

# 2016 STATEWIDE MEDICAL AND HEALTH EXERCISE

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## ALAMEDA COUNTY



## Functional Exercise

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**Exercise Plan**  
**November 17, 2016**

# PREFACE

The 2016 California Statewide Medical and Health Exercise (SWMHE) will focus on a train derailment that results in a Mass Casualty Incident (MCI) involving a large number of injured victims that must be received by the Alameda County healthcare system. This exercise is sponsored by the Alameda County Health Care Services Agency (HCSA) – Public Health Department and Emergency Medical Services (EMS), California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA). This Exercise Plan (ExPlan) was produced with input, advice, and assistance from the Alameda County SWMHE Planning Workgroup, comprised of representatives from:

- Alameda County Emergency Medical Services (EMS) – Healthcare Services Agency (HCSA)
- Alameda County Public Health Department (ACPHD)
- Alameda County Office of Homeland Security and Emergency Services (OHSES)
- Alta Bates Summit Medical Center
- Chaparral House
- Eden Medical Center
- Kaiser Permanente - Oakland
- Mier Consulting Group
- UCSF Benioff Children’s Hospital

The ExPlan follows guidelines set forth by the U.S. Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP). The ExPlan gives participating organizations the information necessary to take part in an operations-based functional exercise.

## **Exercise Points of Contact**

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# EXERCISE OVERVIEW

<b>Exercise Name</b>	2016 California Statewide Medical and Health Exercise (SWMHE) – Functional Exercise
<b>Exercise Date</b>	November 17, 2016
<b>Scope</b>	This is a functional exercise (FX) planned for Alameda County agencies (Public Health Department, EMS, Office of Homeland Security and Emergency Services), private ambulance partners, hospitals, clinics, long term care facilities (LTCFs) and mental/behavioral health centers. The exercise will explore coordinated command and control and the coordination of response functions within the context of a large mass casualty incident (MCI) generated from a passenger train derailment.
<b>Mission Area(s)</b>	<ul style="list-style-type: none"> <li>• Response</li> </ul>
<b>Capabilities</b>	<ul style="list-style-type: none"> <li>• Emergency Operations Coordination</li> <li>• Medical Surge</li> <li>• Information Sharing</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Analyze the activation of the Operational Area (OA) Emergency Operations Center (EOC), HCSA Department Operations Center (DOC), Hospital Command Centers (HCCs) and other command centers to facilitate communications and a coordinated response.</li> <li>• Implement healthcare system expansion and decompression in response to the medical surge resulting from the MCI.</li> <li>• Coordinate triage, patient distribution and tracking throughout the healthcare system as well as the activation of mutual aid.</li> <li>• Analyze utilization of communications systems to share actionable information.</li> <li>• Analyze the support roles of other public health resources to include behavioral and mental health and environmental health.</li> </ul>
<b>Threat or Hazard</b>	Mass Casualty Incident (MCI)
<b>Scenario</b>	Train Derailment
<b>Sponsor</b>	The 2016 SWMHE is sponsored by the Alameda County Health Care Services Agency (HCSA) – Public Health Department and EMS, CDPH and EMSA.
<b>Participating Organizations</b>	See Appendix D



# GENERAL INFORMATION

## EXERCISE PUPROSE, OBJECTIVES & CAPABILITIES

The purpose of this exercise is to address the response functions of EMS and Public Health to a mass casualty incident (MCI), to include 1) coordinated command and control, 2) the coordination of response functions with transport providers, hospitals, long term care facilities, clinics and the healthcare services agency within the context of a large MCI generated from a passenger train derailment.

Five exercise objectives (Table 1) describe expected outcomes for this exercise. The objectives are linked to Public Health Emergency Preparedness (PHEP) / Hospital Preparedness Program (HPP) capabilities, which are distinct critical elements necessary to achieve the specific mission areas. The objectives and aligned capabilities were selected by the Alameda County SWMHE Planning Workgroup.

