

Medical Response & Surge Exercise (MRSE)

Jefferson County Health Care Coalition May 6, 2025

The Exercise Plan (ExPlan) is intended to assist exercise planners in developing and defining supportive elements essential for exercise execution. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials that are necessary to their performance.

All exercise participants may view the Situation Manual.

# Exercise Overview

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| **Exercise Name** | Medical Response & Surge Exercise (MRSE) 2025Jefferson County Health Care Coalition (HCC) |
| **Exercise Date** | May 6, 2025 |
| **Scope** | The purpose of the MRSE is to provide recipients, HCCs, and their health care partners with an opportunity to validate their medical surge support plans, response plans, and other capabilities through a realistic emergency or disaster scenario. The tornado scenario is based on Jefferson County’s jurisdictional hazards, risks, threats, and priorities. This exercise will test the Jefferson County Health Care Coalition’s capability and capacity to manage and support a surge of patients equal to at least 10% of the licensed general medical/surgical bed capacity. |
| **Mission Area(s)** | Response |
| **Core Functions-Area of Focus** | Information SharingSpecialty Care Planning and CoordinationRespondResource ManagementTraining, Exercise and Evaluation |
| **Objectives** | HCC(s) engage health care partners and their executives to participate in the exercise and the After-Action Review within the HPP budget period.HCC(s) effectively notify HCC health care partners of an incident and facilitate ongoing information sharing during a community-wide emergency or disaster.HCC(s) demonstrate their ability to assess and meet critical resource needs (personnel, supplies, equipment, etc.) to manage patient surge during a community-wide emergency or disaster by the end of the MRSE.HCC(s) demonstrate their ability to reduce patient morbidity and mortality through appropriate patient placement during a large patient surge by assisting with the identification and coordination of available patient care resources by the end of the MRSE.Demonstrate the ability of the JCHCC to meet the critical resource needs for public interpretation services in response to a Mass Casualty Incident. Demonstrate the ability of the JCHCC Coordination Center to assess and meet critical resource needs for personnel, equipment and systems in response to a Mass Casualty Incident within the designated timeframe.Demonstrate the ability of the JCHCC Coordination Center to assess and meet critical resource needs for staffed transportation equipment during a Mass Casualty Incident.Demonstrate the ability of the HCC Coordination Center to determine and communicate Community Resources available post-disaster to Hospital Incident Command in order to expedite early discharges within the designated timeframe.Demonstrate the capability the HCC Coordination Center to assist in Family Reunification during a Mass Casualty Incident without the potential of HIPAA violations. |
| **Threat or Hazard** | Tornado |
| **Scenario** | The National Weather Service Birmingham issues a tornado warning for Jefferson and Shelby counties at 9:44 am May 6, 2025. Within 15 minutes, photos are being posted on social media of impact at McAdory High School. A trauma related MCI is declared to BREMSS/TCC by first responders on scene (McAdory requesting Mutual Aid from Bessemer and Hoover Fire Departments/EMS). Collapse of multiple buildings is reported but not confirmed. Potential for Level III Activation (defined as 3x regional ED bed capacity with utilization of alternate care sites/supplies in region as necessary) for trauma injuries, both pediatric and adult is the initial report from the scene. In addition to the MCI, heavy rains and flash flooding are occurring in the downtown area. BREMSS has notified Hospitals and EMA. EMA has activated the EOC under Unified Command and notified the HCC Coordinator to alert/activate the HCC Leadership Team and Coordination Center virtually using the EMA Zoom link.  |
| **Sponsor** | Health Care Coalitions - Alabama |
| **Participating Organizations** | \*All Jefferson County Health Care Coalition Members have been invited to participate as players or observe the exercise. See Appendix B for list.  |
| **Point of Contact** | Julie Cobb, RNJefferson County Healthcare Coalition CoordinatorJefferson County Department of HealthEmergency Preparedness and Response1400 6th Avenue SouthBirmingham, AL 35233(205) 558-2124 Office(205) 789-2644 Celljulie.cobb@jcdh.org  |

