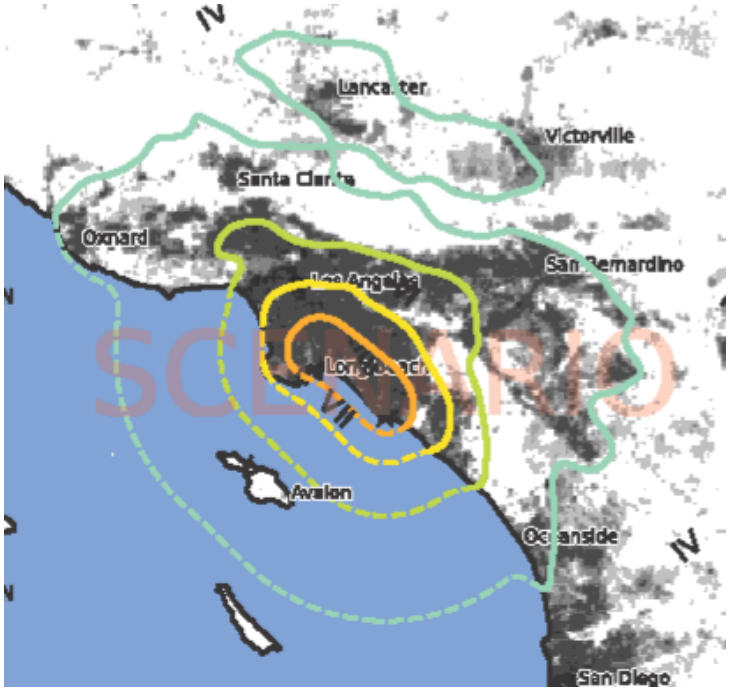
2025 Annual Medical and Health Exercise: Earthquake



Situation Manual (SitMan)
Thursday, November 20, 2025

Welcome to the Los Angeles County (LAC) Healthcare Coalition's (HCC) annual Medical and Health Exercise (AMHE). The 2025 LAC-AMHE will include components the U.S. Administration for Strategic Preparedness and Response (ASPR), Hospital Preparedness Program (HPP), Medical Response and Surge Exercise (MRSE).

A component of the MRSE includes conducting an operations-based exercise designed to examine and evaluate the ability of the HCC to support a patient surge equivalent to 10% of its licensed bed capacity.

In addition, HCC members can customize the exercise to allow testing of other plans to fulfill regulatory, State, or other oversight entity requirements or to maintain a Multi-Year Integrated Preparedness Plan (IPP, formerly MYTEP) schedule so long as grant requirements are met and reported.

Earthquake was identified as the number one threat on the overall Los Angeles County Medical and Health Hazard Vulnerability Analysis (HVA) and the number three threat on the Los Angeles County Jurisdictional Risk Assessment (JRA) conducted by Public Health.

Earthquakes may cause a variety of hazards, such as care-related emergencies, equipment and power failures, interruptions in communications and operations as well as loss of normal supply essentials or structure of the facility. The 2025 exercise will focus on testing patient surge, hospital evacuation & relocation, transportation coordination, and other pertinent plans and processes related to earthquakes.

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CUSTOMIZING THIS DOCUMENT

Throughout this document, there are opportunities for customization by organization/facility planners. This document serves as a template guidance document. This document may be modified to reflect the unique characteristics of your organization/facility. Bracketed text (e.g., [your jurisdiction]) is provided to aid with location-specific tailoring. These should be removed or modified as appropriate prior to finalizing this document. Exercise planners can insert their customized language and then remove the highlight and brackets. After tailoring the document to your jurisdiction/organization/facility, be sure to update the Table of Contents by right clicking on them and selecting "update field".

Exercise Overview

Exercise Name	Annual Medical and Health Exercise
Exercise Date	Thursday, November 20, 2025
Scope	The Annual Medical and Health Exercise is an operations-based exercise for Healthcare Coalition (HCC) members. Command center activation is encouraged. We will utilize the actual live ReddiNet system during the exercise. There will be no actual movement of patients. The exercise will begin at 8:00 a.m. and end at 12:00 p.m.
ASPR Core Capabilities	Capability 1. Foundation for Health Care and Medical Readiness Capability 2. Health Care and Medical Response Coordination Capability 3. Continuity of Health Care Service Delivery Capability 4. Medical Surge
FEMA Mission Areas	FEMA National Preparedness Goal: Five Mission Areas (Prevention, Protection, Mitigation, Response, and Recovery)
FEMA Core Capabilities	• Planning • Operational Coordination • Operational Communication • Public Health, Healthcare, and Emergency Medical Services

PHEP Capabilities	Capability 3: Emergency Operations Coordination • **Function 1**: Conduct preliminary assessment to determine the need for activation of public health emergency operations • **Function 2:** Activate public health emergency operations • **Function 3**: Develop and maintain an incident response strategy • **Function 4**: Manage and sustain the public health response • **Function 5**: Demobilize and evaluate public health emergency operations
Goals and Objectives	The 2025 exercise will focus on testing patient surge, hospital evacuation & relocation, transportation coordination, and other pertinent plans and processes related to earthquakes. In addition, the HCC is required to meet the surge requirements set forth in the Medical Response and Surge Exercise (MRSE).
Threat/Hazard	Earthquake