Table 1: Exercise Objectives and Associated Capabilities

Exercise Objective	Capability
<b>Objective 1:</b> Analyze the activation of the Operational Area (OA) Emergency Operations Center (EOC), HCSA Department Operations Center (DOC), Hospital Command Centers (HCCs) and other command centers to facilitate communications and a coordinated response.	Emergency Operations Coordination
<b>Objective 2:</b> Implement healthcare system expansion and decompression in response to the medical surge resulting from the MCI.	Medical Surge
<b>Objective 3:</b> Coordinate triage, patient distribution and tracking throughout the healthcare system as well as the activation of mutual aid.	Medical Surge
<b>Objective 4:</b> Analyze utilization of communications systems to share actionable information.	Information Sharing
<b>Objective 5:</b> Analyze the support roles of other public health resources to include behavioral and mental health and environmental health.	Emergency Operations Coordination



## 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 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, monitor, and manage exercise play, as well as simulate response organizations or individuals that are not playing in the exercise (using the Master Scenario Events List [MSEL]). 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, controllers issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
  - The Master Control Cell (MCC) will be located at the Alameda County Emergency Operations Center (EOC) in Dublin, CA.
- **Simulators.** Control staff that operate out of the Simulation Cell (SimCell) or have face-to-face contact with players. These simulators role-play non-participating organizations or individuals. Simulators act in accordance with instructions provided in the MSEL.
- **Evaluators.** Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs). Evaluators do not participate in the discussions or interact with players. Information gathered from the evaluators is included in the After Action Report (AAR).
- **Actors.** Actors simulate specific roles during exercise play, such as victims, should the participating organization decide to have volunteers act out the patient profile/survivor cards.
- **Observers.** 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. 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).

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## 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.

The scenario for this exercise involves an Amtrak train derailment in downtown Oakland resulting in a MCI declaration and the need to surge across County hospitals and healthcare partners in order to accept over 300 patients with varying degrees of injury. The exercise play starts 3 hours after the derailment has occurred; the following assumptions and/or artificialities apply to the exercise:



- Because the exercise begins several hours after the incident, players will be given a summary of the event actions that are assumed to have occurred (i.e., at the incident scene and at the health care facilities) prior to starting exercise play. (Exercise controllers will provide a background scenario with an EMS Flash Report).
- The number of patients from the accident is significant enough that all hospitals in Alameda County will need to implement expansion and decompression plans in order to accommodate the surge of patients.
- Alameda County Office of Emergency Services (OES) has declared a disaster.
- The Alameda County Emergency Operations Plan (EOP) and the EMS MCI plan have been activated.
- The number of pediatric patients resulting from the incident activates the Children's Disaster Annex of the Alameda County Emergency Operations Plan (EOP).
- The Operational Area (OA) Emergency Operations Center (EOC) is fully activated and the Health Care Services Agency (HCSA) Department Operations Center (DOC) is activated at the EOC.
- Impacts are seen across the spectrum of the response community. At the start of the exercise hospitals should assume they have already received 20 red patients; clinics should assume they have already received 10 yellow and green patients.
- Strike Teams have already transported 18 patients to out of county hospitals.
- Many victims will self-evacuate from the scene and transport themselves to hospitals throughout the County (e.g., Uber, Lyft, public transportation).
- All participating facilities experience staffing impacts due to the train derailment disruptions.
- Time lapses may be artificially used to achieve the exercise objectives; i.e., the exact timing of the exercise may not correspond to the timing of events as they would actually occur.
- Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented (i.e., as if the simulated incident were real).

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## ADDITIONAL CONSIDERATIONS FOR EXERCISE PLAY

- Participants are asked to accept the details of the scenario, even if they believe that events would not necessarily unfold as outlined. The scenario is merely a tool to facilitate achievement of the exercise objectives. Furthermore, the scenario is not intended to be comprehensive, since a number of operational response issues will not be addressed during this exercise.
- The exercise is conducted in a no fault, learning environment wherein capabilities, plans, systems, and processes (rather than individuals) will be evaluated.
- Decisions are not precedent setting and may not represent an organization's final position.
- Participating agencies may need to balance exercise play with real world emergencies. Real world emergencies take priority.



# EXERCISE LOGISTICS & COMMUNICATIONS

## EXERCISE FORMAT

The exercise will take place at the OA EOC (4985 Broder, Dublin, CA), Department Operations Centers (DOCs), Hospital Command Centers (HCCs), local jurisdiction and other healthcare facility command centers.

