**12-6-24 2025 Regional Medical Surge Exercise Concept & Objectives Meeting Minutes**

**Attendees:** See below

**Exercise Purpose**: The purpose of the exercise is to demonstrate, during a mass casualty event, hospitals’ capability to meet the ASPR HPP medical surge capability, demonstrate the ability of the region’s response systems to meet the needs of the community in a mass casualty, and demonstrate the ability of the Coalition to provide resource coordination and situational awareness to members. Lynne reminded the group that this is an ASPR priority and it has

financial penalties if we do not accomplish this.

**Seminole County Emergency Management Exercise Play in 2024**: Alan Harris stated that in the 2024 exercise, Seminole County Emergency Management did a full activation to understand what it would take in mutual aid, what’s required at the scene, etc. and that this was a great learning experience. Lynne encouraged all emergency managers to do a full activation in the 2025 exercise. Bill Litton advised that Osceola will do a full activation. Clint Mecham said that he would like to see the regional EOCs to do this as it would help them understand logistical needs in an MCI. Sonji Hawkins agreed. Lynne said she and Danny Warren discussed the lessons learned from the regional DEM exercise earlier this year. All disciplines exercise their roles but we need to exercise together to ensure coordination and communication capabilities. Danny agreed and said that we need to evaluate communication across the different counties. Lynne suggested that we add this as an objective. Clint reported that the Daytona International Airport will be doing an exercise on March 13 and will transport people to hospitals. Eric Alberts asked that we include an escalating situation as we did last year and stated that was helpful. Lynne noted that during the Grady Health System presentation, they pointed out that exercises rarely include recovery.

**Exercise Scope**: This will be a full-scale exercise across all counties in the region.

**Exercise Date/Time/Location**: The group agreed to Thursday, April 10th, with a rain date of the following day (April 11th). The exercise will be held from 8 am to noon at hospitals and other locations across the region.

**Exercise Scenario**: Lynne shared the scenario from last year (truck bombs at high-traffic intersections and buildings) and scenarios from past years. Eric said that we must have an incident scenario that causes hospitals to activate HICS, provide decon, and have mass casualties. Austin Beeghly suggested radiological and something that affects IT systems. Clint agreed with incorporating cyber. Lynne advised that we included a cyber element last year and did a follow-up cyber tabletop. Sai Oicata said radiological is limited with getting surge of patients and suggested a nerve agent with a quick spread of contamination, and including activating the chem packs. Michelle Cechowski said using a nerve agent would push the entire system, including people calling 911. Chris Dorans said he is working with Fire Rescue and they need to understand the chem packs, and stated the state may have some training packs available for the exercise. Lynda said adding this element would cause behavioral health concerns to be addressed. The group discussed having the chemical agent disbursed by drones at mass gatherings across the region, with a cyber-attack on communications, such as radios or 911. Alan suggested radios as this would impact the emergency departments and response entities. Leigh agreed and stated that Pulsara would help but is not in daily use across the region. All agreed with the concept and Sai offered to work with the Coalition to draft the scenario.

**Players**:

* Hospitals – Lynne will reach out to hospitals who have not yet responded and provide a final list
* FBI – Justin stated that they will have bad guy actors and can provide family members. They will also play in whatever capacity needed. FBI and FDLE have three hazmat teams they want to test.
* Lynne will invite the Civil Support Team and Florida State Guard
* FDOT
* FDOH (the state will participate in the exercise. Chris Dorans will schedule a call with the chem pack coordinator)
* CFIX
* DHS/CISA
* Dr. Hsu and the Loma Linda interns (observers, evaluators, etc.)