## Background

ASPR’s Office of Health Care Readiness (OHCR) advances the ability of the nation’s health care system to prepare for, respond to, and recover from disasters and emergencies through the administration of cooperative agreements, training and technical assistance, evidenced-based research and promising practices, and strategic partner engagement that engages health care partners nationally to empower private health care to share ownership in preparing the nation’s health care delivery system for disasters or emergencies. The Hospital Preparedness Program (HPP) cooperative agreement is the primary source of federal funding for health care delivery system preparedness and response, by providing leadership and funding to states, territories, and eligible major metropolitan areas through its support for HCCs. HCCs serve an important communication and coordination role within their jurisdictions, given the many public and private entities that must come together to ensure health care delivery system readiness.

# General Information

## Exercise Objectives

The exercise includes four required objectives. However, HCCs are encouraged to develop their own additional objectives, to meet the needs of their health care partners provided the standard actions in the exercise are followed in order to meet HPP cooperative agreement requirements. Due to the flexibility of the exercise scenario, HCCs may include additional exercise objectives which support their health care partners in meeting additional exercise requirements (e.g., Joint Commission, Centers for Medicare and Medicaid Services (CMS), Centers for Disease Control and Prevention Public Health Emergency Preparedness program (CDC/PHEP), state and local jurisdictional requirements, etc.) apart from HPP program requirements.

**ASPR identified the following standard objectives for the MRSE functional exercise:**

HCC(s) engage health care partners and their executives to participate in the exercise and the After-Action Review within the HPP budget period.

HCC(s) effectively notify HCC health care partners of an incident and facilitate ongoing information sharing during a community-wide emergency or disaster.

HCC(s) demonstrate their ability to assess and meet critical resource needs (personnel, supplies, equipment, etc.) to manage patient surge during a community-wide emergency or disaster by the end of the MRSE.

HCC(s) demonstrate their ability to reduce patient morbidity and mortality through appropriate patient placement during a large patient surge by assisting with the identification and coordination of available patient care resources by the end of the MRSE.

**The Jefferson County Health Care Coalition Leadership Team identified the following objectives to exercise areas of improvement included in the April 2, 2024 MRSE After Action Report/Improvement Plan:**

Demonstrate the ability of the JCHCC to meet the critical resource need for public interpretation services in response to a Mass Casualty Incident.

Demonstrate the ability of the JCHCC Coordination Center to assess and meet critical resource needs for personnel, equipment and systems in response to a Mass Casualty Incident within the designated timeframe.

Demonstrate the ability of the JCHCC Coordination Center to assess and meet critical resource needs for staffed transportation equipment during a Mass Casualty Incident.

Demonstrate the ability of the HCC Coordination Center to determine and communicate Community Resources available post-disaster to Hospital Incident Command in order to expedite early discharges within the designated timeframe.

Demonstrate the capability the HCC Coordination Center to assist in Family Reunification during a Mass Casualty Incident without the potential of HIPAA violations.