**Date: Thursday, November 17, 2016**

**OA EOC Activation: 8:00 AM – 1:00 PM**

**Hot Wash: 1:00 – 1:30 PM**

**OA EOC/HCSA DOC:** Participants should arrive to the exercise location by 7:30 AM as the exercise will start promptly at 8:00 AM. The OA EOC will be activated for 4.5 hours during which all tasks associated with the EOC, to include the Medical Branch, exercise objectives will be addressed.

**Hospital and Healthcare System Partners:** Participants at locations throughout the county should refer to the specific directions from their facility controller as to where and when to report for the exercise. Pre-exercise information that informs situational awareness will be provided by the controller prior to the start of the exercise at 8:00 AM on November 17.

The control cell will simulate facilities that are not playing in the exercise. Exercise participants will respond to scenario information and exercise injects in accordance with existing plans, policies, and procedures.

## EXERCISE COMMUNICATIONS

The following contact information is available to support play by hospital/healthcare partners:

<b>OA EOC Phone:</b>	<b>925-803-7800</b>
<b>OA EOC Fax:</b>	<b>925-803-7878</b>
<b>OA EOC Email:</b>	<a href="mailto:oes@acgov.org">oes@acgov.org</a>
<b>Med/Health Branch Phone:</b>	<b>925-803-7930 (also x 7931, 7932, 7933)</b>
<b>Med/health Branch Fax:</b>	<b>925-803-2720</b>
<b>Med/Health Branch Email:</b>	<a href="mailto:MED1@acgov.org">MED1@acgov.org</a>
<b>Simulation Cell:</b>	<b>925-803-7960 (x7961, 7962, 7963, 7964, 7965, 7966, 7967, 7969)</b>
<b>Simulation Cell Email:</b>	<a href="mailto:steve@themiergroup.com">steve@themiergroup.com</a>
<b>Master Control Cell:</b>	<b>925-285-2403</b>

**Alameda County EMS Conference Call (tentatively scheduled for 11:00 AM)**

**Toll Free: 888-204-5984**

**Passcode: 886530**

**Disaster Forms (Situation Status and Medical/Health Resource Request) can be found at:**

<http://www.acphd.org/ems/forms/disasterforms>



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## SAFETY

Exercise participant safety takes priority over exercise events. All participating entities share the basic responsibility for ensuring a safe environment for all personnel involved in the exercise. Professional health and safety ethics should guide all participants to operate in their assigned roles in the safest manner possible. The following general requirements apply to the exercise:

- All exercise controllers and evaluators will serve as safety observers while exercise activities are underway.
- Participants are responsible for their own and each other's safety during the exercise. It is the responsibility of all persons associated with the exercise to stop play if, in their opinion, a real safety problem exists. Once the problem has been corrected, exercise play will resume.
- All participating entities will comply with their respective environmental health and safety plans and procedures, as well as the appropriate Federal, State, and local environmental health and safety regulations.
- Any safety concerns must be immediately reported to a designated controller. As appropriate, the controller will communicate the concern to the Master Control Cell in order to determine if a real-world emergency warrants a pause in exercise play and when exercise play can be resumed.
- For an emergency that requires assistance, use the phrase **“real-world emergency.”** The following procedures should be used in case of a real emergency during the exercise:
  - Anyone who observes a participant who is seriously ill or injured will immediately notify emergency services and the closest controller, and, within reason and training, render aid.
  - A controller aware of a real emergency will initiate the “real-world emergency” broadcast and provide the Master Control Cell with the location of the emergency and resources needed, if any.



# 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 controllers.
- 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.

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## PLAYER 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, for example: facility specific EOPs, medical surge/expansion/decompression plans, communication protocols, and this Exercise Plan.
- Be at the appropriate site at least 30 minutes before the exercise starts. Wear the appropriate uniform and/or identification item(s).
- Sign in when you arrive.
- Ensure equipment in the command center (or designated location) is operational and able to perform the necessary communications functions. For example:
  - Test internet access
  - Verify computer login information and access to internal incident management websites
  - Test telephone connectivity
  - Test fax machine functionality
- Ensure that passwords and access to County communication systems (e.g., ReddiNet) are available.

### 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.

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- Do not engage in personal conversations with controllers, evaluators, observers, or media personnel.
- 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.
- Document all exercise participants on the [sign-in sheet](#) at your location.