Scenario	At 7:30 a.m., a M6.3 earthquake occurred on a section of the Palos Verdes fault. The entire Los Angeles region experienced shaking, with stronger tremors felt in Long Beach, Terminal Island, San Pedro, Carson, Lomita, Torrance, and Redondo Beach. No reports of any significant damage occurring to any hospital in the County. All facilities remain operational. All Emergency Departments in the County are receiving an influx of patients by walk-in and EMS runs due to an MCI. Victims sustained mild to moderate injuries. Very few require admission. Several hours later at 9:30 a.m., a M6.8 earthquake occurred along the Newport-Inglewood fault. Once again, the entire Los Angeles region experienced shaking, with particularly intense shaking in the Long Beach and South Bay areas of Los Angeles County. Consequently, facilities are receiving patients by walk-in and EMS runs due to an MCI resulting in a second and larger patient surge into emergency departments. Also, received reports that facilities in the Long Beach and South Bay areas require evacuation (partial or complete) due to structural and/or other infrastructure damage. All facilities activate Surge Plan and/or Emergency Operations Plan.
Sponsor	Los Angeles County Emergency Medical Services (EMS) Agency, Hospital Preparedness Program

Participating Organizations	• Amateur Radio Emergency Services • Ambulatory Surgery Centers • Clinics • Dialysis Centers • Home Health and Hospice • Hospitals • Long Term Care Facilities • Los Angeles County Department of Mental Health • Los Angeles County Emergency Medical Services Agency • Los Angeles County Fire Department • Los Angeles County Office of Emergency Management • Provider Agencies (Private) • Public Health (Long Beach, Pasadena, Los Angeles County) • United States Geological Survey (USGS) • Urgent Care Centers
Point of Contact	Darren Verrette Disaster Program Manager Los Angeles County Emergency Medical Services Agency 10100 Pioneer Blvd. Santa Fe Springs, CA 90670

General Information

Exercise Objectives and Capabilities

The Annual Medical and Health Exercise (AMHE) will also meet requirements of ASPR's Medical Response and Surge Exercise (MRSE).

The MRSE includes six (6) required objectives for the Health Care Coalition. The Core Capabilities are from the U.S. Administration for Strategic Preparedness and Response, Health Care Preparedness and Response Capabilities guide. Health Care Preparedness and Response Capabilities (phe.gov)

Health Care Coalition Objectives:

Exercise Objective	Core Capability
Assess an HCC's capacity to support a large-scale, community-wide medical surge incident	Capability 4. Medical Surge
Evaluate a multitude of coalition preparedness and response documents and plans, including specialty surge annexes, transfer agreements, coordination plans with other state HCCs, and other relevant plans.	Capability 1. Foundation for Health Care and Medical Readiness

Exercise Objective	Core Capability
Evaluate coalition members' ability to communicate and coordinate quickly to find and match available staffed beds, transportation, supplies and equipment, and personnel during a large-scale surge incident	Capability 2. Health Care and Medical Response Coordination
Assist HCCs and their members with improvement planning based on MRSE outcomes	Capability 1. Foundation for Health Care and Medical Readiness
Serve as a data source for performance measure reporting required by the HPP Cooperative Agreement	Capability 1. Foundation for Health Care and Medical Readiness
Provide a flexible exercise which could be customized to meet the needs and/or exercise requirements of HCCs	Capability 1. Foundation for Health Care and Medical Readiness

Exercise Objectives by Sector

Amateur Radio Emergency Services Objectives:

Exercise Objective	Core Capability
Maintain voice and digital communications continuity for 911 receiving hospital partners and the Medical Alert Center	Capability 2. Health Care and Medical Response Coordination
Provide a reliable, internet-independent network for transmission of HAvBED reports and Resource Requests to the Medical Alert Center, and for timely patient transfer documentation between participating hospitals	Capability 2. Health Care and Medical Response Coordination

Exercise Objective	Core Capability
Provide color coded hospital service level to maintain common operating picture throughout the operational period	Capability 2. Health Care and Medical Response Coordination

Ambulatory Surgery Center Objectives:

Exercise Objective	Core Capability
Assess the hospital's ability to activate patient surge response plan(s) during a large-scale or multicausality incident	Capability 1. Foundation for Health Care and Medical Readiness
Maintain Appropriate Communications	Capability 2. Health Care and Medical Response Coordination
Maintain awareness of the common operating picture by gathering and sharing real-time information related to the emergency and situational awareness through coordination with the Medical and Health Operational Area Coordinator	Capability 2. Health Care and Medical Response Coordination
Activate the Incident Command System and the facility's Command Center (if applicable) within a reasonable timeframe as established by your Emergency Operations Plan	Capability 2. Health Care and Medical Response Coordination
Activate Evacuation Plan	Capability 2. Health Care and Medical Response Coordination
Resource Sharing	Capability 2. Health Care and Medical Response Coordination
Determine the facility's priorities for ensuring key functions are maintained throughout the emergency, including the provision of care to existing and new patients	Capability 3. Continuity of Health Care Service Delivery

Clinic Objectives:

Exercise Objective	Core Capability
MHOAC Communications and Resource Requesting	Capability 1. Foundation for Health Care and Medical Readiness
Activate the Incident Command System to provide a structured and successful emergency response	Capability 2. Health Care and Medical Response Coordination
Determine the clinic's priorities for ensuring key functions are maintained throughout the emergency, including the provision of care to existing and new patients	Capability 2. Health Care and Medical Response Coordination
Evaluate capabilities and resources for a surge incident in accordance with HCC medical surge and resource sharing plans and policies	Capability 4. Medical Surge

Dialysis Center Objectives:

Exercise Objective	Core Capability
MHOAC Communications and Resource Requesting	Capability 1. Foundation for Health Care and Medical Readiness
Maintain awareness of the common operating picture by gathering and sharing real-time information related to the emergency and situational awareness through coordination with MHOAC	Capability 2. Health Care and Medical Response Coordination
Activate the organization's Emergency Operations Plan (EOP) and integrate into the Local Incident Command System	Capability 2. Health Care and Medical Response Coordination
Determine the organization's priorities for ensuring key functions are maintained throughout the emergency	Capability 3. Continuity of Health Care Service Delivery

