: Have personnel available to provide behavioral health services to patients, families, responders and staff.

- 7.1 Institute strategy to address behavioral health issues.
- *Implement strategy to meet behavioral health needs of staff (including incident management team) as well as patients and their family members*
-

Observations: Behavioral health issues were addressed, although not extensively for this drill scenario. Make provisions for upscaling behavioral health plans as needed.

- 7.2 Provide behavioral health support.
- *Identify personnel required to assist with counseling and behavioral health support*
 - *Implement the organization's behavioral plan for emergency response*
 - *Coordinate with community leaders (e.g., religious community)*
-

Observations: Generally addressed in relation to the need of this scenario.

Activity 8: Demobilize

Activity Description: Prepare facility and staff to return to normal operations.

- 8.2 Provide a staff debriefing.
- *Determine Critical Incident Stress Management (CISM) needs*
 - *Transition to normal operations and normal staff scheduling*
 - *Institute plan for staff counseling, stress debriefing, or other follow-on activities to address response workers mental or behavioral health needs (acute and long-term)*
-

Observations: Need for debriefing etc. expressed at close of exercise event. Command and staff were aware of the need. Review all information that would be required in debriefing.

- 8.3 Reconstitute medical supply, equipment inventory.
- *Complete inventories of medical supplies, pharmaceuticals, and equipment*
 - *Account for all costs incurred by the health care organization as a result of the incident response*
 - *Apply for financial remuneration of those costs*
 - *Request replacement nor servicing of equipment, supplies, and pharmaceuticals used during the response*

Observations: This area was addressed generally. The time constraints of the exercise did not allow for this task to be fully covered. Focus on documentation in order to accommodate the requirements.

Hospital Emergency Standards

Activity 4.12: Planning

- 4.12.1 The hospital develops and maintains a written emergency operations plan (EOP)/incident action plan (IAP) that describes an “all-hazards” command structure for coordinating six critical areas within the hospital during an emergency.

Observations: EOP / IAP were prepared. The plan did not appear to be extensive. Prepare several hard copies of plans for dissemination. The facility has many new staff in IC positions that are not familiar with plans. IC staff repeatedly mentioned desire for table top exercises.

- 4.12.2 The EOP/IAP establishes an incident command structure that is integrated into and consistent with its community’s command structure.

Observations: Command structure is addressed. Review positions and job responsibilities with staff filling those positions.

- 4.12.3 The EOP/IAP identifies to whom staff report in the hospital’s incident command structure.

Observations: Positions and structure are addressed. The facility is a smaller (58 bed) operation. Many positions will need to multi task.

- 4.12.4 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including who has the authority to activate the phases.

Observations: Initiation of process by “code green”. Exercise was delayed due to misunderstanding of preliminary activities. Staff was not present for pre event briefing. They waited for exercise initiation.

4.12.5 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including how the phases are to be activated.

Observations: Processes are generally described. Review and update plan regularly.

4.12.6 The EOP/IAP identifies the hospital’s capabilities and establishes response efforts when the hospital cannot be supported by the local community for at least 96 hours in the six critical areas.

Observations: This was not clearly observed; however the staff was aware of capabilities and limitations of the facility. Mechanisms are in place to self-support for at least 96 hours. Fuel for generator on site exceeds 8 days.

4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.

Observations: Plans exist for utilization of area resources. Update this area regularly in writing in EOP / IAP.

Activity 4.13: Communications

4.13.1 The hospital plans for notifying staff when emergency response measures are initiated.

Observations: Internal and external systems identified. A call back system was in place for off duty staff. Update / review telephone numbers. Some numbers were out of date.

4.13.2 The hospital plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.

Observations: Radio systems were in place (works repeated and non - repeated). Cell phones are computer and fiber optic. They did not require cell towers. Address location and maintenance of radios. Radios functioned well but there was no central location or documented location of the equipment. Radios were collected up from various units. Exact numbers were not initially known.

4.13.3 The hospital defines processes for notifying external authorities when emergency response measures are initiated.

Observations: Call notification processes were defined.

4.13.4 The hospital plans for communicating with external authorities once emergency response measures are initiated.

Observations: Communication with sister hospitals was accomplished. Plans and contact numbers for other resources are maintained. Evaluators noted little or no contact or collaboration with local LEO, even when addressing “security concerns”. Evaluators emphasize the importance of communication with all partners.

4.13.5 The hospital plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.

Observations: Patient tracking was initiated. Actual contact was not addressed.

4.13.6 The hospital defines the circumstances and plans for communicating with the community and/or the media during emergencies.

Observations: A PIO was assigned by the system. A commercial (bank) building adjacent to the facility has a second floor area for hospital use in an emergency, including media staging. The PIO serves more than one hospital. Incident command would apparently fill in. Evaluators suggest basic PIO training for several of IC staff.

4.13.7 The hospital plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated;

Observations: A plan is in place for all needed resources. There is an auto- refueling system for generators which can be stepped up in emergency. This area especially was well planned.

4.13.8 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: essential elements of their command structures and control centers for emergency response;

Observations: This area occurs outside of emergency circumstances as a routine and is planned for.

4.13.10 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: resources and assets that potentially could be shared in an emergency response

Observations: Communication occurs on a regular basis, in both routine and emergency

settings. During events with the EOC operational staff add an additional scribe for documentation. This area could be overwhelmed with existing staff.

4.13.12 The hospital defines the circumstances and plans for communicating information about patients to third parties (such as other health care organizations, the state health department, police, FBI, etc.).

Observations: Follow standard HIPPA guidelines; industry standard for health care facilities.

4.13.13 The hospital plans for communicating with identified alternative care sites.

Observations: Communication with ACFs is conducted on an as-needed basis. Review contact information periodically.

4.13.14 The hospital establishes backup communication systems and technologies for the activities identified above.

Observations: Backup communication systems are in place.

Activity 4.14: Resources and Assets

4.14.3 The hospital plans for: replenishing pharmaceutical supplies that will be required throughout response and recovery, including access to and distribution of caches (stockpiled by the hospital or its affiliates, local, state or federal sources) to which the hospital has access;

Observations: An inventory was conducted initially; re-supply procedures are activated automatically. There is a strong plan in place.

4.14.4 The hospital plans for: replenishing non-medical supplies that will be required throughout response and recovery (for example, food, linen, water, fuel for generators and transportation vehicles, etc.);

Observations: Once again, there are excellent plans in place. Most areas exceeded 96 hrs supplies routinely on hand.

4.14.6 The hospital plans for: managing staff family support needs (for example, child care, elder care, communication, etc.);

Observations: Plans for staff support are in place; including onsite child care.

4.14.7 The hospital plans for: potential sharing of resources and assets (e.g., personnel, beds, transportation, linens, fuel, PPE, medical equipment and supplies, etc.) with other health care organizations within the community that could potentially be shared in an emergency response;

Observations: An assessment of resources was conducted early on. Included assets that

could be shared. This is another area where the additional scribe could be an asset for documentation.

4.14.8 The hospital plans for: potential sharing of resources and assets with health care organizations outside of the community in the event of a regional or prolonged disaster;

Observations: Potential sharing of resources were discussed and planned for as needed.

4.14.9 The hospital plans for: evacuating (both horizontally and, when required by circumstances, vertically) when the environment cannot support care, treatment, and services;

Observations: Evacuation plans were assessed early on in the incident.

4.14.10 The hospital plans for: transporting patients, their medications and equipment, and staff to an alternative care site or sites when the environment cannot support care, treatment, and services

Observations: Evaluators recommend this area be periodically reviewed and updated.

4.14.11 The hospital plans for: transporting pertinent information, including essential clinical and medication-related information, for patients to an alternative care site or sites when the environment cannot support care, treatment, and services.

Observations: The actual method for patient record tracking and transfer was not addressed in the exercise. Review the process.

Activity 4.15: Safety and Security

4.15.1 The hospital establishes internal security and safety operations that will be required once emergency measures are initiated.

Observations: Lockdown procedures exist. On site security is in place. Security is very limited. There was little apparent interaction with law enforcement. Develop a plan with local LEO for emergencies.

4.15.2 The hospital identified the roles of community security agencies and defines how the hospital will coordinate security activities with these agencies.

Observations: The roles of community security were not well addressed, especially with LEO. Develop a collaborative plan with LEO on all levels.

4.15.5 The hospital establishes processes for the following: controlling entrance into and out of the health care facility during emergencies.

Observations: Lockdown procedures were reviewed for on site security. This area needs to be addressed. Many staff indicated a hesitation to limit access to the facility.

4.15.6 The hospital establishes processes for the following: controlling the movement of individuals within the health care facility during emergencies.

Observations: Credentialing was addressed. Complete a review of internal security procedures. Security issues were not a strong suit of the facility.

4.15.7 The hospital establishes processes for the following: controlling traffic accessing the health care facility during emergencies.

Observations: This would appear to require LEO assistance. The small staff at this facility would require outside assistance.

Activity 4.16: Staffing

4.16.1 Staff roles and responsibilities are defined in the Emergency Operations Plan for all critical areas (communications, resources and assets, safety and security, utilities and clinical activities).

Observations: Roles are reasonably defined. Train and exercise with individuals additionally on these roles.

4.16.2 Staff is trained for their assigned roles during emergencies

Observations: Over 50% of IC staff were new in their function within the EOC. Many had never been in an active EOC. Train and exercise in specific roles especially with new staff.

4.16.3 The hospital communicates to licensed independent practitioners their roles in emergency response and to whom they report during an emergency.

Observations: Independent practitioners were incorporated into the system.

4.16.4 The hospital establishes a process for identifying care providers and other personnel (such as ID cards, etc.) assigned to particular areas during emergencies.

Observations: Credentialing was addressed early on in the exercise.

Activity 4.17: Utilities

4.17.1 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: electricity;

Observations: Excellent system; more than 8 days on site with provision for re-supply.

4.17.2 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for consumption and essential care activities;

Observations: There are several days of water supplies on hand and emergency re-supply system in place

4.17.5 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: other essential utility needs (for example, ventilation, medical gas/vacuum systems, etc.).

Observations: All tasks were addressed.

Activity 4.18: Clinical Activities

4.18.1 The hospital plans to manage the following during emergencies: the clinical activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, discharge, and evacuation.

Observations: These areas were addressed in relation to the existing exercise. Plans are in place.

4.18.2 The organization plans to manage the following during emergencies: clinical services for vulnerable populations served by the hospital, including patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.

Observations: Plans are in place. Each of these areas should be periodically reviewed. Some hesitation was seen in newer staff regarding these areas.

4.18.3 The hospital plans to manage the following during emergencies: personal hygiene and sanitation needs of its patients.

4.18.4 The hospital plans to manage the following during emergencies: the mental health service needs of its patients

4.18.5 The hospital plans to manage the following during emergencies: mortuary services.

4.18.6 The hospital plans for documenting and tracking patients' clinical information.

Observations: There are plans in place for all these tasks.

Cleveland EMS

Triage and Pre-Hospital Treatment

Activity 1: Direct Triage and Pre-Hospital Treatment Tactical Operations

Activity Description: In response to a notification for emergency medical assets, provide the overall management and coordination of the Triage and Pre-Hospital Treatment Response, through to demobilization.

- 1.1 Establish Medical Branch/Group Officer.
 - *Establish coordination with on-scene medical personnel*
 - *Provide input to and follow the Incident Action Plan (IAP)*
 - *Brief key subordinates on IAP and Emergency Support Function (ESF) coordination processes*
 - *Identify on-scene medical care problems and needs*
 - *Address number of ill/injured patients in IAP*
 - *Assign roles and responsibilities to EMS responders*
 - *Ensure that safety and hazard awareness practices are followed*

Observations: Triage and tactical operations were discussed and evaluated. Needs and problems were addressed. Medical branch officer established them as per their EOP. Census numbers were incorporated into the planning phase in the EOC. Evaluators suggest at least in-house discussion of operations, procedures, etc. to encourage familiarity with procedures, EOC, ICS etc. for new staff. This should not be viewed as a negative in regards to the response to the exercise. AS indicated in other EEGs for this facility many staff felt the need for more “practice” in these areas in order to increase their efficiency.

- 1.2 Coordinate with on-scene Incident Command.
 - *Obtain briefing from Incident Command (IC) or appropriate authority*
 - *Report limiting medical care, personnel, and/or equipment factors to IC*
 - *Maintain ongoing coordination with IC for medical personnel and equipment needs*

Observations: Good coordination with on-scene IC. Briefings were regular and on-going. Good internal information flow.

- 1.3 Ensure effective, reliable interoperable communications between providers, medical command, public health, and health care facilities.
 - *Identify operational radio channels*
 - *Establish contact with other ESF liaisons as necessary*
 - *Ensure that on-scene communication procedures are established*
 - *Ensure that on-scene equipment checks are completed*

Observations: Communities for this exercise scenario were acceptable. Use of computer and fiber optic phones and the ability to maintain power for extended periods of time places this facility in a sound position to maintain acceptable communications. Review radio system and interoperable communications with community partners which was not totally tested during this exercise.

- 1.4 Assess need for additional medical resources/mutual aid.
- *Coordinate with IC on projected needs*
 - *Coordinate with EMS responders on status and capacity*
 - *Identify mutual aid (local jurisdictional and EMAC) capacity and availability*
 - *Continually re-assess on-scene medical needs*
-

Observations: Assessments were regular and ongoing. Medical needs were continually reviewed.

- 1.5 Initiate recall and/or mutual aid to staff spare ambulances and provide immediate surge capability.
- *Identify personnel to recall*
 - *Execute recall procedures*
 - *Identify spare transport units*
 - *Request mutual aid from jurisdictional and/or EMAC sources, if needed*
 - *Coordinate with the logistics cell (or equivalent entity)*
-

Observations: Recalls were initiated; mutual aid was addressed as appropriate to this exercise scenario. Consider use of SNS when appropriate. Although not a major factor in this scenario, no mention was observed of the availability.

- 1.6 Implement and maintain accountability procedures for EMS personnel, equipment, and supplies.
- *Establish check-in procedure(s) for responding units and personnel*
 - *Ensure that all medical responders use PPE as appropriate for on-scene hazards*
 - *Coordinate with Law Enforcement (LE)/Hazardous Materials (HAZMAT)/Firefighting Operations*
 - *Complete documentation IAW local procedures*
-

Observations: Accountability was established. This included check-in procedures. Make accountability (staffing) more visible in EOC for ease of operations.

-
- 1.7 Provide medical support and safety considerations.
- *Coordinate with IC*
 - *Identify medical supply, resource, and equipment needs*
 - *Coordinate with logistics cell (or equivalent entity) to procure needed supplies*
 - *Identify on-scene medical refreshment and food needs for rescuers*
-

Observations: Medical support and safety was taken care of.

- 1.8 Organize and distribute medical resources.
- *Assess availability of on-scene unit-level medical equipment*
 - *Collect non-committed essential medical supplies and equipment*
 - *Establish medical supply and equipment resource area(s)*
 - *Develop a medical equipment inventory list(s)*
 - *Complete appropriate documentation*
-

Observations: Medical resources were assessed and re-assed. Inventory procedures were ongoing.

Activity 2: Activate Triage and Pre-Hospital Treatment

Activity Description: In response to a notification, respond, mobilize, and arrive on-scene to begin emergency medical operations.

- 2.1 Dispatch and support medical care personnel.
- *Coordination between incident call taker(s) and dispatcher(s)*
 - *Alert initial resources*
 - *Coordinate communication requests for additional resources*
 - *Convey hazard information to on-scene medical responders*
 - *Complete communication equipment checks*
-

Observations: Medical care personnel were dispatched and managed. Resources were alerted and updated. Hazard information was relayed. Communications equipment was checked.

- 2.2 Complete scene survey.
- *Survey incident scene*
 - *Complete appropriate circle check of immediate scene*
 - *Identify and coordinate mitigation of on-scene hazards*
-

Observations: Scene survey was completed and reported to EOC. Mitigation measures were initiated as per exercise scenario.

-
- 2.3 Establish scene safety, based on the type and severity of the incident.
- *Coordinate with the on-scene Safety Officer*
 - *Implement safety precautions*
 - *Identify potential security needs and report them to IC or law enforcement (LE) representatives*
 - *Coordinate with LE representatives*
-

Observations: Potential security issues were addressed. Lock down procedures are in place. There is in house private security. The facility needs better utilization of local LEO. Contact and develop cooperative procedures for the hospital and local LEO.

- 2.4 Establish triage, treatment, and transport areas.
- *Identify location(s) of each area of responsibility*
 - *Identify and coordinate resource and personnel needs with IC and/or ESF liaison*
 - *Identify and communicate safety concerns to IC and/or ESF liaison*
 - *Identify and communicate the location of areas that are not accessible to IC and/or ESF liaison*
-

Observations: Triage areas were rapidly established. Resources were coordinated with the IC. Safety concerns for staff and patients were addressed.

Activity 3: Triage

Activity Description: Once on-scene, provide initial and ongoing emergency medical triage of ill and injured patients that prioritizes their respective treatment and transport.

- 3.1 Conduct initial and on-going pre-hospital triage in accordance with a jurisdiction's existing plans and procedures and prescribed triage methodology (e.g., Simple Triage and Rapid Treatment (START) Triage).
- *Coordinate with Medical Branch/Group Command/Tactical Operations*
 - *Assess triage needs and report to Tactical Operations*
 - *Follow the strategy developed by Tactical Operations*
 - *Assign triage teams to assess patients*
 - *Address life-threatening issues*
 - *Document the priority of patient(s)*
-

Observations: Triage was conducted in keeping with the scenario. Issues were corrected and there was good reporting by the departments and sections to the IC and EOC. Expand documentation.

-
- 3.2 Initiate a patient tracking system.
- *Use triage tags*
 - *Document status and location of patients*
 - *Request additional triage tags as needed*
 - *Communicate patient tracking information to Medical Branch/Group Command*
-

Observations: The patient tracking system initiated and addressed at the onset of the scenario.

- 3.3 Move patients to safe, secure, and easily accessible treatment area(s).
- *Coordinate with Medical Branch/Group Command/Tactical Operations*
 - *Coordinate with Treatment Area(s)*
 - *Consider patient priority in sequencing patient movement*
 - *Safely move patients*
-

Observations: All components of this task were completed. Participants did an excellent job with moving patients to treatment areas.

Activity 4: Provide Treatment

Activity Description: Provide medical treatment appropriate to the patient's injuries and the incident.

- 4.1 Establish Immediate, Minor, and Delayed Treatment areas.
- *Coordinate with Medical Branch/Group Command/Tactical Operations*
 - *Clearly mark and identify each treatment area*
 - *Assign treatment teams by area*
 - *Teams report number of ill/injured patients by area*
-

Observation: Treatment areas were established. Coordination in this area worked well and was smooth. Assignments of personnel were made to these areas. An area census was regularly reported.

- 4.2 Provide treatment appropriate to the nature of incident and number of injured/ill.
- *Re-assess patients*
 - *Treat patients based upon the medical priority or their signs and symptoms*
 - *Follow established protocols*
 - *Document patient treatment on triage tags*
 - *Request additional medical supplies and equipment as needed*
 - *Coordinate on-line medical control*
-

Observations: Treatment was provided as per scenario and notionally for real world census. Proper requests were made, and protocols followed. Other areas of this section were not observed during progression of this exercise.

- 4.4 Ensure documentation of patient care and transfer, in accordance with mass casualty protocols.
- *Identify and document nature of illness/injury*
 - *Identify and document priority of the patient*
 - *Obtain and document an accurate patient history*
-

Observations: The need for this documentation was noted and discussed. Full use of documentation was not fully observed during the time frame of this exercise.. Assess needs and develop forms.

Activity 5: Transport

Activity Description: Transport ill and injured patients via the most appropriate mode of transport available (e.g., ambulances, helicopters, etc.), provide ongoing medical assessment and treatment en route to the designated receiving facility, and upon arrival transfer medical care of the patient(s) to the receiving facility's staff.

- 5.1 Identify transport vehicles, victims, and priority of transport.
- *Coordinate with Medical Branch/Group Command/Tactical Operations*
 - *Coordinate with Triage and Treatment areas*
 - *Coordinate with Emergency Dispatch*
 - *Assess transportation requirements and needs*
 - *Maintain an inventory of available on-scene transport units*
-

Observations: This area was generally assessed during the course of the exercise. Cleveland EMS transport units were identified and needs were addressed generally.

- 5.2 Provide for alternative modes of transport should air or other operations be necessary (e.g., helicopters along with a corresponding landing zone (LZ)).
- *Coordinate with Medical Branch/Group Command/Tactical Operations*
 - *Arrange patient transport to helicopter LZ, if needed*
 - *Identify and request alternative transport units as needed (e.g., all-terrain vehicles (ATVs), brush trucks, boats, Coast Guard units, etc.)*
-

Observations: Alternative modes of transport were referenced by EOC staff but were not observed as part of this exercise scenario.

-
- 5.3 Coordinate and transport patients to the appropriate treatment facility.
- *Coordinate with receiving hospitals*
 - *Identify hospital capabilities*
 - *Assess and use safe and clear transport unit routes for egress and ingress*
 - *Assign ambulance transport designations*
 - *Load patient(s)*
 - *Track and document patient(s) transport*
-

Observations: Transport coordination with receiving facilities was addressed, but not fully tested other than notionally. Suggest review with partner facilities periodically.

Activity 6: Demobilize

Activity Description: Upon completion of duties, clear the incident scene, reconstitute as appropriate, and return to service or end duty tour.

- 6.1 Reconstitute personnel and equipment.
- *Identify meeting point(s) to conduct final personnel accountability procedures*
 - *Retrieve equipment*
 - *Inventory equipment and document losses*
-

Observations: Assessment of demobilization was addressed. Ensure documentation to meet reimbursement requirements.

- 6.2 Participate in incident debriefing.
- *Document mission issues and accomplishments*
 - *Brief the plan to return to the prior readiness state to personnel*
 - *Discuss General Incident Stress Management strategies*
-

Observations: EOC staff indicated incident debriefing would occur. It was not completed due to time constraints of exercise.

Activity 7: Special Threats and Duties

Activity Description: This activity highlights tasks that require special planning, analysis, and procedures in order for medical personnel to safely conduct their operations in a high or special threat condition.

- 7.1 Direct triage and pre-hospital treatment tactical operations (develop procedures for handling patients, health care receivers, and property)
-

Observations: Tactical operations were directed for triage. Other areas of this activity not observed.

Lake Norman Medical Center

Medical Surge

Activity 1: Pre-Event Mitigation and Preparedness

Activity Description: Conduct pre-event mitigation and preparedness plans, policies, and procedures prior to notification of mass casualty incident.

- 1.2 Define incident management structure and methodology.
- *Define the organization's internal incident management structure and methodology according to National Incident Management System (NIMS) doctrine*
 - *Identify the location(s) of incident management activities*
 - *Identify logistical, IT, equipment, communications requirements needed to support incident management*
 - *Establish interoperable communications systems with other response entities (e.g., other hospitals, EMS, public health, first responders)*

Observations: Lake Norman Regional Medical Center set their command structure in the executive board room. The Hospital Incident Command System (HICS) was used following state and federal protocols using NIMS and HICS.

- 1.4 Develop protocols for increasing internal surge capacity.
- *Establish criteria and processes for canceling outpatient and elective procedures (if necessary)*
 - *Establish criteria and clearly defined processes to evaluate and discharge lower activity patients to home, other health care facilities*
 - *Establish a mechanism to track patients who are discharged*

Observation: Gaston Memorial contacted Lake Norman Regional Medical Center to transfer patients. Gaston Memorial needed to transfer patients due to an evacuation at their hospital. The medical surge at Lake Norman Regional Medical Center was going to occur over a two hour time frame. The hospital rapidly expanded its capacity by discharging some patients that were ready for discharge and some patients were moved to different areas of the hospital.

- 1.5 Determine medical surge assistance requirements.
- *Identify potential gaps in personnel, supplies, and equipment*
 - *Identify local, State, Tribal, Federal, and private sector partners who can work to ensure adequate staffing, supplies, equipment, and bed space*
 - *Coordinate with State, Tribal, and local medical, behavioral health, public health, substance abuse, and private sector officials to establish mutual aid agreements in support of surge requirements*

Observations: No alternate care facilities were contacted due to Lake Norman Regional Medical Center being able to handle the number of patients from Gaston Memorial. In addition, there was a surge of 20 patients to the ED due to patients arriving with injuries related to the storm.

- 1.6 Develop plans for providing external surge capacity outside the health care facility setting.
- *Identify off-site or alternate care facilities to provide surge capacity*
 - *Determine the number of patients and level of care (e.g., triage, basic care and stabilization, trauma) that can be accommodated at each site*
 - *Develop staffing, supply, and re-supply plans*
-

Observation: Patient reports were received on each patient from Gaston Memorial and clinical staff at Lake Norman Regional Medical Center reviewed the best location for each patient to be admitted. The hospital received limited damage and ~4 in-house patients were relocated due to damaged windows.

Activity 2: Incident Management

Activity Description: In response to notification of a mass casualty incident, activate the healthcare organization's Emergency Operations Plan.

- 2.1 Activate the health care organization's Emergency Operations Plan (EOP).
- *Implement notification procedures for incident management personnel and key administrative staff*
 - *Assign roles and responsibilities to the incident management team and general staff*
 - *Manage incident response in accordance with Incident Command System (ICS) organizational structures, doctrine, and procedures, as defined in NIMS*
 - *Establish a safety plan for facility patients and staff*
 - *Implement a common communications plan*
-

Observation: The medical surge was controlled and beds were controlled by clinical staff. The hospital had sufficient physical space and beds and logistical support were confirmed before patients were accepted.

- 2.2 Conduct incident action planning.
- *Establish and document incident goals and objectives*
 - *Establish and document the strategy and general tactics to meet incident objectives*
 - *Develop and document support plans (e.g., safety plans, contingency plans)*
 - *Coordinate with other response entities, if appropriate, to define an operational period for response*
 - *Evaluate and revise objectives for each operational period*
-

Observation: Additional clinical supplies and equipment was requested by outside vendors to ensure all patients had the needed clinical supplies.

Activity 3: Increase Bed Surge Capacity

Activity Description: Increase as many staffed and resourced hospital beds as clinically appropriate.

- 3.1 Implement bed surge capacity plans, procedures, and protocols.
- *Activate plans to cancel outpatient or elective procedures (if necessary)*
 - *Activate plans, procedures, and protocols to maximize bed surge capacity (e.g., utilize non-traditional patient care spaces such as hallways, waiting areas, etc.)*
-

Observation: The hospital rapidly expanded its capacity by discharging some patients that were ready for discharge and some patients were moved to different areas of the hospital. No alternate care facilities were contacted due to Lake Norman Regional Medical Center being able to handle the number of patients from Gaston Memorial.

- 3.2 Maximize utilization of available beds.
- *Coordinate patient distribution with other health care facilities, EMS, and private patient transport partners*
-

Observation: The hospital received limited damage and ~4 in-house patients were relocated due to damaged windows. Beds were available within the hospital. Sufficient time was used to achieve recovery of current hospital services. The medical surge was controlled and beds were controlled by clinical staff.

Activity 4: Medical Surge Staffing Procedure

Activity Description: Maximize staffing levels through recall of off-duty personnel, part-time staff, and retired clinical and non-clinical associates.

- 4.2 Augment clinical staffing.
- *Activate roster and initiate call-back procedures for qualified and licensed volunteer clinicians*
 - *Institute procedures to receive, register, process (including credential verification), and manage volunteer clinicians throughout the incident*
 - *Implement strategies to integrate Federal clinical personnel (e.g., National Disaster Medical System and U.S. Public Health System Personnel)*
 - *Provide just-in-time training to clinical staff*

Observation: . The hospital had sufficient physical space and beds and logistical support were confirmed before patients were accepted. Additional clinical supplies and equipment was requested by outside vendors to ensure all patients had the needed clinical supplies.

- 4.3 Augment non-clinical staffing.
- *Initiate call-back procedures for non-clinical staff (e.g. custodians, security, cooks, etc.)*
 - *Activate MOUs for non-clinical staff (if applicable)*
 - *Activate processes to receive, process, and manage non-clinical staff throughout the incident*

Observation: Plant operations and maintenance staff ensured the command staff that the medical surge of patients could be handed under their current status. The medical surge was controlled very well and all staff flowed information into the HICS systems.

Activity 6: Receive, Evaluate, and Treat Surge Casualties

Activity Description: Receive mass casualties and provide appropriate evaluation and medical treatment.

- 6.2 Provide medical equipment and supplies in support of immediate medical response operations and for restocking supplies/equipment requested.
- *Identify additional medical equipment and supplies needed to meet surge capacity requirements*
 - *Implement restocking procedures for pre-hospital care providers*
 - *Request the strategic national stockpile (SNS) through ICS*

Observation: The medical surge was controlled and beds were controlled by clinical staff. The hospital had sufficient physical space and beds and logistical support were confirmed before patients were accepted. Additional clinical supplies and equipment was requested by outside vendors to ensure all patients had the needed clinical supplies.

- 6.3 Institute patient tracking.
- *Implement systems to track all patients in the facility with capability to distinguish between incident-related and non-incident patients*

Observation: Plant operations and maintenance staff assured the command staff that the medical surge of patients could be handed under their current status. The medical surge was controlled very well and all staff flowed information into the HICS systems.

Activity 8: Demobilize

Activity Description: Prepare facility and staff to return to normal operations.

- 8.1 Coordinate decision to demobilize with overall incident management.
- *Notify health care personnel and external response entities that medical surge is demobilized*
 - *Conduct demobilization activities under incident command structure*

Observation: Lake Norman Regional Medical Center had excellent communications in the command center in reference to deciding if the hospital was capable of accepting outside patients after the damage at their hospital. Plant operations and maintenance staff assured the command staff that the medical surge of patients could be handed under their current status. The medical surge was controlled very well and all staff flowed information into the HICS systems.

Hospital Emergency Standards

Activity 4.12: Planning

- 4.12.1 The hospital develops and maintains a written emergency operations plan (EOP)/incident action plan (IAP) that describes an “all-hazards” command structure for coordinating six critical areas within the hospital during an emergency.

Observation: The hospital has an up-to-date EOP in place that addresses the all-hazard approach. A copy of the EOP was brought to the command center when activated. The

command center (executive board room) would have an EOP available to personnel as they arrive. This would reduce the amount of time it would take to have a printed EOP in the command center in off hour activations.

4.12.2 The EOP/IAP establishes an incident command structure that is integrated into and consistent with its community's command structure.

Observation: Lake Norman Regional Medical Center set their command structure in the executive board room. The Hospital Incident Command System (HICS) consisted of a very diverse group from all areas of the hospital. The group had a very good working knowledge of all areas of the hospital. Lake Norman Regional Medical Center following state and federal protocols using NIMS and HICS. NIMS was tested in today's exercises.

4.12.3 The EOP/IAP identifies to whom staff report in the hospital's incident command structure.

Observation: The hospital had packets which had job action sheets and HICS vests.

4.12.4 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including who has the authority to activate the phases.

Observation: The EOP covered all stages of the response..

4.12.6 The EOP/IAP identifies the hospital's capabilities and establishes response efforts when the hospital cannot be supported by the local community for at least 96 hours in the six critical areas.

Observation: When the event cannot be supported by the hospital, the EOP needs to address how to contact outside resources. The Metrolina Trauma Advisory Committee (MTAC) can help with medical equipment logistics and patient care supports. County Emergency Management can provide logistics to Lake Norman Regional Medical Center. The EOP could include contacting MTAC to help assist with patient logistics and county emergency management for local resources

4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.

Observation: The hospital did not have clearly defined alternative care sites identified. The command staff discussed the need to identify medical facilities, local churches, and other locations to assist in disasters responses. A list of alternative care sites needs to be composed with the capabilities of each site. This would aid with moving patients to alternative sites that would provide the needed patient care and equipment.

Activity 4.13: Communications

4.13.1 The hospital plans for notifying staff when emergency response measures are initiated.

Observation: The hospital had a very efficient system to contact off duty staff. 90% of staff was contacted and 70% of the contacted staff could return to provide additional services if needed. Have a list of staff and the services they could provide in the command post.

4.13.2 The hospital plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.

Observation: Area managers were updated in a separate meeting. The area managers then updated staff.

4.13.3 The hospital defines processes for notifying external authorities when emergency response measures are initiated.

Observation: The command center would contact local fire and law enforcement to assist when an incident occurs.

4.13.4 The hospital plans for communicating with external authorities once emergency response measures are initiated.

Observation: The hospital would update local public safety personnel and in large scale events the county EOC would be activated.

4.13.5 The hospital plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.

Observation: Area managers were receiving reports to relay to floor personnel. The area managers were located inside the command center but would leave to have separate meetings to address patient care issues. The command center did not relay information to patients and their families. The PIO was working a similar report to give out to staff but there were limited checks on consistency of the information released. Ensure that information given to patients and families is approved by the PIO and/or the Incident Commander.

4.13.6 The hospital defines the circumstances and plans for communicating with the community and/or the media during emergencies.

Observation: The PIO had a designated area at the entrance of the hospital for media to stage. The PIO would give updates to Media and a press release would be executed.

-
- 4.13.7 The hospital plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated;
-

Observation: Outside vendors were contacted to ensure 72 hours of supplies were ready if needed.

- 4.13.10 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area regarding names and roles of individuals in their command structures and command center telephone numbers.
-

Observation: The hospital reached out to their sister hospital in Statesville but there was limited outreach to other healthcare organizations. The hospital needs to communicate better with health care organizations in the geographic area using resources like MTAC and local EM.

- 4.13.11 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: names of patients and deceased individuals brought to their hospitals in accordance with applicable law and regulation, when requested.
-

Observation: The hospital reached out to their PIO to receive information on patients received from Gaston Memorial. Patient care reports were received and staff were notified in the ED and on the floor that patients would be arriving. The hospital needs to communicate better with health care organizations in the geographic area.

- 4.13.12 The hospital defines the circumstances and plans for communicating information about patients to third parties (such as other health care organizations, the state health department, police, FBI, etc.).
-

Observation: The PIO had a designated area at the hospital to share information with third parties. The area was located away from the media and command staff. The PIO would give updates as needed.

- 4.13.13 The hospital plans for communicating with identified alternative care sites.
-

Observation: The hospital needs to maintain and identify available alternative care sites and have MOU's with them. This list is needed in the command center to review possibilities during the planning process.

- 4.13.14 The hospital establishes backup communication systems and technologies for the
-

activities identified above.

Observation: Lake Norman Regional Medical Center had 800 MHz radios that were used for back up radios. Excellent use of 800 MHz radios. Additional training is needed to ensure all personnel can use the 800 MHz radios. Additional radios would be needed in a large scale event.

Activity 4.14: Resources and Assets

4.14.1 The hospital plans for: obtaining supplies that will be required at the onset of emergency response (medical, pharmaceutical and non-medical);

Observation: The hospital contacted local medical centers (i.e. Iredell Health System) to obtain medical and pharmaceutical supplies. Use current plan.

4.14.2 The hospital plans for: replenishing medical supplies and equipment that will be required throughout response and recovery, including personal protective equipment where required;

Observation: Outside medical vendors were contacted to provide additional medical supplies and equipment. Keep updating the vendor MOU's to maintain medical supplies needed.

4.14.3 The hospital plans for: replenishing pharmaceutical supplies that will be required throughout response and recovery, including access to and distribution of caches (stockpiled by the hospital or its affiliates, local, state or federal sources) to which the hospital has access;

Observation: Local hospitals and outside medical vendors were contacted for pharmaceuticals. Additional pharmaceuticals would be provided within hours to supplement the hospitals needs. Keep updating the vendor MOU's to maintain medical supplies needed

4.14.4 The hospital plans for: replenishing non-medical supplies that will be required throughout response and recovery (for example, food, linen, water, fuel for generators and transportation vehicles, etc.);

Observation: The hospital had a very good plan for maintaining generator, vehicles, and other non-medical supplies. The maintenance department had several personnel monitoring fuel levels and other equipment needs. Floor and area hospital staff managers had meetings to receive reports from all areas. The linen and non-medical equipment in each department was monitored by area managers. A task level checklist would assist area managers with obtaining a report from each area. The checklist could be completed in each area and the ICC could receive situational reports.

