

120 to Landfall 2020 Exercise Series: Hurricane Evacuation Considerations and Implications

Overview: The *120 to Landfall* exercise series is designed to test healthcare preparedness capabilities and meet the objectives provided by grant funding guidance for the Eastern and Southeastern Healthcare Preparedness Coalitions. The project is designed to span three budget periods in order to maximize the educational and developmental opportunities provided by a training and exercise project. The intent of the project timeline is to allow for detailed project planning along with sufficient educational and preparedness activities to ready participating agencies so they are able to maximize the exercise opportunity.

Grant Guidance: The project is built upon grant requirements from the Office of the Assistant Secretary for Preparedness and Response (ASPR) and the NC Office of Emergency Medical Services (NC OEMS). ASPR specifies that an exercise be a region-wide, multi-disciplinary, full-scale exercise conducted by the conclusion of Budget Period 5, June 2024. Although the ASPR requirement specifies an exercise focus on medical surge, due to the proximity to the Atlantic Coast, the Eastern and Southeastern Healthcare Preparedness Coalitions have received clarification that coastal healthcare evacuation sufficiently addresses medical surge considerations. To realistically address the coordination considerations presented during a coastal evacuation, the Eastern and Southeastern Healthcare Preparedness Coalitions elected to conduct the project jointly.

The requirements from NC OEMS include planning and exercise delivery parameters. The exercise must be capabilities based, address findings from the regional gap analysis, be based on written plans and affiliated trainings, and utilize the Homeland Security Exercise and Evaluation Program (HSEEP) as the guide for design, conduct, and evaluation of project activities. Additionally, the exercise must be approved by NC OEMS 90 days prior to the exercise date, the After Action Report (AAR) submitted within 90 days of the exercise, and the Corrective Action Plan (CAP) completed within 120 days of the exercise.

Exercise Objectives

- 1) The Healthcare Coalition (HCC) has an incident management structure (Multi-agency Coordination Center (MACC) and Incident Command System (ICS)) to coordinate actions to achieve incident objectives during a response.
- 2) The HCC demonstrates the ability to enhance situational awareness for its members during an event.
- 3) The HCC has demonstrated resource support and coordination among its member organizations under the time urgency, uncertainty, and logistical constraints of an emergency.
- 4) The HCC has demonstrated the capability of redundant means of communications for achieving and sustaining situational awareness.
- 5) Report essential elements of information.
- 6) The HCC has demonstrated through exercise or real incident, its ability to both deliver appropriate levels of care to all patients, as well as to provide no less than 20% immediate bed availability of staffed members' beds within four hours of a disaster.
- 7) The HCC has demonstrated the ability to do the following during an incident, exercise, or event: 1) Monitor patient acuity and staffed bed availability in real time, 2) Off load patients, 3) On load patients, 4) Track and document patient movements
- 8) The HCC has a process to enhance its members' situational awareness to support activation of immediate bed availability through continuous monitoring.
- 9) The HCC has prioritized and integrated essential recovery needs in its EOP.

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Partners: The exercise requirements specify region-wide, multi-jurisdictional involvement. In order to accomplish the exercise objectives the Exercise Planning Team has identified the following agencies as potential participants: Hospitals, Public Health, State and local Emergency Medical Services, EMS Administrators, State and local Emergency Management, Long Term Care, Department of Social Services, Law Enforcement, American Red Cross, Rescue Association, Special Needs groups, Department of Transportation, and DoD agencies involved or impacted by coastal healthcare evacuation including the Marine Corp Air Station Cherry Point, Camp Lejeune, Coast Guard base Elizabeth City, Seymour Johnson Air Force Base, and the 42nd CST NC National Guard.

Project Development: The project framework developed to meet the ASPR and OEMS requirements began with reviewing plans and assembling an Exercise Planning Team.

An exercise facilitator will coordinate the planning meetings. As trainings and workshops are determined to be necessary, the facilitator, in coordination with the participating agencies, will conduct sessions that will prepare participants for the subsequent exercises in the project.

Activities: At least one tabletop exercise and one functional exercise will precede the full-scale exercise. Each exercise will be designed, conducted, and evaluated using HSEEP guidelines. In addition to the After Action Report (AAR) developed for each exercise, a project summary will be completed and a Corrective Action Plan (CAP) created for the collective Eastern and Southeastern Healthcare Coalition region.

Timeline: The timeline for the exercise series began in early spring of 2019. The Exercise Planning Team has been established and a consulting firm is being considered to serve as exercise facilitator. Plans for stakeholder meetings are underway and the design of a tabletop exercise has been initiated. Training workshops will be organized and conducted during the FY 19-20 grant cycle.

On March 5th, a Coastal Region Evacuation and Sheltering Standard Operating Guide (CRES-SOG) workshop will be held and then conduct of a tabletop exercise on June 3rd. Planning will be initiated for a functional exercise to be held in the spring of 2021, with a full scale exercise to be held in the spring of 2022.

Throughout Budget Periods One, Two, and Three planning for the full-scale exercise will continue. The intent is to hold a multi-day exercise that involves a variety of agencies and to utilize exercise segments to test objectives chronologically while minimizing the burden on participating agencies and maximizing the learning opportunity. The exercise date is targeted for summer 2020 so the AAR can be completed by May and the CAP by June of that year.

Capabilities to Test

#1 – Foundations for Health care and Medical Readiness

#2 – Health care and Medical response Coordination

#3 – Continuity of health care Service Delivery

#4 – Medical Surge

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