**12-8-23 Region 5 Mass Casualty Full Scale Exercise Concept & Objectives Meeting Minutes**

**Attendees:** see list below

**Exercise Purpose**: Lynne explained the purpose of the exercise is to demonstrate hospital capability to meet the ASPR HPP medical surge capability and demonstrate the ability of the Coalition to provide resource coordination and situational awareness to members.

**Exercise Scope**: Eric Alberts suggested expanding the scope of the exercise beyond the initial medical surge to include an escalating event over days, and including communication among the hospitals, EOCS and the Coalition. He stated that we may be able to incorporate the regional incident management team into the exercise. Justin Crenshaw suggested including a cyber-attack as this in scalable and very realistic.

**Exercise Date/Time/Location**: The tentative date was scheduled for Thursday, April 18, 2024. It was noted that this is during Florida Week at the CDP. The group agreed to hold the exercise on April 25th with a rain date the next week. Lynne will reach out to the teachers to make sure this does not conflict with testing. Note: the rain date has been confirmed for May 2

**Exercise Scenario**: Eric suggested a coordinated terrorist attack that impacts major hugs for connectivity, such as tractors trailers with chemicals on board at strategic locations, such as Millenia Boulevard underneath the I-4, and a small plane crashing into a high risk. The group agreed to include cyber in the scenario to bring down systems. John Maze explained that a cyber-attack can bring a hospital to its knees and agreed to help with this. Justin suggested an investigation of a ransom ware case as hospitals are a favorite target and he agreed to help with the scenario. Justin Everhardt stated that this may be difficult for their hospital leaders. We can begin with the medical surge and then scale for hospitals that are ready for more complex testing. Michelle Rud stated that hospitals don’t all have the same EHR software and we need to consider that. A small group volunteered to draft the scenario, including Eric Alberts, Michelle Rud, John Maze, Justin Crenshaw, Justin Everhardt, Ashley Bueche, Leigh Spradling, and Phil Weiss. Lynne will schedule a meeting of this group to draft the scenario before the initial planning team meeting.

**Players**:

* Hospitals: Lynne provided a list of hospitals and she will reach out to those who have not yet responded. All hospitals must report their bed counts as we have to plan for 20% of the regional staffed acute care beds.
* The group discussed other potential partners including EMS, emergency management, law enforcement, federal and state partners, and community partners. We will need to add DOT, large commercial carriers (rail, FedEx, UPS) depending on the scenario. Some hospitals want to include foreign nationals in the exercise.

**Confirm Planning Team Roles:**

* Exercise Director: Coalition
* Exercise Planner/Coordinator: Lynne advised if that anyone needs to play this role to earn their MEP, please contact her.
* Sim Cell: Lynne will ask Manny Soto if Orlando EM will coordinate the Sim Cell.
* Emergency Management Liaisons: Bill Litton volunteered Danielle Balser to coordinate
* EMS Liaison / Workgroup: Lynne stated that we agreed following last year’s exercise to put together an EM workgroup to get the support we need. Matt Meyers will take the lead in working with Chief Rhodes, Chief Kammel, EMS agencies and hospital EMS.
* Law Enforcement Liaison: Justin Crenshaw, Danny Warren, Deshawn McCall
* Lynx: Jafari Bowden
* DBH Liaison: Lynda W.G. Mason and ask Maria Bledsoe to support
* ME Liaison: Mass Fatality will not be included in this exercise; we are working on updating the mass fatality plan, training and will exercise separately
* Public Health Liaison: Chris Dorans
* DHS: Marty Smith advised that Gary Hopewell and Natasha Roman will assist with cyber.
* Evaluators: CFDMC - Lynne advised that Corewell Health has already committed to providing evaluators.
* Victim Volunteers & Volunteer Reception: CFDMC
* Hospital Controllers: We struggle with this each year. Lynne will include this in the hospital needs survey (how many do they need and how many can they provide).
* Pharmacy: Dr. Erin Mullen is the new Pharmacy Board Member and she will help design the scenario so that we meet the federal MRSE pharmacy requirements.

**Exercise Objectives & Capabilities:** The group reviewed the 2023 objectives and agreed to Objectives 1 through 7. Eric Alberts agreed to draft **t**he objectives regarding an escalating event and cyber (see Objectives 8 & 9):