Exercise Objective	Core Capability
Ensure processes and procedures provide clinical and non-clinical staff and their families with PPE, psychological first aid, just-in-time training, and other emergency interventions	Capability 3. Continuity of Health Care Service Delivery

Emergency Medical Services Agency (MAC / MCC / MHOAC) Objectives:

Exercise Objective	Core Capability
Activate the Medical Coordination Center (MCC) and establish communications with all healthcare sectors/Coalition members as outlined in the Los Angeles County EMS Agency Communication Plan	Capability 1. Foundation for Health Care and Medical Readiness
Obtain situation status and share with all healthcare sectors and MHOAC partners	Capability 2. Health Care and Medical Response Coordination
Evaluate the MCC's ability to support a surge in patients	Capability 4. Medical Surge
Coordination of Resources	Capability 2. Health Care and Medical Response Coordination
Respond to a surge by following the SEMS/ICS	Capability 3. Continuity of Health Care Service Delivery

Home Health & Hospice Objectives:

Exercise Objective	Core Capability
MHOAC Communications and Resource Requesting	Capability 1. Foundation for Health Care and Medical Readiness
Maintain awareness of the common operating picture by gathering and sharing real-time information related to the emergency and situational awareness through coordination with MHOAC	Capability 2. Health Care and Medical Response Coordination

Exercise Objective	Core Capability
Activate the organization's Emergency Operations Plan (EOP) and integrate into the Local Incident Command System	Capability 3. Continuity of Health Care Service Delivery
Activate and implement Surge plan	Capability 4. Medical Surge

Hospital Objectives:

Exercise Objective	Core Capability
MHOAC Communications and Resource Requesting	Capability 1. Foundation for Health Care and Medical Readiness
Maintain situational awareness by gathering and sharing real-time emergency information through coordination with the Medical and Health Operational Area Coordinator	Capability 2. Health Care and Medical Response Coordination
Notify the Hospital Incident Management Team or Hospital Command Center personnel of the incident	Capability 2. Health Care and Medical Response Coordination
Activate the Hospital Command Center	Capability 2. Health Care and Medical Response Coordination
Develop an Incident Action Plan	Capability 2. Health Care and Medical Response Coordination
Continuity of Essential Functions	Capability 3. Continuity of Health Care Service Delivery
Assess the hospital's ability to activate patient surge response plan(s) during a large-scale or multi-causality incident	Capability 4. Medical Surge

Long Term Care Objectives:

Exercise Objective	Core Capability
Implement surge plans	Capability 4. Medical Surge
Implement Evacuation Plans	Capability 2. Health Care and Medical Response Coordination
Communication and Resource Requesting	Capability 1. Foundation for Health Care and Medical Readiness
Activate the Emergency Operation Plan (EOP) and policies related to the incident within thirty (30) minutes of notification of incident information that may affect normal operations	Capability 2. Health Care and Medical Response Coordination

Provider Agency Objectives:

Exercise Objective	Core Capability
Send alerts and notifications within specified timeframe of request for resources to support response	Capability 1. Foundation for Health Care and Medical Readiness
Implement plan to support surge response	Capability 4. Medical Surge
Implement FOAC for mutual aid back up providers	Capability 4. Medical Surge
Medical and Health Operational Area Coordinator (MHOAC) Communications and Resource Requesting	Capability 1. Foundation for Health Care and Medical Readiness

Public Health Objectives:

Exercise Objective	Core Capability
Establish situational awareness with health and medical stakeholders to determine	PHEP Core Capability: 3
Activate formal ICS organization	PHEP Core Capability: 3

Exercise Objective	Core Capability
Coordinate ongoing situational awareness and establish information sharing plan	PHEP Core Capability: 3)

Urgent Care Center Objectives:

Exercise Objective	Core Capability
MHOAC Communications and Resource Requesting	Capability 1. Foundation for Health Care and Medical Readiness
Activate the Incident Command System to provide a structured and successful emergency response.	Capability 2. Health Care and Medical Response Coordination
Determine the clinic's priorities for ensuring key functions are maintained throughout the emergency, including the provision of care to existing and new patients	Capability 2. Health Care and Medical Response Coordination
Evaluate capabilities and resources for a surge incident in accordance with HCC medical surge and resource sharing plans and policies	Capability 4. Medical Surge

Table 1. Exercise Objectives and Associated Capabilities

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
- **Simulators.** Simulators are control staff personnel who deliver scenario messages representing actions, activities, and conversations of an individual, agency, or organization that is not participating in the exercise. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.
- **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.
- **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

Exercise Guidelines

- This exercise will be held in an open, no-fault environment wherein capabilities, plans, systems, and processes will be evaluated. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
- Decisions are not precedent setting and may not reflect your jurisdiction's/ organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Problem-solving efforts should be the focus. Areas of opportunities can help improve [focus area] and result in action items.
- The assumption is that the exercise scenario is plausible, and events occur as they are presented. All players will receive information at the same time.

Data Elements and Information Sharing

The exercise will test patient surge, evacuation & relocation plans, communication processes, transportation coordination, and other pertinent plans and processes related to earthquakes.

Participating Medical and Health facilities will communicate with the Medical Alert Center (MAC) or the Medical Coordination Center (MCC) to maintain situational awareness, share information, assess resource availability, and support the identification and sharing of resources. Communication with the MAC or MCC should follow the normal communication procedures according to the EMS Agency's Communication Plan available at https://file.lacounty.gov/SDSInter/dhs/206683_Communication.pdf unless informed of alternative channels.