**Exercise Planning Team Roles and Responsibilities**

*Table 1: Required Exercise Roles (generally staffed at the HCC level)*

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| Exercise Role | Role Description |
| HCC Readiness and Response Coordinator (RRC) | The HCC RRC serves as the HCC's administrative and programmatic point of contact during everyday operations, including managing communications, systems, and coordination with the recipient. The RRC oversees HCC planning activities, including coordinating trainings, facilitating exercises, ensuring financial sustainability, and developing budgets. |
| HCC Clinical Advisor(s) or Designee | The HCC Clinical Advisor gathers and provides clinical expertise to ensure that plans, exercises, and educational activities maintain clinical accuracy and relevance. Clinical Advisors act as the HCC’s clinical point of contact with health care entities, EMS agencies, and external subject matter experts. The Clinical Advisor must be an active clinician who practices as a lead or co-lead for an HCC member health care organization. |
| Exercise Facilitator | This role will guide the participants through the exercise actions, ensuring all HPP-required exercise tasks are completed. The Exercise Facilitator should be a separately-designated or delegated individual but also serve as the RRC if no other individuals are available to fill the RRC role. It is generally recommended the RRC, Exercise Facilitator, and evaluator be different individuals given both the burden as well as best practice of the evaluator being an objective observer not involved in the implementation of the exercise actions. The Exercise Facilitator triggers the exercise incident response by contacting the Duty Officer (Notification System Representative). |
| Exercise Evaluator | This is the lead role for documenting the actions of the HCC and its health care partners during all phases of the exercise. This role will summarize the exercise outcomes and facilitate the After-Action Review session. In principle, this person should be an objective observer and be designated separately from the RRC and Exercise Facilitator, but can be a staff person of the HCC, an HCC health care partner organization, or recipient organization. The Homeland Security Exercise and Evaluation (HSEEP) guidelines suggest the Exercise Evaluator be involved in the full lifecycle of the exercise, including Phase I: Plan & Scope to understand the exercise objectives, performance measures, and the exercise materials such as the Exercise Guide, MRSE Evaluation Plan, and the reporting tool. |
| Duty Officer (Notification System Representative) | The Duty Officer is a position that may be designated in the relevant HCC or jurisdictional response plan for receiving notice of emergency incidents, triggering the HCC’s response plan, and determining the response level.Although some HCCs may not use this term or fund this role, the exercise refers to this role as the Duty Officer for simplicity. The HCC should use the same persons and processes for this role as it would during a real-world response. This is a very limited role in the exercise and may be performed by any individual of the HCC’s choosing. |

## Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise and should not allow these considerations to negatively impact their participation.

### Assumptions

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions apply to the exercise:

* [The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.]
* [The exercise scenario is plausible, and events occur as they are presented.]
* [Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.]
* [Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.]

### Artificialities

During this exercise, the following artificialities apply:

* [EMS Patient lists have been provided to each participating hospital to ensure the exercise requirement (10% of the licensed general medical/surgical bed capacity) is met in the specified time frame. In a real event, Alabama Trauma Communications Center (ATCC) directs patients to appropriate receiving hospitals based upon patient needs and facility abilities.]
* [Exercise communication and coordination is limited to participating exercise organizations, venues, and breakout Group Facilitators.]
* [Only communication methods listed in the MRSE 2025 ICS 205 A Communications List are available for players to use during the exercise.]

# Exercise Logistics

The functional exercise will be conducted virtually through Zoom in an effort to realistically play as the Jefferson County Health Care Coalition would respond. In this scenario, the Jefferson County EMA will provide the open Zoom link for all exercise participants that will function as the virtual HCC Coordination Center activated for response to the tornado-related Mass Casualty incident.

Exercise Participants activating the facility/organization’s Command Center will provide Logistics briefings with their staff according to each facility/organization’s current Emergency Operations Plan. At this time, media will not be invited to observe.

# Post-exercise and Evaluation Activities

## Debriefings

Post-exercise debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

### Hot Wash

At the conclusion of exercise play, controllers facilitate a Hot Wash to allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The Hot Wash should not exceed 30 minutes.

### Controller and Evaluator Debriefing

Controllers and evaluators attend a facilitated C/E Debriefing immediately following the exercise. During this debriefing, controllers and evaluators provide an overview of their observed functional areas and discuss strengths and areas for improvement.

### Participant Feedback Forms

Participant Feedback Forms provide players with the opportunity to comment candidly on exercise activities and exercise design. Participant Feedback Forms should be collected at the conclusion of the Hot Wash.

## Evaluation

### Exercise Evaluation Guides

EEGs assist evaluators in collecting relevant exercise observations. EEGs document exercise objectives and aligned core capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. The EEGs, coupled with Participant Feedback Forms and Hot Wash notes, are used to evaluate the exercise and compile the After-Action Report (AAR).

### After-Action Report

The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of core capabilities, including capability performance, strengths, and areas for improvement. AARs also include basic exercise information, including the exercise name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and POC. At least one executive from each of the participating core member organizations must participate in the AAR.

