



Region 2 South

May 16 MEMS Exercise

Background and Situation

The State of Michigan is conducting a series of Pan Flu exercises known collectively as *Operation Wildfire* in April and May, 2007. The following is a description of the upcoming exercises:

1. Around April 8th, Health Alert Network (HAN) alerts will be going out weekly to aid in the build up to the full scale exercise in May. These alerts may only be informational, and/or require action by certain individuals or sections.
2. A Michigan Department of Community Health (MDCH) Bureau of Epidemiology (BOE) Functional Exercise, in coordination with the MDCH Bureau of Laboratories (BOL), will begin with a HAN alert reporting a change to World Health Organization (WHO) Phase 4, Federal Stage 2¹. Beginning April 15th, BOE and BOL will be receiving reports of a suspect H5 case. This information will lead to BOE initiating their surveillance protocols and during the afternoon of April 16th, BOE will conduct a functional exercise to discuss their response and activities surrounding a suspect H5 case.
3. These activities and scenario information will drive a Public Information Drill on April 17th. This drill is designed to develop public information sheets, identify and utilize Subject Matter Experts to prepare information needed for press releases, hotline phone operations and any additional materials requested. A SimCell will operate to represent the State Emergency Operations Center (SEOC) and any other agency needed during this drill.
4. The Community Health Emergency Coordination Center (CHECC) may be operational with a duty officer on April 16th, and escalate on the 17th, as appropriate to the situation.
5. On May 16th, the scenario will upgrade the situation to a WHO Phase 6, Federal Stage 5. The BOE will be utilizing their on-line surveillance systems and testing protocols discussed during the April functional exercise. The CHECC will be operational, initially with the CHECC Strike Team and then to whatever real-time level is required. The Strategic National Stockpile (SNS) request within the CHECC will be operationalized and sent to the SimCell, acting as the SEOC, etc. Additional public information materials will be generated and distributed either to the SimCell or actual players. BOL will also be participating by testing surge capacity and delivery of specimens.
6. On May 18th, the Receipt Storage Stage (RSS) Strike Team will be activated through a HAN to prepare for a RSS activation. The equipment will be transported to a RSS facility and setup for operation.
7. On May 19th, a full-scale exercise of the SNS Security and Transportation procedures will be conducted utilizing limited Michigan State Police (MSP) and DMB staff. There will be simulated deliveries to specific locations to test these procedures.

¹ World Health Organization, *Pandemic Influenza: WHO Global Pandemic Phases and the Stages for Federal Government Response*, [http:// www.whitehouse.gov/homeland/nspi_implementation_charts.pdf](http://www.whitehouse.gov/homeland/nspi_implementation_charts.pdf).



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8. On May 23rd, the MDCH Office of Public Health Preparedness (OPHP) will conduct a workshop with the Michigan Mortuary Response Team to discuss their activities assisting local and state agencies in handling the number of fatalities due to a Pandemic Emergency.
9. The following exercise plans will be developed:
 - Situation Plan (SitPlan) beginning on April 10th to identify each scenario update and anticipated activity.
 - Evaluation Plan (EvalPlan) for each exercise to evaluate the exercise objectives compared to the observed activities.
 - Communication Plan (CommPlan) to identify the communication modes that will be used in the exercise and for controller coordination.

Region 2 South will piggyback onto the May 16 exercise by standing up the following Modular Emergency Medical System (MEMS) components:

| <u>Facility</u> | <u>Exercise Type</u> |
|--|----------------------|
| MCC (Medical Coordination Center) | Drill |
| NEHC (Neighborhood Emergency Help Center) | TBD by public health |
| ACC (Alternate Care Center) | Drill |
| CTS (Casualty Transport System) | Drill |
| TARGET HOSPITAL EOC | Drill |
| HOSPITAL EOCs (Emergency Operations Centers) | Drill |

Note: According to Homeland Security Exercise and Evaluation Program (HSEEP), a drill is a coordinated, supervised activity *usually* employed to test a single specific operation or function in a single agency. In our case there will be multiple agencies involved.

Intent and Scope of Regional Exercise

ALL

1. Facilitate understanding of MEMS concepts and component relationships in a low-stress no-fault forum.
2. Review and discuss assigned facility staffing, setup and operation (to include a pre-setup facilitated tour and review of each “station”).
3. Assign job functions and setup assigned facility.
4. Operate assigned facility (slow-paced) to evaluate CONOPS. Clarify roles and responsibilities; identify strengths and shortfalls.
5. Exercise internal communications; exercise external communications with all participating facilities.