4.14.6 The hospital plans for: managing staff family support needs (for example, childcare, elder care, communication, etc.);

Observation: The hospital has areas designed to hold child care needs and overnight lodging. Need to obtain MOU's with offsite locations that could be used to support child care and family support

4.14.7 The hospital plans for: potential sharing of resources and assets (e.g., personnel, beds, transportation, linens, fuel, PPE, medical equipment and supplies, etc.) with other health care organizations within the community that could potentially be shared in an emergency response;

Observation: The hospital had a plan to contact county emergency management for needs outside the hospital (mostly non-medical) but medical resource sharing was unclear. County Em can contact the state EOC for resource requests but local resources could assist in sharing local assets quickly. This could also aid the hospital with logistical support using personnel outside the hospital and the report would come back to the Incident Command Center. Lake Norman can contact MTAC to help assist with patient logistics in sharing of resources. MTAC can assist with personnel and medical equipment logistics. MTAC can obtain medical equipment and other supplies to decrease the workload on the hospital's HICS system. MTAC can also assist with track the sharing of resources/assets to meet the needs of most appropriate medical requests.

4.14.8 The hospital plans for: potential sharing of resources and assets with health care organizations outside of the community in the event of a regional or prolonged disaster;

Observation: The Hospital updated local medical centers via landline phone calls. Information was shared with local organizations. The incident command location (board room) needs an information board (i.e. dry erase boards, flip charts) to list all potential resources. The hospital PIO also can assist with sharing information to all outside agencies and Lake Norman HICS staff.

4.14.9 The hospital plans for: evacuating (both horizontally and, when required by circumstances, vertically) when the environment cannot support care, treatment, and services;

Observation: Due to the amount of damage, hospital engineering ordered a damage assessment of the structure and chiller.

Activity 4.15: Safety and Security

4.15.1 The hospital establishes internal security and safety operations that will be required once emergency measures are initiated.

Observation: Security personnel performed a "lock down" of the hospital. Doors were secured and once media arrived, additional law enforcement would be selected to assist with the security component. Develop a security plan with levels of response by outside law enforcement agencies. During large scale events, limited law enforcement support would be

available to the call volume of local law enforcement agencies

4.15.2 The hospital identified the roles of community security agencies and defines how the hospital will coordinate security activities with these agencies.

Observation: Local law enforcement was requested to assist but coordination would be hard due to the workload of the hospital. Develop a security plan with levels of response by outside law enforcement agencies.

4.15.4 The plan identifies means for radioactive, biological, and chemical isolation and decontamination.

Observation: Need to have personnel trained in the hospital based first receiver level to decontaminate patients before patient care is rendered in the ED.

4.15.5 The hospital establishes processes for the following: controlling entrance into and out of the health care facility during emergencies.

Observation: The main entrance would be blocked by security personnel to limit access to the facility.

4.15.6 The hospital establishes processes for the following: controlling the movement of individuals within the health care facility during emergencies.

Observation: The hospital was locked down and patients families would have limited access to areas of the hospital. The PIO could assist with providing information to patients and families. All hospital personnel, patients, and families need to be updated on the lock down of certain areas.

4.15.7 The hospital establishes processes for the following: controlling traffic accessing the health care facility during emergencies.

Observation: Security was notified to assist with traffic control outside. Traffic control devices would assist security personnel in securing the access to parking lots. This could be performed with traffic barricades or installing gates at the main enter points.

Activity 4.16: Staffing

4.16.1 Staff roles and responsibilities are defined in the Emergency Operations Plan for all critical areas (communications, resources and assets, safety and security, utilities and clinical activities).

Observation: Personnel were assigned and staff was identified with HICS vests.

4.16.2 Staff is trained for their assigned roles during emergencies

Observation: Personnel were trained for the areas they served in the command center. Everyone knew their roles and responsibilities and perform very efficiently. Need to identify a backup for each role and provide training to each position.

4.16.3 The hospital communicates to licensed independent practitioners their roles in emergency response and to whom they report during an emergency.

Observation: Additional practitioners were contacted to assist with patient care. Several doctors were available to assist in the ED with accepting transferred patients from Gaston Memorial. Gaston Memorial was performing an evacuation due to severe damage.

Activity 4.17: Utilities

4.17.1 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: electricity;

Observation: Operations were monitored by hospital maintenance staff. Supplies were monitored and reports were relayed to the command center.

4.17.3 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for equipment and sanitary purposes

Observation: The hospital had a MOU with water transportation services to deliver water when the chiller water was disrupted during the exercise. Water would be delivered within one hour and air conditioning would be restored. There is a connection point on the chiller to allow quick connection. Excellent backup on primary hospital utilities.

4.17.4 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: fuel required for building operations or essential transport activities; and

Observation: The hospital has MOU's to deliver fuel if needed.

4.17.5 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: other essential utility needs (for example, ventilation, medical gas/vacuum systems, etc.).

Observation: MOU's are in place for medical gases and essential supplies. The hospital reached out to vendors for possible services needed. Maintain a current vendor list with current contact names.

Activity 4.18: Clinical Activities

4.18.1 The hospital plans to manage the following during emergencies: the clinical activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, discharge, and evacuation.

Observation: Non-emergent procedures and surgeries were placed on hold until a complete assessment of the hospital is complete. A procedure is needed to update patients. The completed assessment of the hospital would take hours, thus increasing the amount of resources (i.e. patient monitoring, beds) while non-emergent procedures are delayed.

4.18.3 The hospital plans to manage the following during emergencies: personal hygiene and sanitation needs of its patients.

Observation: Supplies were moved from storage to supply personal hygiene to patients and staff

4.18.4 The hospital plans to manage the following during emergencies: the mental health service needs of its patients

Observation: Stress defusing was provided.

4.18.6 The hospital plans for documenting and tracking patients' clinical information.

Observation: Patients would maintain their patient medical number and their arm bands. This would be used on all patients to track all movements

Presbyterian Matthews

Medical Surge

Activity 1: Pre-Event Mitigation and Preparedness

Activity Description: Conduct pre-event mitigation and preparedness plans, policies, and procedures prior to notification of mass casualty incident.

- 1.1 Conduct Hazard Vulnerability Analysis (HVA).
- *Identify and list, by type, all hazards that could affect the location or asset of interest, and the relative likelihood of each hazard's occurrence ("threat")*
 - *Assess both the community and response systems' susceptibility to the hazard impact, including the post-impact health and medical needs of the population*
 - *Identify issues that create catastrophic system failure*
 - *Prioritize possible mitigation and preparedness activities based on cost-benefit analysis*
 - *Conduct an assessment of medical surge facilities, hospital capacity, sub-state regions, development of community/regional based surge capacity models, critical steps planning committee jurisdiction*
 - *Identify hospitals with realistic plans to include an alternate care facility and buildings of opportunity*

Observations: HVA was conducted. Specific hazards were indicated. The surge resulted from patient evacuation from other facilities.

- 1.2 Define incident management structure and methodology.
- *Define the organization's internal incident management structure and methodology according to National Incident Management System (NIMS) doctrine*
 - *Identify the location(s) of incident management activities*
 - *Identify logistical, IT, equipment, communications requirements needed to support incident management*
 - *Establish interoperable communications systems with other response entities (e.g., other hospitals, EMS, public health, first responders)*

Observations: ICS command structure was in place to address surge issues. Existing EOC is well equipped, positioned in secure location with available assets for personnel support. Generally the staff is well trained, works well together and is aware of ICS procedures. Clarification of certain positions is suggested as some duplication of responsibilities was noted.

- 1.3 Establish a bed tracking system.
- *Develop a system for tracking available beds and other information within a facility by bed type (e.g., ICU, med/surge, pediatric)*
 - *Establish mechanisms to aggregate and disseminate bed tracking information to local and State EOCs, other healthcare partners and other response entities (e.g., fire, public safety, etc.)*
-

Observations: Tracking system were in place. Dissemination is by telephone or computer.

- 1.4 Develop protocols for increasing internal surge capacity.
- *Establish criteria and processes for canceling outpatient and elective procedures (if necessary)*
 - *Establish criteria and clearly defined processes to evaluate and discharge lower activity patients to home, other health care facilities*
 - *Establish a mechanism to track patients who are discharged*
-

Observations: These procedures and criteria exist. Participants addressed the cancelation of procedures and the discharge of patients to theirs home if appropriate. They were innovative in their plans to expand internal surge.

- 1.5 Determine medical surge assistance requirements.
- *Identify potential gaps in personnel, supplies, and equipment*
 - *Identify local, State, Tribal, Federal, and private sector partners who can work to ensure adequate staffing, supplies, equipment, and bed space*
 - *Coordinate with State, Tribal, and local medical, behavioral health, public health, substance abuse, and private sector officials to establish mutual aid agreements in support of surge requirements*
-

Observations: Requirements were addressed in relation to the exercise. Evaluators suggest periodic review of mutual aid agreements as a precaution.

- 1.6 Develop plans for providing external surge capacity outside the health care facility setting.
- *Identify off-site or alternate care facilities to provide surge capacity*
 - *Determine the number of patients and level of care (e.g., triage, basic care and stabilization, trauma) that can be accommodated at each site*
 - *Develop staffing, supply, and re-supply plans*
-

Observations: External surge issues were addressed. Off-site care facilities were identified. Overall plan was quite functional. Ensure that contact information is updated.

Activity 2: Incident Management

Activity Description: In response to notification of a mass casualty incident, activate the healthcare organization's Emergency Operations Plan.

- 2.1 Activate the health care organization's Emergency Operations Plan (EOP).
- *Implement notification procedures for incident management personnel and key administrative staff*
 - *Assign roles and responsibilities to the incident management team and general staff*
 - *Manage incident response in accordance with Incident Command System (ICS) organizational structures, doctrine, and procedures, as defined in NIMS*
 - *Establish a safety plan for facility patients and staff*
 - *Implement a common communications plan*
-

Observations: The plan was activated. ICS was implemented and the EOC was opened. There was an extensive written EOP in use. Use shorter lists for reference if necessary.

- 2.2 Conduct incident action planning.
- *Establish and document incident goals and objectives*
 - *Establish and document the strategy and general tactics to meet incident objectives*
 - *Develop and document support plans (e.g., safety plans, contingency plans)*
 - *Coordinate with other response entities, if appropriate, to define an operational period for response*
 - *Evaluate and revise objectives for each operational period*
-

Observations: Planning was ongoing and evolving throughout exercise. Each bullet point under task 2.2 was addressed. Situation reports were regular and complete. There was excellent communication and collaboration with sister hospitals. Evaluators recommend redundant documentation in written form (in addition to being kept on computer). Otherwise documentation was extensive and complete.

- 2.3 Disseminate key components of incident action plan.
- *Incident management team debriefs administrative staff on incident action plan, operational period objectives, and/or important changes in incident parameters*
 - *Disseminate key components of the incident action plan with external response entities during each operational period*
-

Observations: Staff was debriefed. Information was disseminated.

-
- 2.4 Provide emergency operations support to incident management.
- *Establish connectivity and coordinate requests for emergency operations support with multi-agency coordination centers (e.g., local Emergency Operations Center (EOC), State EOC, etc.)*
-

Observations: Requests were coordinated. Connectivity was established.

Activity 3: Increase Bed Surge Capacity

Activity Description: Increase as many staffed and resourced hospital beds as clinically appropriate.

- 3.1 Implement bed surge capacity plans, procedures, and protocols.
- *Activate plans to cancel outpatient or elective procedures (if necessary)*
 - *Activate plans, procedures, and protocols to maximize bed surge capacity (e.g., utilize non-traditional patient care spaces such as hallways, waiting areas, etc.)*
-

Observations: Task 3.1 completed. Excellent use of non-traditional patient care spaces. This task was addressed every effectively and efficiently.

- 3.2 Maximize utilization of available beds.
- *Coordinate patient distribution with other health care facilities, EMS, and private patient transport partners*
-

Observations: Available beds were maximized.

- 3.3 Forward transport less acutely ill patients.
- *Activate MOUs with other health care organizations (if applicable) for transport and care of patients that are not stable enough to discharge home or to an ACS*
 - *Institute protocols to discharge stable inpatients to home or other health care facilities*
 - *Coordinate transport of inpatients with families and the incident management team*
 - *Implement transport procedures to pre-identified facilities based on level of care required*
-

Observations: This area also addressed for the well being of patients, in areas appropriate for exercise.

- 3.4 Provide medical surge capacity in alternate care facilities.
- *Activate MOUs or agreements to open alternate care facilities*
 - *Activate appropriate staffing (e.g., clinical security, administrative, etc.) and supply plans*
-

Observations: Addressed appropriately in relation to the drill. Staffing was especially well planned for.

Activity 4: Medical Surge Staffing Procedure

Activity Description: Maximize staffing levels through recall of off-duty personnel, part-time staff, and retired clinical and non-clinical associates.

- 4.1 Recall clinical personnel in support of surge capacity requirements.
- *Implement health care organization's staff call-back procedures (including "part-time" staff)*
 - *Activate procedures to receive, process, and manage staff throughout the incident*
 - *Debrief clinical staff on incident parameters and how the organization is responding*
 - *Verify credentials and disuse clinical staff assignments*

Observations: Each bullet point under this activity was addressed. Proper components were activated (some notionally).

- 4.2 Augment clinical staffing.
- *Activate roster and initiate call-back procedures for qualified and licensed volunteer clinicians*
 - *Institute procedures to receive, register, process (including credential verification), and manage volunteer clinicians throughout the incident*
 - *Implement strategies to integrate Federal clinical personnel (e.g., National Disaster Medical System and U.S. Public Health System Personnel)*
 - *Provide just-in-time training to clinical staff*

Observations: Call-back procedures were initiated. Staffing was augmented. Credentialing was addressed as well as certifying the responding medical personnel. Just-in-time training was not addressed during exercise.

- 4.3 Augment non-clinical staffing.
- *Initiate call-back procedures for non-clinical staff (e.g. custodians, security, cooks, etc.)*
 - *Activate MOUs for non-clinical staff (if applicable)*
 - *Activate processes to receive, process, and manage non-clinical staff throughout the incident*

Observations: Non-clinical staff was augmented. There are excellent arrangements in place for this facility.

Activity 5: Decontamination

Activity Description: Provide mass decontamination as necessary.

- 5.1 Provide mass decontamination capabilities (if necessary).
- *- Identify location for decontamination*
 - *- Implement standards for appropriate personal protective equipment (PPE)*
 - *- Activate mass decontamination protocol*
 - *- Activate protocol to address decontamination of special populations (e.g., children, disabled)*
 - *- Coordinate decontamination activities with other health care facilities and external response partners*

Observations: Not observed, other than addressing PPE for specific event. This was not an issue for this scenario. Protocols are present in the EOP. Maintain certifications on PPE.

Activity 6: Receive, Evaluate, and Treat Surge Casualties

Activity Description: Receive mass casualties and provide appropriate evaluation and medical treatment.

- 6.1 Establish initial reception and triage site.
- *- Identify location(s) for initial patient reception and triage*
 - *- Disseminate information on patient reception/triage site to external response entities (e.g., EMS) and to the public through a coordinated public information message (i.e., since many patients will self-refer)*
 - *- Activate MOUs with other health care organizations or community assets (e.g., schools, conference centers) for initial patient triage*

Observations: Initial reception was established within the facility. Reception and triage site were not specifically disseminated to outside agencies. Address the need for additional communications capabilities in these areas (ie: radios, etc.). Streamline communications with EOC.

- 6.2 Provide medical equipment and supplies in support of immediate medical response operations and for restocking supplies/equipment requested.
- *- Identify additional medical equipment and supplies needed to meet surge capacity requirements*
 - *- Implement restocking procedures for pre-hospital care providers*
 - *- Request the strategic national stockpile (SNS) through ICS*

Observations: Appropriate areas were completed for this scenario. Pre-arranged re-supply protocols exist.

-
- 6.3 Institute patient tracking.
- *Implement systems to track all patients in the facility with capability to distinguish between incident-related and non-incident patients*
-

Observations: Patient tracking was addressed from the onset. All patients were tracked.

- 6.4 Execute medical mutual aid agreements.
- *Identify additional needed medical supplies, equipment, and other resources needed to meet surge requirements*
 - *Identify needed health care professionals*
 - *Coordinate requests for mutual aid support with local, regional, and State response agencies*
-

Observations: This area was addressed. Mutual aid, especially between sister hospitals, is an ongoing event. Periodically review all MOU's

- 6.5 Activate Procedures for Altered Nursing and Medical Care Standards
- *Implement pre-defined altered nursing and medical care standards*
 - *Disseminate information on the use of altered standards of care through established information management mechanisms within the organization and to external response entities*
-

Observations: Altered medical care standards were addressed by the staff. Review written procedures for acceptable levels of care and changes under emergency conditions.

Activity 7: Provide Surge Capacity for Behavioral Health Issues

Activity Description: Have personnel available to provide behavioral health services to patients, families, responders and staff.

- 7.1 Institute strategy to address behavioral health issues.
- *Implement strategy to meet behavioral health needs of staff (including incident management team) as well as patients and their family members*
-

Observations: Behavioral health issues were addressed, although not extensively for this drill scenario.

- 7.2 Provide behavioral health support.
- *Identify personnel required to assist with counseling and behavioral health support*
 - *Implement the organization's behavioral plan for emergency response*
 - *Coordinate with community leaders (e.g., religious community)*
-

Observations: Behavioral health support was generally addressed in relation to the need of this scenario. The need for these services was acknowledged.

- 7.3 Provide family support services.
- *Identify Federal, State, local and support agencies to assist with family support services*
 - *Identify available resources*
 - *Coordinate with families to ensure they know where/how to receive support*
-

Observations: Family support services were not specifically observed within the time frame of this exercise. Need for this service should be addressed.

Activity 8: Demobilize

Activity Description: Prepare facility and staff to return to normal operations.

- 8.1 Coordinate decision to demobilize with overall incident management.
- *Notify health care personnel and external response entities that medical surge is demobilized*
 - *Conduct demobilization activities under incident command structure*
-

Observations: Notifications were properly made.

- 8.2 Provide a staff debriefing.
- *Determine Critical Incident Stress Management (CISM) needs*
 - *Transition to normal operations and normal staff scheduling*
 - *Institute plan for staff counseling, stress debriefing, or other follow-on activities to address response workers mental or behavioral health needs (acute and long-term)*
-

Observations: There is a need for debriefing etc. expressed at close of exercise event. Command and staff are aware of the need.

- 8.3 Reconstitute medical supply, equipment inventory.
- *Complete inventories of medical supplies, pharmaceuticals, and equipment*
 - *Account for all costs incurred by the health care organization as a result of the incident response*
 - *Apply for financial remuneration of those costs*
 - *Request replacement nor servicing of equipment, supplies, and pharmaceuticals used during the response*
-

Observations: This area was addressed generally. Time constraints of exercise did not allow for this task to be fully covered. Review documentation in order to accommodate the requirements for financial re-imbusement.

Hospital Emergency Standards

Activity 4.12: Planning

4.12.1 The hospital develops and maintains a written emergency operations plan (EOP)/incident action plan (IAP) that describes an “all-hazards” command structure for coordinating six critical areas within the hospital during an emergency.

Observations: EOP / IAP are prepared. The plan was a hard copy bound and available in the EOC. Consider having other hard copies in locations like the administrative offices.

4.12.2 The EOP/IAP establishes an incident command structure that is integrated into and consistent with its community’s command structure.

Observations: The command structure is addressed. Review positions and job responsibilities with staff filling those positions.

4.12.3 The EOP/IAP identifies to whom staff report in the hospital’s incident command structure.

Observations: Positions and structure are addressed. The facility is a smaller (58 bed) operation. Many positions will need to multi task.

4.12.4 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including who has the authority to activate the phases.

Observations: Initiation of process by “code green”. Exercise was delayed due to misunderstanding of preliminary activities. Staff was not present for pre event briefing. They waited for exercise initiation.

4.12.5 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including how the phases are to be activated.

Observations: Processes are generally described. Review and update plan regularly.

4.12.6 The EOP/IAP identifies the hospital’s capabilities and establishes response efforts when the hospital cannot be supported by the local community for at least 96 hours in the six critical areas.

Observations: This was not clearly observed; however the staff was aware of capabilities and limitations of the facility. Mechanisms are in place to self-support for at least 96 hours. The fuel for a generator on site exceeds 8 days.

4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.

Observations: Plans exist for utilization of area resources. Update this regularly in writing in the EOP / IAP.

Activity 4.13: Communications

4.13.1 The hospital plans for notifying staff when emergency response measures are initiated.

Observations: Internal and external systems were identified. There is a call back system in place for off-duty staff. Update and review telephone numbers. Some numbers were out of date.

4.13.2 The hospital plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.

Observations: A radio system is in place (works repeated and non - repeated). Cell phones are computer fiber optic, which do not require cell towers. Address the location and maintenance of radios. Radios functioned well but there is no central location or documented location of the equipment. Radios were collected from various units. The exact numbers were not initially known.

4.13.3 The hospital defines processes for notifying external authorities when emergency response measures are initiated.

Observations: Call notification was used to reach external authorities.

4.13.4 The hospital plans for communicating with external authorities once emergency response measures are initiated.

Observations: Communication with sister hospitals was noted. Plans and contact numbers for other resources were maintained. Evaluators noted little or no contact and collaboration with local LEO, even when addressing "security concerns". Evaluators stressed the importance of communication with all partners.

4.13.5 The hospital plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.

Observations: Patient tracking was initiated. Actual contact was not accomplished.

-
- 4.13.6 The hospital defines the circumstances and plans for communicating with the community and/or the media during emergencies.
-

Observations: A PIO was assigned by the system. A commercial (bank) building adjacent to the facility has a second floor area for hospital use in an emergency, including media staging. The PIO serves more than one hospital. The Incident Commander would apparently fill in. Evaluators suggest basic PIO training for several of IC staff.

- 4.13.7 The hospital plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated;
-

Observations: There is a plan in place for all needed resources. There is an auto-refueling system for generators; they can be stepped up in emergency. This area is especially well planned.

- 4.13.8 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: essential elements of their command structures and control centers for emergency response;
-

Observations: This area occurs outside of emergency circumstances as a routine.

- 4.13.10 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: resources and assets that potentially could be shared in an emergency response.
-

Observations: Communication plans occur on a regular basis, in both routine and emergency settings. During events with the EOC, operations should add an additional scribe for documentation. This area could be overwhelmed with existing staff.

- 4.13.12 The hospital defines the circumstances and plans for communicating information about patients to third parties (such as other health care organizations, the state health department, police, FBI, etc.).
-

Observations: Follow standard HIPPA guidelines; industry standard for health care facilities.

- 4.13.13 The hospital plans for communicating with identified alternative care sites.
-

Observations: Communications with ACFs is conducted on an as-needed basis. Review contact information periodically.

- 4.13.14 The hospital establishes backup communication systems and technologies for the
-

activities identified above.

Observations: Backup communication systems are in place.

Activity 4.14: Resources and Assets

4.14.3 The hospital plans for: replenishing pharmaceutical supplies that will be required throughout response and recovery, including access to and distribution of caches (stockpiled by the hospital or its affiliates, local, state or federal sources) to which the hospital has access;

Observations: An inventory was conducted initially; re-supply procedures were activated automatically. There is a strong plan in place.

4.14.4 The hospital plans for: replenishing non-medical supplies that will be required throughout response and recovery (for example, food, linen, water, fuel for generators and transportation vehicles, etc.);

Observations: Once again, there is an excellent plan in place. Most areas exceeded 96 hrs supplies kept routinely on hand.

4.14.6 The hospital plans for: managing staff family support needs (for example, child care, elder care, communication, etc.);

Observations: Plans for staff support are in place; including onsite child care.

4.14.7 The hospital plans for: potential sharing of resources and assets (e.g., personnel, beds, transportation, linens, fuel, PPE, medical equipment and supplies, etc.) with other health care organizations within the community that could potentially be shared in an emergency response;

Observations: An assessment of resources was conducted early on. They included assets that could be shared. This is another area where the additional scribe could be an asset for documentation.

4.14.8 The hospital plans for: potential sharing of resources and assets with health care organizations outside of the community in the event of a regional or prolonged disaster;

Observations: Potential sharing of resources was discussed and planned for as needed.

4.14.9 The hospital plans for: evacuating (both horizontally and, when required by circumstances, vertically) when the environment cannot support care, treatment, and services;

Observations: This was assessed early on in the incident.

4.14.10 The hospital plans for: transporting patients, their medications and equipment, and staff to an alternative care site or sites when the environment cannot support care, treatment, and services

Observations: Evaluators recommend that this area be periodically reviewed and updated.

4.14.11 The hospital plans for: transporting pertinent information, including essential clinical and medication-related information, for patients to an alternative care site or sites when the environment cannot support care, treatment, and services.

Observations: They addressed the need for patient record tracking and transfer. The actual method not addressed in this exercise. Review process.

Activity 4.15: Safety and Security

4.15.1 The hospital establishes internal security and safety operations that will be required once emergency measures are initiated.

Observations: Lockdown procedures exist. On site security in place. Security is very limited. Little apparent interaction with LEO. Develop plan with local LEO for emergencies.

4.15.2 The hospital identified the roles of community security agencies and defines how the hospital will coordinate security activities with these agencies.

Observations: Community security was well addressed, especially with the LEO. Develop a collaborative plan with LEO on all levels.

4.15.5 The hospital establishes processes for the following: controlling entrance into and out of the health care facility during emergencies.

Observations: Lockdown procedures and on-site security. This area needs to be addressed. Many staff indicated a hesitation to deny or limit access to facility.

4.15.6 The hospital establishes processes for the following: controlling the movement of individuals within the health care facility during emergencies.

Observations: Credentialing was addressed. Complete review of internal security procedures was suggested. Security issues were not a strong suit of this facility.

4.15.7 The hospital establishes processes for the following: controlling traffic accessing the health care facility during emergencies.

Observations: This would appear to require LEO assistance. The small staff at this facility would require outside assistance.

Activity 4.16: Staffing

4.16.1 Staff roles and responsibilities are defined in the Emergency Operations Plan for all critical areas (communications, resources and assets, safety and security, utilities and clinical activities).

Observations: Roles are reasonably defined. Train and exercise with individuals additionally on these roles.

4.16.2 Staff is trained for their assigned roles during emergencies

Observations: Over 50% of IC staffs were new in their function within the EOC. Many had never been in an active EOC. Train and exercise in specific roles, especially with new staff.

4.16.3 The hospital communicates to licensed independent practitioners their roles in emergency response and to whom they report during an emergency.

Observations: Hospital communication with independent practitioners was specifically addressed.

4.16.4 The hospital establishes a process for identifying care providers and other personnel (such as ID cards, etc.) assigned to particular areas during emergencies.

Observations: Credentialing was addressed early on in the exercise.

Activities 4.17: Utilities

4.17.1 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: electricity;

Observations: There is an excellent system in place; more than 8 days on site with provision for re-supply.

4.17.2 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for consumption and essential care activities;

Observations: Several days' worth of supplies are on hand; an emergency re-supply system is in place.

4.17.5 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: other essential utility needs (for example, ventilation, medical gas/vacuum systems, etc.).

Observations: Alternative utilities were addressed.

Activity 4.18: Clinical Activities

4.18.1 The hospital plans to manage the following during emergencies: the clinical

activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, discharge, and evacuation.

Observations: These areas were addressed in relation to the existing exercise. Plans are in place.

4.18.2 The organization plans to manage the following during emergencies: clinical services for vulnerable populations served by the hospital, including patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.

Observations: Plans are in place. Each of these areas (.2 through .6) should be periodically reviewed. Some hesitation was seen in newer staff regarding these areas.

4.18.6 The hospital plans for documenting and tracking patients' clinical information.

Observations: Plans are all in place.

Matthews EMS

Triage and Pre-Hospital Treatment

Activity 1: Direct Triage and Pre-Hospital Treatment Tactical Operations

Activity Description: In response to a notification for emergency medical assets, provide the overall management and coordination of the Triage and Pre-Hospital Treatment Response, through to demobilization.

- 1.1 Establish Medical Branch/Group Officer.
- *Establish coordination with on-scene medical personnel*
 - *Provide input to and follow the Incident Action Plan (IAP)*
 - *Brief key subordinates on IAP and Emergency Support Function (ESF) coordination processes*
 - *Identify on-scene medical care problems and needs*
 - *Address number of ill/injured patients in IAP*
 - *Assign roles and responsibilities to EMS responders*
 - *Ensure that safety and hazard awareness practices are followed*

Observations: Triage and tactical operations were discussed and evaluated. Needs and problems were addressed. The medical branch officer was established as per their EOP. Census numbers were incorporated into the planning phase in the EOC. Daily safety meetings were an asset in activating this area. Evaluators suggest in-house discussion of operations, procedures, etc. This will encourage familiarity with procedures, EOC, ICS etc. for new staff.

- 1.2 Coordinate with on-scene Incident Command.
- *Obtain briefing from Incident Command (IC) or appropriate authority*
 - *Report limiting medical care, personnel, and/or equipment factors to IC*
 - *Maintain ongoing coordination with IC for medical personnel and equipment needs*
-

Observations: There was good coordination with on-scene IC. Briefings were regular and on-going. There was good internal information flow.

- 1.3 Ensure effective, reliable interoperable communications between providers, medical command, public health, and health care facilities.
- *Identify operational radio channels*
 - *Establish contact with other ESF liaisons as necessary*
 - *Ensure that on-scene communication procedures are established*
 - *Ensure that on-scene equipment checks are completed*
-

Observations: Communications for this exercise scenario were very good. Both internal and external links were acceptable. Review the radio system and interoperable communications with community partners. These were not totally tested during this exercise. There was no actual or notional contact with any “field” units during this exercise.

- 1.4 Assess need for additional medical resources/mutual aid.
- *Coordinate with IC on projected needs*
 - *Coordinate with EMS responders on status and capacity*
 - *Identify mutual aid (local jurisdictional and EMAC) capacity and availability*
 - *Continually re-assess on-scene medical needs*
-

Observations: Assessments were regular and ongoing. Medical needs were continually re-assessed. On scene medical needs were continually reviewed. The ability to provide assets to other facilities was also addressed in an ongoing manner. Mutual aid issues in this area were not addressed. Review MOU’s.

- 1.5 Initiate recall and/or mutual aid to staff spare ambulances and provide immediate surge capability.
- *Identify personnel to recall*
 - *Execute recall procedures*
 - *Identify spare transport units*
 - *Request mutual aid from jurisdictional and/or EMAC sources, if needed*
 - *Coordinate with the logistics cell (or equivalent entity)*
-

Observations: Recalls were initiated; mutual aid in this area was addressed as appropriate to the exercise scenario. Consider the use of SNS when appropriate. Although not a major factor in this scenario, there was no mention of the availability of SNS.

-
- 1.6 Implement and maintain accountability procedures for EMS personnel, equipment, and supplies.
- *Establish check-in procedure(s) for responding units and personnel*
 - *Ensure that all medical responders use PPE as appropriate for on-scene hazards*
 - *Coordinate with Law Enforcement (LE)/Hazardous Materials (HAZMAT)/Firefighting Operations*
 - *Complete documentation IAW local procedures*
-

Observations: Accountability was established. This included check-in procedures. The use of PPE's were addressed. All departments do individual accountability also. Make accountability (staffing) more visible in EOC for ease of operations.

- 1.7 Provide medical support and safety considerations.
- *Coordinate with IC*
 - *Identify medical supply, resource, and equipment needs*
 - *Coordinate with logistics cell (or equivalent entity) to procure needed supplies*
 - *Identify on-scene medical refreshment and food needs for rescuers*
-

Observations: Task 1.7 was properly completed in relation to the exercise scenario.

- 1.8 Organize and distribute medical resources.
- *Assess availability of on-scene unit-level medical equipment*
 - *Collect non-committed essential medical supplies and equipment*
 - *Establish medical supply and equipment resource area(s)*
 - *Develop a medical equipment inventory list(s)*
 - *Complete appropriate documentation*
-

Observations: Medical resources were assessed and re-assessed. Inventory procedures were ongoing. Medical equipment and supplies are readily available to on scene personnel. This area was specifically addressed early on.

Activity 2: Activate Triage and Pre-Hospital Treatment

Activity Description: In response to a notification, respond, mobilize, and arrive on-scene to begin emergency medical operations.

- 2.1 Dispatch and support medical care personnel.
- *Coordination between incident call taker(s) and dispatcher(s)*
 - *Alert initial resources*
 - *Coordinate communication requests for additional resources*
 - *Convey hazard information to on-scene medical responders*
 - *Complete communication equipment checks*
-

Observations: Medical care personnel were dispatched and managed. Resources were updated. Hazard information was relayed. Communications equipment was checked. Review documentation.

- 2.2 Complete scene survey.
- *Survey incident scene*
 - *Complete appropriate circle check of immediate scene*
 - *Identify and coordinate mitigation of on-scene hazards*
-

Observations: Scene survey was completed and reported to the EOC. Potential on scene hazards were addressed.

- 2.3 Establish scene safety, based on the type and severity of the incident.
- *Coordinate with the on-scene Safety Officer*
 - *Implement safety precautions*
 - *Identify potential security needs and report them to IC or law enforcement (LE) representatives*
 - *Coordinate with LE representatives*
-

Observations: Potential security issues were addressed. Lock down procedures were exercised. There is in-house armed security. Consider more utilization of local LEO. Contact and develop cooperative procedures for the hospital and local LEO.

- 2.4 Establish triage, treatment, and transport areas.
- *Identify location(s) of each area of responsibility*
 - *Identify and coordinate resource and personnel needs with IC and/or ESF liaison*
 - *Identify and communicate safety concerns to IC and/or ESF liaison*
 - *Identify and communicate the location of areas that are not accessible to IC and/or ESF liaison*
-

Observations: A triage area was rapidly established. Resources were coordinated with IC. Safety concerns for staff and patients were addressed. Treatment areas were categorized and established.

Activity 3: Triage

Activity Description: Once on-scene, provide initial and ongoing emergency medical triage of ill and injured patients that prioritizes their respective treatment and transport.

- 3.1 Conduct initial and on-going pre-hospital triage in accordance with a jurisdiction's existing plans and procedures and prescribed triage methodology (e.g., Simple Triage and Rapid Treatment (START) Triage).
- *Coordinate with Medical Branch/Group Command/Tactical Operations*
 - *Assess triage needs and report to Tactical Operations*
 - *Follow the strategy developed by Tactical Operations*
 - *Assign triage teams to assess patients*
 - *Address life-threatening issues*
 - *Document the priority of patient(s)*
-

Observations: Pre-hospital triage components were properly addressed per the exercise scenario. There was good reporting by departments and sections to the IC and EOC and good coordination with the medical branch, group command, and tactical operations.

- 3.2 Initiate a patient tracking system.
- *Use triage tags*
 - *Document status and location of patients*
 - *Request additional triage tags as needed*
 - *Communicate patient tracking information to Medical Branch/Group Command*
-

Observations: The patient tracking system was initiated. This was addressed at the onset of the scenario.

- 3.3 Move patients to safe, secure, and easily accessible treatment area(s).
- *Coordinate with Medical Branch/Group Command/Tactical Operations*
 - *Coordinate with Treatment Area(s)*
 - *Consider patient priority in sequencing patient movement*
 - *Safely move patients*
-

Observations: Patient movement was well addressed from the onset of the exercise. All components were completed. There was smooth operation in this area and good coordination with the medical branch.

Activity 4: Provide Treatment

Activity Description: Provide medical treatment appropriate to the patient's injuries and the incident.

- 4.1 Establish Immediate, Minor, and Delayed Treatment areas.
- *Coordinate with Medical Branch/Group Command/Tactical Operations*
 - *Clearly mark and identify each treatment area*
 - *Assign treatment teams by area*
 - *Teams report number of ill/injured patients by area*
-

Observation: Treatment areas were established. Coordination in this area worked well and was smooth. Assignments of personnel were made to these areas and area census reported.

- 4.2 Provide treatment appropriate to the nature of incident and number of injured/ill.
- *Re-assess patients*
 - *Treat patients based upon the medical priority or their signs and symptoms*
 - *Follow established protocols*
 - *Document patient treatment on triage tags*
 - *Request additional medical supplies and equipment as needed*
 - *Coordinate on-line medical control*
-

Observations: Treatment provided as per scenario and notionally for real world census. Proper requests made, protocols followed. Protocols in place and followed. Supply requests were timely and appropriate. Other areas of this section not observed during progression of this exercise.

- 4.3 Provide ongoing pain management therapy as needed to victims awaiting transport.
- *Coordinate with Medical Control*
 - *Follow established medical protocols*
 - *Comfort and re-assure patient(s)*
 - *Re-assess patient(s)*
 - *Document provided therapy*
-

Observations: Pain management therapy was not specifically observed as a part of this scenario.