**After the Exercise**

- Participate in the exercise hot wash at your location immediately following the conclusion of the exercise. This will be facilitated by the controller.
- Complete the Participant Feedback Form. An online survey link will be distributed to exercise participants via email following the exercise. The survey is intended to gather candid comments on response activities and effectiveness of the exercise.
- Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.



# EXERCISE SCHEDULE

*\*Note: Times are estimated and may shift based on exercise play.*

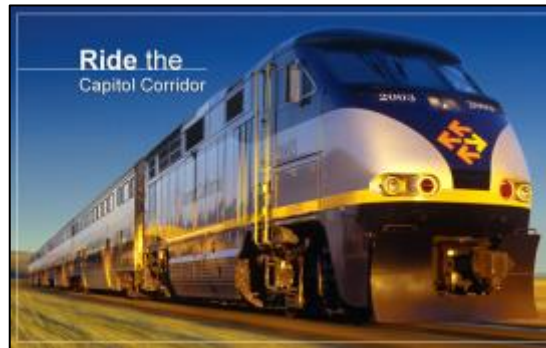
Time	Personnel	Activity	Location
<b>Pre-Exercise</b>			
November 10 2:30-3:30 PM	Exercise Controllers, Evaluators, and Staff	<ul style="list-style-type: none"> <li>Controller and Evaluator Orientation Briefing</li> </ul>	Online Platform
<b>November, 17, 2016</b>			
7:30-8:00 AM	Controllers and Exercise Staff	<ul style="list-style-type: none"> <li>Controllers, Evaluators, Exercise Staff Check in and Assignments; EOC Set Up</li> </ul>	OA EOC, HCSA DOC, Individual Healthcare Facilities, transport providers, local jurisdictions, and other partners
8:00-8:30 AM	All	<ul style="list-style-type: none"> <li>Welcome &amp; Controllers Provide Player Briefing <b>READ EXERCISE GOALS, SCENARIO, &amp; PROVIDE BACKGROUND PPT &amp; FLASH REPORT</b></li> </ul>	
8:30 AM	<b>All</b>	<ul style="list-style-type: none"> <li><b>Exercise Starts (STARTEX)</b></li> </ul>	
8:30-9:00 AM	All	<ul style="list-style-type: none"> <li>Initial EOC/HCC Incident Briefing</li> <li>System-wide EOC/HCC Coordination/ Communications</li> <li>Medical Surge Expansion &amp; Decompression</li> </ul>	
9:00-11:00 AM	All	<ul style="list-style-type: none"> <li>Resource Requests and SitStat Reports Submitted to EOC Med/Health Branch via <a href="mailto:med1@acgov.org">med1@acgov.org</a></li> <li>Consider Family Assistance &amp; Public Information</li> </ul>	
11:00 AM-12:00 PM	All	<ul style="list-style-type: none"> <li>Tentative conference call with OA EOC</li> </ul>	
1:00 PM	<b>All</b>	<ul style="list-style-type: none"> <li><b>Exercise Ends (ENDEX)</b></li> </ul>	
1:00-1:30 PM	All	<ul style="list-style-type: none"> <li>Conduct Venue Hot Washes (conclude at 1:30 pm)</li> </ul>	
<b>By November 23, 2016</b>			
	Evaluators	<ul style="list-style-type: none"> <li>Evaluators complete EEGs and submit (<a href="mailto:ann@themiergroup.com">ann@themiergroup.com</a>)</li> </ul>	Email
	All	<ul style="list-style-type: none"> <li>Complete Participant Feedback survey</li> </ul>	Online

# EXERCISE SCENARIO

**Thursday, November 17, 2016**

**5:00 AM**

The Capitol Corridor Amtrak train is traveling from the Emeryville station to the Jack London Square station in Oakland departing at 5am.



At a busy intersection several blocks (Broadway and Embarcadero West, see also Appendix B – Exercise Maps) from the station, dozens of vehicles on either side of the tracks wait for the train to pass. This includes two school buses carrying their maximum capacity of 60 K-8 children.

**5:12 AM**

The Amtrak train strikes a van that attempts to cross the tracks, instantly killing the driver and setting off a chain reaction that begins with a 23-car derailment. In addition to the derailed train cars, a number of the standing vehicles including the school buses are hit as the cars derail.



Dozens of 911 calls begin to come in within seconds following the crash. Diesel fuel is leaking from the train.