The following sectors are encouraged to participate with the exercise:

- Ambulatory Surgery Centers
- Clinics
- Dialysis
- Home Health / Hospice
- Hospitals
- Long Term Care
- Provider Agencies
- Urgent Care

Calculating the Scale of the Surge

The HCC is required to surge to 10% of its licensed bed capacity. Los Angeles County has 21,591 licensed beds (21,591 multiplied by 10% = 2,159.1 surge patients). The HCC must surge to a minimum of 2,160 patients to meet surge requirements.

Patient Distribution Plan

The HCC includes 69 Acute Care Hospitals that are 911-receiving Emergency Departments and 11 Acute Care Hospitals that do not have an Emergency Department.

The planning team selected a "Doublet" earthquake scenario that involves a magnitude 6.3 (M6.3) earthquake occurring on the Palos Verdes fault, followed by a magnitude 6.8 (M6.8) earthquake occurring on the Newport-Inglewood fault. The U.S. Geological Survey developed tools based upon the actual science to support this plausible scenario.

The initial M6.3 earthquake is intended to cause a mild surge to drive play to meet surge requirements.

- Trauma Centers will receive a total of 25 surge patients, 15 walk-in and 10 by EMS (MCI). 10% of the patients arriving by EMS will require admission.

- 9-1-1 receiving hospitals (not including Trauma Centers or Catalina Island Health) will receive a total of 15 surge patients, 10 walk-in and 5 by EMS (MCI). 10% of the patients arriving by EMS will require admission.

- Catalina Island Health will receive a total of 10 surge patients, 5 walk-in and 5 by BLS. 10% of the patients arriving by BLS will require admission.

- Hospitals without Emergency Departments will receive a total of 5 surge patients by walk-in.

The subsequent M6.8 earthquake is intended to cause another patient surge and evacuations to drive play to meet surge requirements and to test evacuation plans and policies.

- Except for evacuating Trauma Centers, Trauma Centers will receive a total of 50 surge patients, 30 walk-in and 20 by EMS (MCI). 20% of the patients arriving by EMS will require admission.

- Evacuating Trauma Centers will receive a total of 30 surge patients by walk-in.

- Except for evacuating 9-1-1 receiving hospitals, 9-1-1 receiving hospitals (not including Trauma Centers and Catalina Island Health) will receive a total of 25 surge patients, 15 walk-in and 10 by EMS (MCI). 20% of the patients arriving by EMS will require admission.

- Evacuating 9-1-1 receiving hospitals will receive a total of 15 surge patients by walk-in.

- Catalina Island Health will receive a total of 10 surge patients, 5 walk-in and 5 by BLS. 20% of the patients arriving by BLS will require admission.

- Except for evacuating Hospitals without Emergency Departments, Hospitals without Emergency Departments will receive a total of 5 surge patients by walk-in.

- Evacuating Hospitals without Emergency Departments will not receive any additional surge patients.

First Earthquake (M6.3 Earthquake): Patient Surge (All Hospitals)

The initial M6.3 earthquake is intended to cause a mild surge to drive play to meet surge requirements as indicated in the Patient Distribution Plan above.

The MAC will initiate a ReddiNet MCI poll titled, "***2025 AMHE Earthquake MCI***". Each facility must update the MCI victim list in ReddiNet for **all** patients in the emergency department related to the earthquake.

All Hospitals with an Emergency Department (9-1-1 receiving) will receive surge patients by EMS via the ReddiNet MCI Module. At least 10% of the surge patients arriving by EMS to the emergency department must meet admission criteria and be admitted to the hospital.

In addition, hospitals are encouraged to simulate receiving walk-in (self-transport) patients.

Following the 2019 Ridgecrest earthquake, most walk-in patients to the Ridgecrest Regional Hospital emergency department were from existing health issues and medication needs.

Second Earthquake (M6.8 Earthquake) – Patient Surge (Only Non-Evacuating Hospitals)

The M6.8 earthquake is intended to cause a second patient surge to drive play to meet the surge requirements as indicated in the Patient Distribution Plan above.

All Hospitals with an Emergency Department (9-1-1 receiving), **except Evacuating Hospitals,** will receive surge patients by EMS via the ReddiNet MCI Module. At least 20% of the surge patients arriving by EMS to the emergency department must meet admission criteria and be admitted to the hospital.

The MAC will either repoll the initial ReddiNet MCI poll titled, "***2025 AMHE Earthquake MCI"*** or will initiate another MCI poll. MAC staff will determine during the exercise.

Each 911-receiving hospital will respond to the MCI poll and re-enter (or enter) their *Immediate*, *Delayed*, and *Minor* bed availability into ReddiNet. Each facility must update the MCI victim list in ReddiNet for **all** patients in the emergency department related to the earthquake.

Second Earthquake (M6.8 Earthquake) – Evacuation (Only Evacuating Facilities)

The M6.8 earthquake is also intended to cause facility evacuations to drive play to meet surge requirements and to test various evacuation plans and procedures, including the *Hospital Evacuation Policy, Reference 1112.*

Hospital Evacuation

The following 12 hospitals are in the impacted area and will be required to evacuate:

- Cedars Sinai Marina Del Rey (Cedars)
- College Medical Center (College)
- Saint Mary Medical Center (Dignity)
- Harbor UCLA (DHS)
- Kaiser South Bay (Kaiser)

- Long Beach Memorial / Miller's Children's (Memorial Care)
- LCM San Pedro (Providence)
- LCM Torrance (Providence)
- Torrance Memorial (Cedars)
- Gardena Memorial (Pipeline)
- Centinela Medical Center (Prime Health)
- Kindred South Bay (Kindred)

The evacuating hospitals listed above can self-determine the scale of their evacuation, full vs. partial.