**Confirm Planning Team Roles:**

* Exercise Director: CFDMC
* Exercise Coordinator : Sai Oicata
* Emergency Management: Clint Mecham and Bill Litton will follow-up with emergency management
* EMS Liaison / Workgroup: The Coalition will convene a group. Michelle volunteered
* Transportation: Bill Wen expressed concerns about their limitations. Lynne will convene this group when we have the hospital / school information confirmed
* DBH Liaison: Lynda W.G. Mason
* ME Liaison: Lynne will follow-up with Michael Szczepanski
* Public Health Liaison: Chris Dorans
* FBI: Justin Crenshaw
* FDLE: Danny Warren
* DHS: Gary Hopewell, /Natasha Roman, Neal Arnold
* Controllers/Evaluators: CFDMC will coordinate
* Victim Volunteers & Volunteer Reception: CFDMC will coordinate

**Exercise Objectives & Capabilities:**

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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.** **Note: Eric asked that we include patients with infectious diseases. We will include identify these on the triage tags** | **ASPR HPP Capability #4: Medical Surge****NOTE: Hospitals must report MRSE Performance Measures** |
| **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 EOCs’ ability to coordinate an MCI.** **Note: Alan Harris will draft language; Clint Mecham will discuss at the December Region 5 EM meeting** | **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.****Note: we will ensure the nerve agent causes burns** | **ASPR HPP Capability #4: Medical Surge** |
| **Objective 7: Escalating Incident: Ability for healthcare organizations to identify that an incident or incidents are escalating and will need additional support from within their systems beyond normal emergency response practices to ensure continuity of operations for patients.  This may involve response from the organization’s most senior leadership and board members.****Note: Multiple attacks** | **ASPR HPP Capability 3. Continuity of Health Care System Delivery****ASPR HPP Capability 4. Medical Surge** |
| **Objective 8: Cyber Incident: Ensure healthcare organizations can continue to operate when faced with a cyberattack that poses significant effects on patient care and organizational continuity.** **Note: cyber attack on radios** | **ASPR HPP Capability 3. Continuity of Health Care Service Delivery; Objective 4:  Develop Strategies to Protect Health Care Information Systems and Networks (Page 37).** |
| **Test deployment of chem packs** **Note: FDOH to draft objective** |  |
| **HazMat Team Deployment****Note: Justin will draft objective** |  |
| **Family Reunification** **Placeholder – needs further discussion. It is an important element but we need to not distract from medical surge at the hospitals. Maybe the EOCs? We learned following the St Lucie tornados that we are not ready. We met with the region’s FAC team last week to build the bench in this. We may want to consider having a separate exercise for reunification.** |  |

**Local Issues/Concerns/Sensitivities**: Noted Daytona airport exercise date. No other conflicts or issues noted.

**Future Meeting Dates**: The group agreed to the following planning dates (all are Fridays from 9 am to 10:30 am, virtual). Lynne will send calendar invitations.

* Initial Planning Meeting: January 3, 2025
* Mid-Term Planning Meeting: February 7, 2025
* Final Planning Meeting: March 7, 2025
* Final Check: April 4, 2025
* Exercise: April 10, 2025
* Rain Date: Friday, April 11, 2025
* After Action Meeting/Capabilities: April 25, 2025, 9 am
* Exercise Debrief: April 25, 2025 – 10:30 am

Meeting adjourned at 10:07 a.m.

**Attendees:**

Alan Harris

Amy Johnson

Andrew Jenkins

Angelica Sugrim

Ashley Bueche

Austin Beeghly

Beverly Cook

Bill Litton

Bill Wen

Christopher Dorans

Clint Mecham

Daniel Hensler

Daniel Warren

Eli Jordan

Eric Alberts

Gary Hopewell

Huong Lily Nguyen

Jeff Harkcom

John Wilgis

Justin Crenshaw

Justin Radtke

Justino Narvaez

Karen Street

Kathleen Lyons

Kelley Jenkins

Kelvin Baker

Leigh Spradling

Liz Hamlett

Lydia Williams

Lynda D. W. G. Mason

Lynne Drawdy

Mallory Danner

Matt Meyers

Melissa Ell

Michelle Cechowski

Michelle Rud

Rachael Hamlett

Sai Oicata

Samantha King

Sarah Tiemann

Sonji Hawkins

Ted Burgwald

Vincent Hsu

Yolanda Buckles

Katie Calloway

Jose Vazquez

Neal Arnold

Andrew Vargas

Erin Hicks

Ihab Osman

Jeff Harkcom

Lynne McNamara

Rob Francisco

Angela Knapp

Jacqueline.Vetter