- 4.4 Ensure documentation of patient care and transfer, in accordance with mass casualty protocols.
- *Identify and document nature of illness/injury*
 - *Identify and document priority of the patient*
 - *Obtain and document an accurate patient history*
-

Observations: The need for this documentation was noted and addressed. The need for patient histories was also addressed. Mass casualty protocols were followed. Some of these areas were addressed notionally. Review documentation.

Activity 5: Transport

Activity Description: Transport ill and injured patients via the most appropriate mode of transport available (e.g., ambulances, helicopters, etc.), provide ongoing medical assessment and treatment en route to the designated receiving facility, and upon arrival transfer medical care of the patient(s) to the receiving facility's staff.

- 5.1 Identify transport vehicles, victims, and priority of transport.
- *Coordinate with Medical Branch/Group Command/Tactical Operations*
 - *Coordinate with Triage and Treatment areas*
 - *Coordinate with Emergency Dispatch*
 - *Assess transportation requirements and needs*
 - *Maintain an inventory of available on-scene transport units*

Observations: This area was generally assessed during the course of the exercise. Transport units were identified and needs addressed generally. Some components were not fully observed during this exercise.

- 5.2 Provide for alternative modes of transport should air or other operations be necessary (e.g., helicopters along with a corresponding landing zone (LZ)).
- *Coordinate with Medical Branch/Group Command/Tactical Operations*
 - *Arrange patient transport to helicopter LZ, if needed*
 - *Identify and request alternative transport units as needed (e.g., all-terrain vehicles (ATVs), brush trucks, boats, Coast Guard units, etc.)*

Observations: Alternative modes of transport was noted by the EOC staff but not observed as part of this exercise scenario. Review alternate transport methods.

- 5.3 Coordinate and transport patients to the appropriate treatment facility.
- *Coordinate with receiving hospitals*
 - *Identify hospital capabilities*
 - *Assess and use safe and clear transport unit routes for egress and ingress*
 - *Assign ambulance transport designations*
 - *Load patient(s)*
 - *Track and document patient(s) transport*

Observations: Transport coordination with receiving facilities was addressed, but not fully tested other than notionally. Suggest review with partner facilities periodically.

Activity 6: Demobilize

Activity Description: Upon completion of duties, clear the incident scene, reconstitute as appropriate, and return to service or end duty tour.

- 6.1 Reconstitute personnel and equipment.
- *Identify meeting point(s) to conduct final personnel accountability procedures*
 - *Retrieve equipment*
 - *Inventory equipment and document losses*
-

Observations: Assessment for demobilization addressed. The need for equipment inventory was addressed. Ensure documentation to meet reimbursement requirements.

- 6.2 Participate in incident debriefing.
- *Document mission issues and accomplishments*
 - *Brief the plan to return to the prior readiness state to personnel*
 - *Discuss General Incident Stress Management strategies*
-

Observations: The EOC staff indicated incident debriefing would occur. This was not completed due to time constraints of exercise.

- 6.3 Identify responder needs dependent upon their level of involvement and/or hours committed to the incident.
- *Provide Critical Incident Stress Management (CISM) services to those responders identified in the debriefings, or subsequent to the debriefings*
 - *Identify time-off needs for responders, and their families in the event they are directly affected by the incident*
 - *Triage and pre-hospital personnel restored to normal or original operations*
-

Observations: Responder needs were addressed notionally; otherwise not observed for purpose of this exercise. Review procedures for these needs.

Activity 7: Special Threats and Duties

Activity Description: This activity highlights tasks that require special planning, analysis, and procedures in order for medical personnel to safely conduct their operations in a high or special threat condition.

- 7.1 Direct triage and pre-hospital treatment tactical operations (develop procedures for handling patients, health care receivers, and property)
-

Observations: Tactical operations were directed for triage. Other areas of this activity were not observed.

Carolinas Medical Center—Lincoln

Activity 4.12: Planning

Activity Description: A successful response relies upon planning around the management of six critical areas: communications; resources and assets; safety and security; staffing; utilities; and clinical activities. It is important for hospitals to develop a comprehensive Emergency Operations Plan (EOP) as documentation to help guide the hospital in its emergency response and recovery efforts. While the Emergency Operations Plan can be formatted in a variety of ways, it must address these six critical areas to serve as a blueprint for managing care and safety during an emergency.

4.12.1 The hospital develops and maintains a written emergency operations plan (EOP)/incident action plan (IAP) that describes an “all-hazards” command structure for coordinating six critical areas within the hospital during an emergency.

Observations: A Code Green (drill) was paged throughout the facility.

4.12.2 The EOP/IAP establishes an incident command structure that is integrated into and consistent with its community’s command structure.

Observations: Initial personnel arrived and the IC was established. They cleared the ICC of non-essential personnel; moving a portion to adjacent offices. The IC was eventually moved to a more separated location to reduce distraction and improve ability to function. Evaluators suggest pre-planning the use of adjacent offices for certain functions/positions to prevent excessive buildup of personnel in ICC; along with having office phone numbers published. Add this to the hospitals EOP. In future, include this concept in the set up of ICC, and ensure ample separation of Command and General Staff within the room to allow everyone to function under the stress and noise.

4.12.3 The EOP/IAP identifies to whom staff report in the hospital’s incident command structure.

Observations: ICS positions were delegated by the IC; NIMS/ICS training & competency was evident with the group. Job Action Sheets were disseminated to these personnel. Evaluators suggest that personnel be briefed upon initial expectations and to whom they will report. Make dissemination of vests and JASs automatic and upfront for all emergencies where ICS positions are delegated. Add these tasks to the EOP.

4.12.4 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including who has the authority to activate the phases.

Observations: Phase procedures were evident through participants’ adherence to IC’s direction and delegation of responsibility

4.12.5 The EOP/IAP describes processes for initiating and terminating the response and

recovery phases, including how the phases are to be activated.

Observations: Phase activation was somewhat evident through participants' actions/decisions. The IC conducted periodic briefings (termed "regrouping") with general staff. Plant Operations provided command with situation reports. Department Reps provide ICC with live census updates. The IC announced recovery objectives to general staff

4.12.6 The EOP/IAP identifies the hospital's capabilities and establishes response efforts when the hospital cannot be supported by the local community for at least 96 hours in the six critical areas.

Observations: Compensatory adjustments began as injects indicated the need to do so.

4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.

Observations: Alternate sites were evident based on discussions held in ICC

Activity 4.13: Communications

Activity Description: The organization establishes emergency communications strategies.

4.13.1 The hospital plans for notifying staff when emergency response measures are initiated.

Observations: Command realized that staff and families' situations needed to be addressed. A mass message was sent to all staff to make arrangements for families and communicated that emergency care plans are in place.

4.13.2 The hospital plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.

Observations: Portable two-way communications plans were implemented within the facility. A fair amount of communications was maintained between the ICC and facility departments during the exercise. Live census updates were delivered to command via department runners

4.13.3 The hospital defines processes for notifying external authorities when emergency response measures are initiated.

Observations: This was evident by the actions taken in response to 4.13.4.

4.13.4 The hospital plans for communicating with external authorities once emergency response measures are initiated.

Observations: Command promptly notified local Emergency Management Office. Command utilized County EMS Representative present in the ICC as a liaison with County EM

4.13.5 The hospital plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.

Observations: Command designated and staffed an area to house and communicate with patient families. A mass message was sent to all staff to make arrangements for families, alerting them that emergency care plans are in place.

4.13.6 The hospital defines the circumstances and plans for communicating with the community and/or the media during emergencies.

Observations: Hospital set up a (simulated) JIC at a nearby location to deal with the media.

4.13.7 The hospital plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated;

Observations: Communications with suppliers were evident by knowledge of pre-planned contacts during the exercise.

4.13.8 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: essential elements of their command structures and control centers for emergency response;

Observations: The IC established communication with Gaston Memorial

4.13.9 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area regarding names and roles of individuals in their command structures and command center telephone numbers.

Observations: Planning for this was evident and displayed during exercise play

4.13.10 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: resources and assets that potentially could be shared in an emergency response; and

Observations: Several contacts were made (some simulated) in regard to this aspect

4.13.11 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: names of patients and deceased individuals brought to their hospitals in accordance with applicable law and regulation, when requested.

Observations: Communications with other regional health care centers, or plans for communication, were not exercised. Ensure plans and contacts are in place.

4.13.12 The hospital defines the circumstances and plans for communicating information about patients to third parties (such as other health care organizations, the state health department, police, FBI, etc.).

Observations: Command requested EMS units be diverted to other hospitals

4.13.13 The hospital plans for communicating with identified alternative care sites.

Observations: This was implemented through phone contact and use of internet.

4.13.14 The hospital establishes backup communication systems and technologies for the activities identified above.

Observations: The hospital used runners within the facility, cell phones, landlines and the a VIPER radio was available.

Activity 4.14: Resources and Assets

Activity Description: During emergencies, health care organizations that continue to provide care, treatment, and services to their patients must sustain essential resources, materials, and facilities. The emergency operation plan should identify how resources and assets will be solicited and acquired from a range of possible sources, such as vendors, neighboring health care providers, other community hospitals, state affiliates, or a regional parent company. To address emergencies of long duration or broad geographic scope, the hospital's plan must proactively identify, locate, acquire, distribute and account for critical resources and supplies. The plan should also recognize the risk that some assets may not be available from planned sources and that contingency plans will be necessary for critical supplies. This situation may occur when multiple hospitals are vying for a limited supply from the same vendor.

4.14.1 The hospital plans for: obtaining supplies that will be required at the onset of emergency response (medical, pharmaceutical and non-medical);

Observations: Plans were in place and enacted (partially simulated) to address these issues

4.14.2 The hospital plans for: replenishing medical supplies and equipment that will be required throughout response and recovery, including personal protective equipment where required;

4.14.3 The hospital plans for: replenishing pharmaceutical supplies that will be required throughout response and recovery, including access to and distribution of caches (stockpiled by the hospital or its affiliates, local, state or federal sources) to which

the hospital has access;

- 4.14.4** The hospital plans for: replenishing non-medical supplies that will be required throughout response and recovery (for example, food, linen, water, fuel for generators and transportation vehicles, etc.);
-

Observations: Contacts and plans were evident

- 4.14.5** The hospital plans for: managing staff support activities (for example, housing, transportation, incident stress debriefing, etc.);
-

Observations: Plans were discussed to address staffing for long-term incidents. These include essential hospital staff and staff to support ICC functions.

- 4.14.6** The hospital plans for: managing staff family support needs (for example, child care, elder care, communication, etc.);
-

Observations: Staff family support needs were addressed by staff to a degree during the exercise.

- 4.14.7** The hospital plans for: potential sharing of resources and assets (e.g., personnel, beds, transportation, linens, fuel, PPE, medical equipment and supplies, etc.) with other health care organizations within the community that could potentially be shared in an emergency response;
-

Observations: Command spoke to the use of the “Bed Board” internet application and communicating with surrounding facilities.

- 4.14.8** The hospital plans for: potential sharing of resources and assets with health care organizations outside of the community in the event of a regional or prolonged disaster;
-

Observations: Hospital plans for sharing resources were evident through discussions held by general staff in regard to this aspect.

- 4.14.10** The hospital plans for: transporting patients, their medications and equipment, and staff to an alternative care site or sites when the environment cannot support care, treatment, and services
-

- 4.14.11** The hospital plans for: transporting pertinent information, including essential clinical and medication-related information, for patients to an alternative care site or sites when the environment cannot support care, treatment, and services.
-

Observations: Planning was evident for these tasks but several were not addressed in the current exercise. Staff were focused on handling intake to a point of evacuation as a priority during exercise play.

Activity 4.15 Safety and Security

Activity Description: Controlling the movement of individuals into, throughout, and out of the hospital during an emergency is essential to the safety of patients and staff and to the security of critical supplies, equipment and utilities. The hospital determines the type of access and movement to be allowed by staff, patients, visitors, emergency volunteers, vendors, maintenance and repair workers, utility suppliers and other individuals when emergency measures are initiated. Factors influencing access and movement vary depending upon the type of emergency and local conditions.

4.15.1 The hospital establishes internal security and safety operations that will be required once emergency measures are initiated.

Observations: Internal security was evident early on in exercise play.

4.15.2 The hospital identified the roles of community security agencies and defines how the hospital will coordinate security activities with these agencies.

Observations: Although it was simulated, the Security Officer and Incident Command planned for and implemented Lockdown and community law enforcement were assigned for service at the facility.

4.15.3 The hospital identifies a process that will be required for managing hazardous materials and waste once emergency measures are initiated.

Observations: Hazardous materials disposal was not tested during the evaluation

4.15.4 The plan identifies means for radioactive, biological, and chemical isolation and decontamination.

Observations: Plans and training seemed evident through contingency discussions.

4.15.5 The hospital establishes processes for the following: controlling entrance into and out of the health care facility during emergencies.

Observations: Although it was simulated, the Security Officer and Incident Command planned for and implemented Lockdown and community law enforcement were assigned for service at the facility.

4.15.6 The hospital establishes processes for the following: controlling the movement of individuals within the health care facility during emergencies.

Observations: Action Plans were implemented to cordon off the damaged section of the facility and limit access to the area.

4.15.7 The hospital establishes processes for the following: controlling traffic accessing the health care facility during emergencies.

Observations: Although it was simulated, the Security Officer and Incident Command planned for and implemented Lockdown and community law enforcement were assigned for service at the facility.

Activity 4.16: Staffing

Activity Description: To provide safe and effective patient care during an emergency, staff roles are well defined; staff are oriented and trained in their assigned responsibilities and staff maintains their competencies over time. Staff roles in emergencies are determined largely by the priority defined in the Hazard Vulnerability Analysis and the reporting relationships in the command and control operations of the hospital. As such, staff must stand ready to adjust to change in patient volume or acuity, work procedures or conditions and response partners within and outside the hospital. Staff roles and responsibilities may be documented in the EOP using a variety of formats: job action sheets, checklists, flow charts, etc.

4.16.1 Staff roles and responsibilities are defined in the Emergency Operations Plan for all critical areas (communications, resources and assets, safety and security, utilities and clinical activities).

Observations: Staff roles were observed through delegation and the use of Job Action Sheets

4.16.2 Staff is trained for their assigned roles during emergencies

Observations: Some staff delegated positions of responsibility for the first time during this exercise. The need for regular ICS training EAP review and basic exercise play is evident to improve and expand the organization's ability to continue its success in future emergency incidents. Evaluators suggest revisiting the Planning function and consider delegating personnel to more adequately cover the essential functions often required during long-term incidents.

4.16.3 The hospital communicates to licensed independent practitioners their roles in emergency response and to whom they report during an emergency.

Observations: This need was identified and addressed on a simulated basis.

4.16.4 The hospital establishes a process for identifying care providers and other personnel (such as ID cards, etc.) assigned to particular areas during emergencies.

Observations: Identification of care providers and other personnel was not observed during exercise play. Ensure that identification is assigned in an emergency where necessary for security and efficiency purposes.

Activity 4.17: Utilities

Activity Description: Different types of emergencies can have the same detrimental impact on a hospital's utility systems. For example, brush fires, ice storms, and industrial accidents can all result in a loss of utilities required for care, treatment, services, related transport and building operations. Hospitals, therefore, must have alternative means of providing for essential utilities, whether through: negotiated relationships with the primary suppliers; Memoranda of Understanding (MOUs) with other hospitals in the community; alternative equipment at the hospital; or provision through a parent entity, etc. Hospitals should determine how long they expect to remain open to care for [patients, and plan for their utilities accordingly. Because some emergencies may be regional in scope or of long duration, hospitals should not rely solely on single source providers in the community. Where possible, hospitals should identify other suppliers outside of the local community in case the communities' infrastructure is severely compromised and unable to support the hospital.

4.17.1 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: electricity;

4.17.2 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for consumption and essential care activities;

4.17.3 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for equipment and sanitary purposes

4.17.4 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: fuel required for building operations or essential transport activities; and

4.17.5 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: other essential utility needs (for example, ventilation, medical gas/vacuum systems, etc.).

Observations: A Housekeeping Supervisor was dispatched by the IC to make assessment rounds and to gather updates from departments and report results to the Operations Section Chief.

Activity 4.18: Clinical Activities

Activity Description: The fundamental goal of emergency management planning is to protect life and prevent disability. The manner in which care, treatment and services are provided may vary by type of emergency. However, certain clinical activities are so fundamental to safe and effective care that the hospital should determine how it will re-schedule or manage patient clinical needs even in the most austere care environments.

4.18.1 The hospital plans to manage the following during emergencies: the clinical activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, discharge, and evacuation.

Observations: Non critical surgeries were cancelled; non critical patients were discharged and a number of patients were readied to be relocated within the hospital to accommodate surge from Gaston Memorial

4.18.2 The organization plans to manage the following during emergencies: clinical services for vulnerable populations served by the hospital, including patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.

Observations: Additional clinical / nursing personnel were contacted (simulated) by general staff to provide support for the next operational period

4.18.3 The hospital plans to manage the following during emergencies: personal hygiene and sanitation needs of its patients.

Observations: Hygiene and sanitation were addressed by the Housekeeping Supervisor

4.18.4 The hospital plans to manage the following during emergencies: the mental health service needs of its patients

Observations: Additional clinical personnel were contacted (simulated) by general staff to provide support

4.18.5 The hospital plans to manage the following during emergencies: mortuary services.

Observations: Evaluators did not observe hospital plans for mortuary services but injects may not have warranted this as a priority.

4.18.6 The hospital plans for documenting and tracking patients' clinical information.

Observations: Tracking information appeared to be addressed at the departmental level

Carolinas Medical Center--Mercy

Medical Surge

Activity 1: Pre-Event Mitigation and Preparedness

Activity Description: Conduct pre-event mitigation and preparedness plans, policies, and procedures prior to notification of mass casualty incident.

- 1.1 Conduct Hazard Vulnerability Analysis (HVA).
 - *Identify and list, by type, all hazards that could affect the location or asset of interest, and the relative likelihood of each hazard's occurrence ("threat")*
 - *Assess both the community and response systems' susceptibility to the hazard impact, including the post-impact health and medical needs of the population*
 - *Identify issues that create catastrophic system failure*
 - *Prioritize possible mitigation and preparedness activities based on cost-benefit analysis*
 - *Conduct an assessment of medical surge facilities, hospital capacity, sub-state regions, development of community/regional based surge capacity models, critical steps planning committee jurisdiction*
 - *Identify hospitals with realistic plans to include an alternate care facility and buildings of opportunity*

Observations: As weather warnings were issued, command staff began to assess hospital staffing, and preparedness as it would potentially relate to their hospital. Bed availability and staffing were priority. Measures to create availability were initiated. Surgeries for that day were either cancelled or postponed based on individual situational needs of the patient thus freeing up staff and facilities for expected medical surge. Evaluators suggest more contact with surrounding medical facilities to determine potential medical surge.

- 1.2 Define incident management structure and methodology.
 - *Define the organization's internal incident management structure and methodology according to National Incident Management System (NIMS) doctrine*
 - *Identify the location(s) of incident management activities*
 - *Identify logistical, IT, equipment, communications requirements needed to support incident management*
 - *Establish interoperable communications systems with other response entities (e.g., other hospitals, EMS, public health, first responders)*

Observations: The ICS was utilized, the EOC was activated, IT personnel was immediately notified and reported to the EOC, Communications was established—both within the facility and the landline to Corporate. Evaluators recommend training with the VIPER system and possible use of Satellite phones as a back-up

- 1.3 Establish a bed tracking system.
- *Develop a system for tracking available beds and other information within a facility by bed type (e.g., ICU, med/surge, pediatric)*
 - *Establish mechanisms to aggregate and disseminate bed tracking information to local and State EOCs, other healthcare partners and other response entities (e.g., fire, public safety, etc.)*
-

Observations: Bed counts and locations of patients was maintained. Participants made attempts to gain patient information of incoming medical surge.

- 1.4 Develop protocols for increasing internal surge capacity.
- *Establish criteria and processes for canceling outpatient and elective procedures (if necessary)*
 - *Establish criteria and clearly defined processes to evaluate and discharge lower activity patients to home, other health care facilities*
 - *Establish a mechanism to track patients who are discharged*
-

Observations: Evaluators did not see any formal “written protocol” utilized for criteria and process for patient evaluation and discharge; however this was done throughout the exercise as priorities were set for each patient based on needs. Evaluators did not observe the mechanism to track the discharged patients.

- 1.5 Determine medical surge assistance requirements.
- *Identify potential gaps in personnel, supplies, and equipment*
 - *Identify local, State, Tribal, Federal, and private sector partners who can work to ensure adequate staffing, supplies, equipment, and bed space*
 - *Coordinate with State, Tribal, and local medical, behavioral health, public health, substance abuse, and private sector officials to establish mutual aid agreements in support of surge requirements*
-

Observations: Adequate personnel appeared to be on hand to handle the event

- 1.6 Develop plans for providing external surge capacity outside the health care facility setting.
- *Identify off-site or alternate care facilities to provide surge capacity*
 - *Determine the number of patients and level of care (e.g., triage, basic care and stabilization, trauma) that can be accommodated at each site*
 - *Develop staffing, supply, and re-supply plans*
-

Observations: Any off-site or alternate care facilities would be coordinated via Corporate.

Activity 2: Incident Management

Activity Description: In response to notification of a mass casualty incident, activate the healthcare organization's Emergency Operations Plan.

- 2.1 Activate the health care organization's Emergency Operations Plan (EOP).
- *Implement notification procedures for incident management personnel and key administrative staff*
 - *Assign roles and responsibilities to the incident management team and general staff*
 - *Manage incident response in accordance with Incident Command System (ICS) organizational structures, doctrine, and procedures, as defined in NIMS*
 - *Establish a safety plan for facility patients and staff*
 - *Implement a common communications plan*
-

Observations: Plans were immediately activated by the ED Staff supervisor—she immediately knew the correct procedure to activate the EOC and its staff. They alerted the hospital to the incident. She immediately began to assign roles within the ICS system as individuals arrived at the EOC. Safety was of “utmost” importance and stressed throughout the exercise. Communications was established immediately and constantly maintained throughout the exercise.

- 2.2 Conduct incident action planning.
- *Establish and document incident goals and objectives*
 - *Establish and document the strategy and general tactics to meet incident objectives*
 - *Develop and document support plans (e.g., safety plans, contingency plans)*
 - *Coordinate with other response entities, if appropriate, to define an operational period for response*
 - *Evaluate and revise objectives for each operational period*
-

Observations: Evaluators did not observe “goals and objectives” listed for this exercise. Plans containing goals for the event were discussed and assigned but they should be written and disseminated.

- 2.3 Disseminate key components of incident action plan.
- *Incident management team debriefs administrative staff on incident action plan, operational period objectives, and/or important changes in incident parameters*
 - *Disseminate key components of the incident action plan with external response entities during each operational period*
-

Observations: IC utilized debriefings to inform Command staff of situational reports.

-
- 2.4 Provide emergency operations support to incident management.
- *Establish connectivity and coordinate requests for emergency operations support with multi-agency coordination centers (e.g., local Emergency Operations Center (EOC), State EOC, etc.)*
-

Observations: Evaluators did not observe this action and were unsure if Corporate was maintaining connectivity with State and Local EM.

Activity 3: Increase Bed Surge Capacity

Activity Description: Increase as many staffed and resourced hospital beds as clinically appropriate.

- 3.1 Implement bed surge capacity plans, procedures, and protocols.
- *Activate plans to cancel outpatient or elective procedures (if necessary)*
 - *Activate plans, procedures, and protocols to maximize bed surge capacity (e.g., utilize non-traditional patient care spaces such as hallways, waiting areas, etc.)*
-

Observations: Plans appeared to be in place for medical surge, and included the location of additional space for patients, staff and visitors within the facility.

- 3.2 Maximize utilization of available beds.
- *Coordinate patient distribution with other health care facilities, EMS, and private patient transport partners*
-

Observations: Available beds were maximized throughout the exercise

- 3.3 Forward transport less acutely ill patients.
- *Activate MOUs with other health care organizations (if applicable) for transport and care of patients that are not stable enough to discharge home or to an ACS*
 - *Institute protocols to discharge stable inpatients to home or other health care facilities*
 - *Coordinate transport of inpatients with families and the incident management team*
 - *Implement transport procedures to pre-identified facilities based on level of care required*
-

Observations: Less acute patients were transported multiple times throughout the exercise by Command Staff. Patients' assessments were crucial as to determining if facility could and /or should be treating the patient, discharging the patient, or diverting the patient to a higher care facility.

-
- 3.4 Provide medical surge capacity in alternate care facilities.
- *Activate MOUs or agreements to open alternate care facilities*
 - *Activate appropriate staffing (e.g., clinical security, administrative, etc.) and supply plans*
-

Observations: Evaluators did not see MOU's, nor were they mentioned to have been in place. Alternate care facilities were utilized and contacted.

Activity 4: Medical Surge Staffing Procedure

Activity Description: Maximize staffing levels through recall of off-duty personnel, part-time staff, and retired clinical and non-clinical associates.

- 4.1 Recall clinical personnel in support of surge capacity requirements.
- *Implement health care organization's staff call-back procedures (including "part-time" staff)*
 - *Activate procedures to receive, process, and manage staff throughout the incident*
 - *Debrief clinical staff on incident parameters and how the organization is responding*
 - *Verify credentials and disuse clinical staff assignments*
-

Observations: Staffing was adequately addressed throughout the exercise. Debriefings for staff were conducted prior to beginning assignments. Evaluators did not observe any "verification of credentials" regarding staff assignments.

- 4.2 Augment clinical staffing.
- *Activate roster and initiate call-back procedures for qualified and licensed volunteer clinicians*
 - *Institute procedures to receive, register, process (including credential verification), and manage volunteer clinicians throughout the incident*
 - *Implement strategies to integrate Federal clinical personnel (e.g., National Disaster Medical System and U.S. Public Health System Personnel)*
 - *Provide just-in-time training to clinical staff*
-

Observations: Clinical staffing was augmented immediately once a confirmed weather incident had damaged neighboring hospitals in anticipation. Evaluators didn't observe procedures to receive, register, process, or manage volunteers. No just-in-time training was conducted

- 4.3 Augment non-clinical staffing.
- *Initiate call-back procedures for non-clinical staff (e.g. custodians, security, cooks, etc.)*
 - *Activate MOUs for non-clinical staff (if applicable)*
 - *Activate processes to receive, process, and manage non-clinical staff throughout the incident*
-

Observations: Evaluators did not observe “MOU’s” for non-clinical staff.

Activity 6: Receive, Evaluate, and Treat Surge Casualties

Activity Description: Receive mass casualties and provide appropriate evaluation and medical treatment.

-
- 6.1 Establish initial reception and triage site.
- *Identify location(s) for initial patient reception and triage*
 - *Disseminate information on patient reception/triage site to external response entities (e.g., EMS) and to the public through a coordinated public information message (i.e., since many patients will self-refer)*
 - *Activate MOUs with other health care organizations or community assets (e.g., schools, conference centers) for initial patient triage*

Observations: Patients triaged within the ED, information for each patient was sufficiently tracked and maintained with the patient.

-
- 6.2 Provide medical equipment and supplies in support of immediate medical response operations and for restocking supplies/equipment requested.
- *Identify additional medical equipment and supplies needed to meet surge capacity requirements*
 - *Implement restocking procedures for pre-hospital care providers*
 - *Request the strategic national stockpile (SNS) through ICS*

Observations: Logistics coordinated these duties with appropriate hospital staff throughout the exercise.

-
- 6.3 Institute patient tracking.
- *Implement systems to track all patients in the facility with capability to distinguish between incident-related and non-incident patients*

Observations: Patient’s info, location, and conditions maintained and triaged to determined needs.

-
- 6.4 Execute medical mutual aid agreements.
- *Identify additional needed medical supplies, equipment, and other resources needed to meet surge requirements*
 - *Identify needed health care professionals*
 - *Coordinate requests for mutual aid support with local, regional, and State response agencies*

Observations: Logistics and Corporate were charged with maintaining and obtaining resources. Provide resource manuals for logistics group.

Activity 7: Provide Surge Capacity for Behavioral Health Issues

Activity Description: Have personnel available to provide behavioral health services to patients, families, responders and staff.

- 7.1 Institute strategy to address behavioral health issues.
- *Implement strategy to meet behavioral health needs of staff (including incident management team) as well as patients and their family members*

Observations: CISM was implemented

- 7.2 Provide behavioral health support.
- *Identify personnel required to assist with counseling and behavioral health support*
 - *Implement the organization's behavioral plan for emergency response*
 - *Coordinate with community leaders (e.g., religious community)*

Observations: CISM was implemented. It was mentioned that the local churches in the area were “partners” with the hospitals and provided CISM assistance. Update MOUs as needed.

Activity 8: Demobilize

Activity Description: Prepare facility and staff to return to normal operations.

- 8.2 Provide a staff debriefing.
- *Determine Critical Incident Stress Management (CISM) needs*
 - *Transition to normal operations and normal staff scheduling*
 - *Institute plan for staff counseling, stress debriefing, or other follow-on activities to address response workers mental or behavioral health needs (acute and long-term)*

Observations: Debriefed IC staff and informed them to relay to all participating staff within exercise.

- 8.3 Reconstitute medical supply, equipment inventory.
- *Complete inventories of medical supplies, pharmaceuticals, and equipment*
 - *Account for all costs incurred by the health care organization as a result of the incident response*
 - *Apply for financial remuneration of those costs*
 - *Request replacement nor servicing of equipment, supplies, and pharmaceuticals used during the response*

Observations: Logistics provided information to IC staff regarding replacement of items used.

Hospital Emergency Standards

Activity 4.12: Planning

4.12.1 The hospital develops and maintains a written emergency operations plan (EOP)/incident action plan (IAP) that describes an “all-hazards” command structure for coordinating six critical areas within the hospital during an emergency.

Observations: The plan was distributed to individuals as they entered the EOC. Positions within the plan were determined.

4.12.2 The EOP/IAP establishes an incident command structure that is integrated into and consistent with its community’s command structure.

Observations: The EOP/IAP was observed to establish an IC structure.

4.12.3 The EOP/IAP identifies to whom staff report in the hospital’s incident command structure.

Observations: The EOP/IAP identifies IC staff and reporting.

4.12.4 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including who has the authority to activate the phases.

Observations: This was not observed within the written plan.

4.12.5 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including how the phases are to be activated.

Observations: This was not observed within the written plan

4.12.6 The EOP/IAP identifies the hospital’s capabilities and establishes response efforts when the hospital cannot be supported by the local community for at least 96 hours in the six critical areas.

Observations: The hospital diverted patients, using relocation within other areas of the hospital and additional staff to support relocations. There are plans for sustaining the hospital 96 hours

4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.

Observations: Although not clearly defined as to the specific alternate care sites, multiple locations were identified for potential alternate care locations. Write up ACF locations with capabilities, estimated times to prepare them, access codes, etc.

Activity 4.13: Communications

4.13.1 The hospital plans for notifying staff when emergency response measures are initiated.

Observations: The staff executed their notification process. However, it was noted that the paging system did not alert all responders. Utilize multiple means of notifications

4.13.2 The hospital plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.

Observations: This hospital planned for ongoing communications.

4.13.3 The hospital defines processes for notifying external authorities when emergency response measures are initiated.

Observations: “Corporate” is to notify external authorities such as local EM

4.13.4 The hospital plans for communicating with external authorities once emergency response measures are initiated.

Observations: Hospital Corporate will complete communications.

4.13.5 The hospital plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.

Observations: Evaluators did not observe this practice. Dedicate a section within the IC structure to specifically work with patient and family notifications.

4.13.6 The hospital defines the circumstances and plans for communicating with the community and/or the media during emergencies.

Observations: Communications were accomplished through their Corporate group. The PIO did work with the IC staff and Corporate to ensure that accurate data was released. Due to the complexity of the event, utilization of a “JIC” to increase accurate and sufficient information would have increased accurate information flow.

4.13.7 The hospital plans for communicating with purveyors of essential supplies, services, and

equipment once emergency measures are initiated;

Observations: The logistic section worked closely with suppliers

- 4.13.8 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: essential elements of their command structures and control centers for emergency response;
-

Observations: Communication was completed via land lines. Consider a web-EOC or web-based program for communication purposes.

- 4.13.9 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area regarding names and roles of individuals in their command structures and command center telephone numbers.
-

Observations: Communication was handled via Corporate, all information pertaining to Mercy was given to Corporate

- 4.13.10 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: resources and assets that potentially could be shared in an emergency response; and
-

Observations: The hospital plans for communications.

- 4.13.11 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: names of patients and deceased individuals brought to their hospitals in accordance with applicable law and regulation, when requested.
-

Observations: Patient tracking was maintained, information pertaining to patients was obtained and tracked.

- 4.13.13 The hospital plans for communicating with identified alternative care sites.
-

Observations: Utilize a web-based program for tracking, communication, and IC structure

- 4.13.14 The hospital establishes backup communication systems and technologies for the activities identified above.
-

Observations: Backup communications were available.

Activity 4.14: Resources and Assets

4.14.1 The hospital plans for: obtaining supplies that will be required at the onset of emergency response (medical, pharmaceutical and non-medical);

Observations: The logistics section handled supplies and reported to the IC regularly

4.14.2 The hospital plans for: replenishing medical supplies and equipment that will be required throughout response and recovery, including personal protective equipment where required;

Observations: Logistics contacted outside vendors for additional supplies—linens, food, etc..

4.14.3 The hospital plans for: replenishing pharmaceutical supplies that will be required throughout response and recovery, including access to and distribution of caches (stockpiled by the hospital or its affiliates, local, state or federal sources) to which the hospital has access;

Observations: Pharmaceutical supplies were addressed throughout the entire exercise. Evaluators were unaware of any state or federal requests made. Review procedures.

4.14.4 The hospital plans for: replenishing non-medical supplies that will be required throughout response and recovery (for example, food, linen, water, fuel for generators and transportation vehicles, etc.);

Observations: Plans were coordinated via logistics

4.14.5 The hospital plans for: managing staff support activities (for example, housing, transportation, incident stress debriefing, etc.);

Observations: Housing plans for staff were addressed, transportation plans and CISM were not addressed

4.14.9 The hospital plans for: evacuating (both horizontally and, when required by circumstances, vertically) when the environment cannot support care, treatment, and services;

Observations: Evacuation of the facility was not needed as the hospital was not affected by weather issues. Plans were not addressed as to how to accomplish this if needed. The planning section could prepare plans to facilitate this action if the need occurred.

4.14.10 The hospital plans for: transporting patients, their medications and equipment, and staff to an alternative care site or sites when the environment cannot support care, treatment, and services

Observations: Plans for transportation were not addressed, probably because the shortened exercise limited the time for this plan to be addressed. The planning section would address transportation in a real exercise, ensure that contacts and estimates for available

transportation are available for planning purposes.

- 4.14.11 The hospital plans for: transporting pertinent information, including essential clinical and medication-related information, for patients to an alternative care site or sites when the environment cannot support care, treatment, and services.
-

Observations: There are plans for transporting patient information.

Activity 4.15: Safety and Security

- 4.15.1 The hospital establishes internal security and safety operations that will be required once emergency measures are initiated.
-

Observations: Security issues were addressed throughout the exercise

- 4.15.2 The hospital identified the roles of community security agencies and defines how the hospital will coordinate security activities with these agencies.
-

Observations: Roles of community security were addressed throughout the exercise.

- 4.15.5 The hospital establishes processes for the following: controlling entrance into and out of the health care facility during emergencies.
-

Observations: Lock down of the facility was initiated and maintained throughout the exercise.

- 4.15.6 The hospital establishes processes for the following: controlling the movement of individuals within the health care facility during emergencies.
-

Observations: Evaluators did not observe controlling internal movement throughout the exercise, however care was given to make sure accountability of individuals was maintained (staff, patients, visitors, etc...)

4.16: Staffing

- 4.16.1 Staff roles and responsibilities are defined in the Emergency Operations Plan for all critical areas (communications, resources and assets, safety and security, utilities and clinical activities).
-

Observations: Staff in the EOC were aware of roles within the EOP.

- 4.16.2 Staff is trained for their assigned roles during emergencies
-

Observations: Several staff members had been placed within new roles within the EOC. Although it created a few challenges it afforded these staff members opportunities to learn these positions. Continue to train additional employees to fill roles with the emergency.

Attempt to be “4 deep” with staff members available to fill positions.