MCC

1. Exercise communications with all participating facilities.
2. Examine inter-jurisdictional relationships by exercising regional decision making and decision execution with emergency management (if playing), CHECC, Medical Control Authorities (MCA)/hospitals, NEHC, ACC and CTS



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3. Evaluate MCC and Communications CONOPS.

NEHC

1. Receive and process a maximum of **10** self-presenting mock “victims” (supplied by participating agencies) through the facility. As each mock victim is processed at each “station”, discuss identified issues in depth and develop decisions through slow-paced problem solving.
2. Receive **1** mock victim referred to the NEHC by the hospital (CTS will not be needed).
3. Coordinate and transfer **4** mock victims to the ACC using the CTS.
4. Receive and process **1** mock victim from the ACC (this person will self-present after referral by the ACC; CTS will not be needed).

ACC

1. Receive and process a maximum of **5** self-presenting mock “victims” (supplied by participating agencies) through the facility. As each mock victim is processed at each “station”, discuss identified issues in depth and develop decisions through slow-paced problem solving.
2. Receive and process **4** mock victims transferred from the NEHC (CTS will be needed).
3. Receive and process **1** mock victims transferred from a hospital facility (CTS to be used).
4. Refer **1** mock victim to the NEHC (CTS will not be needed).
5. Coordinate and transfer **1** mock victim to the hospital (CTS will be needed).
6. Demonstration of Ohio’s **LOX** system.

Note 1: If the technology is available, victim documentation will be handled electronically.

Note 2: If the equipment is available, a cylinder manifold oxygen system may be demonstrated and compared to the Ohio LOX system.

TARGET HOSPITAL: TBD

1. Coordinate with the MCC to transfer of **1** mock victim to the ACC (CTS will be needed).
2. Coordinate with the MCC to refer **1** mock victim to the NEHC (CTS will not be needed).

CTS @ NEHC

1. Transfer **4** mock victims to the ACC using the CTS.

CTS @ ACC

1. Transfer **1** mock victim to the hospital.

CTS @ HOSPITAL

1. Transfer **1** mock victim to the ACC.



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REGIONAL HOSPITALS

1. Exercise communications with all participating facilities.
2. Set-up hospital EOC (actual or simulate option). See ACC job action sheets.

Pre-Exercise Management Overview

An exercise coordinator will be selected.

This individual will also serve as the exercise controller.

The administrator of each MEMS facility will be selected (e.g., ACC Group Supervisor). Include CTS and Target Hospital EOC as a MEMS facility.

The exercise coordinator/controller, Region 2 South Medical Director and facility administrators will constitute the exercise planning and management team. The exercise planning team will:

1. Coordinate exercise planning activities with MDCH OPHP.
2. Identify location and arrange the use of MEMS facilities.
3. Prepare an annotated floor plan of each facility that shows functional areas and, where appropriate, victim flow.
4. Develop mock victim identity and medical condition information. Medical condition will drive patient flow and method of movement between facilities.
5. Prepare common exercise briefing presentation (i.e., MEMS, scenario, facility layout, etc.).
6. Prepare Regional exercise chronology, objectives, and documentation and handout materials. Exercise documentation to complement the State's *Operation Wildfire* exercise plans.
7. Identify resource (personnel, equipment, supplies, food, refreshments, funding, etc.) needs and make resource arrangements.
8. Announce Regional exercise activities.
9. Conduct Regional exercise.
10. Prepare Regional exercise after action report.

Exercise Overview

Note: Times given below may have to be adjusted to coincide with the Operation Wildfire MSEL (Master Sequence of Events Log) being developed by the State of Michigan.

All participating agencies and facilities will be prescheduled and pre-assigned. A scenario will be developed and all players will be briefed on same before any exercise activities are initiated. A master chronology of events for all MEMS facilities will be developed and distributed to all players at each facility before any exercise activities are initiated.

Needed equipment and supplies will be pre-staged at each MEMS facility before 0800 hours on the day of the exercise.



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All participants at each MEMS facility will be pre-assigned and will be on site and ready for exercise operations at 0800.

The administrator of each MEMS facility, and the exercise controller will be pre-assigned and all will be linked together on an exclusive Michigan Public Safety Communication System (MPSCS) talk-group. The assigned talk-group will be used exclusively for exercise coordination and control.