All evacuating Hospitals in the impacted area will be required to evacuate at a minimum, the total number of patients equivalent to 10% of their licensed bed capacity as indicated on their 2024 or most current hospital license issued by CDPH.

In addition to the minimum 10%, evacuating Hospitals are free to expand their evacuation for their own exercise needs.

Evacuating hospitals must notify the Medical Alert Center (MAC) and request closure to Internal Disaster. (*Note: Since we will be using the live ReddiNet environment for the exercise, evacuating hospitals will not actually be placed on internal disaster*.)

In accordance with the *Hospital Evacuation policy, Reference 1112,* the evacuating facilities must first attempt to evacuate and relocate patients to their "sister" (in network) hospitals and/or those facilities with an existing transfer agreement / MOU. If additional resources are needed to support patient relocation (patient placement), then the evacuating facility is to contact the MCC.

To test the Hospital Evacuation plan, evacuating hospitals are to contact their "sister" (in-network) hospital(s) and/or contracted hospital and request to transfer all patients that need evacuation. At a minimum the evacuating hospital will identify how many patients need evacuation, the type of beds needed (ICU, Tele, Ward, etc.), specialty service needed (Surgery, Cardiology, Pediatrics, etc.), and the level of transport needed (BLS, ALS, CCT).

The receiving "sister" hospital or contracted hospital will direct the transfer request to the appropriate person or location (Hospital Command Center [HCC], Nursing Office, Transfer Center, etc.) for processing. The receiving facility must determine how many, if any, patients can be accepted by utilizing internal transfer policies and surge criteria. The "sister" hospital will then inform the evacuating hospital of how many patients can be accepted by bed type and specialty service.

If the evacuating hospital is unable to secure a bed at a “sister” hospital and additional resources are needed to support patient relocation (patient placement), then the evacuating hospital is to contact the MAC.

The MAC will need to know how many remaining patients need evacuation, how many and what type of beds are needed (ICU, Tele, Ward, etc.), what specialty is needed (Surgery, Cardiology, Pediatric, etc.), and the name and telephone number of the point of contact at the evacuating facility.

The MAC will provide additional resources to the evacuating facility.

Long-Term Care Evacuation

EPRD and CDPH must be notified of the need to evacuate.

Transportation

To test transport coordination, a Provider Agency Simulation Cell (SimCell) will be established for the exercise to simulate private contracted ambulance providers. If applicable, you can also utilize internal proprietary transport resources.

Evacuating facilities (Hospitals and Long-Term Care) must first contact contracted ambulance providers (SimCell) for ambulance transportation to support evacuation and relocation efforts.

Ambulance provider SimCell will need to know how many patients need transport, how many and what type of transport is needed (BLS, ALS, CCT, etc.), ambulance staging area location (emergency department ramp, parking lot, other), and the name and telephone number of the point of contact at the evacuating facility.

If SimCell is unable to meet transport needs and additional resources are needed to support patient transportation, then the evacuating facility is to contact the MAC. The MAC will need to know how many remaining patients need evacuation, how many and what type of transport is needed (BLS, ALS, CCT, etc.), ambulance staging area location (emergency department ramp, parking lot, other), and the name and telephone number of the point of contact at the evacuating facility. Facilities will be notified of assigned transport resources.

Patient Allocation: Hospitals

Before the exercise, all hospitals will choose patients from the victim list based on the Patient Allocation Table below.

Hospitals must select the appropriate percentage of patients that meet admission criteria as indicated in the Patient Distribution Plan above.

Patient Allocation: Clinics and Urgent Care Centers

Participating clinics and urgent care facilities have the option to choose the number of self-transport (walk-in) patients they wish to receive to fulfill their objectives. It is advisable to receive at least 1 walk-in patient but no more than 10 walk-in patients from the incident. These patients will not be assigned via ReddiNet, and it is not mandatory to add them to the MCI victim list. The person(s) on site preparing for the exercise will create injects to simulate patient arrival.

Before the exercise, each participating Clinic and Urgent Care must download the Clinic Victim list and select the 1 to 10 patients of their choice from the minor injury category.

See Patient Allocation Table below

	Number of surge patients following M6.3 Earthquake arriving by walk-in	Number of surge patients following M6.3 Earthquake arriving by EMS (MCI)	Number of surge patients following M6.8 Earthquake arriving by walk-in	Number of surge patients following M6.8 Earthquake arriving by EMS (MCI)	Number of patients requiring evacuation	Total number of Surge Patients
Trauma Centers (12)	15	10	30	20	0	75
Evacuating Trauma Centers (3)	15	10	30	0	10% Licensed Bed Capacity	55
Acute Care Hospitals (45)	10	5	15	10	0	40
Evacuating Acute Care Hospitals (8)	10	5	15	0	10% Licensed Bed Capacity	30
Catalina Island Health	5	5	5	5	0	20
Kindred South Bay and Miller Children's & Women's Hospital	5	NA	0	NA	10% Licensed Bed Capacity	5
Hospitals without Emergency Departments (9)	5	NA	5	NA	0	10
Clinics and Urgent Care Centers	1 to 10	NA	1 to 10	NA	NA	**1 to 10

*Table 2: Patient Allocation Table. **Clinics and Urgent Care Centers have the option of receiving up to 10 walk-in patients with minor injuries. These patients are in addition to the 10% patient surge.*