4.16.3 The hospital communicates to licensed independent practitioners their roles in emergency response and to whom they report during an emergency.

Observations: Evaluators did not observe hospital communication to independent practitioners during the exercise.

4.16.4 The hospital establishes a process for identifying care providers and other personnel (such as ID cards, etc.) assigned to particular areas during emergencies.

Observations: The hospital identifies care providers and personnel with badges.

Activity 4.17: Utilities

4.17.1 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: electricity;

Observations: Staff was updated regularly regarding the status of the generator.

4.17.2 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for consumption and essential care activities;

Observations: Hospital generators were operational and efficient enough, according to maintenance, to supply necessary power for all critical usage. Logistics maintained ample water supply for critical needs. Consider creating a contingency plan in case of generator failure, like establishing contracts with outside generator vendors. There was also a question of transfer switches.

4.17.3 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for equipment and sanitary purposes

Observations: Logistics maintained ample water supply for crucial and critical needs

4.17.4 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: fuel required for building operations or essential transport activities; and

Observations: Maintenance updated Command regularly regarding fuel supplies. Evaluators were unsure if alternate fuel suppliers were contacted. It may have been handled via corporate. Review plans.

4.17.5 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: other essential utility needs (for example, ventilation, medical gas/vacuum systems, etc.).

Observations: Evaluators did not observe any alternate means for these necessary utilities. Ensure that plans are in place.

Activity 4.18: Clinical Activities

4.18.1 The hospital plans to manage the following during emergencies: the clinical activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, discharge, and evacuation.

Observations: Management of clinical activities was handled on a priority bases.

4.18.2 The organization plans to manage the following during emergencies: clinical services for vulnerable populations served by the hospital, including patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.

Observations: Command staff directed hospital staff throughout exercise as to patient care according to the critical needs of patient.

4.18.3 The hospital plans to manage the following during emergencies: personal hygiene and sanitation needs of its patients.

Observations: Hygiene and sanitation needs were addressed regularly. Logistics and planning worked throughout the exercise regarding the need for patient care regarding linens, sanitation, etc.

4.18.6 The hospital plans for documenting and tracking patients' clinical information.

Observations: Documentation and tracking clinical information was addressed periodically during the exercise.

Presbyterian Charlotte

Medical Surge

Activity 1: Pre-Event Mitigation and Preparedness

Activity Description: Conduct pre-event mitigation and preparedness plans, policies, and procedures prior to notification of mass casualty incident.

- 1.1 Conduct Hazard Vulnerability Analysis (HVA).
 - *Identify and list, by type, all hazards that could affect the location or asset of interest, and the relative likelihood of each hazard's occurrence ("threat")*
 - *Assess both the community and response systems' susceptibility to the hazard impact, including the post-impact health and medical needs of the population*
 - *Identify issues that create catastrophic system failure*
 - *Prioritize possible mitigation and preparedness activities based on cost-benefit analysis*
 - *Conduct an assessment of medical surge facilities, hospital capacity, sub-state regions, development of community/regional based surge capacity models, critical steps planning committee jurisdiction*
 - *Identify hospitals with realistic plans to include an alternate care facility and buildings of opportunity*

Observations: There was not an HVA provided for the evaluators to review. During the exercise, no mitigation or preparedness plans were reviewed or referenced. It was unclear if documents are complete or not; and if they are complete, it is unclear if they are stored in the Incident Command Center (ICC). Evaluators recommend that the facility provide these documents to the planning section and store all relevant documents in the Incident Command Center (ICC).

- 1.2 Define incident management structure and methodology.
 - *Define the organization's internal incident management structure and methodology according to National Incident Management System (NIMS) doctrine*
 - *Identify the location(s) of incident management activities*
 - *Identify logistical, IT, equipment, communications requirements needed to support incident management*
 - *Establish interoperable communications systems with other response entities (e.g., other hospitals, EMS, public health, first responders)*

Observations: The facility had a Hospital Incident Command (HICS) board in the ICC that outlined the organizational structure for response, which was a great resource. The designated Incident Commander (IC) completed the board by adding names to necessary roles for the event. All necessary contact information was provided to the ICC and the Staging Area. The facility utilized GMRS two-way radios as primary communications with cell phone and land line back-ups. The addition of a board to identify objectives is recommended. Consider putting contact information in electronic form and digital telephones in the response areas for electronic directories. Also consider additional radios to support multiple layers of response. There was a shortfall during the exercise by 5+ radios. Utilize a mass notification system to identify code triage and other relevant information.

1.3 Establish a bed tracking system.

- *Develop a system for tracking available beds and other information within a facility by bed type (e.g., ICU, med/surge, pediatric)*
 - *Establish mechanisms to aggregate and disseminate bed tracking information to local and State EOCs, other healthcare partners and other response entities (e.g., fire, public safety, etc.)*
-

Observations: SMARTT system was utilized for available bed counts to be shared with regional partners. Internal bed management system was handled by pen and paper. There was possible miscommunication of numbers. Evaluators recommend a more detailed bed management system internally to keep counts in real time.

1.4 Develop protocols for increasing internal surge capacity.

- *Establish criteria and processes for canceling outpatient and elective procedures (if necessary)*
 - *Establish criteria and clearly defined processes to evaluate and discharge lower activity patients to home, other health care facilities*
 - *Establish a mechanism to track patients who are discharged*
-

Observations: This process was not clearly observed; however, there was discussion of rescheduling or cancelling elective and outpatient procedures. There was no clear review of discharge tracking. If it was not performed, evaluators recommend a person to coordinate this process in the ICC.

- 1.5 Determine medical surge assistance requirements.
- *Identify potential gaps in personnel, supplies, and equipment*
 - *Identify local, State, Tribal, Federal, and private sector partners who can work to ensure adequate staffing, supplies, equipment, and bed space*
 - *Coordinate with State, Tribal, and local medical, behavioral health, public health, substance abuse, and private sector officials to establish mutual aid agreements in support of surge requirements*
-

Observations: The facility performed well on resource management and utilized a staff pool in a staging area adjacent to the ICC. Participants communicated well for proper placement of incoming patients with regards to specialties at each hospital; for instance, transport of L&D and NICU patients to Grace instead of Valdesse. Evaluators recommend more discussion and communication with MTAC for available regional resources.

- 1.6 Develop plans for providing external surge capacity outside the health care facility setting.
- *Identify off-site or alternate care facilities to provide surge capacity*
 - *Determine the number of patients and level of care (e.g., triage, basic care and stabilization, trauma) that can be accommodated at each site*
 - *Develop staffing, supply, and re-supply plans*
-

Observations: As previously stated, the facility coordinated with Grace for overflow and proper placement of patients based on capabilities. Mass notification and communications included staff at Grace. An Alternate Care Facility (ACF) was not discussed; therefore, there is limited knowledge on the existing plans. If no plan exists, recommend an evaluation of ACF sites as the capacity was 90-95% at both facilities and available beds were limited. A large event could easily overwhelm both hospitals.

Activity 2: Incident Management

Activity Description: In response to notification of a mass casualty incident, activate the healthcare organization's Emergency Operations Plan.

- 2.1 Activate the health care organization's Emergency Operations Plan (EOP).
- *Implement notification procedures for incident management personnel and key administrative staff*
 - *Assign roles and responsibilities to the incident management team and general staff*
 - *Manage incident response in accordance with Incident Command System (ICS) organizational structures, doctrine, and procedures, as defined in NIMS*
 - *Establish a safety plan for facility patients and staff*
 - *Implement a common communications plan*
-

Observations: The EOP was not visibly reviewed or mentioned in the first 30-40 minutes of the exercise. When it was addressed, only the tornado policy was reviewed. A comprehensive EOP and supporting documents were available and stored in the ICC. Now upon ICC activation all participants were provided a packet including vests for identification and a Job Action Sheet (JAS) with checklists. The JASs were well utilized; however, evaluators recommend more customization for the facility needs versus a general checklist. Consider more emphasis placed on the EOP as a guiding document to assist the IC in the response.

- 2.2 Conduct incident action planning.
- *Establish and document incident goals and objectives*
 - *Establish and document the strategy and general tactics to meet incident objectives*
 - *Develop and document support plans (e.g., safety plans, contingency plans)*
 - *Coordinate with other response entities, if appropriate, to define an operational period for response*
 - *Evaluate and revise objectives for each operational period*
-

Observations: There was no Incident Action Plan (IAP) developed by the participants in the ICC. A strategy was discussed but not captured in a planning document. There was good communication with the NWS (SIMCELL) for 30 minute weather updates. Evaluators recommend additional training on developing an IAP and including that process in the initial ICC ramp up.

-
- 2.3 Disseminate key components of incident action plan.
- *Incident management team debriefs administrative staff on incident action plan, operational period objectives, and/or important changes in incident parameters*
 - *Disseminate key components of the incident action plan with external response entities during each operational period*
-

Observations: Briefings were provided; however, no written communication was available. Aspects of the response were discussed with corporate entities and Grace Hospital; media was briefed as needed. A written IAP will support this objective.

- 2.4 Provide emergency operations support to incident management.
- *Establish connectivity and coordinate requests for emergency operations support with multi-agency coordination centers (e.g., local Emergency Operations Center (EOC), State EOC, etc.)*
-

Observations: There was little discussion about the County EOC or MTAC; most coordination occurred between Valdese and Grace due to the corporate ownership of both. Evaluators recommend utilizing regional resources to support response.

Activity 3: Increase Bed Surge Capacity

Activity Description: Increase as many staffed and resourced hospital beds as clinically appropriate.

- 3.1 Implement bed surge capacity plans, procedures, and protocols.
- *Activate plans to cancel outpatient or elective procedures (if necessary)*
 - *Activate plans, procedures, and protocols to maximize bed surge capacity (e.g., utilize non-traditional patient care spaces such as hallways, waiting areas, etc.)*
-

Observations: This process was not observed; however, it may have occurred. Discussion was noticed about this objective. During horizontal and vertical evacuation, hallways were utilized. Evaluators recommend written plans if they not already completed. No written plans were visible in the ICC for evaluator review.

- 3.2 Maximize utilization of available beds.
- *Coordinate patient distribution with other health care facilities, EMS, and private patient transport partners*
-

Observations: There was good coordination by the facility to accomplish this. There is an electronic bed management system, as funds are available, for multiple facilities (e.g. Grace and Valdese).

-
- 3.3 Forward transport less acutely ill patients.
- *Activate MOUs with other health care organizations (if applicable) for transport and care of patients that are not stable enough to discharge home or to an ACS*
 - *Institute protocols to discharge stable inpatients to home or other health care facilities*
 - *Coordinate transport of inpatients with families and the incident management team*
 - *Implement transport procedures to pre-identified facilities based on level of care required*
-

Observations: The facility communicated with other facilities to ensure proper placement and transport. At one point, a patient was brought to Valdese that required specialized care not available at the hospital; Valdese stabilized and rerouted them to Grace with proper facilities. Communication with patient families was identified during the course of the exercise. Once again, evaluators recommend written guidance for this process, if it was not already available. It was not provided for review or noticed in the ICC.

- 3.4 Provide medical surge capacity in alternate care facilities.
- *Activate MOUs or agreements to open alternate care facilities*
 - *Activate appropriate staffing (e.g., clinical security, administrative, etc.) and supply plans*
-

Observations: No ACF activities were addressed in the ICC. There was no discussion of agreements with other facilities and no observations to base recommendations on.

Activity 4: Medical Surge Staffing Procedure

Activity Description: Maximize staffing levels through recall of off-duty personnel, part-time staff, and retired clinical and non-clinical associates.

- 4.1 Recall clinical personnel in support of surge capacity requirements.
- *Implement health care organization's staff call-back procedures (including "part-time" staff)*
 - *Activate procedures to receive, process, and manage staff throughout the incident*
 - *Debrief clinical staff on incident parameters and how the organization is responding*
 - *Verify credentials and disuse clinical staff assignments*
-

Observations: Mass notification system was utilized to send messages to phones, emails and pagers of hospital personnel. Code Triage was activated by the ICC to coordinate staff and resources. Staff was recalled as needed; some were placed in the staging area adjacent to the ICC. There was no clear process for identifying credentials; however, all staff were employees of the hospital system.

4.2 Augment clinical staffing.

- *Activate roster and initiate call-back procedures for qualified and licensed volunteer clinicians*
 - *Institute procedures to receive, register, process (including credential verification), and manage volunteer clinicians throughout the incident*
 - *Implement strategies to integrate Federal clinical personnel (e.g., National Disaster Medical System and U.S. Public Health System Personnel)*
 - *Provide just-in-time training to clinical staff*
-

Observations: There was no volunteer staff (non-clinical and clinical) requested during the course of the exercise. Review plans and test in future.

4.3 Augment non-clinical staffing.

- *Initiate call-back procedures for non-clinical staff (e.g. custodians, security, cooks, etc.)*
 - *Activate MOUs for non-clinical staff (if applicable)*
 - *Activate processes to receive, process, and manage non-clinical staff throughout the incident*
-

Observations: No volunteer staff (non-clinical and clinical) were requested during the course of the exercise. This objective was not addressed in this exercise.

Activity 6: Receive, Evaluate, and Treat Surge Casualties

Activity Description: Receive mass casualties and provide appropriate evaluation and medical treatment.

6.1 Establish initial reception and triage site.

- *Identify location(s) for initial patient reception and triage*
 - *Disseminate information on patient reception/triage site to external response entities (e.g., EMS) and to the public through a coordinated public information message (i.e., since many patients will self-refer)*
 - *Activate MOUs with other health care organizations or community assets (e.g., schools, conference centers) for initial patient triage*
-

Observations: The ICC utilized the Emergency Department (ED) as the reception and triage site. Additional staff were assigned to this area to support an influx of patients if needed. Most patients were in patient transports and were coordinated by the ICC. Media were notified of the situation and hospital activities; however, no information was provided on reception centers. Recommend the facility to review all MOUs/MOAs or other agreements for support facilities and/or resources during a large event. This was not utilized during this exercise, but important to address.

- 6.2 Provide medical equipment and supplies in support of immediate medical response operations and for restocking supplies/equipment requested.
- *Identify additional medical equipment and supplies needed to meet surge capacity requirements*
 - *Implement restocking procedures for pre-hospital care providers*
 - *Request the strategic national stockpile (SNS) through ICS*
-

Observations: The facility utilized several departments for resources and equipment to address current needs and future needs. Food, water and linen were discussed and addressed for existing patients and the influx of new patients. There was no discussion of the SNS as it was not relevant to this event. Evaluators recommend considering an electronic resource management system to ensure real time data and consistent information at multiple sites/rooms.

- 6.3 Institute patient tracking.
- *Implement systems to track all patients in the facility with capability to distinguish between incident-related and non-incident patients*
-

Observations: In patient tracking was handled by pen and paper at the facility ICC. It was unclear if a designation was provided for incident related transports/injuries. Evaluators recommend an electronic patient tracking system.

- 6.4 Execute medical mutual aid agreements.
- *Identify additional needed medical supplies, equipment, and other resources needed to meet surge requirements*
 - *Identify needed health care professionals*
 - *Coordinate requests for mutual aid support with local, regional, and State response agencies*
-

Observations: No mutual aid agreements discussed or executed.

- 6.5 Activate Procedures for Altered Nursing and Medical Care Standards
- *Implement pre-defined altered nursing and medical care standards*
 - *Disseminate information on the use of altered standards of care through established information management mechanisms within the organization and to external response entities*
-

Observations: There was no discussion of the change in standards or developing new standing orders.

Activity 7: Provide Surge Capacity for Behavioral Health Issues

Activity Description: Have personnel available to provide behavioral health services to patients, families, responders and staff.

- 7.1 Institute strategy to address behavioral health issues.
- *Implement strategy to meet behavioral health needs of staff (including incident management team) as well as patients and their family members*

Observations: This was not discussed in the exercise; or at least was not captured or heard by the evaluator. Evaluators recommend a plan for psychological first aid or counseling services for staff. Also consider a Family Assistance Center for victims of the event. It could be coordinated with multiple facilities.

- 7.2 Provide behavioral health support.
- *Identify personnel required to assist with counseling and behavioral health support*
 - *Implement the organization's behavioral plan for emergency response*
 - *Coordinate with community leaders (e.g., religious community)*

Observations: This was not discussed in the exercise; or at least was not captured or heard by the evaluator. Evaluators recommend development of a plan or review of existing plans for updates and changes. Consider discussing this with County Emergency Management or MTAC for regional resources.

- 7.3 Provide family support services.
- *Identify Federal, State, local and support agencies to assist with family support services*
 - *Identify available resources*
 - *Coordinate with families to ensure they know where/how to receive support*

Observations: The ICC discussed communication with families and addressed any safety concerns due to the severe weather in the exercise scenario. Support and available resources was not captured and was unclear on the plan(s). As with previous recommendations, it would be beneficial to review existing plans and coordinate with local/regional peers.

Activity 8: Demobilize

Activity Description: Prepare facility and staff to return to normal operations.

- 8.1 Coordinate decision to demobilize with overall incident management.
- *Notify health care personnel and external response entities that medical surge is demobilized*
 - *Conduct demobilization activities under incident command structure*

Observations: Demobilization was not addressed by the ICC. Consider beginning the demobilization plan as soon as the ICC is activated.

- 8.2 Provide a staff debriefing.
- *Determine Critical Incident Stress Management (CISM) needs*
 - *Transition to normal operations and normal staff scheduling*
 - *Institute plan for staff counseling, stress debriefing, or other follow-on activities to address response workers mental or behavioral health needs (acute and long-term)*

Observations: The facility staff was briefed throughout the exercise; however, due to the exercise end time, no formal final briefing occurred in exercise play. A hotwash took place post exercise. Ensure that demobilization plans and recovery plans are addressed and included in the EOP or supporting documents.

Hospital Emergency Standards

Activity 4.12: Planning

- 4.12.1 The hospital develops and maintains a written emergency operations plan (EOP)/incident action plan (IAP) that describes an “all-hazards” command structure for coordinating six critical areas within the hospital during an emergency.

Observations: Hospital uses an EOP and IAP for operations. However, evaluators did not see the IAP developed for this exercise. Operations are split into two branches (Facility and Clinical). Consider posting a laminated Org Chart so that players can readily see who is POC for each position.

- 4.12.2 The EOP/IAP establishes an incident command structure that is integrated into and consistent with its community’s command structure.

Observations: Command structure is consistent with NIMS requirements.

4.12.3 The EOP/IAP identifies to whom staff report in the hospital's incident command structure.

Observations: The IC envisions approximately 6-8 people working in the center. The balance of staff would be located in adjacent areas to the IC. If not already in place, utilize SOGs to ensure that there is interface between all sections. This is especially important when working from multiple rooms.

4.12.4 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including who has the authority to activate the phases.

Observations: An IAP was not observed, but based on discussions it appears to be in place. Based on Hot Wash, evaluators suggest earlier notification of community partners regarding IC activation.

4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.

Observations: There are several "sister" hospitals that can be utilized for patient care.

Activity 4.13: Communications

4.13.1 The hospital plans for notifying staff when emergency response measures are initiated.

Observations: Messages are sent to staff via multiple systems. In addition, overhead paging capability is utilized.

4.13.2 The hospital plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.

Observations: Utilize Code Message Outlook to communicate with staff.

4.13.4 The hospital plans for communicating with external authorities once emergency response measures are initiated.

Observations: They utilize multiple capabilities for communicating with external agencies. The hospitals have video conferencing capabilities that allow them to brief and update each other with real time capability.

4.13.5 The hospital plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.

Observations: Participants did state that a better understanding of the Family Assistance Center is needed.

4.13.6 The hospital defines the circumstances and plans for communicating with the community and/or the media during emergencies.

Observations: This is accomplished via the PIO position, and the Marketing department. All hospitals are directed to coordinate any news releases with CHS. There was a hot wash suggestion for earlier notification of community partners regarding Incident Command activation.

4.13.7 The hospital plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated;

Observations: There is a list of vendors normally utilized for supplies, services and equipment.

4.13.8 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: essential elements of their command structures and control centers for emergency response;

Observations: The hospital plans for communicating via normal means, and with an audio visual conference call capability.

4.13.9 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area regarding names and roles of individuals in their command structures and command center telephone numbers.

Observations: Evaluators were unsure about other hospital facilities within the region. Did not observe listing of names or roles within their command structure. There was an issue in that ED staff did not know the location of radios and batteries. If not already developed, evaluators suggest developing a list of each facility command center staff members for hospitals within their system and beyond. This could be a part of the task action list for appropriate staff person in the ED

4.13.10 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: resources and assets that potentially could be shared in an emergency response

Observations: There is an inventory available for each hospital, along with a central warehouse inventory to provide resources as needed.

4.13.11 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: names of patients and deceased individuals brought to their hospitals in accordance with applicable law and regulation, when requested.

Observations: Evaluators did not observe hospital plans for communicating with other health care organizations. There is a patient registration and tracking process within each facility. Evaluators were unsure how this is utilized between hospitals.

4.13.13 The hospital plans for communicating with identified alternative care sites.

Observations: Communication with ACFs were not tested in this exercise. Review plans and lists of ACFs and communication capabilities.

4.13.14 The hospital establishes backup communication systems and technologies for the activities identified above.

Observations: There are redundant communications capabilities in place.

Activity 4.14: Resources and Assets

4.14.1 The hospital plans for: obtaining supplies that will be required at the onset of emergency response (medical, pharmaceutical and non-medical);

Observations: There is a 96 hour supply (90% capacity) available, plus a central warehousing inventory for addressing surge incidents.

4.14.3 The hospital plans for: replenishing pharmaceutical supplies that will be required throughout response and recovery, including access to and distribution of caches (stockpiled by the hospital or its affiliates, local, state or federal sources) to which the hospital has access;

Observations: The hospital plans for pharmaceuticals through the warehouse capability and normal contracting and purchasing channels.

4.14.4 The hospital plans for: replenishing non-medical supplies that will be required throughout response and recovery (for example, food, linen, water, fuel for generators and transportation vehicles, etc.);

Observations: In addition, there are contracts in place for items not located within the warehouse (fuel, etc.). Evaluators suggest an annual review of vendor contracts, and if not already part of an existing contract, consider discussing the vendors COOP planning. Are

they sustainable?

4.14.5 The hospital plans for: managing staff support activities (for example, housing, transportation, incident stress debriefing, etc.);

Observations: There is a child development center available to hospital staff. Evaluators did not observe anything related to housing or transportation. There was discussion related to stress debriefing, but it not exercised. Consider how adverse weather, affected roads, or other emergencies could affect travel and review available resources for housing and transportation and processes for informing staff on support functions.

4.14.6 The hospital plans for: managing staff family support needs (for example, child care, elder care, communication, etc.);

Observations: There is within the hospital facility a Child Development Center for hospital staff.

4.14.8 The hospital plans for: potential sharing of resources and assets with health care organizations outside of the community in the event of a regional or prolonged disaster;

Observations: Resource sharing is available to all Presbyterian Matthews sister facilities. Evaluators are unsure of non-system hospitals, but there is good communication between CMC and Presbyterian. The emergency managers for each system are part of each other's emergency management planning committees. If not already in place, consider discussing mutual aid or memorandums of understanding between hospital systems.

4.14.9 The hospital plans for: evacuating (both horizontally and, when required by circumstances, vertically) when the environment cannot support care, treatment, and services;

Observations: Within the hospital's normal procedures, there is a process for both vertical and horizontal evacuation. While this process exists, there was some confusion expressed regarding roles and responsibilities for various positions. This appeared to be a training issue.

4.14.11 The hospital plans for: transporting pertinent information, including essential clinical and medication-related information, for patients to an alternative care site or sites when the environment cannot support care, treatment, and services.

Observations: This was not a part of the MTAC exercise. ACFs were discussed as well, but were not exercised. There is some concern regarding the surge capability for transporting patients to alternate sites. This is an area that needs further discussion with partner agencies.

Activity 4.15: Safety and Security

4.15.1 The hospital establishes internal security and safety operations that will be required once emergency measures are initiated.

Observations: The Command Center is secure. Evaluators did not observe security throughout the rest of the facility. ED staff indicated that they needed better security at their entrances. The ED security issue could have been the result of this being exercise vs the real event. Consider a review of plans and procedures related to ED security, and the hospital in general.

4.15.3 The hospital identifies a process that will be required for managing hazardous materials and waste once emergency measures are initiated.

Observations: The hospital handles medical waste and other hazardous materials on a daily basis, and has procedures in place for the same. There is a hazardous materials response unit available via the local fire department as well.

4.15.4 The plan identifies means for radioactive, biological, and chemical isolation and decontamination.

Observations: The hospital handles medical waste and other hazardous materials on a daily basis, and has procedures in place for same. There is a hazardous materials response unit available via the local fire department as well.

4.15.5 The hospital establishes processes for the following: controlling entrance into and out of the health care facility during emergencies.

Observations: Security is a part of their EOP; however, ED staff indicated that there needed to be better security at their entrances. The ED security issue could have been the result of this being an exercise vs. the real event. Evaluators suggest a review of plans and procedures related to ED security, and the hospital in general.

4.15.7 The hospital establishes processes for the following: controlling traffic accessing the health care facility during emergencies.

Observations: Traffic control is assigned to their hospital security department.

Activity 4.16: Staffing

4.16.1 Staff roles and responsibilities are defined in the Emergency Operations Plan for all critical areas (communications, resources and assets, safety and security, utilities and clinical activities).

Observations: Everyone does not appear to be fully versed in their specific role and responsibility. Roles within the ED staff were unclear. This is a training issue, and training

has been scheduled to address this issue.

4.16.2 Staff is trained for their assigned roles during emergencies

Observations: Some training has been completed; however there are still people who are not familiar with their specific role and responsibility. This is a training issue, and training has been scheduled to address this issue.

4.16.4 The hospital establishes a process for identifying care providers and other personnel (such as ID cards, etc.) assigned to particular areas during emergencies.

Observations: This is accomplished via id cards, badges, etc.

Activity 4.17: Utilities

4.17.1 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: electricity;

Observations: There are numerous generators on site that are under maintenance contract, and are tested at regular intervals.

4.17.2 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for consumption and essential care activities;

Observations: The water supply is part of the city's infrastructure. There are contracts in place to provide bottled water for human consumption. Evaluators did not observe the plan for providing large quantities of water for essential care activities.

4.17.4 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: fuel required for building operations or essential transport activities; and

Observations: There is a fuel supply maintained on site for vehicle operations, and generators. Evaluators were unsure of the extent that fuel is available for building operations beyond generators. Consider working with facilities management personnel to review the process for insuring an adequate supply of fuel in the event of a disrupted supply.

4.17.5 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: other essential utility needs (for example, ventilation, medical gas/vacuum systems, etc.).

Observations: Evaluators did not observe alternate means for these utilities, however this would be part of their COOP planning, and would be required to meet Joint Commission Standards.

Activity 4.18: Clinical Activities

4.18.1 The hospital plans to manage the following during emergencies: the clinical activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, discharge, and evacuation.

Observations: There are plans in place, and discussions were held early into the exercise regarding the triage of both resident patients (for relocation/discharge), and incoming victims.

4.18.2 The organization plans to manage the following during emergencies: clinical services for vulnerable populations served by the hospital, including patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.

Observations: There was anticipation regarding the postponement of elective surgeries, along with issues related to patients of all ages and disabilities. They were very proactive in this matter.

4.18.3 The hospital plans to manage the following during emergencies: personal hygiene and sanitation needs of its patients.

Observations: The hospital has daily plans to manage hygiene and sanitation needs.

4.18.6 The hospital plans for documenting and tracking patients' clinical information.

Observations: There is a robust patient tracking system that is used on a daily basis. In addition, there is the registration system for ED patients.

Presbyterian Hospital

Medical Surge

Activity 1: Pre-Event Mitigation and Preparedness

Activity Description: Conduct pre-event mitigation and preparedness plans, policies, and procedures prior to notification of mass casualty incident.

- 1.2 Define incident management structure and methodology.
- *Define the organization's internal incident management structure and methodology according to National Incident Management System (NIMS) doctrine*
 - *Identify the location(s) of incident management activities*
 - *Identify logistical, IT, equipment, communications requirements needed to support incident management*
 - *Establish interoperable communications systems with other response entities (e.g., other hospitals, EMS, public health, first responders)*

Observations: The hospital utilized the ICS organizational structure (NIMS). There is a Incident Command Center located within the facility. The Command Team functions from this location. The IC is well equipped with computer equipment, smart boards, phones, radios, etc. There is interoperability capability.

- 1.3 Establish a bed tracking system.
- *Develop a system for tracking available beds and other information within a facility by bed type (e.g., ICU, med/surge, pediatric)*
 - *Establish mechanisms to aggregate and disseminate bed tracking information to local and State EOCs, other healthcare partners and other response entities (e.g., fire, public safety, etc.)*

Observations: There is a bed tracking system that is used on a daily basis. This was evident from the fact that at any given time during the exercise, a real time bed inventory was available to the Command Center.

- 1.4 Develop protocols for increasing internal surge capacity.
- *Establish criteria and processes for canceling outpatient and elective procedures (if necessary)*
 - *Establish criteria and clearly defined processes to evaluate and discharge lower activity patients to home, other health care facilities*
 - *Establish a mechanism to track patients who are discharged*

Observations: Discussions were held early into the exercise regarding the cancelling of elective surgeries, outpatient services, etc. Early discharges were also discussed, and staff asked to evaluate possible discharges.

- 1.5 Determine medical surge assistance requirements.
- *Identify potential gaps in personnel, supplies, and equipment*
 - *Identify local, State, Tribal, Federal, and private sector partners who can work to ensure adequate staffing, supplies, equipment, and bed space*
 - *Coordinate with State, Tribal, and local medical, behavioral health, public health, substance abuse, and private sector officials to establish mutual aid agreements in support of surge requirements*
-

Observations: There are procedures in place for placing hospital staff on an “alert” status, and/or recalling off duty staff as needed. There is a large warehousing capability for supply and re-supply.

- 1.6 Develop plans for providing external surge capacity outside the health care facility setting.
- *Identify off-site or alternate care facilities to provide surge capacity*
 - *Determine the number of patients and level of care (e.g., triage, basic care and stabilization, trauma) that can be accommodated at each site*
 - *Develop staffing, supply, and re-supply plans*
-

Observations: Offsite surge capability is available at a number of system hospitals. This appeared to be incident specific, and would be determined at the time of need.

Activity 2: Incident Management

Activity Description: In response to notification of a mass casualty incident, activate the healthcare organization's Emergency Operations Plan.

-
- 2.1 Activate the health care organization's Emergency Operations Plan (EOP).
- *Implement notification procedures for incident management personnel and key administrative staff*
 - *Assign roles and responsibilities to the incident management team and general staff*
 - *Manage incident response in accordance with Incident Command System (ICS) organizational structures, doctrine, and procedures, as defined in NIMS*
 - *Establish a safety plan for facility patients and staff*
 - *Implement a common communications plan*
-

Observations: The plan was activated at the beginning of exercise. Evaluators did not see any use of an Incident Action Plan (IAP). Responsibilities were assigned as required. This should have been part of the IAP which should have been developed within the first 30 min. The initial IAP should be developed as a means to focus initial efforts.

- 2.2 Conduct incident action planning.
- *Establish and document incident goals and objectives*
 - *Establish and document the strategy and general tactics to meet incident objectives*
 - *Develop and document support plans (e.g., safety plans, contingency plans)*
 - *Coordinate with other response entities, if appropriate, to define an operational period for response*
 - *Evaluate and revise objectives for each operational period*
-

Observations: Evaluators suggest adding this function to the Command Center checklist.

Activity 3: Increase Bed Surge Capacity

Activity Description: Increase as many staffed and resourced hospital beds as clinically appropriate.

-
- 3.1 Implement bed surge capacity plans, procedures, and protocols.
- *Activate plans to cancel outpatient or elective procedures (if necessary)*
 - *Activate plans, procedures, and protocols to maximize bed surge capacity (e.g., utilize non-traditional patient care spaces such as hallways, waiting areas, etc.)*
-

Observations: Bed surge was implemented both within the Charlotte site, and outlying sites.

- 3.2 Maximize utilization of available beds.
- *Coordinate patient distribution with other health care facilities, EMS, and private patient transport partners*
-

Observations: Available beds were maximized throughout the exercise.

- 3.3 Forward transport less acutely ill patients.
- *Activate MOUs with other health care organizations (if applicable) for transport and care of patients that are not stable enough to discharge home or to an ACS*
 - *Institute protocols to discharge stable inpatients to home or other health care facilities*
 - *Coordinate transport of inpatients with families and the incident management team*
 - *Implement transport procedures to pre-identified facilities based on level of care required*
-

Observations: Evaluators did not observe transport of less acute patients. Participants voiced a concern regarding the sustained capability for transporting large numbers of patients during a surge event.

Activity 4: Medical Surge Staffing Procedure

Activity Description: Maximize staffing levels through recall of off-duty personnel, part-time staff, and retired clinical and non-clinical associates.

- 4.1 Recall clinical personnel in support of surge capacity requirements.
- *Implement health care organization's staff call-back procedures (including "part-time" staff)*
 - *Activate procedures to receive, process, and manage staff throughout the incident*
 - *Debrief clinical staff on incident parameters and how the organization is responding*
 - *Verify credentials and disuse clinical staff assignments*
-

Observations: There was a recall made for various staffing needs. A request was made through the PIER system.

-
- 4.2 Augment clinical staffing.
- *Activate roster and initiate call-back procedures for qualified and licensed volunteer clinicians*
 - *Institute procedures to receive, register, process (including credential verification), and manage volunteer clinicians throughout the incident*
 - *Implement strategies to integrate Federal clinical personnel (e.g., National Disaster Medical System and U.S. Public Health System Personnel) and provide just-in-time training to clinical staff*
-

Observations: The roster was activated for call back procedures for qualified and licensed volunteer clinicians.

- 4.3 Augment non-clinical staffing.
- *Initiate call-back procedures for non-clinical staff (e.g. custodians, security, cooks, etc.)*
 - *Activate MOUs for non-clinical staff (if applicable)*
 - *Activate processes to receive, process, and manage non-clinical staff throughout the incident*
-

Observations: Call-back procedures were initiated for non-clinical staff. If there is not an MOU for this, consider establishing one.

Activity 6: Receive, Evaluate, and Treat Surge Casualties

Activity Description: Receive mass casualties and provide appropriate evaluation and medical treatment.

- 6.2 Provide medical equipment and supplies in support of immediate medical response operations and for restocking supplies/equipment requested.
- *Identify additional medical equipment and supplies needed to meet surge capacity requirements and implement restocking procedures for pre-hospital care providers*
 - *Request the strategic national stockpile (SNS) through ICS*
-

Observations: This function was not actually exercised. However, there is a large warehousing capability designed for this purpose.

- 6.3 Institute patient tracking.
- *Implement systems to track all patients in the facility with capability to distinguish between incident-related and non-incident patients*
-

Observations: There is a patient tracking system for every facility. Evaluators did not observe if they are capable of separating incident-related vs. non-incident patients.

Activity 7: Provide Surge Capacity for Behavioral Health Issues

Activity Description: Have personnel available to provide behavioral health services to patients, families, responders and staff.

- 7.3 Provide family support services.
- *Identify Federal, State, local and support agencies to assist with family support services*
 - *Identify available resources*
 - *Coordinate with families to ensure they know where/how to receive support*
-

Observations: There was discussion regarding the needs of those family members within the hospital. Evaluators did not see any concrete solutions, but there were some possibilities for caring for families. There was uncertainty regarding this issue. Evaluators suggest additional discussion and development of a family assistance SOP.

Activity 8: Demobilize

Activity Description: Prepare facility and staff to return to normal operations.

- 8.1 Coordinate decision to demobilize with overall incident management.
- *Notify health care personnel and external response entities that medical surge is demobilized*
 - *Conduct demobilization activities under incident command structure*
-

Observations: Exercise ended before demobilization actions could be implemented.

- 8.2 Provide a staff debriefing.
- *Determine Critical Incident Stress Management (CISM) needs*
 - *Transition to normal operations and normal staff scheduling*
 - *Institute plan for staff counseling, stress debriefing, or other follow-on activities to address response workers mental or behavioral health needs (acute and long-term)*
-

Observations: The need for this was discussed, but no formal actions were taken. Command Center staff was aware of the importance of this issue.

