



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
PUBLIC HEALTH DEPARTMENT

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## 2014 ANNUAL CA MEDICAL/ HEALTH EMERGENCY PREPAREDNESS EXERCISES

### SPECIAL INVITATION: DISASTER PLANNING AND RESPONSE PARTNERS

LOCATION: ALCO Office of Homeland Security & Emergency Services, 4985 Broder Blvd., Dublin, CA 94568

#### SAVE THE DATES

- **DISCUSSION BASED TABLE-TOP EXERCISE - TUES., 10/7/14 (TIME - TBD)**
- **STATEWIDE FUNCTIONAL EXERCISE - THURS., 11/20/14 (8:00 - 1:00)**

### PURPOSE

This year's 2014 Statewide Medical and Health Exercise is designed to build upon our medical and public health community based capability and capacity for a disaster-related healthcare response.

The vision for our statewide exercise is for partners collaboration based on using an objective-driven focus. Exercise partners will work across organization/agency/disciplines to leverage commonalities in response to a wide scale public health emergency. Planning efforts promote options for customization of the exercise to meet everyone's needs. Healthcare partners, first responders and other stakeholders that plan to participate in the 2014 California Statewide Medical and Health Exercise should complete the participation form found on the following page.

- The Alameda County EOC will be activated and include key staff from the Public Health Department, Emergency Medical Services, Environmental Health Services, Behavioral Health Services and General Service Agency.
- The Health Care Services Agency DOC will be activated, and will be following an infectious disease ICS structure.
- Homeland Security Exercise Evaluation Program Guidelines will be followed.
- The Exercise Planning Team will develop county wide overarching objectives for all participants and exercise play. As in past years, participating agencies are encouraged to develop objectives to support their organization.

### SCENARIO

- The scenario for the 2014 Statewide Medical and Health Exercise will be an anthrax scenario.

### TARGET CAPABILITIES AND GOALS

- Emergency Operations Center Management
  - Communication
  - Mass Prophylaxis
- Medical Surge  
Emergency Public Information and Warning

### PRE-EXERCISE SITE PLANNING REQUIREMENTS

#### 1. COMPLETE ATTACHED PARTICIPANT EXERCISE CONTACT FORM by 8/15/14

- Assign Exercise Controller / Facilitator and plan for exercise.
- Submit completed participation forms to Zerlyn Ladua (see below for contact information).

#### 2. EXERCISE PLANNING DOCUMENTS

- Please check the ALCO PHEP, EMS and state websites for documents.
- <http://www.acphd.org/phep.aspx>
- <http://www.acphd.org/emsemergprepresp/emergplanners/exercises.aspx>

## 10/7/14 – DISCUSSION BASED TABLE-TOP EXERCISE PARTICIPANT CONTACT FORM

Please identify total number of organization **attendees who will participate on 10/7/14** for the Discussion Based Table-Top Exercise \_\_\_\_\_ (needed for lunch count). List Participant Names / Title / Phone / Email below:

PARTICIPANT CONTACT	NAME / TITLE ORGANIZATION (Include Address)	EMAIL	PHONE - Office/Cell	Other Comments/
Agency/Organization Point of Contact				

## 11/20/14 FUNCTIONAL EXERCISE PARTICIPATION CONTACT FORM

PARTICIPANT CONTACT	NAME / TITLE ORGANIZATION (Include Address)	EMAIL	PHONE - Office/Cell	Other Comments/			
Exercise Site Controller / Facilitator **							
<b>EOC/DOC/HCC INFORMATION</b>							
EOC/DOCHCC DEDICATED EMAIL ADDRESS							
EOC / DOC/ HCC PHONE #							
EOC / DOC/ HCC FAX #							
<b>FUNCTIONAL EXERCISE</b> Please indicate which communication devices you intend to test by circling yes or no	<b>CAHAN</b> Yes / No	<b>ReddiNet</b> Yes / No	<b>700 MEGAHERTZ</b> Yes / No	<b>LANDLINE PHONE</b> Yes / No  <b>EMAIL</b> Yes / No  <b>FAX</b> Yes / No	<b>HAM RADIO</b> Yes / No  <b>Do you have working ham radio equipment?</b> Yes / No  <b>Do you have a HAM Radio Operator?</b> Yes / No  <b>HAM Radio Operator Call Sign Number</b>	<b>WILL EOC / ICS/DOC/HCC BE ACTIVATED?</b> Yes / No  <b>Will you complete an IAP?</b> Yes / No	<b>HEALTH CARE CONFERENCE CALL</b> - HPP Coalition  <b>Will you participate in the conference call?</b> Yes / No

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Submit to Exercise Master Controller**  
**ALAMEDA COUNTY 2014 EXERCISE DIRECTOR**  
 Zerlyn Ladua RN, FNP, MSN  
 BT/Public Health Emergency Preparedness, Director  
 Ofc: 510-208-5962 Fax: 510-273-3702  
 Email: Zerlyn.ladua@acgov.org