Schedule of events:

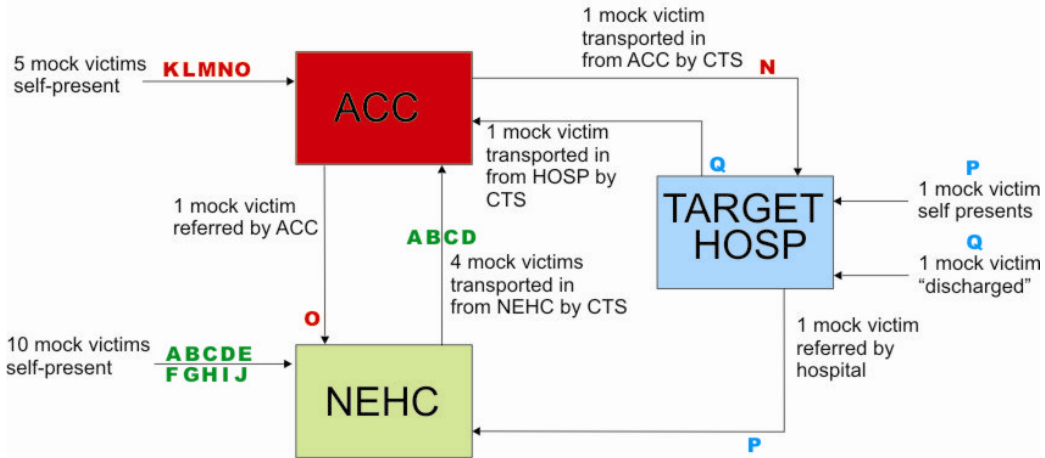
| Time | Activity |
|-----------|---|
| 0800-0900 | Each MEMS facility administrator will brief exercise participants. Briefing to include: <ul style="list-style-type: none"> • Exercise Intent and Scope • Scenario Outline • MEMS overview from CONOPS |
| 0900-1000 | Each site administrator will : <ul style="list-style-type: none"> • Assign the facility management team, • Make introductions • Conduct a facilitated tour of the MEMS facility where each “station” will be reviewed as to setup, purpose, staffing and operation • While the facility is being setup personnel will be selected to play the part of mock victims, briefed on their role and staged. 1100 each facility administrator will activate the facility and mock victims will be slowly processed as appropriate to their condition. Mock victim transfers and referrals to other |
| 1100-1300 | <ul style="list-style-type: none"> • Each facility administrator will activate the facility and mock victims will be slowly processed as appropriate to their condition. Mock victim transfers and referrals to other MEMS facilities will be coordinated through the MCC. The exercise will terminate when all mock victim transfers and referrals have been completed (completely out-processed and in-. The exercise will terminate when all mock victim transfers and referrals have been completed (completely out-processed and in-processed). |
| 1300-1400 | All facility administrators will conduct a hot-wash debrief and exercise evaluation forms will be distributed to players. |
| 1400-1500 | Recovery (tear down and clean up) operations at each facility will be initiated at no later than 1400 hours and are to conclude by 1500 hours. |
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MAY 16 MEMS EXERCISE PATIENT FLOW DIAGRAM



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NOTE: COLORED LETTERS REPRESENT MOCK VICTIMS

MAY 16 MEMS EXERCISE PATIENT LOCATION - END OF EXERCISE



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Appendix 1 World Health Organization Phases

| WHO Phases | | Federal Government Response Stages | |
|------------------------------|---|------------------------------------|---|
| INTER-PANDEMIC PERIOD | | | |
| 1 | No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low. | 0 | New domestic animal outbreak in at-risk country |
| 2 | No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease. | | |
| PANDEMIC ALERT PERIOD | | | |
| 3 | Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact. | 0 | New domestic animal outbreak in at-risk country |
| | | 1 | Suspected human outbreak overseas |
| 4 | Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans. | 2 | Confirmed human outbreak overseas |
| 5 | Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk). | | |
| PANDEMIC PERIOD | | | |
| 6 | Pandemic phase: increased and sustained transmission in general population. | 3 | Widespread human outbreaks in multiple locations overseas |
| | | 4 | First human case in North America |
| | | 5 | Spread throughout United States |
| | | 6 | Recovery and preparation for subsequent waves |

The above chart was taken from the *WHO Global Pandemic Phases and the Stages for Federal Government Response* as cited on page 1.