- 8.3 Reconstitute medical supply, equipment inventory.
- *Complete inventories of medical supplies, pharmaceuticals, and equipment, account for all costs incurred by the health care organization as a result of the incident response, apply for financial remuneration of those costs, and request replacement nor servicing of equipment, supplies, and pharmaceuticals used during the response*
-

Observations: This is done as a normal routine on a daily basis. Cost accounting would follow normal procedures. However, it was not clear as to how a specific incident cost would be separated from normal expenses.

Presbyterian Huntersville

Medical Surge

Activity 1: Pre-Event Mitigation and Preparedness

Activity Description: Conduct pre-event mitigation and preparedness plans, policies, and procedures prior to notification of mass casualty incident.

- 1.1 Conduct Hazard Vulnerability Analysis (HVA).
- *Identify and list, by type, all hazards that could affect the location or asset of interest, and the relative likelihood of each hazard's occurrence ("threat")*
 - *Assess both the community and response systems' susceptibility to the hazard impact, including the post-impact health and medical needs of the population*
 - *Identify issues that create catastrophic system failure*
 - *Prioritize possible mitigation and preparedness activities based on cost-benefit analysis*
 - *Conduct an assessment of medical surge facilities, hospital capacity, sub-state regions, development of community/regional based surge capacity models, critical steps planning committee jurisdiction*
 - *Identify hospitals with realistic plans to include an alternate care facility and buildings of opportunity*

Observations: The EOP addressed the HVA and personnel were familiar with the HVA and with what actions to take.

- 1.2 Define incident management structure and methodology.
- *Define the organization's internal incident management structure and methodology according to National Incident Management System (NIMS) doctrine*
 - *Identify the location(s) of incident management activities*
 - *Identify logistical, IT, equipment, communications requirements needed to support incident management*
 - *Establish interoperable communications systems with other response entities (e.g., other hospitals, EMS, public health, first responders)*

Observations: The ICS structure is well defined and understood by all personnel

- 1.3 Establish a bed tracking system.
- *Develop a system for tracking available beds and other information within a facility by bed type (e.g., ICU, med/surge, pediatric)*
 - *Establish mechanisms to aggregate and disseminate bed tracking information to local and State EOCs, other healthcare partners and other response entities (e.g., fire, public safety, etc.)*

Observations: Bed tracking is in place and kept up to date during the incident. The use of standardized forms for bed tracking in the EOC would be beneficial for personnel to copy and disseminate. A similar large laminated form that could be posted within the EOC would be beneficial so all personnel could see it as soon as they entered the EOC.

- 1.4 Develop protocols for increasing internal surge capacity.
- *Establish criteria and processes for canceling outpatient and elective procedures (if necessary)*
 - *Establish criteria and clearly defined processes to evaluate and discharge lower activity patients to home, other health care facilities*
 - *Establish a mechanism to track patients who are discharged*
-

Observations: Protocols for increasing surge capacity were well defined and implemented by personnel

- 1.5 Determine medical surge assistance requirements.
- *Identify potential gaps in personnel, supplies, and equipment*
 - *Identify local, State, Tribal, Federal, and private sector partners who can work to ensure adequate staffing, supplies, equipment, and bed space*
 - *Coordinate with State, Tribal, and local medical, behavioral health, public health, substance abuse, and private sector officials to establish mutual aid agreements in support of surge requirements*
-

Observations: Medical surge assessments for assistance requirements were quickly identified and actions were taken. The incident did not require full implementation

- 1.6 Develop plans for providing external surge capacity outside the health care facility setting.
- *Identify off-site or alternate care facilities to provide surge capacity*
 - *Determine the number of patients and level of care (e.g., triage, basic care and stabilization, trauma) that can be accommodated at each site*
 - *Develop staffing, supply, and re-supply plans*
-

Observations: Plans for developing external surge capacity are well developed and personnel are familiar with them.

Activity 2: Incident Management

Activity Description: In response to notification of a mass casualty incident, activate the healthcare organization's Emergency Operations Plan.

- 2.1 Activate the health care organization's Emergency Operations Plan (EOP).
- *Implement notification procedures for incident management personnel and key administrative staff*
 - *Assign roles and responsibilities to the incident management team and general staff*
 - *Manage incident response in accordance with Incident Command System (ICS) organizational structures, doctrine, and procedures, as defined in NIMS*
 - *Establish a safety plan for facility patients and staff*
 - *Implement a common communications plan*
-

Observations: The EOP was activated effortlessly and seamlessly within minutes of receiving the initial tornado activity in the immediate area. Personnel were trained and familiar with their roles within the ICS structure and various emergency procedures and plans were implemented. Utilization of a wall mounted ICS board would allow participants to track ICS assignments and IAP activities. Incoming personnel could easily and quickly observe the current status of the ICS/EOC operations upon entering the EOC.

- 2.2 Conduct incident action planning.
- *Establish and document incident goals and objectives*
 - *Establish and document the strategy and general tactics to meet incident objectives*
 - *Develop and document support plans (e.g., safety plans, contingency plans)*
 - *Coordinate with other response entities, if appropriate, to define an operational period for response*
 - *Evaluate and revise objectives for each operational period*
-

Observations: IAP were developed and discussed among the IMT. The use of standardized IAP forms would be beneficial for personnel and for briefing incoming personnel and dissemination to personnel as needed.

- 2.3 Disseminate key components of incident action plan.
- *Incident management team debriefs administrative staff on incident action plan, operational period objectives, and/or important changes in incident parameters*
 - *Disseminate key components of the incident action plan with external response entities during each operational period*
-

Observations: Components of the IAP were discussed and personnel were briefed appropriately on a regular basis. Written copies of the IAP on standardized forms are suggested.

- 2.4 Provide emergency operations support to incident management.
- *Establish connectivity and coordinate requests for emergency operations support with multi-agency coordination centers (e.g., local Emergency Operations Center (EOC), State EOC, etc.)*
-

Observations: This objective was clearly met and personnel were familiar with the process. The exercise did not escalate to the level of contacting State/Federal or similar EOCs. Review processes in case they are changed.

Activity 3: Increase Bed Surge Capacity

Activity Description: Increase as many staffed and resourced hospital beds as clinically appropriate.

- 3.1 Implement bed surge capacity plans, procedures, and protocols.
- *Activate plans to cancel outpatient or elective procedures (if necessary)*
 - *Activate plans, procedures, and protocols to maximize bed surge capacity (e.g., utilize non-traditional patient care spaces such as hallways, waiting areas, etc.)*
-

Observations: Surge capacity plans were implemented effectively and efficiently during the exercise. Utilizing a bed capacity/surge form for tracking purposes along with a large laminated wall copy would be beneficial for briefings, and for easy observation by ICS personnel within the EOC.

- 3.2 Maximize utilization of available beds.
- *Coordinate patient distribution with other health care facilities, EMS, and private patient transport partners*
-

Observations: The objective was discussed but the exercise did not require activation

- 3.3 Forward transport less acutely ill patients.
- *Activate MOUs with other health care organizations (if applicable) for transport and care of patients that are not stable enough to discharge home or to an ACS*
 - *Institute protocols to discharge stable inpatients to home or other health care facilities*
 - *Coordinate transport of inpatients with families and the incident management team*
 - *Implement transport procedures to pre-identified facilities based on level of care required*
-

Observations: The objective was discussed and ICS personnel were familiar with the process however the scope of the exercise did not require activation.

- 3.4 Provide medical surge capacity in alternate care facilities.
- *Activate MOUs or agreements to open alternate care facilities*
 - *Activate appropriate staffing (e.g., clinical security, administrative, etc.) and supply plans*
-

Observations: ICS personnel were familiar with completing this objective but the scope of the exercise did not require activation of this process.

Activity 4: Medical Surge Staffing Procedure

Activity Description: Maximize staffing levels through recall of off-duty personnel, part-time staff, and retired clinical and non-clinical associates.

- 4.1 Recall clinical personnel in support of surge capacity requirements.
- *Implement health care organization's staff call-back procedures (including "part-time" staff)*
 - *Activate procedures to receive, process, and manage staff throughout the incident*
 - *Debrief clinical staff on incident parameters and how the organization is responding*
 - *Verify credentials and disuse clinical staff assignments*
-

Observations: Recall of clinical personnel was completed, per the EOP.

- 4.2 Augment clinical staffing.
- *Activate roster and initiate call-back procedures for qualified and licensed volunteer clinicians*
 - *Institute procedures to receive, register, process (including credential verification), and manage volunteer clinicians throughout the incident*
 - *Implement strategies to integrate Federal clinical personnel (e.g., National Disaster Medical System and U.S. Public Health System Personnel)*
 - *Provide just-in-time training to clinical staff*
-

Observations: Personnel activated this objective and had numbers of available personnel identified and ready for deployment. The scope of the exercise did not require actual implementation. Consideration was given to obtaining emergency licensure as needed

-
- 4.3 Augment non-clinical staffing.
- *Initiate call-back procedures for non-clinical staff (e.g. custodians, security, cooks, etc.)*
 - *Activate MOUs for non-clinical staff (if applicable)*
 - *Activate processes to receive, process, and manage non-clinical staff throughout the incident*
-

Observations: Call back for non-clinical staff was initiated per the EOP for the exercise.

Activity 6: Receive, Evaluate, and Treat Surge Casualties

Activity Description: Receive mass casualties and provide appropriate evaluation and medical treatment.

- 6.1 Establish initial reception and triage site.
- *Identify location(s) for initial patient reception and triage*
 - *Disseminate information on patient reception/triage site to external response entities (e.g., EMS) and to the public through a coordinated public information message (i.e., since many patients will self-refer)*
 - *Activate MOUs with other health care organizations or community assets (e.g., schools, conference centers) for initial patient triage*
-

Observations: This objective is addressed within the EOP but was not observed by this evaluator during the exercise. Review the EOP and ensure that personnel are familiar and trained.

- 6.2 Provide medical equipment and supplies in support of immediate medical response operations and for restocking supplies/equipment requested.
- *Identify additional medical equipment and supplies needed to meet surge capacity requirements*
 - *Implement restocking procedures for pre-hospital care providers*
 - *Request the strategic national stockpile (SNS) through ICS*
-

Observations: This objective was discussed and met during the incident to the level required. The hospital was self-sufficient for this exercise and did not require outside resources

- 6.3 Institute patient tracking.
- *Implement systems to track all patients in the facility with capability to distinguish between incident-related and non-incident patients*
-

Observations: In-house patient tracking was utilized. It was not noted or observed if patients were distinguished as incident or no-incident related. Evaluators recommend having access to patient tracking systems within the EOC and hard copies of summaries available for dissemination and briefings.

-
- 6.4 Execute medical mutual aid agreements.
- *Identify additional needed medical supplies, equipment, and other resources needed to meet surge requirements*
 - *Identify needed health care professionals*
 - *Coordinate requests for mutual aid support with local, regional, and State response agencies*
-

Observations: This objective is addressed within the EOP and was discussed by the IMT however the scope of this exercise did not require their activation

- 6.5 Activate Procedures for Altered Nursing and Medical Care Standards
- *Implement pre-defined altered nursing and medical care standards*
 - *Disseminate information on the use of altered standards of care through established information management mechanisms within the organization and to external response entities*
-

Observations: This objective is addressed within the EOP, however it was not implemented during this exercise. Review the EOP and ensure all personnel are familiar with this procedure.

Activity 7: Provide Surge Capacity for Behavioral Health Issues

Activity Description: Have personnel available to provide behavioral health services to patients, families, responders and staff.

- 7.1 Institute strategy to address behavioral health issues.
- *Implement strategy to meet behavioral health needs of staff (including incident management team) as well as patients and their family members*
-

Observations: This objective was not discussed or observed by this evaluator. Review the EOP and ensure all personnel are familiar and trained with this process

- 7.2 Provide behavioral health support.
- *Identify personnel required to assist with counseling and behavioral health support*
 - *Implement the organization's behavioral plan for emergency response*
 - *Coordinate with community leaders (e.g., religious community)*
-

Observations: This objective was not discussed nor observed by this evaluator during the exercise. Review the EOP and ensure all personnel are familiar and trained with this process.

- 7.3 Provide family support services.
- *Identify Federal, State, local and support agencies to assist with family support services*
 - *Identify available resources*
 - *Coordinate with families to ensure they know where/how to receive support*

Observations: This objective was discussed but not implemented during this exercise.

Activity 4.12: Planning

- 4.12.1 The hospital develops and maintains a written emergency operations plan (EOP)/incident action plan (IAP) that describes an “all-hazards” command structure for coordinating six critical areas within the hospital during an emergency.

Observations: THE EOP/IAP plan is maintained and addresses an “all-hazards” ICS.

- 4.12.2 The EOP/IAP establishes an incident command structure that is integrated into and consistent with its community’s command structure.

Observations: The EOP/IAP has a well defined Incident Command System consistent with NIMS guidelines.

- 4.12.3 The EOP/IAP identifies to whom staff report in the hospital’s incident command structure.

Observations: The EOP identifies staff members assigned to functions within the incident command structure.

- 4.12.6 The EOP/IAP identifies the hospital’s capabilities and establishes response efforts when the hospital cannot be supported by the local community for at least 96 hours in the six critical areas.

Observations: The EOP identifies the hospitals requirements for 96 hour sustainability and personnel are familiar with this requirement.

- 4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.

Observations: The EOP addresses alternate care facilities. IMT personnel were familiar with these sites and the processes to utilize them.

Hospital Emergency Standards

Activity 4.13: Communications

4.13.1 The hospital plans for notifying staff when emergency response measures are initiated.

Observations: The facility has in depth plans for notifying personnel in the event of an emergency to include, phone, email, text and in-house paging.

4.13.2 The hospital plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.

Observations: The EOP communication plan includes keeping personnel updated with current information.

4.13.3 The hospital defines processes for notifying external authorities when emergency response measures are initiated.

Observations: The EOP address notifications for external authorities and staff are familiar.

4.13.4 The hospital plans for communicating with external authorities once emergency response measures are initiated.

Observations: The EOP addresses the objective and personnel are familiar with the process.

4.13.6 The hospital defines the circumstances and plans for communicating with the community and/or the media during emergencies.

Observations: The EOP addresses the PIO/Media functions however it was not discussed nor observed during this exercise. Review the EOP and ensure all personnel are familiar and trained with this process.

4.13.7 The hospital plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated;

Observations: The EOP addresses suppliers and services contracted with the hospital for emergencies. Maintain an easily accessible list, with both hard copies and electronic copies of vendors, supplies and services.

4.13.8 The hospital plans for communicating in a timely manner with other health care organizations that

together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: essential elements of their command structures and control centers for emergency response;

Observations: This objective is addressed within the EOP and executed as needed during the exercise. Contact lists for ICS personnel should be available in hard copies and electronic copies in the EOC would be beneficial during emergency operations.

4.13.9 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area regarding names and roles of individuals in their command structures and command center telephone numbers.

Observations: This objective is addressed in the EOP and was completed to the necessary levels during the incident.

4.13.10 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: resources and assets that potentially could be shared in an emergency response; and

Observations: The EOP addresses this objective and personnel completed this activity during the exercise.

4.13.12 The hospital defines the circumstances and plans for communicating information about patients to third parties (such as other health care organizations, the state health department, police, FBI, etc.).

Observations: The EOP addresses this objective however it was not observed nor discussed during the exercise. Review the EOP and ensure all personnel are familiar and trained with this process.

4.13.13 The hospital plans for communicating with identified alternative care sites.

Observations: Plans were discussed for meeting this objective had it been required during the exercise

4.13.14 The hospital plans for communicating with identified alternative care sites.

Observations: All backup communications were identified and tested. There was some issue with the operations of radios noted. Conduct periodic testing of radio systems, to ensure operability and interoperability.

Activity 4.14: Resources and Assets

- 4.14.1 The hospital plans for: obtaining supplies that will be required at the onset of emergency response (medical, pharmaceutical and non-medical);

Observations: The EOP addresses this objective. Personnel obtained inventories of supplies on hand and identified resources if additional supplies were needed. The facility was adequately stocked for the event and did not require additional supplies

- 4.14.2 The hospital plans for: replenishing medical supplies and equipment that will be required throughout response and recovery, including personal protective equipment where required;

Observations: The IMT reviewed plans for meeting this objective however implementation was not required during this exercise

- 4.14.3 The hospital plans for: replenishing pharmaceutical supplies that will be required throughout response and recovery, including access to and distribution of caches (stockpiled by the hospital or its affiliates, local, state or federal sources) to which the hospital has access;

Observations: The IMT reviewed plans to meet this objective and were prepared to activate if need during the exercise.

- 4.14.4 The hospital plans for: replenishing non-medical supplies that will be required throughout response and recovery (for example, food, linen, water, fuel for generators and transportation vehicles, etc.);

Observations: The EOP addressed this objective and IMT personnel reviewed the plan and were prepared to activate the plan as needed during the exercise

- 4.14.7 The hospital plans for: potential sharing of resources and assets (e.g., personnel, beds, transportation, linens, fuel, PPE, medical equipment and supplies, etc.) with other health care organizations within the community that could potentially be shared in an emergency response;

Observations: The IMT made necessary contacts to meet this objective as needed during the exercise.

- 4.14.8 The hospital plans for: potential sharing of resources and assets with health care organizations outside of the community in the event of a regional or prolonged disaster;

Observations: The IMT was prepared to meet this objective per the EOP as needed during the exercise.

- 4.14.10 The hospital plans for: transporting patients, their medications and equipment, and staff to an alternative care site or sites when the environment cannot support care, treatment, and services

Observations: This objective was discussed by the IMT and personnel were prepared to

active the plans as needed during the exercise.

Activity 4.15: Safety and Security

4.15.1 The hospital establishes internal security and safety operations that will be required once emergency measures are initiated.

Observations: This objective was effectively enacted during the exercise.

4.15.2 The hospital identified the roles of community security agencies and defines how the hospital will coordinate security activities with these agencies.

Observations: This objective was discussed and IMT staff are aware that during an event of this nature resources may be severely limited and planned accordingly.

4.15.5 The hospital establishes processes for the following: controlling entrance into and out of the health care facility during emergencies.

Observations: Personnel implemented plans to complete this objective as needed based upon the event.

4.15.6 The hospital establishes processes for the following: controlling the movement of individuals within the health care facility during emergencies.

Observations: Personnel efficiently and effectively met this objective.

4.15.7 The hospital establishes processes for the following: controlling traffic accessing the health care facility during emergencies.

Observations: Personnel were familiar with the plan for this objective and quickly and efficiently implemented the plan.

Activity 4.16: Staffing

4.16.1 Staff roles and responsibilities are defined in the Emergency Operations Plan for all critical areas (communications, resources and assets, safety and security, utilities and clinical activities).

Observations: This objective is clearly defined within the EOP and personnel were trained and familiar with their roles. The hospital is doing an excellent job in ensuring that multiple personnel are trained the ICS roles.

4.16.2 Staff is trained for their assigned roles during emergencies

Observations: Staff were well trained and the hospital is ensuring that multiple personnel

have the opportunity to train act in various roles of the ICS.

4.16.3 The hospital communicates to licensed independent practitioners their roles in emergency response and to whom they report during an emergency.

Observations: Personnel were familiar with the EOP for meeting this objective and demonstrated an effective process for providing the number of available resources to ICS staff.

4.16.4 The hospital establishes a process for identifying care providers and other personnel (such as ID cards, etc.) assigned to particular areas during emergencies.

Observations: Hospital personnel are required to wear identification while on duty, it was not discussed how this objective would be met for outside resources. Review the EOP and ensure all personnel are familiar and trained with this process.

Activities 4.17: Utilities

4.17.1 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: electricity;

Observations: The EOP addressed this objective under the 96 hour sustainability plan, personnel verified resources on site and were prepared to activate plans if needed during this exercise.

4.17.2 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for consumption and essential care activities;

Observations: The EOP addresses this objective in the 96 hour sustainability plan. Personnel verified resources on-site and were prepared to activate plans if needed during this exercise.

4.17.3 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for equipment and sanitary purposes

Observations: The EOP provides for meeting this need and personnel verified the resources available.

4.17.4 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: fuel required for building operations or essential transport activities; and

Observations: The EOP addresses this objective in the 96 hour sustainability plan. Personnel verified amounts of fuel on hand and identified resources for resupplying.

4.17.5 Hospitals identify an alternative means of providing for the following utilities in the event that their

supply is compromised or disrupted: other essential utility needs (for example, ventilation, medical gas/vacuum systems, etc.).

Observations: The EOP addresses this objective and it was tested during the exercise. Personnel activated plans to meet these needs during the exercise.

Activity 4.18: Clinical Activities

4.18.1 The hospital plans to manage the following during emergencies: the clinical activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, discharge, and evacuation.

Observations: The hospital was prepared and met this objective during the exercise.

4.18.3 The hospital plans to manage the following during emergencies: personal hygiene and sanitation needs of its patients.

Observations: The EOP and 96 hour sustainability plan addressed this objective, however the scope of the exercise did not require implementation.

4.18.5 The hospital plans to manage the following during emergencies: mortuary services.

Observations: This objective was discussed and personnel were prepared to implement the plans as needed.

4.18.6 The hospital plans for documenting and tracking patients' clinical information.

Observations: The hospital utilized the in-house system for meeting this objective.

Valdese Hospital

Hospital Emergency Standards

Activity 4.12: Planning

4.12.1 The hospital develops and maintains a written emergency operations plan (EOP)/incident action plan (IAP) that describes an “all-hazards” command structure for coordinating six critical areas within the hospital during an emergency.

Observations: The EOP/IAP has been developed, updated and maintained as required. Additional copies would be beneficial to have in the EOC as well as electronic copies available for personnel to review and to access during emergencies.

4.12.2 The EOP/IAP establishes an incident command structure that is integrated into and consistent with its community’s command structure.

Observations: The ICS structure objective was complete and personnel were familiar with and well trained in operating within the ICS. Excellent use of ICS wall chart and job level tasks sheets for personnel.

4.12.3 The EOP/IAP identifies to whom staff report in the hospital’s incident command structure.

Observations: The EOP/IAP was clear and effective in identifying staff involved in the ICS

4.12.6 The EOP/IAP identifies the hospital’s capabilities and establishes response efforts when the hospital cannot be supported by the local community for at least 96 hours in the six critical areas.

Observations: 96 hour sustainability is addressed by the EOP and personnel are familiar with the hospital’s capabilities.

4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.

Observations: The EOP address alternative care sites and personnel are familiar with same

Activity 4.13: Communications

4.13.1 The hospital plans for notifying staff when emergency response measures are initiated.

Observations: The hospital has an in-depth notification plan for staff that includes, phone,

email, text messaging and in-house messaging

4.13.2 The hospital plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.

Observations: The EOP addresses this objective and personnel were familiar with the plans

4.13.3 The hospital defines processes for notifying external authorities when emergency response measures are initiated.

Observations: The EOP addresses this objective and personnel were familiar with the process

4.13.4 The hospital plans for communicating with external authorities once emergency response measures are initiated.

Observations: The EOP addresses this objective and personnel are familiar and trained in completing this objective

4.13.5 The hospital plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.

Observations: This objective was not discussed or observed by this evaluator. Review the EOP and ensure that personnel are trained and familiar with completing this objective

4.13.6 The hospital defines the circumstances and plans for communicating with the community and/or the media during emergencies.

Observations: The EOP addresses this objective however personnel were reluctant to speak with the media during this incident and there was some confusion as to who would represent the hospital administration along with the PIO. Review the EOP PIO/Media procedures and remind personnel that if the hospital does not keep both the media and the community informed that the opportunity for inaccurate information greatly increases

4.13.7 The hospital plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated;

Observations: This area was discussed but not actively initiated. Ensure personnel are familiar with what vendors serve the facility and how to contact them in an emergency situation.

4.13.8 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care

organizations serving a town or borough) regarding: essential elements of their command structures and control centers for emergency response;

Observations: The personnel were familiar with the plan and what facilities to contact

4.13.9 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area regarding names and roles of individuals in their command structures and command center telephone numbers.

Observations: The personnel were familiar with the plan and how to contact various facilities. Consider having a name and number directory available for personnel to access at multiple locations within the EOC to make the process more efficient.

4.13.10 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: resources and assets that potentially could be shared in an emergency response; and

Observations: Personnel are familiar with meeting this objective.

4.13.11 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: names of patients and deceased individuals brought to their hospitals in accordance with applicable law and regulation, when requested.

Observations: This process was not discussed nor observed by this evaluator. Ensure that the EOP addresses this objective and that personnel are familiar with the plan and trained.

4.13.12 The hospital defines the circumstances and plans for communicating information about patients to third parties (such as other health care organizations, the state health department, police, FBI, etc.).

Observations: This objective was not discussed nor observed by this evaluator. Ensure the EOP addresses this objective and that personnel are familiar with the process

4.13.13 The hospital plans for communicating with identified alternative care sites.

Observations: Personnel discussed communications plans but there were not implemented for this exercise. Review the EOP and ensure personnel are trained and familiar with the plan

4.13.14 The hospital establishes backup communication systems and technologies for the activities identified above.

Observations: IMT personnel discussed and are familiar with all backup communications systems available.

Activity 4.14: Resources and Assets

4.14.1 The hospital plans for: obtaining supplies that will be required at the onset of emergency response (medical, pharmaceutical and non-medical);

Observations: The appropriate personnel ensured the inventory on hand of various supplies and planned for surges in use of those supplies

4.14.2 The hospital plans for: replenishing medical supplies and equipment that will be required throughout response and recovery, including personal protective equipment where required;

Observations: Personnel prepared to meet this objective as required by the incident

4.14.3 The hospital plans for: replenishing pharmaceutical supplies that will be required throughout response and recovery, including access to and distribution of caches (stockpiled by the hospital or its affiliates, local, state or federal sources) to which the hospital has access;

Observations: Personnel were familiar with procedures to replenish supplies from multiple resources

4.14.4 The hospital plans for: replenishing non-medical supplies that will be required throughout response and recovery (for example, food, linen, water, fuel for generators and transportation vehicles, etc.);

Observations: The EOP addresses this objective and personnel are familiar with the procedures.

4.14.5 The hospital plans for: managing staff support activities (for example, housing, transportation, incident stress debriefing, etc.);

Observations: The EOP addresses this objective and staff were familiar with the plans

4.14.6 The hospital plans for: managing staff family support needs (for example, child care, elder care, communication, etc.);

Observations: The EOP addresses this issue however there were some logistical concerns but they would be fluid and flexible dependent upon the actual incident. Prepare as much as possible, brainstorm possible contingencies such as adverse weather, personnel shortages, communication failures, etc.

4.14.7 The hospital plans for: potential sharing of resources and assets (e.g., personnel, beds, transportation, linens, fuel, PPE, medical equipment and supplies, etc.) with other health care organizations within the community that could potentially be shared in an emergency response;

Observations: The EOP addresses this objective and the personnel were prepared to do so based upon being able to maintain their 96 hour sustainability.

4.14.8 The hospital plans for: potential sharing of resources and assets with health care organizations outside of the community in the event of a regional or prolonged disaster;

Observations: The EOP addresses this objective and personnel were prepared to meet this objective had the exercise necessitated.

4.14.9 The hospital plans for: evacuating (both horizontally and, when required by circumstances, vertically) when the environment cannot support care, treatment, and services;

Observations: Evacuation procedures are in place along with necessary equipment to effect such evacuations. Training with the evacuation equipment with additional personnel is suggested to increase familiarity and effective use of the equipment.

4.14.10 The hospital plans for: transporting patients, their medications and equipment, and staff to an alternative care site or sites when the environment cannot support care, treatment, and services

Observations: Plans were in place for transporting patients however there was a concern regarding the availability of resources depending upon the severity of the incident. Review the EOP and alternative resources that could be implemented

4.14.11 The hospital plans for: transporting pertinent information, including essential clinical and medication-related information, for patients to an alternative care site or sites when the environment cannot support care, treatment, and services.

Observations: This objective was not discussed or observed by this evaluator. Review the EOP and ensure that personnel are trained and familiar with procedures to meet this objective

Activity 4.15: Safety and Security

4.15.1 The hospital establishes internal security and safety operations that will be required once emergency measures are initiated.

Observations: Security operations were well defined.

4.15.2 The hospital identified the roles of community security agencies and defines how the hospital will coordinate security activities with these agencies.

Observations: Security personnel were familiar with the requirements to meet this objective but were also aware that depending upon the severity of the incident that outside law enforcement resources would be severely taxed and potentially unavailable to assist the hospital

4.15.3 The hospital identifies a process that will be required for managing hazardous materials and waste once emergency measures are initiated.

Observations: This objective was discussed in the EOP but was not openly discussed by the IMT during the incident. Review the EOP and ensure that personnel are familiar with the procedures.

4.15.4 The plan identifies means for radioactive, biological, and chemical isolation and decontamination.

Observations: This objective was not discussed nor observed by this evaluator. Ensure the EOP addresses this objective and personnel are familiar with the processes

4.15.5 The hospital establishes processes for the following: controlling entrance into and out of the health care facility during emergencies.

Observations: Plans were discussed pertaining to controlling the entrances during the incident. Security personnel had plans and procedures in place

4.15.6 The hospital establishes processes for the following: controlling the movement of individuals within the health care facility during emergencies.

Observations: Plans were discussed regarding the controlling of the public through the facility during the incident. The plans appeared to be fluid and flexible and left to the discretion of the security personnel.

4.15.7 The hospital establishes processes for the following: controlling traffic accessing the health care facility during emergencies.

Observations: Security personnel were trained and implemented traffic control procedures for the facility

Activity 4.16: Staffing

4.16.1 Staff roles and responsibilities are defined in the Emergency Operations Plan for all critical areas (communications, resources and assets, safety and security, utilities and clinical activities).

Observations: Staff roles and responsibilities were clearly outlined in the EOP and divided into the appropriate areas. Pre-packaged job task packets were provided in the EOC and

distributed to necessary personnel as the ICS roles were implemented and expanded

4.16.2 Staff is trained for their assigned roles during emergencies

Observations: Staff were trained and provided with job level task sheets to guide them as to the functions of their various roles

4.16.3 The hospital communicates to licensed independent practitioners their roles in emergency response and to whom they report during an emergency.

Observations: This objective was discussed and personnel were prepared to implement it had the incident escalated. The exercise did not reach this level

4.16.4 The hospital establishes a process for identifying care providers and other personnel (such as ID cards, etc.) assigned to particular areas during emergencies.

Observations: Staff members are required to wear ID badges at all times. This evaluator did observe preparations for non-staff personnel but this exercise did not require outside personnel. Ensure that the EOP addresses this objective and that necessary personnel are familiar with the established process and are prepared to implement the plan.

Activity 4.17: Utilities

4.17.1 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: electricity;

Observations: Verification was made as to on-site generators and current fuel capacities. A 96 hour sustainability was verified

4.17.2 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for consumption and essential care activities;

Observations: Alternate sources and supplies of drinking water and non potable water were discussed, including bottled water and water delivered by the fire department

4.17.3 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for equipment and sanitary purposes

Observations: Alternate water sources were discussed, including sterile water supplies for procedures.

4.17.4 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: fuel required for building operations or essential transport activities; and

Observations: Necessary fuel supplies were verified for 96 hour sustainability and resources for refueling were discussed

4.17.5 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: other essential utility needs (for example, ventilation, medical gas/vacuum systems, etc.).

Observations: IMT ensured that back up services were available as needed and verified it with the appropriate department representatives

Activity 4.18: Clinical Activities

4.18.1 The hospital plans to manage the following during emergencies: the clinical activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, discharge, and evacuation.

Observations: The hospital utilized normal patient tracking procedures to meet this objective.

4.18.2 The organization plans to manage the following during emergencies: clinical services for vulnerable populations served by the hospital, including patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.

Observations: Maintaining services for special populations was discussed by the Incident Management Team and discussions were held regarding in-house and with other providers

4.18.3 The hospital plans to manage the following during emergencies: personal hygiene and sanitation needs of its patients.

Observations: This objective was not discussed by the Incident Management Team nor observed by this evaluator. Verify that hygiene and sanitary needs of patients are included in the 96 hour sustainability plan.

4.18.4 The hospital plans to manage the following during emergencies: the mental health service needs of its patients

Observations: Mental health needs for patients was not discussed by the Incident Management Team nor observed by this evaluator. Verify that mental health needs are addressed in the Emergency Operations Plan.

4.18.5 The hospital plans to manage the following during emergencies: mortuary services.

Observations: Plans are in place to provide mortuary services

4.18.6 The hospital plans for documenting and tracking patients' clinical information.

Observations: The hospital utilized computer tracking systems with paper back ups. Having a form or computer system to track and monitor patient information would be beneficial as opposed to keeping information on note pads.

CHAPTER 4: PARTICIPANT FEEDBACK

For the purpose of categorizing the responses of participants in the MTAC Full Scale Exercise, the information expressed by each respondent was categorized as a specific target capability (such as emergency operation planning, communications, resources and assets, etc.). Each entry was assigned a category and provided a numerical value in order to implement a system for measuring player perceptions and common concerns among functional groups. This gives a reasonable assessment of how participants understood the results of the exercise, their role in response, and which areas they feel require the most corrective attention.

According to participants, the following areas require the most pressing attention.

- 14% of respondents disagreed with the statement that there is sufficient experience and training in medical surge procedures such as activating recall, extra transport units, and mutual aid (Figure 4.17).
- 11% disagreed with the statement that accurate and clear information was exchanged between all facilities (Figure 4.4).
- 11% disagreed with the statement that there is sufficient communication equipment available to their organization for an event of this type (Figure 4.3).
- 40% of respondents were unsure if there was sufficient security and traffic control for ACF locations, including access codes to buildings and alternate routes in the event of road closures (Figure 4.9).
- 39% were unsure if there were sufficient procedures for augmenting staff, clearing volunteers, and verifying credentials with updates for population and facility changes (Figure 4.13).
- 31% were unsure if there were sufficient staff to track and inventory resources distributed at ACFs (Figure 4.12).
- 31% were unsure if patient tracking and tagging systems were understood by all community partners who may be called in to staff (4.19).

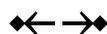
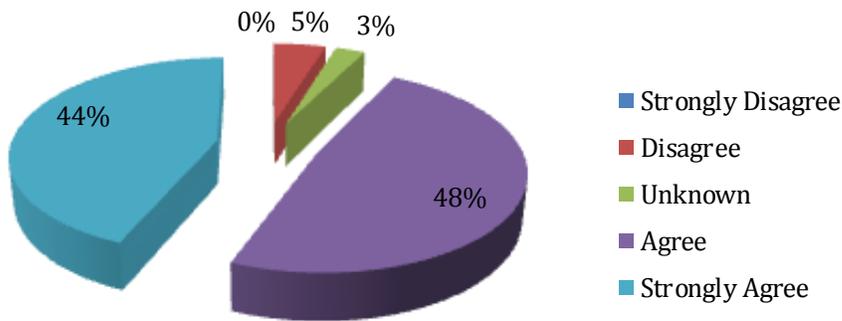
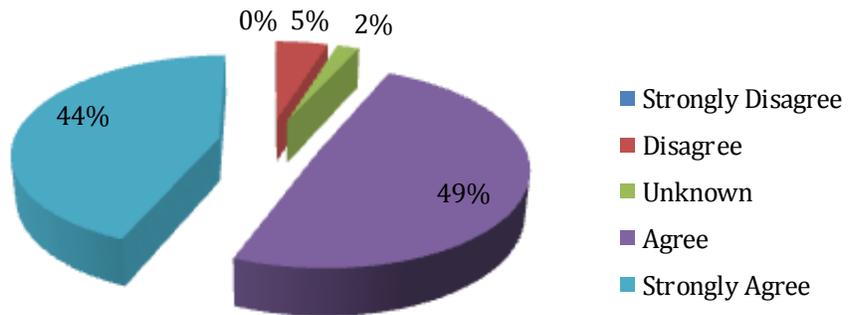


Figure 4.1



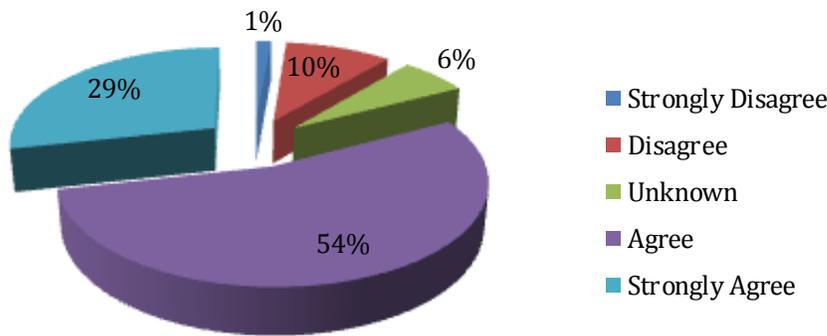
The exercise was well-organized and the scenario was realistic.