One of the school buses is turned on its side and the other is still upright. Hospitals are already operating at full capacity.

First responders arrive on scene in minutes; the crash is declared a mass casualty incident and the Alameda County Operational Area (OA) EOC is activated. Multiple agencies are involved (i.e., Fire, EMS, healthcare partners, law enforcement).



# APPENDIX A: Exercise Communications Directory

- If no command center contact information was provided, the controller information is listed.
- Per the survey instructions, the real world command information is listed **unless** an exercise-only email/phone number was provided.

Agency	Phone	Email
OA EOC	(925) 803-7800 (925) 803-7878 (FAX)	OES@ACGOV.ORG
EOC Med/Health Branch (Paramedics Plus, HSCA DOC*)	(925) 803-7930 (925) 803-7931 (925) 803-7932 (925) 803-7933 (925) 803-2720 (FAX)	<a href="mailto:MED1@ACGOV.ORG">MED1@ACGOV.ORG</a>
City of Oakland OES	(510) 238-6068	<a href="mailto:DGUNNING@OAKLANDNET.COM">DGUNNING@OAKLANDNET.COM</a>
City of Berkeley Public Health	(925) 457-2613	<a href="mailto:RARODRIGUEZ@CI.BERKELEY.CA.US">RARODRIGUEZ@CI.BERKELEY.CA.US</a>
City of Piedmont Fire	(510) 420-3038	<a href="mailto:BMCLAREN@CI.PIEDMONT.CA.US">BMCLAREN@CI.PIEDMONT.CA.US</a>
Paramedics Plus – San Leandro EOC	(510) 746-5767	<a href="mailto:DFELDHAUSER@PARAMEDICSPLUS.COM">DFELDHAUSER@PARAMEDICSPLUS.COM</a>
Royal Ambulance	(510) 568-6161	<a href="mailto:SEAN.YOUNG@ROYALAMBULANCE.COM">SEAN.YOUNG@ROYALAMBULANCE.COM</a>
Eden I&R 211	(415) 350-0250	<a href="mailto:SFinnigan@edenir.org">SFinnigan@edenir.org</a>
Sandia National Laboratories	(925) 294-2867	<a href="mailto:inorden@sandia.gov">inorden@sandia.gov</a>
<b>HOSPITALS</b>		
Alameda Hospital	(510) 814-4646	<a href="mailto:SWILLIAMS@ALAMEDAHEALTHSYSTEM.COM">SWILLIAMS@ALAMEDAHEALTHSYSTEM.COM</a>
Alta Bates Summit Medical Center – Berkeley Campus	(510) 332-1415	<a href="mailto:LunaR1@sutterhealth.org">LunaR1@sutterhealth.org</a>
Alta Bates Summit Medical Center – Oakland Campus	(510) 332-1415	<a href="mailto:LunaR1@sutterhealth.org">LunaR1@sutterhealth.org</a>
Eden Medical Center HCC	(510) 727-3300	EDENCOMMANDSTAFF@SUTTERHEALTH.ORG
Highland Hospital	(510) 437-4321	<a href="mailto:SWILLIAMS@ALAMEDAHEALTHSYSTEM.COM">SWILLIAMS@ALAMEDAHEALTHSYSTEM.COM</a>
Kaiser Permanente Fremont	(510) 454-2940	<a href="mailto:SL-HCC@KP.ORG">SL-HCC@KP.ORG</a>
Kaiser Permanente Oakland	(510) 752-7642	<a href="mailto:OAKLAND.HCC@KP.ORG">OAKLAND.HCC@KP.ORG</a>
Kaiser Permanente San Leandro	(510) 454-2940	SL-HCC@KP.ORG
San Leandro Hospital	(510) 667-4580	<a href="mailto:SWILLIAMS@ALAMEDAHEALTHSYSTEM.COM">SWILLIAMS@ALAMEDAHEALTHSYSTEM.COM</a>