Bed Availability: Hospital Capacity Survey

All participating HPP Hospitals will participate in the "Hospital Capacity Survey" in the ReddiNet assessment module. The deadline to submit the data is the end of the next business day following the conclusion of the exercise. The following data elements are required:

i) How many staffed beds (includes both vacant and occupied beds) were available at the beginning of the exercise, prior to receiving patients?

ii) How many staffed beds were available after increasing surge capacity?

iii) How many surge patients that arrived in your emergency department were admitted for inpatient care?

iv) How many in-network ("sister hospital") patient transfers from evacuating hospitals did your facility accept?

v) How many non-network patient transfers from evacuating hospitals did your facility accept?

vi) Number of surge patients requiring outpatient care who will not be admitted based on your triage assessment (discharged from ED)

vii) FOR EVACUATING HOSPITALS ONLY: How many evacuated patients did your "sister" (in-network) hospital accept?

viii) FOR EVACUATING HOSPITALS ONLY: How many patients needing transfer due to evacuation were not placed or transferred?

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:

- An actual Hospital evacuation would most likely result in the facility being placed on Internal Disaster. To not disrupt routine operations taking place

during the exercise, evacuating facilities will not be placed on internal disaster. It will be assumed that evacuating facilities are on Internal Disaster.

- **Evacuating** facilities will respond to the Service Level Poll as either "**Red**" *(Limited Services)* or "**Black**" *(No Services)* for the exercise.
- **Non-Evacuating** facilities will respond to the Service Level Poll as either "**Green**" *(Normal Operations)*, "**Yellow**" *(Under Control)*, or "**Orange**" *(Modified Services)*.
- 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:

- Some hospitals will be disproportionately impacted more than others. For example, the 10% licensed bed capacity of Ronald Reagan UCLA (RR UCLA) is a larger number compared to the 10% licensed bed capacity of Emanate Foothill Presbyterian (FHP) Hospital. Sending 30 surge patients to RR UCLA is less than their 10% surge capacity, while sending 30 surge patients to FHP is greater than their 10% surge capacity.
- Exercise communication and coordination is limited to participating exercise organizations, venues, and the SimCell
- Only communication methods listed in the Communications Directory are available for players to use during the exercise.

Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned areas. Additionally, players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise, and compile the After-Action Report (AAR)/Improvement Plan (IP)

Module 1: M6.3 Earthquake

Scenario

November 20, 2025:

At 7:30 a.m., a M6.3 earthquake occurred on a section of the Palos Verdes fault.

The entire Los Angeles region experienced shaking, with stronger tremors felt in Long Beach, Terminal Island, San Pedro, Carson, Lomita, Torrance, and Redondo Beach.

Fire Departments conducted "windshield surveys" and reported mild to moderate damage.

*The Medical Alert Center initiated a Service Level Poll and facilities reported back as either **Green** (Normal Operations) or **Yellow** (Under Control - No Assistance Needed).*

No reports of any significant damage occurring to any hospital in the County. All Hospitals and other Medical and Health facilities remain operational.

All Emergency Departments in the County are receiving an influx of patients by walk-in and EMS runs due to an MCI near your facility. Victims sustained mild to moderate injuries and include the "worried well". Very few require admission.

News crews responded to various locations in the Long Beach and South Bay areas of Los Angeles County and showed footage of buildings with noticeable damage.

USGS geologist reported on the news describing a high probability of after-shocks in the area. The geologist stated to use caution at structures with noticeable damage, the compromised structures are susceptible to additional damage if subsequent shaking occurs.

Instructions

I. You have **20-30 minutes** to consider the questions in this module.
II. **Participants are not required to address every assigned question.** Take a moment to review the questions in their entirety and then focus on the critical issues of major concern for your group at this point in the exercise.
III. Elect a spokesperson and a scribe/note taker for your group to discuss the group's findings after each module and document them.
IV. Groups should work to identify any additional questions, critical issues, or decisions they feel should be addressed at this time. **Each participant should**

record their thoughts, issues, and questions on the provided Participant Feedback Form.

V. Make decisions using the information provided and your best judgment of how to proceed.

Key Issues

- **Initial Earthquake Response**
- **Patient Surge**
- **Communication**

Questions

Based on the information provided, participate in the discussion concerning the issues. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. Does your organization have an emergency plan to address earthquake response?
2. Does the plan include:
   - Patient and staff safety evaluation?
   - Rapid building safety team with evaluation forms and placards?
   - Building infrastructure evaluation?
   - Notification and plan activation thresholds?
   - Evacuation and relocation plans?
3. Does your organization have an emergency preparedness plan to address medical surge incidents?
4. Does the plan include:
   - Training and equipment needs
   - Referral and transfer processes to higher-level care centers?
   - Capability to hold and stabilize patients if transfer is delayed?
5. Does your plan integrate with county, regional, and state medical/health plans?

6. What resources (e.g., action planning procedures, forms, checklists, job action sheets, ICS forms) are used to guide and document response and recovery?
7. Do you have continuity plans to maintain operations if access to your facility is limited?
8. How do you receive and disseminate critical information internally and externally during an incident?
9. What is the process and format for submitting situation reports to the MHOAC Program?
10. How do you receive updates and instructions from the MHOAC or other coordinating entities?
11. What redundant communication systems are available (e.g., CAHAN, ReddiNet, WebEOC, amateur radio)? How are they tested and maintained?
12. How will you communicate status and instructions to staff, patients, and external agencies?
13. What information will you release to the public during an incident?
14. How will you release information (e.g., local media, social media, website, community partners)?
15. How will you ensure information is accessible to persons with disabilities and others with access and functional needs (e.g., non-English speakers, seniors, unhoused individuals, homebound patients)?