Figure 4.2



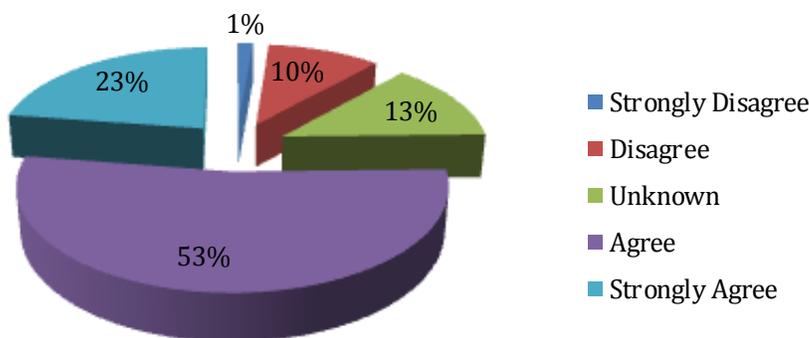
Appropriate personnel, agencies, and organizations were included.

Figure 4.3



My organization has sufficient communications equipment to respond to this type of incident.

Figure 4.4



During the incident, accurate and clear information was dispatched to all response teams.

You are easily able to communicate with other agencies during the incident.

Figure 4.5

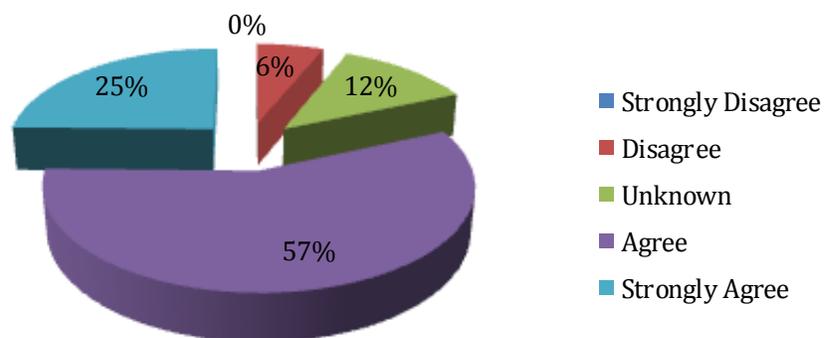
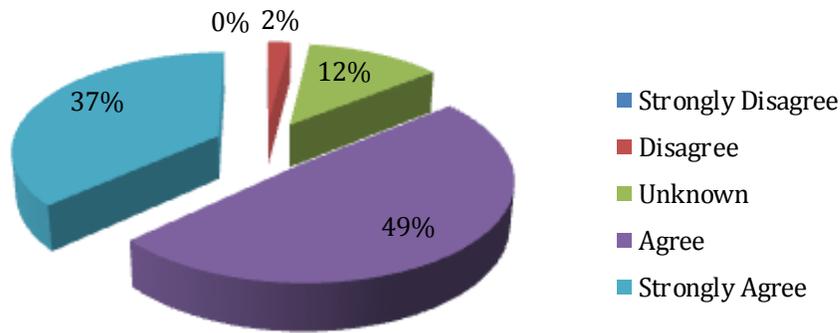
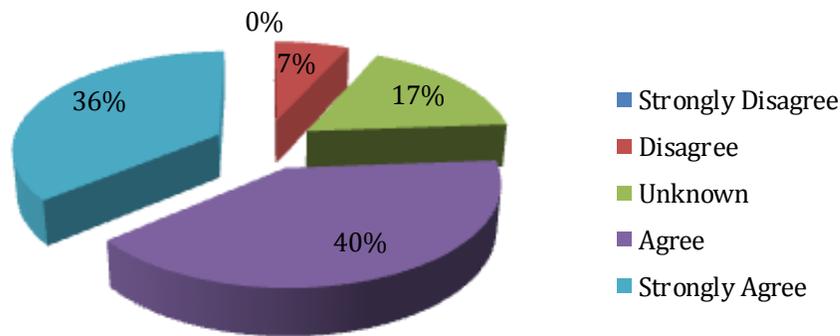


Figure 4.6



Resources arrived in a timely manner upon request.

Figure 4.7



There is sufficient personnel and/or mutual aid agreements to handle an incident of this size.

There are sufficient vehicles and mobile equipment to transport patients and resources for an incident of this size.

Figure 4.8

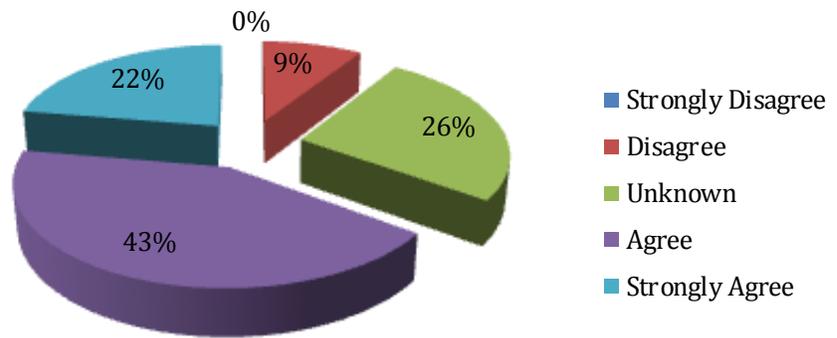
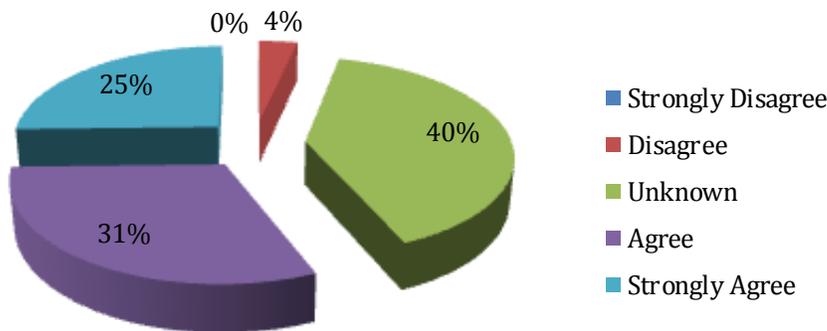
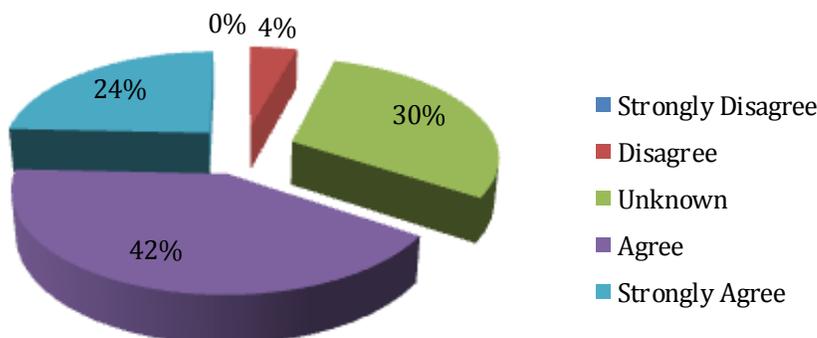


Figure 4.9



Sufficient security and traffic control plans are in place for all alternate care facilities, including access codes and alternate routes in the event of road closures.

Figure 4.10



There are sufficient mutual aid agreements with health care facilities within the region to provide staff for an extended mass care event.

There are sufficient systems in place for informing the public of the locations of alternate care facilities.

Figure 4.11

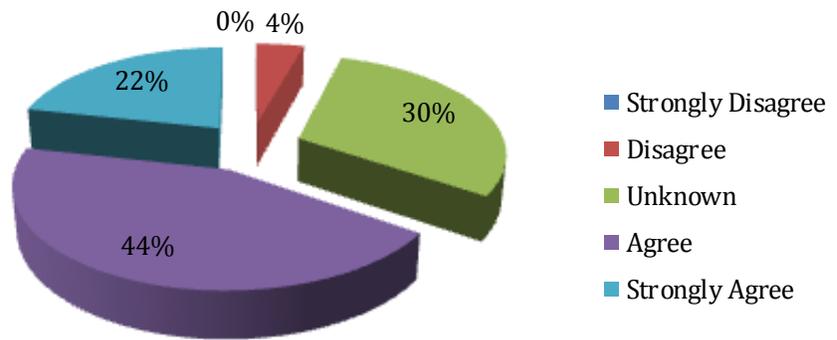
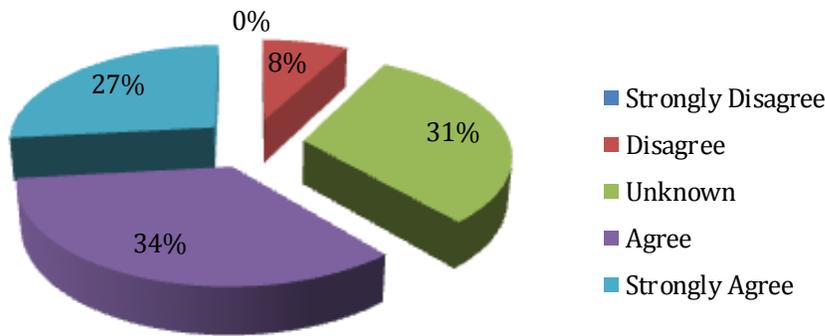
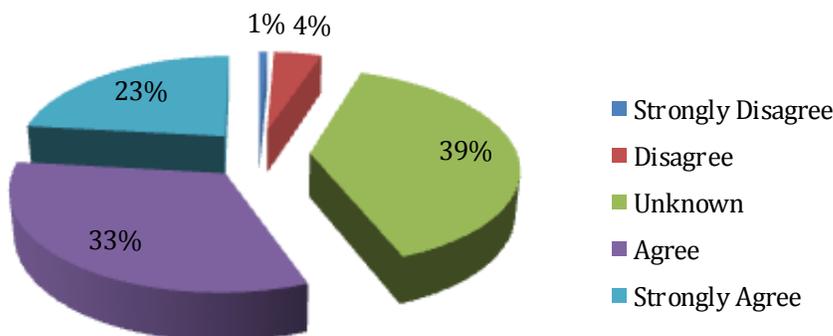


Figure 4.12



There is sufficient staff trained in tracking and inventorying resources acquired and distributed at alternate care sites and distribution sites.

Figure 4.13



Procedures for augmenting emergency staff, including volunteers and verifying credentials, have been tested and updated according to changes in population and facilities capabilities.

Staff notification systems are operational tested regularly.

Figure 4.14

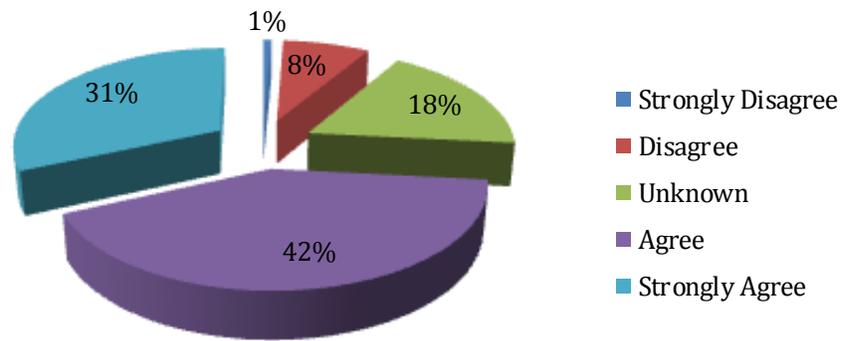
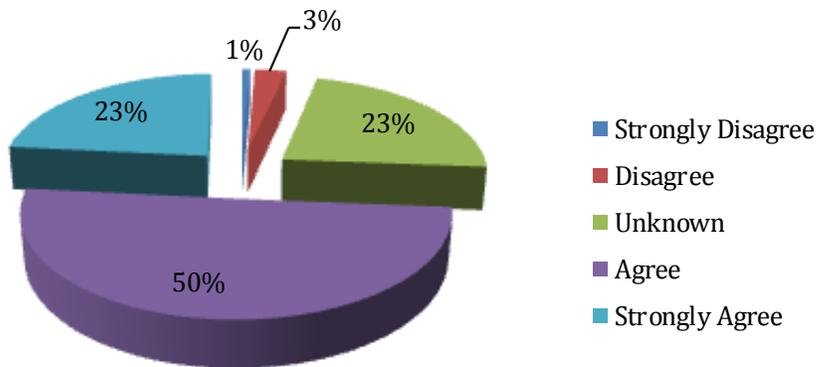
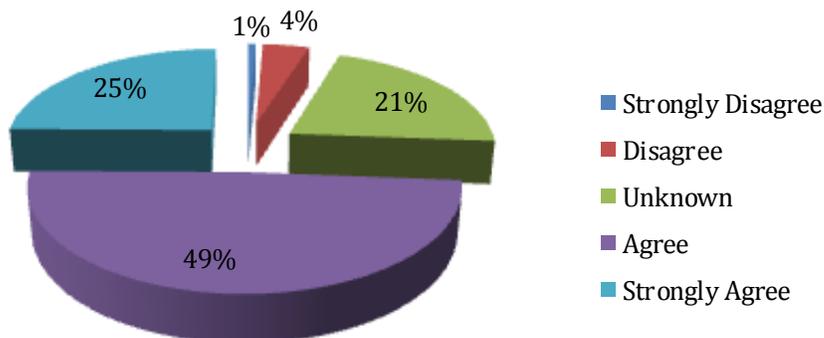


Figure 4.15



There is informative and uninterrupted communication with all involved health care facilities during an emergency.

Figure 4.16



Relevant information, such as locations for staging areas, rehabilitation, recovery, and perimeter information is provided to all incoming units in a timely manner.

I have sufficient experience and training in medical surge, including personnel recall, activating spare transport units, and requesting immediate mutual aid.

Figure 4.17

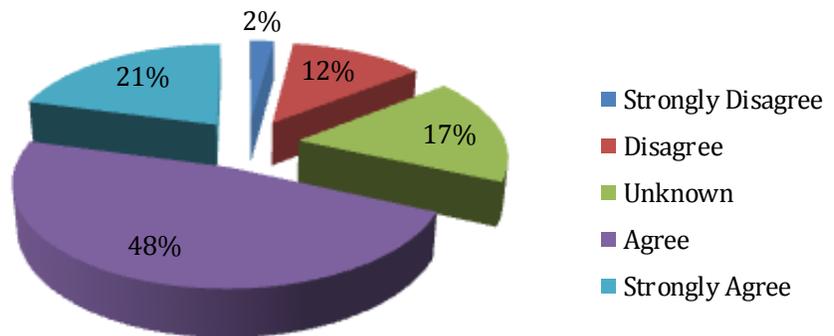
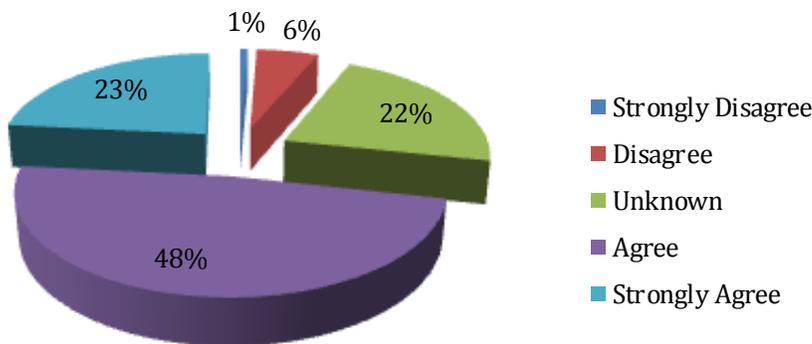
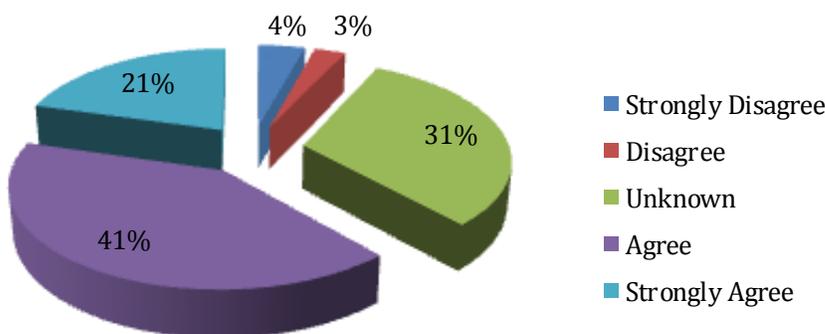


Figure 4.18



Traffic and ease of access and exit are routinely taken into account when establishing treatment and transport areas.

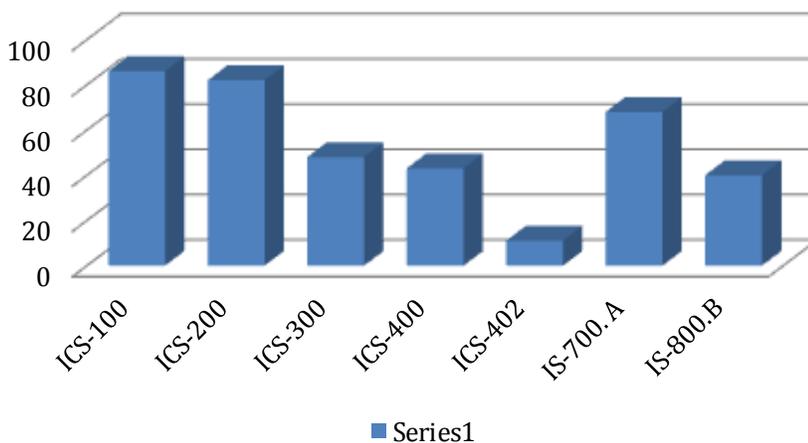
Figure 4.19



Patient tracking and tagging system is, for the most part, understood by other responders (fire, hazmat, law enforcement, etc.) as necessary.

Participants reported the number of ICS classes they have taken.

Figure 4.20



CHAPTER 5: CONCLUSION

Evaluations differed widely across the several facilities addressed but several region-wide issues came to light. Mutual aid agreements are a large area of uncertainty for most hospitals operating in the region. It was also noted at several facilities that there was not sufficient timely communication occurring between the health care centers during emergency response. Tracking resources and patients exchanged between different facilities also received a lot of attention during the exercise. Alternate Care Facilities were discussed notionally for most facilities but were not activated. Patient and resource tracking would become a particular concern in an ACF situation. However, it is also very important in situations where one hospital must evacuate some patients or transfer patients to other hospitals for treatment due to the medical surge. Joint delivery of information across the hospital system was also mostly tested notionally but a uniform region-wide message may become important in emergency situations. Overall, the role of MTAC in facilitating the location and sharing of resources was addressed. Some facilities were comfortable with the available resources and references, but some require further integration of MTAC into their emergency operation plans. Training in NIMS, ICS, and communication plans and equipment should be continued for all facilities.



APPENDIX I: IMPROVEMENT PLAN

Metrolina Trauma Advisory Committee

Hospital Capabilities				
Activity 12: Planning				
Task	Observation	Functional Group	Agency POC	Start/End Date
4.12.1	MTAC develops and maintains a written emergency operations plan (EOP)/incident action plan (IAP) that describes an “all-hazards” command structure for coordinating six critical areas within their response area during an emergency.	Area hospitals seem to lack an understanding of MTAC’s complete mission and function. Clearly defined roles need to be established with all area hospitals and agencies in the region-wide system.		
4.12.2	The EOP/IAP establishes an incident command structure that is integrated into and consistent with its community’s command structure.	Organization decreases as community agencies become involved in an event. Educate area participants to develop a clear understanding of MTAC’s capabilities and how other agencies can benefit from their involvement. Clearly define roles of all players		
4.12.3	The EOP/IAP identifies to whom staff report in the MTAC incident command structure.	Clearly defined roles of all MTAC members to maintain clear understanding of each responsibility. This would avoid any breakdowns in the process as well as missed details.		

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.12.4 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including who has the authority to activate the phases.</p>	<p>The initiation of these resources seems clouded procedurally by a lack of full understanding of the process. Evaluators recommend further exercises utilizing all agencies. Additional interaction would assist in a better understanding and utilization of MTAC.</p>			
<p>4.12.5 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including how the phases are to be activated.</p>	<p>The individuals currently responsible for MTAC have built relationships with area facilities, but more emphasis should be put on the agency itself to maintain continuity regardless of who occupies the lead positions.</p>			
<p>4.12.6 The EOP/IAP identifies the MTAC's capabilities and establishes response efforts when area hospitals cannot be supported by the local community for at least 96 hours in the six critical areas</p>	<p>Raise awareness and understanding of mission goals and intentions. Participants contended, however, that there is not adequate staff. Only one operational period is currently covered. Most of the exercise staff were volunteers and they would not definitely be present in an incident.</p>			
<p>4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of area patients during emergencies.</p>	<p>Review priority plans for which hospitals should receive assistance (most damaged hospitals, most over-crowded, closest, smallest, etc.).</p>			
<p>Activity 13: Communications</p>				
<p>4.13.1 MTAC plans for notifying staff when emergency response measures are initiated.</p>	<p>Area hospitals lack a clear understanding and therefore calls are not made to MTAC. Work with area hospitals and agencies on proper notification procedures and capabilities.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.13.2 The MTAC plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.</p>	<p>Test and verify VIPER system utilization. There were some problems with blocked emails (Gmail) from CHS.</p>			
<p>4.13.3 The MTAC defines processes for notifying external authorities when emergency response measures are initiated.</p>	<p>There were questions concerning RN Credentialing for Health Department nurses to work in hospitals. There should be a clear plan for calling hospitals, using different modes of communication based on the incident.</p>			
<p>4.13.5 MTAC plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.</p>	<p>Continue to foster the relationship of assistance and work closely with all interior agencies. Request flows seem to be very inconsistent.</p>			
<p>4.13.7 MTAC plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated;</p>	<p>Blood bank requests came in during exercise. The group seemed unsure how these requests should be handled.</p>			
<p>4.13.8 MTAC plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: essential elements of their command structures and control centers for emergency response;</p>	<p>Work closely with all area responders and agencies to form a better understanding of MTAC and its resources. MTAC is clearly ready to assist, but lacks clear direction and buy in from area agencies. Talk with hospitals about what they need from MTAC and build systems to address these needs.</p>			

Anson Hospital

Hospital Capabilities

Activity 12: Planning

Task	Observation	Functional Group	Agency POC	Start/End Date
4.12.4 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including who has the authority to activate the phases.	Evaluators did not observe processes for initiating and terminating phases in the EOP. Review forms or develop forms that include these protocols.			
4.12.6 The EOP/IAP identifies the hospital's capabilities and establishes response efforts when the hospital cannot be supported by the local community for at least 96 hours in the six critical areas.	It provided for diversion of patients, relocation within other areas of the hospital, and additional staff to support relocations. Ensure that plans take all different kinds of emergencies into account.			
4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.	Although not clearly defined as to the specific alternate care sites, multiple locations were identified for potential alternate care locations. Plans for ACFs should as concrete as possible.			

Activity 13: Communications

4.13.5 The hospital plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.	Test this capability in future exercises. This could become a logistical problem when managing traffic out of hospitals and into alternate care sites. Chose ACF locations with the capability to manage traffic flow.			
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Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.13.6 The hospital defines the circumstances and plans for communicating with the community and/or the media during emergencies.</p>	<p>It was unclear if a location for media updates or a JIC were identified. In future exercises and plan, review locations to send media and participation in delivering information updates.</p>			
<p>4.13.7 The hospital plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated;</p>	<p>Make sure appropriate people have contact lists with updated numbers and determine contingency plans if primary communications with vendors is unavailable</p>			
<p>4.13.8 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: essential elements of their command structures and control centers for emergency response;</p>	<p>Web-EOC or a web-based program for communication purposes may provide a more “open line” of communication with other neighboring hospitals. There was also a question of whether VIPER radio capabilities exist and are regularly tested.</p>			
<p>4.13.11 The hospital plans for communicating with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: names of patients and deceased individuals brought to their hospitals in accordance with applicable law and regulation, when requested.</p>	<p>Attempts to gain patient info when medical surge was expected were accomplished. This could be a particular concern with ACF scenarios where more than one hospital staff may be responsible for patients.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.13.13 The hospital plans for communicating with identified alternative care sites</p>	<p>Utilize a web-based program for tracking, communication, and IC structure. This would help facilitate information flow</p>			
<p>Activity 13: Resources and Assets</p>				
<p>4.14.2 The hospital plans for: replenishing medical supplies and equipment that will be required throughout response and recovery, including personal protective equipment where required;</p>	<p>Water was a big concern. Ensure that contingency plans are in place in case water lines are interrupted. Communicate with potential suppliers or local fire departments about the potential for transporting water as a last resort.</p>			
<p>4.14.3 The hospital plans for: replenishing pharmaceutical supplies that will be required throughout response and recovery, including access to and distribution of caches (stockpiled by the hospital or its affiliates, local, state or federal sources) to which the hospital has access;</p>	<p>Evaluators were unaware of any state or federal requests made. Ensure appropriate personnel know the procedure to make these requests. Communicate with regional, state and federals when possible to know available resources.</p>			
<p>4.14.4 The hospital plans for: replenishing non-medical supplies that will be required throughout response and recovery (for example, food, linen, water, fuel for generators and transportation vehicles, etc.);</p>	<p>Make sure logistics has alternate means of transportation, a place to take in and organize these items, and a way of tracking use.</p>			
<p>4.14.5 The hospital plans for: managing staff support activities (for example, housing, transportation, incident stress debriefing, etc.);</p>	<p>Transportation plans and CISM were not addressed. Ensure transportation plans exist and are available for reference along with contact numbers. Utilize pastoral care.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.14.9 The hospital plans for: evacuating (both horizontally and, when required by circumstances, vertically) when the environment cannot support care, treatment, and services;</p>	<p>Ensure that sufficient ambulance transportation area is available, and there are designated locations to hold patients waiting for evacuation and that these areas are in a safe location away from any traffic, weather, or contamination hazards. If the hospital itself is affected, designate backup routes (for instance if a certain set of elevators are unavailable).</p>			
<p>4.14.10 The hospital plans for: transporting patients, their medications and equipment, and staff to an alternative care site or sites when the environment cannot support care, treatment, and services</p>	<p>In the event of a large regional emergency involving MTAC, ambulance service will be taxed. Consider meetings with other MTAC members and emergency services to ensure that appropriate plans are in place for allocate ambulance resources and other backup modes of transportation.</p>			
<p>Activity 15: Safety and Security</p>				
<p>4.15.1 The hospital establishes internal security and safety operations that will be required once emergency measures are initiated.</p>	<p>It was unclear whether security will be down or upstaged according to the severity of the situation, what the criteria will be for these levels.</p>			
<p>4.15.5 The hospital establishes processes for the following: controlling entrance into and out of the health care facility during emergencies.</p>	<p>It was unclear whether traffic plans for medical surge also exist as well as personnel to manage traffic.</p>			
<p>4.15.6 The hospital establishes processes for the following: controlling the movement of individuals within the health care facility during emergencies.</p>	<p>Patient info was a critical concern. Ensure that all staff are aware of procedures for tracking documentation and any backup systems.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
Activity 16: Staffing				
4.16.1 Staff roles and responsibilities are defined in the Emergency Operations Plan for all critical areas (communications, resources and assets, safety and security, utilities and clinical activities).	Staff within the EOC were aware of roles within the EOP. It was unclear whether checklists exist in case secondary personnel have to take over roles.			
4.16.2 Staff is trained for their assigned roles during emergencies	Staff members had been placed within new roles within the EOC. Although it created a few challenges it afforded these staff members opportunities to learn these positions. Continue to train additional employees to fill roles with the emergency. Attempt to be "4 deep" with staff members available to fill positions.			
4.16.4 The hospital establishes a process for identifying care providers and other personnel (such as ID cards, etc.) assigned to particular areas during emergencies.	Ensure that there is a supply of these badges for surge staff, security personnel, etc.			
Activity 17: Utilities				
4.17.1 Hospitals identify an alternative means of providing for electricity in the event that their supply is compromised	Provide for fuel refills, especially in adverse weather. Ensure that somebody is available to retrieve or deliver fuel and that there is a backup generator available			
4.17.2 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for consumption and essential care activities;	Possible contingency plans in the event of generator failure include contracts with outside generator vendors. There was a question regarding transfer switches.			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.17.3 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for equipment and sanitary purposes</p>	<p>Logistics was concerned regarding water supply for crucial critical needs. Review plans, ensure that adverse weather and region-wide shortage were taken into account.</p>			
<p>4.17.4 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: fuel required for building operations or essential transport activities; and</p>	<p>Maintenance provided and updated Command regularly regarding fuel supplies. It was not clear whether alternate fuel suppliers were contacted. Confirm a drop off point and determine potential need for storage.</p>			
<p>Activity 18: Clinical Activities</p>				
<p>4.18.1 The hospital plans to manage the following during emergencies: the clinical activities required as part of patient scheduling triage, assessment, treatment, admission, transfer, discharge, and evacuation.</p>	<p>All non-life essential activities were ceased. Be sure that there is a group who can make a decision on whether certain functions are essential if there is a question, especially with regard to generator power.</p>			

Medical Surge				
Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 1: Pre-Event Mitigation and Preparedness				
1.1 Conduct Hazard Vulnerability Analysis (HVA).	More contact with surrounding medical facilities is needed to determine potential medical surge. A possible web-based program between hospitals may assist with information flow.			
1.2 Define incident management structure and methodology.	Evaluators recommend training with the VIPER system and possible use of Satellite phones as a back-up			
1.3 Establish a bed tracking system.	Evaluators recommend a Web based tracking system.			
1.4 Develop protocols for increasing internal surge capacity.	Evaluators did not see any formal “written protocol” utilized for criteria and process for patient evaluation and discharge; however this was done throughout the exercise as priorities were set for each patient based on needs. Evaluators did not observe a mechanism to track the discharged patients.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 2: Incident Management				
2.2 Conduct incident action planning.	Goals and objectives were not listed and/or documented.			
Activity 3: Increase Bed Surge Capacity				
3.4 Provide medical surge capacity in alternate care facilities.	Evaluators not see an MOU's, nor were they mentioned to have been in place. Establish regional meetings to explore legal and logistical possibilities of MOUs.			
Activity 4: Medical Surge Staffing Procedure				
4.1 Recall clinical personnel in support of surge capacity requirements.	Evaluators did not observe any "verification of credentials" regarding staff assignments. Consult with legal and the heads of departments to establish credential-checking procedures.			
4.2 Augment clinical staffing.	Evaluators did not observe procedures to receive, register, process, or manage volunteers. There was no just-in-time training conducted. Assess whether this training is needed.			
4.3 Augment non-clinical staffing.	Evaluators did not observe "MOU's" for non-clinical staff. Establish meetings with regional partners to assess possible agreements.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 6: Receive, Evaluate, and Treat Surge Casualties				
6.2 Provide medical equipment and supplies in support of immediate medical response operations and for restocking supplies/equipment requested.	SNS was not mentioned. Review procedures for accessing this resource.			
6.4 Execute medical mutual aid agreements.	A web-based program may assist with tracking resources.			
Activity 7: Provide Surge Capacity for Behavioral Health Issues				
7.2 Provide behavioral health support	Some participants mentioned that the local churches in the area were “partners” with the hospitals and provided CISM assistance. Review these plans periodically to account for any system changes.			
Activity 8: Demobilize				
8.3 Reconstitute medical supply, equipment inventory.	Logistics provided information to the IC staff regarding replacement of items used. It was unclear whether there was an update schedule for providing this information.			

Catawba Valley Medical Center/ Catawba County

Triage and Pre-Hospital Treatment				
Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 1: Direct Triage and Pre-Hospital Treatment Tactical Operations				
1.1 Establish Medical Branch/Group Officer.	Frequently update contact information in the notification system to ensure that the most accurate information is there, and do periodic tests of the system. The liaison officer was working more in the role of EOC Manager which may be a more appropriate role, to facilitate the operations of the command center			
1.2 Coordinate with on-scene Incident Command.	Evaluators recommend frequent briefings to the command group, to make sure all information is being communicated as appropriate. After getting updates from each section, the IC didn't have a good place to compile his information. Evaluators recommend additional white boards.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
<p>1.3 Ensure effective, reliable interoperable communications between providers, medical command, public health, and health care facilities.</p>	<p>Command had limited hand held radios. Several players were not comfortable with the use of them. There was only one phone line into the command center. No red phones were available to staff. The PIO did an outstanding job of getting messages out and making sure the IC was aware of what was in the messages. Some staff were unable to locate the medical director as there was no means of contacting him. Evaluators recommend more radios and periodic in-service on the use of these radios. The installation of the other phone lines in the command center will help with some of the communication problems observed. Evaluators recommend that alternate care sites only be used as a last resort especially when there are other facilities available to take transferred patients.</p>			
<p>1.4 Assess need for additional medical resources/mutual aid</p>	<p>The staff was not given enough information on patients being transferred. Two infants with the same last name became confusing for the staff. Evaluators recommend more detailed identifying information be provided for each patient</p>			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
1.5 Initiate recall and/or mutual aid to staff spare ambulances and provide immediate surge capability.	Evaluators recommend keeping an inventory of equipment with EOP/Evac plans, so that it is easy to ascertain where emergency equipment is located especially if the "normal" players are not available.			
1.6 Implement and maintain accountability procedures for EMS personnel, equipment, and supplies.				
1.7 Provide medical support and safety considerations.				
1.8 Organize and distribute medical resources.				
Activity 3: Triage				
3.1 Conduct initial and on-going pre-hospital triage in accordance with a jurisdiction's existing plans and procedures and prescribed triage methodology (e.g., Simple Triage and Rapid Treatment (START) Triage).	Evaluators recommend that a method of triage is established prior to the event. A lot of time was spent trying to figure out in which order patients should be evacuated. Just in time training on the evacuation equipment worked well with the fire department FD stated they were not going to evacuate a 500 pound patient.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
3.2 Initiate a patient tracking system.	The tracking board however required manual input of data which slowed the process. There was some confusion as where some of the patients were being placed but this was related to communication problems and exercise artificiality. Evaluators recommend that revisions and updates continue to be made to the tracking board. Development of the board will provide a valuable tool, once all the needed fields are designed.			
3.3 Move patients to safe, secure, and easily accessible treatment area(s).	Evaluators recommend that once it is established that severe weather is in the area or it has been confirmed that it is going to impact the facility, patients should be moved away from windows to an internal area for protection. Staff evacuation patients feel that some type of belay system would help with the use of the evacuation sleds			
Activity 4: Provide Treatment				
4.1 Establish Immediate, Minor, and Delayed Treatment areas.	There was a discussion with the medical director, IC, and planning on the need to continue having surgery while evacuating the facility so that patients that require emergent surgical treatment can receive it. Consider the condition of the facility and the fact that it is being evacuated because of damage and the inability to maintain integrity.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 5: Transport				
5.1 Identify transport vehicles, victims, and priority of transport.	There was 35 mins of tasks being accomplished before there was an established IAP discussed. The IC took charge and got a report from everyone, established an IAP and started coordinating the group. After the initial briefing, evaluators recommend that the IC and planning chief create a written IAP and assign tasks to individuals so that work is not being duplicated. Staff were uncomfortable with the use of the radios, it would be good to have a confirmation that radio transmission were received and understood.			
5.2 Provide for alternative modes of transport should air or other operations be necessary (e.g., helicopters along with a corresponding landing zone (LZ)).	EM contacted the state to inquire about the use of a bus to help evacuate patients. No other forms of alternate transportation were entertained due to the impending line of storms approaching. Evaluators recommend considering any type of ground transportation available to get patients to a safe environment and back to appropriate medical treatment.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 6: Demobilize				
6.2 Participate in incident debriefing.	Train in roles. Develop a current phone list for the local hospitals and capabilities. Continue training on ICS principles. Positions that have back up personnel could benefit from doing section-specific training so that each person better understands what role they play in the command structure.			
6.3 Identify responder needs dependent upon their level of involvement and/or hours committed to the incident.	This component was not well observed as exercise ran for a short period of time. Participating in longer exercises would give more opportunity to evaluate the needs of the organization			
Activity 7: Special Threats and Duties				
7.2 Provide triage (ensure decontamination of patients prior to treatment and transport).	It was noted that correct copies of the transfer form was needed in the triage area. Staff observed that a pre-assessment form would be good, but the evacuation tags worked well. Evaluators recommend stocking triage/staging area with the needed transfer forms and development of a pre-assessment form to travel with the patient.			
7.4 Provide transport (identify transport vehicles, victims, and priority of transport).	Establish that Hickory FD is available to help with the evacuation of patients and there are 6 ambulances available to transport.			