## Improvement Planning

Improvement planning is the process by which the observations recorded in the AAR are resolved through development of concrete corrective actions, which are prioritized and tracked as a part of a continuous corrective action program.

### After-Action Meeting

The After-Action Meeting (AAM) is a meeting held among decision- and policymakers from the exercising organizations, as well as the Lead Evaluator and members of the Exercise Planning Team, to debrief the exercise and to review and refine the draft AAR and Improvement Plan (IP). The AAM should be an interactive session, providing attendees the opportunity to discuss and validate the observations and corrective actions in the draft AAR/IP. This will be conducted virtually through Zoom immediately following the exercise from 3:30 until 5:00 for maximum attendance.

### Improvement Plan

The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. It is created by elected and appointed officials from the organizations participating in the exercise and discussed and validated during the AAM.

# Participant Information and Guidance

## Exercise Rules

The following general rules govern exercise play:

* Real-world emergency actions take priority over exercise actions.
* Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
* All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement **“This is an exercise.”**

Exercise players who place telephone calls or initiate radio communication with the SimCell must identify the organization or individual with whom they wish to speak.

## Players Instructions

Players should follow certain guidelines before, during, and after the exercise to ensure a safe and effective exercise.

### Before the Exercise

* Review appropriate organizational plans, procedures, and exercise support documents.
* Log in at least 30 minutes before the exercise starts.
* Sign in sheets will be completed at the beginning of the exercise.
* If you gain knowledge of the scenario before the exercise, notify a controller so that appropriate actions can be taken to ensure a valid evaluation.

### During the Exercise

* Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
* Controllers will give you only information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
* Do not engage in personal conversations with controllers, evaluators, observers, or media personnel. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.
* If you do not understand the scope of the exercise, or if you are uncertain about an organization’s participation in an exercise, ask a controller.
* Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made by the exercise’s trusted agents to balance realism with safety and to create an effective learning and evaluation environment.
* All exercise communications will begin and end with the statement [**“This is an exercise.”**] This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.
* When you communicate with the SimCell, identify the organization or individual with whom you wish to speak.
* Speak when you take an action. This procedure will ensure that evaluators are aware of critical actions as they occur.

Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a controller or evaluator.

### After the Exercise

* Participate in the Hot Wash at your venue with controllers and evaluators.
* Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and exercise effectiveness. Provide the completed form to a controller or evaluator.

Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.

## Simulation Guidelines

Because the exercise is of limited duration and scope, certain details will be simulated. The physical description of what would fully occur at the incident sites and surrounding areas will be relayed to players by simulators or controllers. A SimCell will simulate the roles and interactions of nonparticipating organizations or individuals.

# Appendix A: Exercise Schedule

**Jefferson County Health Care Coalition (HCC)**

**2025 Medical Surge Response (MRSE) Exercise**

 EXERCISE Agenda

8:00 - 8:30 a.m. Registration / Sign in

8:30 - 9:00 a.m. Welcome & Introductions

 Exercise Overview & Rules of Play

 Safety Briefing

9:00 - 10:00 a.m. Exercise Begins

 Module 1: The Incident: Notification & Activation

10:00 - 10:30 a.m. Report Out

10:30 - 10:45 a.m. BREAK

10:45 - 11:45 a.m. Module 2: Triage, Assessment and Transportation

11:45 - 12:15 p.m. Report Out

12:15 - 1:15 p.m. LUNCH

1:15 - 2:00 p.m. Module 3: Recovery and Common Operating

2:00 - 2:30 p.m. Report Out

2:30 - 2:45 p.m. Exercise Ends/Complete final documentation

2:45 - 3:15 p.m. Hotwash

3:15 - 3:30 p.m. Closing Comments

**Jefferson County Health Care Coalition (HCC)**

**2025 MRSE After-Action Review (AAR)**

AAR Agenda

3:30-5:00 PM After Action Review

 Outcome of Exercise Objectives

Discussion: Plan & Scope; Incident Recognition;