Module 2: M6.8 EARTHQUAKE

Scenario

A couple hours later at 9:30 a.m., a M6.8 earthquake occurred along the Newport-Inglewood fault.

Once again, the entire Los Angeles region experienced shaking, with particularly intense shaking in the Long Beach and South Bay areas of Los Angeles County.

Fire Departments are responding to 9-1-1 calls throughout the County. An MCI occurred at a location near your facility.

First responders began triaging victims in the Immediate, Delayed, and Minor categories and are preparing patients for transport to local hospitals.

The Medical Alert Center initiated another Service Level Poll.

*Facilities in the Long Beach and South Bay areas reported back as either **Black** (No Services) or no response and have requested Internal Disaster diversion.*

*Facilities in other areas of the County reported back as either **Green** (Normal Operations), **Yellow** (Under Control - No Assistance Needed), or **Orange** (Modified Services - Some Assistance Required).*

All Emergency Departments, except those located in the Long Beach and South Bay areas of the County, are receiving a surge of patients 911 patients. Note: Hospitals on Internal Disaster diversion may still receive "walk-in" patients..

News coverage reports many buildings in the Long Beach and South Bay areas have sustained significant damage.

Facilities in the Long Beach and South Bay areas require evacuation (partial or complete) due to structural and/or other infrastructure damage.

USGS geologist reported on the news describing a high probability of after-shocks in the area. The geologist state to exercise caution because of compromised structures, which are susceptible to additional damage if subsequent shaking occurs.

Instructions

I. You have **20-30 minutes** to consider the questions in this module.
II. **Participants are not required to address every assigned question.** Take a moment to review the questions in their entirety and then focus on the critical issues of major concern for your group at this point in the exercise.
III. Elect a spokesperson and a scribe/note taker for your group to discuss the group's findings after each module and document them.
IV. Groups should work to identify any additional questions, critical issues, or decisions they feel should be addressed at this time. **Each participant should record their thoughts, issues, and questions on the provided Participant Feedback Form.**
V. Make decisions using the information provided and your best judgment of how to proceed.

Key Issues

- **Evacuation**
- **Transportation Coordination**
- **Resource Requesting**
- **Staffing and Personnel**

Questions

Based on the information provided, participate in the discussion concerning the issues. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

Evacuating Hospitals, answer 16 - 27

16. How do you track and identify patients that need evacuation and relocation during an incident?
17. How are you contacting in-network hospitals to transfer patients to during an evacuation?
18. Does your facility have a contract, a transfer agreement, with out-of-network hospitals?
19. Do you contact a transfer center, the network hospital CMO, or the overall network CEO?
20. How do you manage patient tracking?
21. What do you do if there are no beds available in the in-network hospital or contracted hospitals?
22. How are you contacting and utilizing ambulance providers during an incident?
23. Who is your point of contact (POC) for ambulance coordination?
24. Do you have a contract ambulance provider?
17. How are you coordinating with local EMS, law enforcement, and emergency management to support response efforts?
18. Do you have MOUs or other agreements for resource sharing with other agencies?

19. How do you track and request additional resources during a surge?
20. How do you plan for and respond to staffing shortages when staff cannot access the facility?
21. How do you track staff who are displaced, evacuated, or sheltering in place?
22. How do you ensure essential functions continue if critical staff are unavailable?
23. What is your process for notifying family members of patients being evacuated or sheltered in place?
24. How do you track patient locations and status during evacuations or transfers?

Special Considerations

25. Does your facility have a policy for requesting an 1135 waiver during emergencies?
26. How does your facility shelter in place during a hazardous materials incident?
27. Do you have agreements with vendors to continue deliveries/services during restricted access situations?

Non-Evacuating Hospitals only, answer 28 - 44

28. How will your facility be notified of incoming transfer patients from "sister" (in-network) hospitals?
29. Who at your facility is responsible for accepting transfer requests and confirming bed assignments?
30. How do you track and differentiate incoming evacuated transfer patients from surge patients (ambulance/walk-in)?
31. How do you prioritize bed placement for transfer patients versus high-acuity arrivals through the ED?
32. What communication channels do you use with sending facilities to coordinate patient information and updates?
33. How do you register transfer patients into your EMR system when documentation may arrive separately from the patient?
34. How are you coordinating with EMS for scheduled transfer arrivals while also managing unscheduled ambulance drop-offs?

35. Who is your primary point of contact for tracking and managing patient distribution across your facility?
36. How do you plan for and activate surge capacity to accommodate both transfer and spontaneous surge patients?
37. How do you manage limited specialty resources (ICU beds, ventilators, OR time) when demands from transfer patients and local surge patients overlap?
38. What is your process for escalating patient placement decisions when bed capacity is nearly full?
39. How do you handle a situation where a transfer patient arrives without all required medical information?
40. How will you keep the sending facility updated on their transferred patients' status?
41. What is your process for family notification and reunification for transfer patients who may arrive before their families?
42. Do you have MOUs or agreements with sister facilities for mutual aid of staff, equipment, or supplies during surges?
43. How do you ensure infection prevention and isolation protocols for transfer patients from facilities with known outbreaks or special precautions?
44. How do you address staff stress and fatigue during sustained high patient volumes from multiple sources?

(Optional) Module 3: Recovery, Wellness Support

Scenario

Hours after the initial incident.

There are many family members flooding local hotlines, and healthcare organizations, asking for information about loved ones who either worked or were treated at the nearby medical facility.