Cleveland Regional Medical Center

Hospital Capabilities

Activity 12: Planning

Task	Observation	Functional Group	Agency POC	Start/End Date
4.12.2 The EOP/IAP establishes an incident command structure that is integrated into and consistent with its community's command structure.	The Board Room overhead speaker was either turned down or non-functional. Evaluators recommend having either a remote on/off switch, volume control or both installed to accommodate both daily business as well as ICC needs during emergencies; or finding an acceptable volume level for all situations.			
4.12.3 The EOP/IAP identifies to whom staff report in the hospital's incident command structure.	NIMS/ICS training & competency were evident with certain participants. Continue training.			
4.12.5 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including how the phases are to be activated.	The IC became overwhelmed. Evaluators recommend delegating positions of responsibility without delay. Clear the room early of non-essential staff and arrange ICC seating to adequately separate staff to mitigate stress, confusion, and overlapping conversations.			
4.12.6 The EOP/IAP identifies the hospital's capabilities and establishes response efforts when the hospital cannot be supported by the local community for at least 96 hours in the six critical areas.	A damage assessment was completed by Facility Services supervisor (Infrastructure Branch Director); and verbally reported to IC. Many in the ICC did not hear it. Evaluators strongly recommend holding structured periodic briefings at set intervals; announcing the start of each briefing 5 minutes prior to, then getting everyone's undivided attention and all quiet before speaking.			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.</p>	<p>A JIC would be established ASAP at nearby CRMC-owned structures to communicate with officials and media. Make sure all media personnel are aware of the location of the JIC.</p>			
<p>Activity 13: Communications</p>				
<p>4.13.4 The hospital plans for communicating with external authorities once emergency response measures are initiated.</p>	<p>Evaluators recommend actual verification of VIPER radio operation and ED staff's ability to operate equipment.</p>			
<p>4.13.5 The hospital plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.</p>	<p>With the power still on; patients and staff were asked to tune in to the local information channel to receive real-time info and updates in the community. Consider a secondary way to get potential information out to the community during a power failure, including radio.</p>			
<p>4.13.8 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: essential elements of their command structures and control centers for emergency response;</p>	<p>CRMC communicated with Gaston Memorial and their adjacent facility. There was a question of whether they were in contact with the clinic.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
Activity 13: Resources and Assets				
<p>4.14.2 The hospital plans for: replenishing medical supplies and equipment that will be required throughout response and recovery, including personal protective equipment where required;</p>	<p>Questions arose about the hospital’s ability to quickly access medical equipment through its software program.</p>			
<p>4.14.3 The hospital plans for: replenishing pharmaceutical supplies that will be required throughout response and recovery, including access to and distribution of caches (stockpiled by the hospital or its affiliates, local, state or federal sources) to which the hospital has access;</p>	<p>The hospital should be quickly able to access equipment through its tracking program. The County EM Office was contacted for community status. Verify all lists and systems and vendor information.</p>			
<p>4.14.4 The hospital plans for: replenishing non-medical supplies that will be required throughout response and recovery (for example, food, linen, water, fuel for generators and transportation vehicles, etc.);</p>	<p>Infrastructure Branch Director called (actual contacts) several community businesses to determine actual availability and cost of several generators, 9 high-volume chillers and 1200 bottles of drinking water from local vendors. Take into account that these supplies would probably be scarce in an emergency situation.</p>			
<p>4.14.6 The hospital plans for: managing staff family support needs (for example, child care, elder care, communication, etc.);</p>	<p>The Safety Officer ascertained updates in briefing that local Red Cross shelters can take ~300 people. It was unclear whether the families of staff would have ensured spots at these shelters.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.14.7 The hospital plans for: potential sharing of resources and assets (e.g., personnel, beds, transportation, linens, fuel, PPE, medical equipment and supplies, etc.) with other health care organizations within the community that could potentially be shared in an emergency response;</p>	<p>Staff learns by calling to inquire that Gaston is evacuating and treating patients in a parking lot. Blood is needed. Verify protocols for exchange.</p>			
<p>4.14.8 The hospital plans for: potential sharing of resources and assets with health care organizations outside of the community in the event of a regional or prolonged disaster;</p>	<p>Gaston Memorial calls to request 120 pints of blood. This was not treated seriously in the ICC.</p>			
<p>4.14.10 The hospital plans for: transporting patients, their medications and equipment, and staff to an alternative care site or sites when the environment cannot support care, treatment, and services</p>	<p>Questions arose about the ability of the hospital to quickly access medical equipment through its software program.</p>			
Activity 16: Staffing				
<p>4.16.1 Staff roles and responsibilities are defined in the Emergency Operations Plan for all critical areas (communications, resources and assets, safety and security, utilities and clinical activities).</p>	<p>Evaluators recommend shedding more light on the Planning Function’s role and importance during emergencies.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.16.2 Staff is trained for their assigned roles during emergencies</p>	<p>Some displayed adequate knowledge and competency; some were new at their assigned positions and showed a need for training. Guidance and practice was needed</p>			
<p>4.16.3 The hospital communicates to licensed independent practitioners their roles in emergency response and to whom they report during an emergency.</p>	<p>Doctors, PAs and professional staff were contacted (some simulated) and briefed on expectations during the event. Include potential surge doctors and nurses in this briefing.</p>			
Activity 17: Utilities				
<p>4.17.1 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: electricity;</p>	<p>Infrastructure Branch Director called (actual contacts) several community businesses to determine actual availability and cost of several generators of adequate size to supply the needs of damaged area of hospital. Take problems of installation, fueling, and transport into account.</p>			
<p>4.17.4 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: fuel required for building operations or essential transport activities; and</p>	<p>Infrastructure Branch Director called (actual contacts) several community businesses to determine actual availability and cost of 9 high-volume chillers to supply temporary cooling for patient areas. Consider priority for the use of these devices.</p>			

Task		Observation	Functional Group	Agency POC	Start/End Date
4.17.5	Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: other essential utility needs (for example, ventilation, medical gas/vacuum systems, etc.).	Chillers, AC window units and generators now arriving (simulated based on actual ETA provided) from local Lowes Home Improvement. They also ordered dehumidifiers. 600 E-cylinders of medical O ₂ ordered (actual contacts made for verification) and schedule to arrive at 3pm. Bulk truck of liquid oxygen was ordered (actual contacts made for verification) and scheduled to arrive at 4pm. Determine priority for assigning these limited resources.			
Activity 18: Clinical Activities					
4.18.6	The hospital plans for documenting and tracking patients' clinical information.	This task was addressed to a degree during internal patient evacuation exercise using paperwork attached to each patient. Consider that multiple hospitals may need documentation for billing purposes especially if there is an evacuation, transfer, or ACF			

CMC-Charlotte

Medical Surge				
Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 1: Pre-Event Mitigation and Preparedness				
1.1 Conduct Hazard Vulnerability Analysis (HVA).	Identify a larger room for the IMT, or possibly move the planning and logistics section to breakout rooms. The current room appeared too small for extended operations. Evaluators suggested adding an area and state map to the EOC. They also suggested pre-designed white boards for visual tracking of significant events and actions taken.			
1.5 Determine medical surge assistance requirements.	Procedures are in place to reach out to predetermined partner entities, both in house and externally. No mutual aid agreements were observed.			
1.6 Develop plans for providing external surge capacity outside the health care facility setting.	There are multiple sister hospitals within the CMC system to allow for off-site surge, supply, and re-supply. Consider that these hospitals would be affected by a region wide epidemic or emergency.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 2: Incident Management				
2.1 Activate the health care organization's Emergency Operations Plan (EOP).	Evaluators did not observe a safety plan. It took less than 30 minutes to be fully operational. IMT was asked to stop their operations while the EOC was reconfigured for EOC operations. Evaluators suggest notifying the information services group earlier to prevent downtime. however, the IMT made good use of the time by conducting a section chiefs briefing.			
2.2 Conduct incident action planning.	Evaluators did not see an IAP developed, however it was discussed. Develop a general IAP as a guide. This would provide a format and reminder to begin the IAP early on in the incident.			
2.3 Disseminate key components of incident action plan.	An IAP was not developed.			
2.4 Provide emergency operations support to incident management.	Most of the operations centered on in-hospital needs. Some interaction with county EOC was discussed, but not observed during this exercise.			
Activity 3: Increase Bed Surge Capacity				
3.4 Provide medical surge capacity in alternate care facilities.	ACFS were not utilized during this exercise. Test in future exercises.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 8: Demobilize				
8.1 Coordinate decision to demobilize with overall incident management.	Demobilization was not exercised, but was discussed, and the decision was made to plan for operations until 1900 hours. Test in future exercises.			

Hospital Capabilities

Activity 12: Planning

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.12.1 The hospital develops and maintains a written emergency operations plan that describes an “all-hazards” command structure for coordinating six critical areas within the hospital during an emergency.</p>	<p>IAP was not utilized during this exercise due to the limited timeframe. Job Action sheets are available to assist EOC staffers in initial stages of operations. These may need review and update following the exercise.</p>			
<p>4.12.3 The EOP/IAP identifies to whom staff report in the hospital’s incident command structure.</p>	<p>Evaluators did not observe an IAP being used. Develop forms and place hard copies in convenient locations.</p>			
<p>4.12.5 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including how the phases are to be activated.</p>	<p>Evaluators not observe anything related to recovery. Include this in plans and reference early to plan.</p>			
<p>4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.</p>	<p>This task was not accomplished, but there are a number of partner hospitals that could serve as alternate care facilities. Test in future exercises.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
Activity 13: Communications				
<p>4.13.2 The hospital plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.</p>	<p>There were a couple of departments identified that need to be added to the notification and information update process. Evaluators recommend a review of departments that need to be notified and kept informed during a response. They also suggested a general debriefing to hospital staff following an incident.</p>			
<p>4.13.5 The hospital plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.</p>	<p>Evaluators did not observe any communication for alternative care sites. Review available radios, cell phones, and alternate forms of communication. Update communication plan for alternate care sites according to the capabilities of the site (some may have bad reception, few outlets for charging batteries, etc.).</p>			
<p>4.13.6 The hospital defines the circumstances and plans for communicating with the community and/or the media during emergencies.</p>	<p>Community hospitals may want to consider conducting a Joint Information exercise to test those procedures.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.13.10 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: resources and assets that potentially could be shared in an emergency response; and</p>	<p>Evaluators did not observe any mutual aid agreements between competing hospitals, and were unsure if they exist or not. Review and update the agreements.</p>			
<p>4.13.14 The hospital establishes backup communication systems and technologies for the activities identified above.</p>	<p>Some backup systems are in place, but evaluators were unsure as to the extent of the backup systems. They suggest a review of critical systems to ensure redundant capability.</p>			
<p>Activity 13: Resources and Assets</p>				
<p>4.14.2 The hospital plans for: replenishing medical supplies and equipment that will be required throughout response and recovery, including personal protective equipment where required;</p>	<p>Ensure that all PPE kept on site are maintained, along with certification of any personnel in decontamination procedures, fire response, etc.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.14.5 The hospital plans for: managing staff support activities (for example, housing, transportation, incident stress debriefing, etc.);</p>	<p>There is some capability for managing staff support activities but evaluators were unsure about the extent. They suggest a review of these functions and identification of any current gaps. Consider child care for single parents and the potential for bringing in extended families. For individual staff, consider rotation locations for those on and off duty and the risk of infection in epidemic situations.</p>			
<p>4.14.8 The hospital plans for: potential sharing of resources and assets with health care organizations outside of the community in the event of a regional or prolonged disaster;</p>	<p>Evaluators did not observe any mutual aid agreements with competitive hospitals. They suggest considering mutual aid agreements with all community hospitals.</p>			
<p>Activity 15: Safety and Security</p>				
<p>4.15.1 The hospital establishes internal security and safety operations that will be required once emergency measures are initiated.</p>	<p>ED indicated that they need to improve security at their entrances.</p>			
<p>4.15.3 The hospital identifies a process that will be required for managing hazardous materials and waste once emergency measures are initiated.</p>	<p>A local hazmat team is available for hazmat responses. Ensure that there is a process for delivering information on any hazmat situations to this team.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.15.4 The plan identifies means for radioactive, biological, and chemical isolation and decontamination.</p>	<p>Evaluators did not observe anything related to radiation capability.</p>			
<p>4.15.5 The hospital establishes processes for the following: controlling entrance into and out of the health care facility during emergencies.</p>	<p>ED indicated that they need to improve security at their entrances.</p>			
<p>4.15.6 The hospital establishes processes for the following: controlling the movement of individuals within the health care facility during emergencies.</p>	<p>It was unclear whether there would be an identification system for visitors and security in a surge situation.</p>			
<p>4.15.7 The hospital establishes processes for the following: controlling traffic accessing the health care facility during emergencies.</p>	<p>There is a traffic control plan in place, but evaluators did not observe anything related to traffic control. Take into account secondary ambulance reception areas in case the main area is full, backed up, or compromised in some way.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date	
Activity 18: Clinical Activities					
4.18.2	The organization plans to manage the following during emergencies: clinical services for vulnerable populations served by the hospital, including patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.	Based on discussions held during the MTAC exercise, these plans are in place. Evaluators were unsure to what extent. They suggest a review of these functions and current capabilities.			
4.18.6	The hospital plans for documenting and tracking patients' clinical information.	There was some discussion regarding the START system, and how it impeded patient registration. Review the flaws of the system and staff capability for potential changes and training.			

CMC Union

Medical Surge				
Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 1: Pre-Event Mitigation and Preparedness				
1.2 Define incident management structure and methodology.	There was no planning chief identified in this event. The incident command area was small, and there were quite a few people in and out of the room. HICS is adaptable and not all areas have to be activated, but evaluators highly recommend a Planning Chief for large scale events. Consider a larger conference room for command or maybe multiple rooms. It was a help to send codes out via email in addition to paging over head			
1.3 Establish a bed tracking system.	Evaluators recommend continued use of system and the design of a plan for medical surge and rapid evacuation. Logistics could use more radios to communicate or designated runners. Participants couldn't hear overhead paging in all areas. Make sure everyone is up to speed on radio etiquette and use.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
1.6 Develop plans for providing external surge capacity outside the health care facility setting.	Triage specifics were not observed from command. Evaluators recommend a written plan that states where the external triage staff would come from. The plan could also map out the triage area as well as alternate areas. Everyone needs to be aware of safety issues and communication			
Activity 2: Incident Management				
2.1 Activate the health care organization’s Emergency Operations Plan (EOP).	Evaluators recommend HICS forms be included with the JAS sheets. The PIO was not properly activated			
2.2 Conduct incident action planning.	Evaluators recommend a written IAP to keep track of tasks that need to be completed to ensure that it is occurring. They also recommend that HICS forms be added to each person’s package so that they are readily available and can be completed..			
Activity 3: Increase Bed Surge Capacity				
3.1 Implement bed surge capacity plans, procedures, and protocols. Increase Bed Surge Capacity	People were placed in the common area until EM could get shelter set up. Ensure that areas are safe from outside hazards and out of the way of medical operations.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
3.4 Provide medical surge capacity in alternate care facilities.	Evaluators recommend green patients and minor patients, can often assist with minor tasks in triage and treatment of more seriously ill patients. Consider a protocol to this effect.			
Activity 6: Receive, Evaluate, and Treat Surge Casualties				
6.2 Provide medical equipment and supplies in support of immediate medical response operations and for restocking supplies/equipment requested.	Evaluators recommend an inventory of MCI supplies and equipment maintained with other command documents with a method for tracking usage of those supplies			
6.4 Execute medical mutual aid agreements.	In a search for additional linen, liaison officer contacted MTAC who advised to use mutual aid agreements. Know the capabilities of agencies in your mutual aid agreement and call upon those agencies to support your needs. There was a question of whether MTAC could have facilitated this exchange.			
Activity 7: Provide Surge Capacity for Behavioral Health Issues				
7.1 Institute strategy to address behavioral health issues.	Evaluators recommend behavioral health specialist to participate on command staff to advise and guide on behavioral issues that arise.			
Activity 8: Demobilize				

Task Description	Observations	Functional Group	Agency POC	Start/End Date
8.2 Provide a staff debriefing.	Evaluators recommend a debriefing with front line staff as well to address any mental or behavioral needs of the staff involved in care and treatment of patients			

Kings Mountain

Medical Surge				
Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 1: Pre-Event Mitigation and Preparedness				
1.1 Conduct Hazard Vulnerability Analysis (HVA).	Evaluators recommend better documentation of the hazards and plans. Issues were well addressed but not fully documented. An additional scribe position would be beneficial.			
1.2 Define incident management structure and methodology.	Practice utilizing the ICS structure. Staff specifically states the need to drill more in certain areas for familiarity.			
1.6 Develop plans for providing external surge capacity outside the health care facility setting.	Maintain written data on off-site facilities (updated contact numbers, etc.)			
Activity 2: Incident Management				
2.2 Conduct incident action planning.	Assign additional scribes for documentation. Evaluators suggest that a dry erase board type system be employed to provide visual data to staff in EOC regarding plans, assignments etc.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 3: Increase Bed Surge Capacity				
3.1 Implement bed surge capacity plans, procedures, and protocols. Increase Bed Surge Capacity	In response to staff comments in EOC, evaluators suggest that this entire activity area be discussed among operational staff on occasion. They also recommend this for continued efficiency, as this area was a strong area of response.			
3.3 Forward transport less acutely ill patients.	The only area not specifically addressed was the coordination of patient transport with family. Who would be responsible for contacting patient families?			
Activity 4: Medical Surge Staffing Procedure				
4.2 Augment clinical staffing.	Just-in-time training was not addressed during this exercise. Assess need.			
Activity 6: Receive, Evaluate, and Treat Surge Casualties				
6.4 Execute medical mutual aid agreements.	Mutual aid, especially between sister hospitals, is an ongoing event. Periodically review all MOU's			
6.5 Activate Procedures for Altered Nursing and Medical Care Standards	Clarify written procedures for acceptable levels of care and changes under emergency conditions.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 7: Provide Surge Capacity for Behavioral Health Issues				
7.1 Institute strategy to address behavioral health issues.	Behavioral health issues were addressed, although not extensively for this drill scenario. Make provisions for upscaling behavioral health plans as needed.			
Activity 8: Demobilize				
8.2 Provide a staff debriefing.	Command and staff were aware of the need. Review all information that would be required in debriefing.			
8.3 Reconstitute medical supply, equipment inventory.	The time constraints of the exercise did not allow for this task to be fully covered. Focus on documentation in order to accommodate the requirements.			

Hospital Capabilities

Activity 12: Planning

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.12.1 The hospital develops and maintains a written emergency operations plan that describes an “all-hazards” command structure for coordinating six critical areas within the hospital during an emergency.</p>	<p>Prepare several hard copies of plans for dissemination. The facility has many new staff in IC positions that are not familiar with plans. IC staff repeatedly mentioned desire for table top exercises.</p>			
<p>4.12.2 The EOP/IAP establishes an incident command structure that is integrated into and consistent with its community’s command structure.</p>	<p>Review positions and job responsibilities with staff filling those positions.</p>			
<p>4.12.3 The EOP/IAP identifies to whom staff report in the hospital’s incident command structure.</p>	<p>Positions and structure are addressed. The facility is a smaller (58 bed) operation. Many positions will need to multi task.</p>			
<p>4.12.4 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including who has the authority to activate the phases.</p>	<p>Exercise was delayed due to misunderstanding of preliminary activities. Staff was not present for pre event briefing.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
4.12.5 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including how the phases are to be activated.	Processes are generally described. Review and update plan regularly.			
4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.	Plans exist for utilization of area resources. Update this area regularly in writing in EOP / IAP.			
Activity 13: Communications				
4.13.1 Hospital plans for notifying staff when emergency measures are initiated.	Call back system in place for off duty staff. Update / review telephone numbers. Some numbers were out of date.			
4.13.2 The hospital plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.	Address location and maintenance of radios. There was no central or documented location of the equipment. Exact numbers were not initially known.			
4.13.4 The hospital plans for communicating with external authorities once emergency measures are initiated.	Evaluators noted little or no collaboration with local LEO, even when addressing "security concerns". Communicate with all partners.			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.13.6 The hospital defines the circumstances and plans for communicating with the community and/or the media during emergencies.</p>	<p>The PIO serves more than one hospital. Incident command would apparently fill in. Evaluators suggest basic PIO training for several of IC staff.</p>			
<p>4.13.10 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: resources and assets that potentially could be shared in an emergency response</p>	<p>During events with the EOC operational staff add an additional scribe for documentation. This area could be overwhelmed with existing staff.</p>			
<p>4.13.13 The hospital plans for communicating with identified alternative care sites</p>	<p>Communication with ACFs is conducted on an as-needed basis. Review contact information periodically.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
Activity 13: Resources and Assets				
<p>4.14.7 The hospital plans for: potential sharing of resources and assets (e.g., personnel, beds, transportation, linens, fuel, PPE, medical equipment and supplies, etc.) with other health care organizations within the community that could potentially be shared in an emergency response;</p>	<p>An assessment of resources was conducted early on. Included assets that could be shared. This is another area where the additional scribe could be an asset for documentation.</p>			
<p>4.14.10 The hospital plans for: transporting patients, their medications and equipment, and staff to an alternative care site or sites when the environment cannot support care, treatment, and services</p>	<p>Evaluators recommend this area be periodically reviewed and updated.</p>			
<p>4.14.11 The hospital plans for: transporting pertinent information, including essential clinical and medication-related information, for patients to an alternative care site or sites when the environment cannot support care, treatment, and services.</p>	<p>The actual method for patient record tracking and transfer was not addressed in the exercise. Review the process.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
Activity 15: Safety and Security				
<p>4.15.1 The hospital establishes internal security and safety operations that will be required once emergency measures are initiated.</p>	<p>Lockdown procedures exist. On site security is in place. Security is very limited. There was little apparent interaction with LEO. Develop a plan with local LEO for emergencies.</p>			
<p>4.15.2 The hospital identified the roles of community security agencies and defines how the hospital will coordinate security activities with these agencies.</p>	<p>The roles of community security were not well addressed, especially with LEO. Develop a collaborative plan with LEO on all levels.</p>			
<p>4.15.5 The hospital establishes processes for the following: controlling entrance into and out of the health care facility during emergencies.</p>	<p>Lockdown procedures were reviewed for on site security. This area needs to be addressed. Many staff indicated a hesitation to limit access to the facility.</p>			
<p>4.15.6 The hospital establishes processes for the following: controlling the movement of individuals within the health care facility during emergencies.</p>	<p>Credentialing was addressed. Complete a review of internal security procedures. Security issues were not a strong suit of the facility.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date	
<p>4.15.7 The hospital establishes processes for the following: controlling traffic accessing the health care facility during emergencies.</p>	<p>This would appear to require LEO assistance. The small staff at this facility would require outside assistance.</p>				
<p>Activity 16: Staffing</p>					
<p>4.16.1</p>	<p>Staff roles and responsibilities are defined in the Emergency Operations Plan for all critical areas (communications, resources and assets, safety and security, utilities and clinical activities).</p>	<p>Roles are reasonably defined. Train and exercise with individuals additionally on these roles.</p>			
<p>4.16.2</p>	<p>Staff is trained for their assigned roles during emergencies</p>	<p>Over 50% of IC staff were new in their function within the EOC. Many had never been in an active EOC. Train and exercise in specific roles especially with new staff.</p>			
<p>Activity 18: Clinical Activities</p>					
<p>4.18.2</p>	<p>The organization plans to manage the following during emergencies: clinical services for vulnerable populations served by the hospital, including patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.</p>	<p>Plans are in place. Each of these areas should be periodically reviewed. Some hesitation was seen in newer staff regarding these areas.</p>			

Triage and Pre-Hospital Treatment				
Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 1: Direct Triage and Pre-Hospital Treatment Tactical Operations				
1.1 Establish Medical Branch/Group Officer.	Census numbers were incorporated into the planning phase in the EOC. Evaluators suggest at least in-house discussion of operations, procedures, etc. to encourage familiarity with procedures, EOC, ICS etc. for new staff.			
1.3 Ensure effective, reliable interoperable communications between providers, medical command, public health, and health care facilities.	Review radio system and interoperable communications with community partners which was not totally tested during this exercise.			
1.5 Initiate recall and/or mutual aid to staff spare ambulances and provide immediate surge capability.	Consider use of SNS when appropriate. Although not a major factor in this scenario, no mention was observed of the availability.			
1.6 Implement and maintain accountability procedures for EMS personnel, equipment, and supplies.	Accountability was established. This included check-in procedures. Make accountability (staffing) more visible in EOC for ease of operations.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 2: Activate Triage and Pre-Hospital Treatment				
2.3 Establish scene safety, based on the type and severity of the incident.	There is in house private security. The facility needs better utilization of local LEO. Contact and develop cooperative procedures for the hospital and local LEO.			
Activity 3: Triage				
3.1 Conduct initial and on-going pre-hospital triage in accordance with a jurisdiction's existing plans and procedures and prescribed triage methodology (e.g., Simple Triage and Rapid Treatment (START) Triage).	Issues were corrected and there was good reporting by the departments and sections to the IC and EOC. Expand documentation.			
Activity 4: Provide Treatment				
4.4 Ensure documentation of patient care and transfer, in accordance with mass casualty protocols.	The need for this documentation was noted and discussed. Full use of documentation was not fully observed during the time frame of this exercise.. Assess needs and develop forms.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 5: Transport				
5.2 Provide for alternative modes of transport should air or other operations be necessary (e.g., helicopters along with a corresponding landing zone (LZ)).	Alternative modes of transport were referenced by EOC staff but were not observed as part of this exercise scenario.			
5.3 Coordinate and transport patients to the appropriate treatment facility.	Transport coordination with receiving facilities was addressed, but not fully tested other than notionally. Suggest review with partner facilities periodically.			
Activity 6: Demobilize				
6.1 Reconstitute personnel and equipment.	Assessment of demobilization was addressed. Ensure documentation to meet reimbursement requirements.			
6.2 Participate in incident debriefing.	EOC staff indicated incident debriefing would occur. It was not completed due to time constraints of exercise.			

Lake Norman Medical Center

Hospital Capabilities

Activity 12: Planning

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.12.6 The EOP/IAP identifies the hospital's capabilities and establishes response efforts when the hospital cannot be supported by the local community for at least 96 hours in the six critical areas.</p>	<p>The EOP could include contacting MTAC to help assist with patient logistics and county emergency management for local resources</p>			
<p>4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.</p>	<p>The command staff discussed the need to identify medical facilities, local churches, and other locations to assist in disasters responses. A list of alternative care sites needs to be composed with the capabilities of each site. This would aid with moving patients to alternative sites that would provide the needed patient care and equipment.</p>			

Activity 13: Communications

<p>4.13.1 The hospital plans for notifying staff when emergency response measures are initiated.</p>	<p>Have a list of staff and the services they could provide in the command post.</p>			
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Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.13.5 The hospital plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.</p>	<p>The area managers were located inside the command center but would leave to have separate meetings to address patient care issues. The commander center did not relay information to patients and their families. The PIO was working a similar report to give out to staff but there were limited checks on consistency of the information released. Ensure that information given to patients and families is approved by the PIO and/or the Incident Commander.</p>			
<p>4.13.10 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area regarding names and roles of individuals in their command structures and command center telephone numbers.</p>	<p>The hospital reached out to their sister hospital in Statesville but there was limited outreach to other healthcare organizations. The hospital needs to communicate better with health care organizations in the geographic area using resources like MTAC and local EM.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.13.11 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: names of patients and deceased individuals brought to their hospitals in accordance with applicable law and regulation, when requested.</p>	<p>The hospital needs to communicate better with health care organizations in the geographic area.</p>			
<p>4.13.13 The hospital plans for communicating with identified alternative care sites</p>	<p>The hospital needs to maintain and identify available alternative care sites and have MOU's with them. This list is needed in the command center to review possibilities during the planning process.</p>			
<p>4.13.14 The hospital establishes backup communication systems and technologies for the activities identified above.</p>	<p>Additional training is needed to ensure all personnel can use the 800 MHz radios. Additional radios would be needed in a large scale event.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
Activity 13: Resources and Assets				
<p>4.14.2 The hospital plans for: replenishing medical supplies and equipment that will be required throughout response and recovery, including personal protective equipment where required;</p>	<p>Outside medical vendors were contacted to provide additional medical supplies and equipment. Keep updating the vendor MOU's to maintain medical supplies needed.</p>			
<p>4.14.3 The hospital plans for: replenishing pharmaceutical supplies that will be required throughout response and recovery, including access to and distribution of caches (stockpiled by the hospital or its affiliates, local, state or federal sources) to which the hospital has access;</p>	<p>Keep updating the vendor MOU's to maintain medical supplies needed</p>			
<p>4.14.4 The hospital plans for: replenishing non-medical supplies that will be required throughout response and recovery (for example, food, linen, water, fuel for generators and transportation vehicles, etc.);</p>	<p>A task level checklist would assist area managers with obtaining a report from each area. The checklist could be completed in each area and the ICC could receive situational reports.</p>			
<p>4.14.6 The hospital plans for: managing staff family support needs (for example, child care, elder care, communication, etc.);</p>	<p>The hospital has areas designed to hold child care needs and overnight lodging. Need to obtain MOU's with offsite locations that could be used to support child care and family support</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.14.7 The hospital plans for: potential sharing of resources and assets (e.g., personnel, beds, transportation, linens, fuel, PPE, medical equipment and supplies, etc.) with other health care organizations within the community that could potentially be shared in an emergency response;</p>	<p>Lake Norman can contact MTAC to help assist with patient logistics in sharing of resources. MTAC can assist with personnel and medical equipment logistics. MTAC can obtain medical equipment and other supplies to decrease the workload on the hospitals HICS system. MTAC can also assist with track the sharing of resources/assets to meet the needs of most appropriate medical requests.</p>			
<p>4.14.8 The hospital plans for: potential sharing of resources and assets with health care organizations outside of the community in the event of a regional or prolonged disaster;</p>	<p>The incident command location (board room) needs an information board (i.e. dry erase boards, flip charts) to list all potential resources. The hospital PIO also can assist with sharing information to all outside agencies and Lake Norman HICS staff.</p>			
<p>Activity 15: Safety and Security</p>				
<p>4.15.1 The hospital establishes internal security and safety operations that will be required once emergency measures are initiated.</p>	<p>Develop a security plan with levels of response by outside law enforcement agencies. During large scale events, limited law enforcement support would be available to the call volume of local law enforcement agencies</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.15.2 The hospital identified the roles of community security agencies and defines how the hospital will coordinate security activities with these agencies.</p>	<p>Local law enforcement was requested to assist but coordination would be hard due to the workload of the hospital. Develop a security plan with levels of response by outside law enforcement agencies.</p>			
<p>4.15.4 The plan identifies means for radioactive, biological, and chemical isolation and decontamination.</p>	<p>Need to have personnel trained in the hospital based first receiver level to decontaminate patients before patient care is rendered in the ED.</p>			
<p>4.15.6 The hospital establishes processes for the following: controlling the movement of individuals within the health care facility during emergencies.</p>	<p>The PIO could assist with providing information to patients and families. All hospital personnel, patients, and families need to be updated on the lock down of certain areas.</p>			
<p>4.15.7 The hospital establishes processes for the following: controlling traffic accessing the health care facility during emergencies.</p>	<p>Traffic control devices would assist security personnel in securing the access to parking lots. This could be performed with traffic barricades or installing gates at the main enter points.</p>			
<p>Activity 16: Staffing</p>				
<p>4.16.2 Staff is trained for their assigned roles during emergencies</p>	<p>Need to identify a backup for each role and provide training to each position.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
Activity 17: Utilities				
<p>4.17.5 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: other essential utility needs (for example, ventilation, medical gas/vacuum systems, etc.).</p>	<p>MOU's are in place for medical gases and essential supplies. The hospital reached out to vendors for possible services needed. Maintain a current vendor list with current contact names.</p>			
Activity 18: Clinical Activities				
<p>4.18.1 The hospital plans to manage the following during emergencies: the clinical activities required as part of patient scheduling, triage, assessment, treatment, admission, transfer, discharge, and evacuation.</p>	<p>A procedure is needed to update patients. The completed assessment of the hospital would take hours, thus increasing the amount of resources (i.e. patient monitoring, beds) while non-emergent procedures are delayed.</p>			

Presbyterian Matthews

Medical Surge				
Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 1: Pre-Event Mitigation and Preparedness				
1.2 Define incident management structure and methodology.	Clarification of certain positions is suggested as some duplication of responsibilities was noted.			
1.5 Determine medical surge assistance requirements.	Evaluators suggest periodic review of mutual aid agreements as a precaution.			
1.6 Develop plans for providing external surge capacity outside the health care facility setting.	Ensure that contact information is updated.			
Activity 2: Incident Management				
2.1 Activate the health care organization's Emergency Operations Plan (EOP).	There was an extensive written EOP in use. Use shorter lists for reference if necessary.			
2.2 Conduct incident action planning.	Evaluators recommend redundant documentation in written form (in addition to being kept on computer).			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 4: Medical Surge Staffing Procedure				
4.2 Augment clinical staffing.	Just-in-time training was not addressed during exercise.			
Activity 5: Decontamination				
5.1 Provide mass decontamination capabilities (if necessary).	Not observed, other than addressing PPE for specific event. This was not an issue for this scenario. Protocols are present in the EOP. Maintain certifications on PPE.			
Activity 6: Receive, Evaluate, and Treat Surge Casualties				
6.1 Establish initial reception and triage site.	Address the need for additional communications capabilities in these areas (ie: radios, etc.). Streamline communications with EOC.			
6.4 Execute medical mutual aid agreements.	Mutual aid, especially between sister hospitals, is an ongoing event. Periodically review all MOU's			
6.5 Activate Procedures for Altered Nursing and Medical Care Standards	Altered medical care standards were addressed by the staff. Review written procedures for acceptable levels of care and changes under emergency conditions.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 7: Provide Surge Capacity for Behavioral Health Issues				
7.2 Provide behavioral health support	Behavioral health support was generally addressed in relation to the need of this scenario. The need for these services was acknowledged.			
7.3 Provide family support services	Family support services were not specifically observed within the time frame of this exercise. Need for this service should be addressed.			
Activity 8: Demobilize				
8.2 Provide a staff debriefing.	There is a need for debriefing etc. expressed at close of exercise event. Command and staff are aware of the need.			
8.3 Reconstitute medical supply, equipment inventory.	Review documentation in order to accommodate the requirements for financial re-imbusement.			