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| **Objective** | **Capability** |
| **Objective 1**: Evaluate the hospitals’ ability to demonstrate Hospital Incident Command System (HICS) in response to a major incident. | **ASPR HPP Capability #2:** Healthcare and Medical Response Coordination |
| **Objective 2:** Assess hospital facilities’ ability to activate and implement infrastructure protection measures in response to a major incident in accordance with policies and procedures. | **ASPR HPP Capability #3:** Continuity of Healthcare Service Delivery |
| **Objective 3:** Evaluate hospital facilities’ ability to activate and execute decontamination, triage, medical surge, and resource management in response to a major incident in accordance with policies and procedures. | **ASPR HPP Capability #4:** Medical Surge |
| **Objective 4:** Assess community partners’ ability to share and receive timely communications to support security and assist with situational awareness and operational decisions during an incident in the community, utilizing the communications platforms available within the region. | **ASPR HPP Capability #2:** Healthcare and Medical Response Coordination |
| **Objective 5:** Demonstrate capability to connect county EOCs with local hospitals and EOC to EOC interconnectivity. | **ASPR HPP Capability #2:** Healthcare and Medical Response Coordination |
| **Objective 6:** Test acute care hospital and free-standing emergency departments’ capability to stabilize and/or treat high number of burn patients. | **ASPR HPP Capability #4:** Medical Surge |
| **Objective 7:** Assess community partners’ ability to share and receive timely communications to support security and assist with situational awareness and operational decisions during an incident in the community. | **ASPR HPP Capability #2:** Healthcare and Medical Response Coordination |
| **Objective 8 -** **Escalating Incident:** Ability for healthcare organizations to identify that an incident or incidents are escalating and will need additional support from withing their systems beyond normal emergency response practices to ensure continuity of operations for patients.  This may involve response from the organization’s senior most leadership and board members. | Capability 3. Continuity of Health Care System Delivery; Goal for Capability 3 (Page 32) & Objective 2: Plan for Continuity of Operations – Activity 3. Continue Administrative and Finance Functions (Page 34).  Capability 3. Continuity of Health Care System Delivery; Objective 5:  Protect Responder’s Safety and Health; Activity 3. Develop Health Care Worker Resilience (Page 40).  Capability 3. Continuity of Health Care System Delivery; Objective 7:  Coordinate Health Care Delivery System Recovery (Page 42).  Capability 4. Medical Surge; Goal for Capacity 4: Medical Surge (Page 45).  Capability 4. Medical Surge; Objective 2:  Respond to a Medical Surge; Activity 3. Develop an Alternate Care System (Page 50). |
| **Objective 9 – Cyber Incident:** Ensure healthcare organizations can continue to operate when faced with a cyberattack that poses significant effects on patient care and organizational continuity. | ***ASPR Capability:***  Capability 3. Continuity of Health Care Service Delivery; Objective 4:  Develop Strategies to Protect Health Care Information Systems and Networks (Page 37). |

**Local Issues/Concerns/Sensitivities**:

Eric stated that we need to address the issue of victims reporting to the right place at the hospitals. Lynne advised that our exercise debrief last year included adding a meeting with the victim volunteer coordinators (typically teachers) and the hospital staging coordinators to make sure they are on the same page. Eric suggested adding the transportation coordinators to this.

Marty Smith provided links to information for adding cyber to the exercise:

[www.cisa.gov/resources-tools/resources/cybersecurity-scenarios](http://www.cisa.gov/resources-tools/resources/cybersecurity-scenarios)

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.cisa.gov%2Fsites%2Fdefault%2Ffiles%2F2023-10%2FHealthcare-and-Public-Health-CTEP-Situation%2520Manual-102023-508.docx&wdOrigin=BROWSELINK>

**Future Meeting Dates**: The group agreed to the following exercise planning team schedule. All will be virtual. Lynne will send out calendar invitations

* Initial Planning Meeting: January 12th – 9 am to 10:30 am
* Mid-Term Planning Meeting: February 9th – 9 am to 10:30 am
* Final Planning Meeting: March 8th – 9 am to 10:30 am
* Final Check: April 19th from 9 am to 10:30 am
* Exercise: April 25th – 8 am to noon
* Rain Date: May 2nd
* After Action Meeting (re Objectives/Capabilities): May 10th – 9 am to 10 am
* Exercise Debrief (exercise planning/logistics): May 10th – 10 am to 11 am

Eric Alberts

Lou Alexis

Marben Aquino

Danielle Balsar

Jafari Bowden

Stacy Brock

Ted Burgwald

Deborah Collinge

Beverly Cook

John Corfield

Justin Crenshaw

Tom Curtis

Maggie DeAngelo

Lynne Drawdy

Justin Everhardt

Amanda Freeman

Rachel Hamlett

Eli Jordan

Chief Chris Kammel

Sandy Lanier

Darby Leimer

Bill Litton

Kathleen Lyons

Amelia Mach

John Maze

Deshawn McCall

Jennifer Mills

Obdhali Mira

Erin Mullen

Matt Myers

Justino Narvaez

Lily Nguyen

Kirsten Reckendorf

Natasha Roman

Michelle Rud

Amber Smith

Marty Smith

Leigh Spradling

Karen Street

Wayne Struble

Angelica Sugrim

Jennifer Tomazinis

Lynda W.G. Mason

Orville Watson

Phil Weiss

Bill Wen

John Wilgis

Holly Winhoven