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Agency	Phone	Email
St. Rose Hospital	(510) 264-2531	STROSE-EMERGENCY@SRHCA.ORG
UCSF Benioff Children's Hospital Oakland	(510) 428-3535	<a href="mailto:HCC@MAIL.CHO.ORG">HCC@MAIL.CHO.ORG</a>
Valley Care Medical Center	(925) 416-3549	<a href="mailto:CTHORNBU@STANFORDHEALTHCARE.ORG">CTHORNBU@STANFORDHEALTHCARE.ORG</a>
Washington Hospital	(510) 818-6227	<a href="mailto:GUS_ARROYO@WHHS.COM">GUS_ARROYO@WHHS.COM</a>
<b>CLINICS</b>		
Asian Health Services	(510) 986-6836	<a href="mailto:DSUH@AHSCHC.ORG">DSUH@AHSCHC.ORG</a>
Axis Community Health	(925) 201-6007	<a href="mailto:ABATACLAN@AXISHEALTH.ORG">ABATACLAN@AXISHEALTH.ORG</a>
LifeLong Medical Care	(510) 981-3213 (510) 981-4176	<a href="mailto:AMORRIS@LIFELONGMEDICAL.ORG">AMORRIS@LIFELONGMEDICAL.ORG</a>
Native American Health Center	(510) 535-4400	<a href="mailto:DAWNL@NATIVEHEALTH.ORG">DAWNL@NATIVEHEALTH.ORG</a>
Tri-City Health Center	(510) 252-6823	<a href="mailto:RTANGLAO@TRI-CITYHEALTH.ORG">RTANGLAO@TRI-CITYHEALTH.ORG</a>
UC-Berkeley Tang Center	(510) 643-0466	<a href="mailto:AMINA.ASSEFA@BERKELEY.EDU">AMINA.ASSEFA@BERKELEY.EDU</a>
<b>LONG TERM CARE</b>		
Crestwood Manor	(510) 651-1244	<a href="mailto:LALABRIE@CBHI.NET">LALABRIE@CBHI.NET</a>
Chaparral House	(510) 848-8774	<a href="mailto:KJPAGE@CHAPARRALHOUSE.ORG">KJPAGE@CHAPARRALHOUSE.ORG</a>
Kindred SF Bay Area	(510) 600-2716	<a href="mailto:PAUL.VANHORN@AM.JIL.COM">PAUL.VANHORN@AM.JIL.COM</a>
Masonic Homes of CA	(510) 471-3434	<a href="mailto:FDIAMOND@MHCUC.ORG">FDIAMOND@MHCUC.ORG</a>
Hayward Health and Wellness Center	(510) 783-4811 (510) 386-3331	<a href="mailto:ADMINISTRATOR@HAYWARDHCC.COM">ADMINISTRATOR@HAYWARDHCC.COM</a>
St. Christopher Care Center	(510) 527-4844	<a href="mailto:PACATON54@YAHOO.COM">PACATON54@YAHOO.COM</a>
Pleasanton Nursing and Rehabilitation Center	(925) 462-2400	<a href="mailto:DENNISWALTENBERGER@LIFEGEN.NET">DENNISWALTENBERGER@LIFEGEN.NET</a>
AHS Fairmont Hospital	(510) 895-4550	
<b>BMH</b>		
Willow Rock	(510) 618-4716	<a href="mailto:JADAM@TELECARECORP.COM">JADAM@TELECARECORP.COM</a>
John George Psychiatric Hospital	(510) 346-1340	
Asian Community Mental Health Services	(510) 869-6090	<a href="mailto:CATHERINEP@ACMHS.ORG">CATHERINEP@ACMHS.ORG</a>
<b>*Master Control Cell</b>	<b>925-285-2403</b>	<b><a href="mailto:cynthia.frankel@acgov.org">cynthia.frankel@acgov.org</a></b>
<b>Simulation Cell</b>		
LOCATION: Alameda County EOC Communications Room Dublin	(925) 803-7960	<a href="mailto:STEVE@THEMIERGROUP.COM">STEVE@THEMIERGROUP.COM</a>
	(925) 803-7961	
	(925) 803-7962	
	(925) 803-7963	
	(925) 803-7965	
	(925) 803-7966	
	(925) 803-7967	
(925) 803-7969		



## APPENDIX B: EXERCISE MAPS

### Map of the Crash/Derailment Location (Broadway and Embarcadero West, Oakland)



#### Distance to Closest Hospitals and Participating Clinics

UCSF Benioff Children's Hospital Oakland – 3.5 miles via CA-24E

Kaiser Permanente Oakland – 3.8 miles via I-980 E

AHS Highland Hospital – 3.2 miles via 13<sup>th</sup> Avenue (5.2 miles via I-580 E)