Hospital Capabilities

Activity 12: Planning

Task	Observation	Functional Group	Agency POC	Start/End Date
4.12.1 The hospital develops and maintains a written emergency operations plan (EOP)/incident action plan (IAP) that describes an “all-hazards” command structure for coordinating six critical areas within the hospital during an emergency.	Consider having other hard copies in locations like the administrative offices.			
4.12.2 The EOP/IAP establishes an incident command structure that is integrated into and consistent with its community’s command structure.	The command structure is addressed. Review positions and job responsibilities with staff filling those positions.			
4.12.3 The EOP/IAP identifies to whom staff report in the hospital’s incident command structure.	Positions and structure are addressed. The facility is a smaller (58 bed) operation. Many positions will need to multi task			
4.12.4 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including who has the authority to activate the phases.	Exercise was delayed due to misunderstanding of preliminary activities. Staff was not present for pre event briefing. They waited for exercise initiation.			
4.12.5 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including how the phases are to be activated.	Processes are generally described. Review and update plan regularly.			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.</p>	<p>Plans exist for utilization of area resources. Update this regularly in writing in the EOP / IAP.</p>			
<p>Activity 13: Communications</p>				
<p>4.13.1 The hospital plans for notifying staff when emergency response measures are initiated.</p>	<p>There is a call back system in place for off-duty staff. Update and review telephone numbers. Some numbers were out of date.</p>			
<p>4.13.2 The hospital plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.</p>	<p>Address the location and maintenance of radios. Radios functioned well but there is no central location or documented location of the equipment. Radios were collected from various units. The exact numbers were not initially known.</p>			
<p>4.13.4 The hospital plans for communicating with external authorities once emergency response measures are initiated.</p>	<p>Evaluators noted little or no contact and collaboration with local LEO, even when addressing "security concerns". Evaluators stressed the importance of communication with all partners.</p>			
<p>4.13.6 The hospital defines the circumstances and plans for communicating with the community and/or the media during emergencies.</p>	<p>The PIO serves more than one hospital. The Incident Commander would apparently fill in. Evaluators suggest basic PIO training for several of IC staff.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.13.10 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: resources and assets that potentially could be shared in an emergency response.</p>	<p>During events with the EOC, operations should add an additional scribe for documentation. This area could be overwhelmed with existing staff.</p>			
<p>4.13.12 The hospital defines the circumstances and plans for communicating information about patients to third parties (such as other health care organizations, the state health department, police, FBI, etc.).</p>	<p>Follow standard HIPPA guidelines; industry standard for health care facilities.</p>			
<p>4.13.13 The hospital plans for communicating with identified alternative care sites.</p>	<p>Communications with ACFs is conducted on an as-needed basis. Review contact information periodically.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
Activity 13: Resources and Assets				
<p>4.14.3 The hospital plans for: replenishing pharmaceutical supplies that will be required throughout response and recovery, including access to and distribution of caches (stockpiled by the hospital or its affiliates, local, state or federal sources) to which the hospital has access;</p>	<p>An inventory was conducted initially; re-supply procedures were activated automatically. There is a strong plan in place.</p>			
<p>4.14.7 The hospital plans for: potential sharing of resources and assets (e.g., personnel, beds, transportation, linens, fuel, PPE, medical equipment and supplies, etc.) with other health care organizations within the community that could potentially be shared in an emergency response;</p>	<p>An assessment of resources conducted early on. They included assets that could be shared. This is another area where the additional scribe could be an asset for documentation.</p>			
<p>4.14.10 The hospital plans for: transporting patients, their medications and equipment, and staff to an alternative care site or sites when the environment cannot support care, treatment, and services</p>	<p>Evaluators recommend that this area be periodically reviewed and updated.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.14.11 The hospital plans for: transporting pertinent information, including essential clinical and medication-related information, for patients to an alternative care site or sites when the environment cannot support care, treatment, and services.</p>	<p>They addressed the need for patient record tracking and transfer. The actual method not addressed in this exercise. Review process.</p>			
<p>Activity 15: Safety and Security</p>				
<p>4.15.2 The hospital identified the roles of community security agencies and defines how the hospital will coordinate security activities with these agencies.</p>	<p>Community security was well addressed, especially with the LEO. Develop a collaborative plan with LEO on all levels.</p>			
<p>4.15.5 The hospital establishes processes for the following: controlling entrance into and out of the health care facility during emergencies.</p>	<p>This area needs to be addressed. Many staff indicated a hesitation to deny or limit access to facility.</p>			
<p>4.15.6 The hospital establishes processes for the following: controlling the movement of individuals within the health care facility during emergencies.</p>	<p>Complete review of internal security procedures was suggested. Security issues were not a strong suit of this facility.</p>			
<p>4.15.7 The hospital establishes processes for the following: controlling traffic accessing the health care facility during emergencies.</p>	<p>This would appear to require LEO assistance. The small staff at this facility would require outside assistance.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
Activity 16: Staffing				
4.16.1 Staff roles and responsibilities are defined in the Emergency Operations Plan for all critical areas (communications, resources and assets, safety and security, utilities and clinical activities).	Roles are reasonably defined. Train and exercise with individuals additionally on these roles.			
4.16.2 Staff is trained for their assigned roles during emergencies	Over 50% of IC staffs were new in their function within the EOC. Many had never been in an active EOC. Train and exercise in specific roles, especially with new staff.			
Activity 18: Clinical Activities				
4.18.1 The hospital plans to manage the following during emergencies: the clinical activities required as part of patient scheduling triage, assessment, treatment, admission, transfer, discharge, and evacuation.	Plans are in place. Each of these areas (.2 through .6) should be periodically reviewed. Some hesitation was seen in newer staff regarding these areas.			

Triage and Pre-Hospital Treatment				
Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 1: Direct Triage and Pre-Hospital Treatment Tactical Operations				
1.1 Establish Medical Branch/Group Officer.	Evaluators suggest in-house discussion of operations, procedures, etc. This will encourage familiarity with procedures, EOC, ICS etc. for new staff.			
1.3 Ensure effective, reliable interoperable communications between providers, medical command, public health, and health care facilities.	Review the radio system and interoperable communications with community partners. These were not totally tested during this exercise. There was no actual or notional contact with any "field" units during this exercise.			
1.4 Assess need for additional medical resources/mutual aid	The ability to provide assets to other facilities was also addressed in an ongoing manner. Mutual aid issues in this area were not addressed. Review MOU's.			
1.5 Initiate recall and/or mutual aid to staff spare ambulances and provide immediate surge capability.	Consider the use of SNS when appropriate. Although not a major factor in this scenario, there was no mention of the availability of SNS.			
1.6 Implement and maintain accountability procedures for EMS personnel, equipment, and supplies.	All departments do individual accountability also. Make accountability (staffing) more visible in EOC for ease of operations.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 2: Activate Triage and Pre-Hospital Treatment				
2.1 Dispatch and support medical care personnel.	Review documentation.			
2.3 Establish scene safety, based on the type and severity of the incident.	There is in-house armed security. Consider more utilization of local LEO. Contact and develop cooperative procedures for the hospital and local LEO.			
Activity 4: Provide Treatment				
4.3 Provide ongoing pain management therapy as needed to victims awaiting transport.	Pain management therapy was not specifically observed as a part of this scenario.			
4.4 Ensure documentation of patient care and transfer, in accordance with mass casualty protocols.	The need for this documentation was noted and addressed. The need for patient histories was also addressed. Mass casualty protocols were followed. Some of these areas were addressed notionally. Review documentation.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 5: Transport				
5.2 Provide for alternative modes of transport should air or other operations be necessary (e.g., helicopters along with a corresponding landing zone (LZ)).	Review alternate transport methods.			
5.3 Coordinate and transport patients to the appropriate treatment facility.	Transport coordination with receiving facilities was addressed, but not fully tested other than notionally. Suggest review with partner facilities periodically.			
Activity 6: Demobilize				
6.1 Reconstitute personnel and equipment.	The need for equipment inventory was addressed. Ensure documentation to meet reimbursement requirements.			
6.2 Participate in incident debriefing.	The EOC staff indicated incident debriefing would occur. This was not completed due to time constraints of exercise.			
6.3 Identify responder needs dependent upon their level of involvement and/or hours committed to the incident.	Responder needs were addressed notionally; otherwise not observed for purpose of this exercise. Review procedures for these needs.			

CMC-Lincoln

Hospital Capabilities

Activity 12: Planning

Task Description	Observations	Functional Group	Agency POC	Start/End Date
<p>4.12.2 The EOP/IAP establishes an incident command structure that is integrated into and consistent with its community’s command structure.</p>	<p>Evaluators suggest pre-planning the use of adjacent offices for certain functions/positions to prevent excessive buildup of personnel in ICC; along with having office phone numbers published. Add this to the hospitals EOP. Separate Command and General Staff to allow space and function.</p>			
<p>4.12.3 The EOP/IAP identifies to whom staff report in the hospital’s incident command structure.</p>	<p>Evaluators suggest that personnel be briefed upon initial expectations and to whom they will report. Make dissemination of vests and JASs automatic and upfront for all emergencies where ICS positions are delegated. Add these tasks to the EOP.</p>			

Activity 13: Communications

<p>4.13.1 1 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area.</p>	<p>Communications with other regional health care centers, or plans for communication, were not exercised. Ensure plans and contacts are in place.</p>			
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Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 16: Staffing				
<p>4.16.2 Staff is trained for their assigned roles during emergencies</p>	<p>The need for regular ICS training EAP review and basic exercise play is evident to improve and expand the organization’s ability to continue its success in future emergency incidents. Evaluators suggest revisiting the Planning function and consider delegating personnel to more adequately cover the essential functions often required during long-term incidents.</p>			
<p>4.16.4 The hospital establishes a process for identifying care providers and other personnel (such as ID cards, etc.) assigned to particular areas during emergencies.</p>	<p>Identification of care providers and other personnel was not observed during exercise play. Ensure that identification is assigned in an emergency where necessary for security and efficiency purposes.</p>			

CMC-Mercy

Medical Surge				
Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 1: Pre-Event Mitigation and Preparedness				
1.1 Conduct Hazard Vulnerability Analysis (HVA).	Evaluators suggest more contact with surrounding medical facilities to determine potential medical surge			
1.2 Define incident management structure and methodology.	Evaluators recommend training with the VIPER system and possible use of Satellite phones as a back-up			
1.4 Develop protocols for increasing internal surge capacity.	Evaluators did not see any formal “written protocol” utilized for criteria and process for patient evaluation and discharge. Evaluators did not observe the mechanism to track the discharged patients.			
1.5 Determine medical surge assistance requirements.	Adequate personnel appeared to be on hand to handle the event			
Activity 2: Incident Management				
2.2 Conduct incident action planning.	Evaluators did not observe “goals and objectives” listed for this exercise. Plans containing goals for the event were discussed and assigned but they should be written and disseminated.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
2.4 Provide emergency operations support to incident management.	Evaluators did not observe this action and were unsure if Corporate was maintaining connectivity with State and Local EM.			
Activity 3: Increase Bed Surge Capacity				
3.3 Forward transport less acutely ill patients.	Patients' assessments were crucial as to determining if facility could and /or should be treating the patient, discharging the patient, or diverting the patient to a higher care facility.			
3.4 Provide medical surge capacity in alternate care facilities.	Evaluators did not see MOU's, nor were they mentioned to have been in place.			
Activity 4: Medical Surge Staffing Procedure				
4.1 Recall clinical personnel in support of surge capacity requirements.	Evaluators did not observe any "verification of credentials" regarding staff assignments.			
4.2 Augment clinical staffing.	Evaluators didn't observe procedures to receive, register, process, or manage volunteers. No just-in-time training was conducted			
4.3 Augment non-clinical staffing.	Evaluators did not observe "MOU's" for non-clinical staff.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 6: Receive, Evaluate, and Treat Surge Casualties				
6.1 Establish initial reception and triage site.	Patients triaged within the ED, information for each patient was sufficiently tracked and maintained with the patient.			
6.4 Execute medical mutual aid agreements.	Logistics and Corporate were charged with maintaining and obtaining resources. Provide resource manuals for logistics group.			
Activity 7: Provide Surge Capacity for Behavioral Health Issues				
7.2 Provide behavioral health support	It was mentioned that the local churches in the area were “partners” with the hospitals and provided CISM assistance. Update MOUs as needed.			

Hospital Capabilities

Activity 12: Planning

Task	Observation	Functional Group	Agency POC	Start/End Date
4.12.4 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including who has the authority to activate the phases.	This was not observed within the written plan.			
4.12.5 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including how the phases are to be activated.	This was not observed within the written plan.			
4.12.7 The EOP/IAP identifies alternative sites for care, treatment or service that meet the needs of its patients during emergencies.	Although not clearly defined as to the specific alternate care sites, multiple locations were identified for potential alternate care locations. Write up ACF locations with capabilities, estimated times to prepare them, access codes, etc.			

Activity 13: Communications

4.13.1 The hospital plans for notifying staff when emergency response measures are initiated.	However, it was noted that the paging system did not alert all responders. Utilize multiple means of notifications			
4.13.5 The hospital plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.	Evaluators did not observe this practice. Dedicate a section within the IC structure to specifically work with patient and family notifications.			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.13.6 The hospital defines the circumstances and plans for communicating with the community and/or the media during emergencies.</p>	<p>Due to the complexity of the event, utilization of a "JIC" to increase accurate and sufficient information would have increased accurate information flow.</p>			
<p>4.13.8 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: essential elements of their command structures and control centers for emergency response;</p>	<p>Communication was completed via land lines. Consider a web-EOC or web-based program for communication purposes.</p>			
<p>4.13.13 The hospital plans for communicating with identified alternative care sites.</p>	<p>Utilize a web-based program for tracking, communication, and IC structure</p>			
Activity 13: Resources and Assets				
<p>4.14.3 The hospital plans for: replenishing pharmaceutical supplies that will be required throughout response and recovery, including access to and distribution of caches (stockpiled by the hospital or its affiliates, local, state or federal sources) to which the hospital has access;</p>	<p>Pharmaceutical supplies were addressed throughout the entire exercise. Evaluators were unaware of any state or federal requests made. Review procedures.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.14.5 The hospital plans for: managing staff support activities (for example, housing, transportation, incident stress debriefing, etc.);</p>	<p>Housing plans for staff were addressed, transportation plans and CISM were not addressed</p>			
<p>4.14.9 The hospital plans for: evacuating (both horizontally and, when required by circumstances, vertically) when the environment cannot support care, treatment, and services;</p>	<p>Plans were not addressed as to how to accomplish this if needed. The planning section could prepare plans to facilitate this action if the need occurred.</p>			
<p>4.14.10 The hospital plans for: transporting patients, their medications and equipment, and staff to an alternative care site or sites when the environment cannot support care, treatment, and services</p>	<p>The planning section would address transportation in a real exercise, ensure that contacts and estimates for available transportation are available for planning purposes.</p>			
<p>Activity 15: Safety and Security</p>				
<p>4.15.6 The hospital establishes processes for the following: controlling the movement of individuals within the health care facility during emergencies.</p>	<p>Evaluators did not observe controlling internal movement throughout the exercise, however care was given to make sure accountability of individuals was maintained (staff, patients, visitors, etc...)</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
Activity 16: Staffing				
<p>4.16.2 Staff is trained for their assigned roles during emergencies</p>	<p>Several staff members had been placed within new roles within the EOC. Although it created a few challenges it afforded these staff members opportunities to learn these positions. Continue to train additional employees to fill roles with the emergency. Attempt to be “4 deep” with staff members available to fill positions.</p>			
<p>4.16.3 The hospital communicates to licensed independent practitioners their roles in emergency response and to whom they report during an emergency.</p>	<p>Evaluators did not observe hospital communication to independent practitioners during the exercise.</p>			
Activity 17: Utilities				
<p>4.17.2 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: water needed for consumption and essential care activities;</p>	<p>Consider creating a contingency plan in case of generator failure, like establishing contracts with outside generator vendors. There was also a question of transfer switches.</p>			
<p>4.17.4 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: fuel required for building operations or essential transport activities; and</p>	<p>Maintenance updated Command regularly regarding fuel supplies. Evaluators were unsure if alternate fuel suppliers were contacted. It may have been handled via corporate. Review plans.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.17.5 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: other essential utility needs (for example, ventilation, medical gas/vacuum systems, etc.).</p>	<p>Evaluators did not observe any alternate means for these necessary utilities. Ensure that plans are in place.</p>			

Presbyterian Charlotte

Medical Surge				
Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 1: Pre-Event Mitigation and Preparedness				
1.1 Conduct Hazard Vulnerability Analysis (HVA).	There was not an HVA provided for the evaluators to review. During the exercise, no mitigation or preparedness plans were reviewed or referenced. It was unclear if documents are complete or not; and if they are complete, it is unclear if they are stored in the Incident Command Center (ICC). Evaluators recommend that the facility provide these documents to the planning section and store all relevant documents in the Incident Command Center (ICC).			
1.2 Define incident management structure and methodology.	The addition of a board to identify objectives is recommended. Consider putting contact information in electronic form and digital telephones in the response areas for electronic directories. Also consider additional radios to support multiple layers of response. There was a shortfall during the exercise by 5+ radios. Utilize a mass notification system to identify code triage and other relevant information.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
1.3 Establish a bed tracking system.	There was possible miscommunication of numbers. Evaluators recommend a more detailed bed management system internally to keep counts in real time.			
1.4 Develop protocols for increasing internal surge capacity.	There was no clear review of discharge tracking. If it was not performed, evaluators recommend a person to coordinate this process in the ICC.			
1.5 Determine medical surge assistance requirements.	Evaluators recommend more discussion and communication with MTAC for available regional resources.			
1.6 Develop plans for providing external surge capacity outside the health care facility setting.	An Alternate Care Facility (ACF) was not discussed; therefore, there is limited knowledge on the existing plans. If no plan exists, recommend an evaluation of ACF sites as the capacity was 90-95% at both facilities and available beds were limited. A large event could easily overwhelm both hospitals.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 2: Incident Management				
2.1 Activate the health care organization’s Emergency Operations Plan (EOP).	The EOP was not visibly reviewed or mentioned in the first 30-40 minutes of the exercise. When it was addressed, only the tornado policy was reviewed. Evaluators recommend more customization for the facility needs versus a general checklist. Consider more emphasis placed on the EOP as a guiding document to assist the IC in the response.			
2.2 Conduct incident action planning.	There was no Incident Action Plan (IAP) developed by the participants in the ICC. A strategy was discussed but not captured in a planning document. Evaluators recommend additional training on developing an IAP and including that process in the initial ICC ramp up.			
2.3 Disseminate key components of incident action plan.	Briefings were provided; however, no written communication was available. Aspects of the response were discussed with corporate entities and Grace Hospital; media was briefed as needed. A written IAP will support this objective.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
2.4 Provide emergency operations support to incident management.	There was little discussion about the County EOC or MTAC; most coordination occurred between Valdese and Grace due to the corporate ownership of both. Evaluators recommend utilizing regional resources to support response.			
Activity 3: Increase Bed Surge Capacity				
3.1 Implement bed surge capacity plans, procedures, and protocols. Increase Bed Surge Capacity	This process was not observed; however, it may have occurred. Evaluators recommend written plans if they not already completed. No written plans were visible in the ICC for evaluator review.			
3.3 Forward transport less acutely ill patients.	At one point, a patient was brought to Valdese that required specialized care not available at the hospital; Valdese stabilized and rerouted them to Grace with proper facilities. Communication with patient families was identified during the course of the exercise. Once again, evaluators recommend written guidance for this process, if it was not already available. It was not provided for review or noticed in the ICC.			
3.4 Provide medical surge capacity in alternate care facilities.	No ACF activities were addressed in the ICC. There was no discussion of agreements with other facilities and no observations to base recommendations on.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 4: Medical Surge Staffing Procedure				
4.1 Recall clinical personnel in support of surge capacity requirements.	There was no clear process for identifying credentials; however, all staff were employees of the hospital system.			
4.2 Augment clinical staffing.	There was no volunteer staff (non-clinical and clinical) requested during the course of the exercise. Review plans and test in future.			
4.3 Augment non-clinical staffing.	No volunteer staff (non-clinical and clinical) were requested during the course of the exercise. This objective was not addressed in this exercise.			
Activity 6: Receive, Evaluate, and Treat Surge Casualties				
6.1 Establish initial reception and triage site.	No information was provided on reception centers. Recommend the facility to review all MOUs/MOAs or other agreements for support facilities and/or resources during a large event.			
6.2 Provide medical equipment and supplies in support of immediate medical response operations and for restocking supplies/equipment requested.	There was no discussion of the SNS as it was not relevant to this event. Evaluators recommend considering an electronic resource management system to ensure real time data and consistent information at multiple sites/rooms.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
6.3 Institute patient tracking.	In patient tracking was handled by pen and paper at the facility ICC. It was unclear if a designation was provided for incident related transports/injuries. Evaluators recommend an electronic patient tracking system.			
6.4 Execute medical mutual aid agreements.	No mutual aid agreements discussed or executed.			
6.5 Activate Procedures for Altered Nursing and Medical Care Standards	There was no discussion of the change in standards or developing new standing orders.			

Activity 7: Provide Surge Capacity for Behavioral Health Issues

7.1 Institute strategy to address behavioral health issues.	Evaluators recommend a plan for psychological first aid or counseling services for staff. Also consider a Family Assistance Center for victims of the event. It could be coordinated with multiple facilities.			
7.2 Provide behavioral health support	Evaluators recommend development of a plan or review of existing plans for updates and changes. Consider discussing this with County Emergency Management or MTAC for regional resources.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
7.3 Provide family support services	Support and available resources was not captured and was unclear on the plan(s). As with previous recommendations, it would be beneficial to review existing plans and coordinate with local/regional peers.			
Activity 8: Demobilize				
8.1 Coordinate decision to demobilize with overall incident management.	Demobilization was not addressed by the ICC. Consider demobilization as soon as the ICC is activated.			
8.2 Provide a staff debriefing.	The facility staff was briefed throughout the exercise; however, due to the exercise end time, no formal final briefing occurred in exercise play. A hotwash took place post exercise. Ensure that demobilization plans and recovery plans are addressed and included in the EOP or supporting documents.			

Hospital Capabilities

Activity 12: Planning

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.12.1 The hospital develops and maintains a written emergency operations plan (EOP)/incident action plan (IAP) that describes an “all-hazards” command structure for coordinating six critical areas within the hospital during an emergency.</p>	<p>Hospital uses an EOP and IAP for operations. However, evaluators did not see the IAP developed for this exercise. Operations are split into two branches (Facility and Clinical). Consider posting a laminated Org Chart so that players can readily see who is POC for each position.</p>			
<p>4.12.3 The EOP/IAP identifies to whom staff report in the hospital’s incident command structure.</p>	<p>If not already in place, utilize SOPs to ensure that there is interface between all sections. This is especially important when working from multiple rooms.</p>			
<p>4.12.4 The EOP/IAP describes processes for initiating and terminating the response and recovery phases, including who has the authority to activate the phases.</p>	<p>An IAP was not observed, but based on discussions it appears to be in place. Based on Hot Wash, evaluators suggest earlier notification of community partners regarding CC activation.</p>			

Activity 13: Communications

<p>4.13.2 The hospital plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.</p>	<p>Utilize Code Message Outlook to communicate with staff.</p>			
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Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.13.5 The hospital plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.</p>	<p>Participants did state that a better understanding of the Family Assistance Center is needed.</p>			
<p>4.13.6 The hospital defines the circumstances and plans for communicating with the community and/or the media during emergencies.</p>	<p>There was a hot wash suggestion for earlier notification of community partners regarding Command Center activation.</p>			
<p>4.13.9 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area regarding names and roles of individuals in their command structures and command center telephone numbers.</p>	<p>Evaluators were unsure about other hospital facilities within the region. Did not observe listing of names or roles within their command structure. There was an issue in that ED staff did not know the location of radios and batteries. If not already developed, evaluators suggest developing a list of each facility command center staff members for hospitals within their system and beyond. This could be a part of the task action list for appropriate staff person in the ED</p>			
<p>4.13.11 The hospital plans for communicating with other health care organizations that provide services to an area regarding: names of patients and deceased individuals brought to their hospitals in accordance with applicable law and regulation, when requested.</p>	<p>Evaluators did not observe hospital plans for communicating with other health care organizations. Evaluators were unsure how this is utilized between hospitals.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.13.13 The hospital plans for communicating with identified alternative care sites.</p>	<p>Communication with ACFs were not tested in this exercise. Review plans and lists of ACFs and communication capabilities.</p>			
<p>Activity 13: Resources and Assets</p>				
<p>4.14.4 The hospital plans for: replenishing non-medical supplies that will be required throughout response and recovery (for example, food, linen, water, fuel for generators and transportation vehicles, etc.);</p>	<p>Evaluators suggest an annual review of vendor contracts, and if not already part of an existing contract, consider discussing the vendors COOP planning. Are they sustainable?</p>			
<p>4.14.5 The hospital plans for: managing staff support activities (for example, housing, transportation, incident stress debriefing, etc.);</p>	<p>There is a child development center available to hospital staff. Evaluators did not observe anything related to housing or transportation. There was discussion related to stress debriefing, but it not exercised. Consider how adverse weather, affected roads, or other emergencies could affect travel and review available resources for housing and transportation and processes for informing staff on support functions.</p>			
<p>4.14.8 The hospital plans for: potential sharing of resources and assets with health care organizations outside of the community in the event of a regional or prolonged disaster;</p>	<p>Evaluators are unsure of non-system hospitals, but there is good communication between CMC and Presbyterian. If not already in place, consider discussing mutual aid or memorandums of understanding between hospital systems.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.14.9 The hospital plans for: evacuating (both horizontally and, when required by circumstances, vertically) when the environment cannot support care, treatment, and services;</p>	<p>While this process exists, there was some confusion expressed regarding roles and responsibilities for various positions. This appeared to be a training issue.</p>			
<p>4.14.11 The hospital plans for: transporting pertinent information, including essential clinical and medication-related information, for patients to an alternative care site or sites when the environment cannot support care, treatment, and services.</p>	<p>There is some concern regarding the surge capability for transporting patients to alternate sites. This is an area that needs further discussion with partner agencies.</p>			
<p>Activity 15: Safety and Security</p>				
<p>4.15.1 The hospital establishes internal security and safety operations that will be required once emergency measures are initiated.</p>	<p>ED staff indicated that they needed better security at their entrances. The ED security issue could have been the result of this being exercise vs the real event. Consider a review of plans and procedures related to ED security, and the hospital in general.</p>			
<p>4.15.5 The hospital establishes processes for the following: controlling entrance into and out of the health care facility during emergencies.</p>	<p>Security is a part of their EOP; however, ED staff indicated that there needed to be better security at their entrances. The ED security issue could have been the result of this being an exercise vs. the real event. Evaluators suggest a review of plans and procedures related to ED security, and the hospital in general.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
Activity 16: Staffing				
4.16.1 Staff roles and responsibilities are defined in the Emergency Operations Plan for all critical areas (communications, resources and assets, safety and security, utilities and clinical activities).	Everyone does not appear to be fully versed in their specific role and responsibility. Roles within the ED staff were unclear. This is a training issue, and training has been scheduled to address this issue.			
4.16.2 Staff is trained for their assigned roles during emergencies	Some training has been completed; however there are still people who are not familiar with their specific role and responsibility. This is a training issue, and training has been scheduled to address this issue.			
Activity 17: Utilities				
4.17.4 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: fuel required for building operations or essential transport activities; and	Evaluators were unsure of the extent that fuel is available for building operations beyond generators. Consider working with facilities management personnel to review the process for insuring an adequate supply of fuel in the event of a disrupted supply.			
4.17.5 Hospitals identify an alternative means of providing for the following utilities in the event that their supply is compromised or disrupted: other essential utility needs (for example, ventilation, medical gas/vacuum systems, etc.).	Evaluators did not observe alternate means for these utilities, however this would be part of their COOP planning, and would be required to meet Joint Commission Standards.			

Presbyterian Hospital

Medical Surge				
Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 2: Incident Management				
2.1 Activate the health care organization's Emergency Operations Plan (EOP).	The plan was activated at the beginning of exercise. Evaluators did not see any use of an Incident Action Plan (IAP). Responsibilities were assigned as required. This should have been part of the IAP which should have been developed within the first 30 min. The initial IAP should be developed as a means to focus initial efforts.			
2.2 Conduct incident action planning.	Evaluators suggest adding this function to the Command Center checklist.			
Activity 3: Increase Bed Surge Capacity				
3.3 Forward transport less acutely ill patients.	Evaluators did not observe transport of less acute patients. There is concern regarding the sustained capability for transporting large numbers of patients during a surge event.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 4: Medical Surge Staffing Procedure				
4.3 Augment non-clinical staffing.	Call-back procedures were initiated for non-clinical staff. If there is not an MOU for this, consider establishing one.			
Activity 6: Receive, Evaluate, and Treat Surge Casualties				
6.3 Institute patient tracking.	There is a patient tracking system for every facility. Evaluators did not observe if they are capable of separating incident-related vs. non-incident patients.			
Activity 7: Provide Surge Capacity for Behavioral Health Issues				
7.3 Provide family support services	There was discussion regarding the needs of those family members within the hospital. Evaluators did not see any concrete solutions, but there were some possibilities for caring for families. There was uncertainty regarding this issue. Develop a family assistance SOP.			
Activity 8: Demobilize				
8.3 Reconstitute medical supply, equipment inventory.	This is done as a normal routine on a daily basis. Cost accounting would follow normal procedures. However, it was not clear as to how a specific incident cost would be separated from normal expenses.			

Presbyterian Huntersville

Medical Surge				
Task Description	Observations	Functional Group	Agency POC	Start/End Date
Activity 1: Pre-Event Mitigation and Preparedness				
1.3 Establish a bed tracking system.	The use of standardized forms for bed tracking in the EOC would be beneficial for personnel to copy and disseminate. A similar large laminated form that could be posted within the EOC would be beneficial so all personnel could see it as soon as they entered the EOC.			
Activity 2: Incident Management				
2.1 Activate the health care organization's Emergency Operations Plan (EOP).	Utilization of a wall mounted ICS board would allow participants to track ICS assignments and IAP activities. Incoming personnel could easily and quickly observe the current status of the ICS/EOC operations upon entering the EOC.			
2.2 Conduct incident action planning.	The use of standardized IAP forms would be beneficial for personnel and for briefing incoming personnel and dissemination to personnel as needed.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
2.3 Disseminate key components of incident action plan.	Components of the IAP were discussed and personnel were briefed appropriately on a regular basis. Written copies of the IAP on standardized forms are suggested.			
2.4 Provide emergency operations support to incident management.	The exercise did not escalate to the level of contacting State/Federal or similar EOCs. Review processes in case they are changed.			
Activity 3: Increase Bed Surge Capacity				
3.1 Implement bed surge capacity plans, procedures, and protocols. Increase Bed Surge Capacity	Surge capacity plans were implemented effectively and efficiently during the exercise. Utilizing a bed capacity/surge form for tracking purposes along with a large laminated wall copy would be beneficial for briefings, and for easy observation by ICS personnel within the EOC.			
Activity 6: Receive, Evaluate, and Treat Surge Casualties				
6.1 Establish initial reception and triage site.	This objective is addressed within the EOP but was not observed by this evaluator during the exercise. Review the EOP and ensure that personnel are familiar and trained.			

Task Description	Observations	Functional Group	Agency POC	Start/End Date
6.3 Institute patient tracking.	Evaluators recommend having access to patient tracking systems within the EOC and hard copies of summaries available for dissemination and briefings.			
6.5 Activate Procedures for Altered Nursing and Medical Care Standards	This objective is addressed within the EOP, however it was not implemented during this exercise. Review the EOP and ensure all personnel are familiar with this procedure.			
Activity 7: Provide Surge Capacity for Behavioral Health Issues				
7.1 Institute strategy to address behavioral health issues.	Review the EOP and ensure all personnel are familiar and trained with this process			

Hospital Capabilities

Activity 12: Planning

Task	Observation	Functional Group	Agency POC	Start/End Date
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Activity 13: Communications

4.13.7	The hospital plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated;	Maintain an easily accessible list, with both hard copies and electronic copies of vendors, supplies and services.			
4.13.8	The hospital plans for communicating with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: essential elements of their command structures and control centers for emergency response;	Contact lists for ICS personnel should be available in hard copies and electronic copies in the EOC would be beneficial during emergency operations.			
4.13.14	The hospital plans for communicating with identified alternative care sites.	There was some issue with the operations of radios noted. Conduct periodic testing of radio systems, to ensure operability and interoperability.			

Activity 16: Staffing

4.16.4	The hospital establishes a process for identifying care providers and other personnel (such as ID cards, etc.) assigned to particular areas during emergencies.	Hospital personnel are required to wear identification while on duty, it was not discussed how this objective would be met for outside resources. Review the EOP and ensure all personnel are familiar and trained with this process.			
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Valdese Hospital

Hospital Capabilities

Activity 12: Planning

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.12.1 The hospital develops and maintains a written emergency operations plan (EOP)/incident action plan (IAP) that describes an “all-hazards” command structure for coordinating six critical areas within the hospital during an emergency.</p>	<p>Additional copies would be beneficial to have in the EOC as well as electronic copies available for personnel to review and to access during emergencies.</p>			

Activity 13: Communications

<p>4.13.5 The hospital plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites.</p>	<p>Review the EOP and ensure that personnel are trained and familiar with completing this objective</p>			
<p>4.13.6 The hospital defines the circumstances and plans for communicating with the community and/or the media during emergencies.</p>	<p>The EOP addresses this objective however personnel were reluctant to speak with the media during this incident and there was some confusion as to who would represent the hospital administration along with the PIO. Review the EOP PIO/Media procedures and remind personnel that if the hospital does not keep both the media and the community informed that the opportunity for inaccurate information greatly increases</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.13.7 The hospital plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated;</p>	<p>This area was discussed but not actively initiated. Ensure personnel are familiar with what vendors serve the facility and how to contact them in an emergency situation.</p>			
<p>4.13.9 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area regarding names and roles of individuals in their command structures and command center telephone numbers.</p>	<p>The personnel were familiar with the plan and how to contact various facilities. Consider having a name and number directory available for personnel to access at multiple locations within the EOC to make the process more efficient.</p>			
<p>4.13.11 The hospital plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding: names of patients and deceased individuals brought to their hospitals in accordance with applicable law and regulation, when requested.</p>	<p>This process was not discussed nor observed by this evaluator. Ensure that the EOP addresses this objective and that personnel are familiar with the plan and trained.</p>			

Task	Observation	Functional Group	Agency POC	Start/End Date
<p>4.13.12 The hospital defines the circumstances and plans for communicating information about patients to third parties (such as other health care organizations, the state health department, police, FBI, etc.).</p>	<p>This objective was not discussed nor observed by this evaluator. Ensure the EOP addresses this objective and that personnel are familiar with the process</p>			
<p>4.13.13 The hospital plans for communicating with identified alternative care sites.</p>	<p>Personnel discussed communications plans but there were not implemented for this exercise. Review the EOP and ensure personnel are trained and familiar with the plan</p>			
<p>Activity 13: Resources and Assets</p>				
<p>4.14.6 The hospital plans for: managing staff family support needs (for example, child care, elder care, communication, etc.);</p>	<p>The EOP addresses this issue however there were some logistical concerns but they would be fluid and flexible dependent upon the actual incident. Prepare as much as possible, brainstorm possible contingencies such as adverse weather, personnel shortages, communication failures, etc.</p>			
<p>4.14.9 The hospital plans for: evacuating (both horizontally and, when required by circumstances, vertically) when the environment cannot support care, treatment, and services;</p>	<p>Training with the evacuation equipment with additional personnel is suggested to increase familiarity and effective use of the equipment.</p>			

Task		Observation	Functional Group	Agency POC	Start/End Date
4.14.10	The hospital plans for: transporting patients, their medications and equipment, and staff to an alternative care site or sites when the environment cannot support care, treatment, and services	Plans were in place for transporting patients however there was a concern regarding the availability of resources depending upon the severity of the incident. Review the EOP and alternative resources that could be implemented			
4.14.11	The hospital plans for: transporting pertinent information, including essential clinical and medication-related information, for patients to an alternative care site or sites when the environment cannot support care, treatment, and services.	This objective was not discussed or observed by this evaluator. Review the EOP and ensure that personnel are trained and familiar with procedures to meet this objective			
Activity 15: Safety and Security					
4.15.2	The hospital identified the roles of community security agencies and defines how the hospital will coordinate security activities with these agencies.	Security personnel were familiar with the requirements to meet this objective but were also aware that depending upon the severity of the incident that outside law enforcement resources would be severely taxed and potentially unavailable to assist the hospital			
4.15.3	The hospital identifies a process that will be required for managing hazardous materials and waste once emergency measures are initiated.	This objective was discussed in the EOP but was not openly discussed by the IMT during the incident. Review the EOP and ensure that personnel are familiar with the procedures.			
4.15.4	The plan identifies means for radioactive, biological, and chemical isolation and decontamination.	This objective was not discussed nor observed by this evaluator. Ensure the EOP addresses this objective and personnel are familiar with the processes			

Task	Observation	Functional Group	Agency POC	Start/End Date
Activity 16: Staffing				
4.16.4 The hospital establishes a process for identifying care providers and other personnel (such as ID cards, etc.) assigned to particular areas during emergencies.	This evaluator did observe preparations for non-staff personnel but this exercise did not require outside personnel. Ensure that the EOP addresses this objective and that necessary personnel are familiar with the established process and are prepared to implement the plan.			
Activity 18: Clinical Activities				
4.18.3 The hospital plans to manage the following during emergencies: personal hygiene and sanitation needs of its patients.	This objective was not discussed by the Incident Management Team nor observed by this evaluator. Verify that hygiene and sanitary needs of patients are included in the 96 hour sustainability plan.			
4.18.4 The hospital plans to manage the following during emergencies: the mental health service needs of its patients	Mental health needs for patients was not discussed by the Incident Management Team nor observed by this evaluator. Verify that mental health needs are addressed in the Emergency Operations Plan.			
4.18.6 The hospital plans for documenting and tracking patients' clinical information.	Having a form or computer system to track and monitor patient information would be beneficial as opposed to keeping information on note pads.			