The hotlines established by the county are flooded with phone calls from members of the public seeking information, resources, or just someone to talk to about the incidents.

Staff at the incident scene, and at receiving facilities, along with in the Command and Operations Centers, and first responders in the area are deeply affected by the events. Some are showing signs of exhaustion, while others are quiet and isolated. Some are showing signs of stress. There is a need for additional mental and behavioral support. Some staff/responders had family members or friends involved in the incidents.

There are concerns about those with pre-existing disorders, acute syndromes, or mental health conditions, with a potential worsening due to the trauma of these events.

Conversely, medical personnel, law enforcement, and first responders from other healthcare facilities and jurisdictions have flooded the area with offers of volunteering and donations. It is unclear who is managing volunteers and donations.

Instructions

I. You have **20-30 minutes** to consider the questions in this module.
II. **Participants are not required to address every assigned question.** Take a moment to review the questions in their entirety and then focus on the critical issues of major concern for your group at this point in the exercise.
III. Elect a spokesperson and a scribe/note taker for your group to discuss the group's findings after each module and document them.
IV. Groups should work to identify any additional questions, critical issues, or decisions they feel should be addressed at this time. **Each participant should record their thoughts, issues, and questions on the provided Participant Feedback Form.**
V. Make decisions using the information provided and your best judgment of how to proceed.

Key Issues

- **Recovery**
- **Family Assistance**
- **Mental Health / Wellness Support**

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

45. What are your center's priorities for ensuring key functions are maintained throughout the response and recovery phases from an incident, including the care of existing and new patients?
46. How would your center demobilize operations after evacuating, re-locating, or receiving a surge of patients? How would your center coordinate with the Medical and Health Operational Area Coordinator, health care coalition partners, emergency medical services, and the local Emergency Operations Center to return to normal operations?
47. How would your agency continue to receive and vet information to provide situational awareness during the incidents? What jurisdictional partners would you work with (e.g., Joint Information Center, Emergency Medical Services system partners, Medical and Health Operational Area Coordinator program)?
48. What agency positions are responsible for compiling information and completing assessments and/or situational reports related to the incident? If the incident is prolonged, how often are these required for local, regional, state and/or federal partners?
49. How would your facility coordinate with law enforcement and state/federal partners to assist in evidence collection and protection? What about interviewing of patients?
50. Would your facility set up a Family Information Center? Would your facility play a role in working with a Family Assistance Center if one were set up by the county? If so, what role would your facility play? Would the hospital anticipate fielding inquiries from concerned individuals seeking out their friends, family and/or loved ones?

51. Does your health care coalition have mental health experts or teams that can be utilized if your facility needed additional resources? How would you request these resources?
52. Who is responsible for updating the Incident Action Plan each operational period? What would your objectives be for the next operational period?
53. Consider that you may have limited staff and resources in the coming days and weeks. How would your facility prioritize essential functions to continue to provide quality care to your patients? Would your Continuity of Operations Plan be activated? If so, how and when?
54. How would your organization accept volunteer practitioners to assist with caring for your patients? Do you have a policy/procedure in place? What sorts of identification do you require and how will you validate that the staff are competent to practice at your facility?
55. Who determines when a lockdown or shelter in place order is no longer necessary? How is the order communicated to staff, patients, family of patients, and volunteers?
56. What types of broader, community-based behavioral support services will be available to the public in the days, weeks, and even months following these incidents? Will there be services such as crisis hotlines, counseling, self-help tips, social media resources, educational materials, and/or text messages?
57. What steps will be taken to ensure that your organization's staff feel safe when returning to work? How would your organization ensure that the public feels safe to return to your facility?
58. What types of broader, community-based behavioral support services will be available to your employees in the days, weeks, and even months following these incidents?
59. Would your agency play a role in working with the Family Assistance Center if one were activated? If so, what role would your agency play? Would you

anticipate fielding inquiries from concerned individuals seeking out their friends, family and/or loved ones?

60. What are your agency's priorities for ensuring key functions are maintained throughout the response and recovery phases from an incident?

Appendix A: Exercise Schedule

Note: Because this information is updated throughout the exercise planning process, appendices may be developed as stand-alone documents rather than part of the SitMan.

Date [Time]	[Insert Date] [Player Check-In]
[Time]	[Exercise Briefing]
[Time]	[Start Exercise]
[Time]	[Capture Initial Data Elements]
[Time]	[Objectives]
[Time]	[Objectives]
[Time]	[Capture Ending Data Elements]
[Time]	[End Exercise]
[Time] [Time]	[Hot wash] [Closing Comments]

Appendix B: Exercise Participants

Participating Organizations
County
Medical Alert Center
[County Participant]
[County Participant]
City
[City Participant]
[City Participant]
[City Participant]
[Jurisdiction A]
[Jurisdiction A Participant]
[Jurisdiction A Participant]
[Jurisdiction A Participant]
[Jurisdiction B]
[Jurisdiction B Participant]
[Jurisdiction B Participant]
[Jurisdiction B Participant]

Appendix C: Relevant Plans

- **Los Angeles County Hospital Evacuation Plan Reference 1112**
  https://file.lacounty.gov/SDSInter/dhs/206078_1112.pdf

Appendix D: Acronyms

Acronym	Term
DHS	U.S. Department of Homeland Security
ASPR	Administration of Strategic Preparedness and Response
EMS Agency	Los Angeles County Emergency Medical Services Agency
ExPlan	Exercise Plan
HHS	U.S. Department of Health and Human Services
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
MAC	Medical Alert Center
MCI	Multi-Casualty Incident
SME	Subject Matter Expert
USGS	U.S. Geological Survey