Notification/Mobilization; Incident Operations/Information Sharing/Resource Coordination/Patient Tracking

Discussion of Strengths (Minimum of 1)

Discussion of Gaps/Weaknesses/Prioritization/Corrective Action (Top Five)

# Appendix B: Exercise Participants

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| Participating Organizations |
| **Federal** |
| Birmingham VA Medical Center |
| **State** |
| Alabama Department of Public Health Center for Emergency Preparedness |
| University of South Alabama Center for Disaster Healthcare Preparedness |
| University of South Alabama College of Medicine Office of Continuing Medical Education |
| **County** |
| Jefferson, Blount, St. Clair Mental Health Authority |
| Jefferson County Coroner/Medical Examiner’s Office |
| Jefferson County Department of Health |
| Jefferson County Emergency Management Agency |
| **Jefferson County Health Care Coalition Members** |
| Alabama Institute for the Deaf and Blind Birmingham Regional Center |
| Alabama Regional Medical Services (ARMS) |
| Alethia House Bessemer Neighborhood Health Center |
| American Red Cross |
| Arlington Rehabilitation and Health Care Center |
| Aveanna Hospice of Gardendale and Pelham |
| Baptist Health Brookwood Hospital |
| Baptist Health Princeton |
| Baron House of Hueytown |
| Birmingham Home Therapy (Fresenius) |
| Birmingham Nursing and Rehabilitation Center, LLC |
| Birmingham Regional Emergency Medical Services System (BREMSS)/Trauma Communications Center (TCC) |
| Birmingham Surgery Center |
| Caregivers of Pleasant Grove |
| Cavalier Healthcare of Trussville |
| Children’s of Alabama |
| City of Birmingham |
| Compassus Home Health, Vestavia |
| DaVita Dialysis |
| Dialysis Clinic, Inc. |
| East Glen, LLC |
| Eastview Rehabilitation and Health Care |
| Fair Haven |
| Galleria Woods |
| Grandview Medical Center |
| Hoover Fire Department |
| Magnolia Ridge |
| MedsPLUS Consulting  |
| Noland Hospital Birmingham-Downtown |
| North Hill Nursing and Rehab |
| UAB Callahan Eye Hospital  |
| UAB Hospital |
| UAB Medical West |
| UAB St. Vincent’s Birmingham |
| UAB St. Vincent’s East and Trussville Freestanding Emergency Department |
| UAB Student Health Services |

# Appendix C: Communications Plan

**COMMUNICATIONS LIST (ICS 205A)**

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| **1. Incident Name:**Jefferson County HCC MRSE 2025 | **2. Operational Period:** Date From: 5.6.2025 Date To: 5.6.2025Time From:0800 Time To:1530 |
| **3. Basic Local Communications Information:** |
| Incident Assigned Position | Name (Alphabetized) | Method(s) of Contact (phone, pager, cell, etc.) |
| Reunification Facilitator | Matt Carrier | HCC Main; cell 205-238-8721 |
| Hospital Facilitator | Julie Cobb | HCC TAC 1; cell 205-789-2644 |
| Nursing Home Facilitator | Patrick Davies | HCC Main; cell 205-864-6241 |
| Reunification Facilitator | Michael Derzis | HCC Main; cell 205-873-8279 |
| HCC Main Radio Monitor | Sharita Grant | HCC Main; cell 205-381-8405 |
| OHP Facilitator | Rachel Kiefer | HCC Main; cell 334-462-3306 |
| OHP Facilitator | Shila McKinney | HCC Main; cell 205-529-7579 |
| Dialysis Facilitator | Mandy Reid | HCC Main; cell 205-369-6961 |
| Nursing Home Facilitator | Elizabeth Williams | HCC Main; cell 251-583-2140 |
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| **4. Prepared by:** Name: Julie Cobb Position/Title: HCC Coordinator Signature: Julie R. Cobb, RN |
| **ICS 205A** | **IAP Page**  | Date/Time: 4.21.2025  |