AHS Alameda Hospital – 3.7 miles via Webster Street tube

Alta Bates Summit Medical Center – 2.4 miles via Castro/ MLK Jr, 1.9 miles via Broadway/Telegraph

Asian Health Services – 0.6 miles via Broadway, Oakland

Axis Community Health – 26.8 miles via I-580 E, Pleasanton

Lifelong Medical Care – 1 mile via Broadway and Jefferson, Oakland

Native American Health Center – 3.4 miles via E 8<sup>th</sup> and E 12<sup>th</sup> Streets, Oakland

Hayward Health and Wellness Center – 16 miles via I-880 S, Hayward

Tri-City Health Center – 27 miles via I-880 S, Fremont





## APPENDIX C: HOSPITAL CAPACITY EXPANSION STRATEGIES

### HOSPITAL CAPACITY EXPANSION STRATEGIES OPTIONS

#### Undeclared Disaster

**Option 1A:** All hospitals use 5% flex to increase their inpatient critical care capacity by 5% in PICU and ICU (not to exceed total allowed licensed beds).

#### Declared Disaster

**Option 1B:** All hospitals increase their beds over their licensed bed capacity by 5% in the PICU and ICU (above total licensed capacity).

**Option 2:** All hospitals in Alameda County with ICU or PICU beds, double their number of staffed ICU and PICU beds.

**Option 3:** All hospitals take 5 additional patients in their ICU and PICU.

**Option 4:** All hospitals increase their beds over their total licensed bed capacity by 10% in ICU and PICU.



**OPTION 1A**

**TABLE 1: MEDICAL SURGE BED EXPANSION MODEL OPTION 1A**  
Expand ICU/PICU by 5% of Total Licensed Beds within Total License Capacity

HOSPITAL NAME	NICU OSHPOD Licensed Beds	PEDS OSHPOD Licensed Beds	ICU OSHPOD Licensed Beds	Perinatal Licensed Beds	Unspecified General Acute Licensed Beds	Acute Psychiatric Licensed Beds	Rehabilitation Licensed Beds	LICENSED BEDS OSHPOD	5% of Licensed Beds	Expanded ICU / CCU/PICU Beds
1. ALAMEDA HOSPITAL - Alameda Health System			8 ICU 8 CCU		84			135*	7	23
2. ALTA BATES SUMMIT MEDICAL CENTER - Berkeley	55		16 ICU 14 CCU	116	146			347	17	47
• ALTA BATES SUMMIT HERRICK CAMPUS						69		69	0	0
• ALTA BATES SUMMIT CAMPUS SUMMIT, OAK.					76			76	0	0
3. ALTA BATES SUMMIT MEDICAL CENTER • HAWTHORNE CAMPUS			30 ICU 6 CCU		309		58	403	20	56
4. UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND	44	111	23 PICU				12	190	10	33
5. SUTTER EDEN MEDICAL CENTER	3	2	17 ICU 11 CCU	11	111	23		178	9	37
6. HIGHLAND - ALAMEDA HEALTH SYSTEM	8		24 ICU	25	112	80		249	12	36
7. KAISER PERMANENTE - FREMONT			10 ICU		96			106	5	15
8. KAISER PERMANENTE - SAN LEANDRO	16		16 ICU	33	148			213	11	27
9. KAISER PERMANENTE - OAKLAND	24	37	42 ICU (12 PICU)	32	180			315	16	58
10. SAN LEANDRO HOSPITAL			9 ICU		84			93	5	14
11. ST. ROSE HOSPITAL			9 ICU 6 CCU	17	163			217	11	26
12. STANFORD VALLEY CARE HEALTH SYSTEM - MEDICAL CENTER, STANFORD	10	4	13 ICU 9 CCU	15	116			167	8	30
13. WASHINGTON HOSPITAL	14	17	13 ICU 16 CCU	22	259			341	17	46
<b>GRAND TOTALS (As of 6/30/2016)</b>	<b>174</b>	<b>171</b>	<b>207 ICU 70 CCU 23 PICU Total: 300</b>	<b>271</b>	<b>1884</b>	<b>172</b>	<b>60</b>	<b>3099</b>	<b>140</b>	<b>448</b>



**OPTION 1B**

**TABLE 2: MEDICAL SURGE BED EXPANSION MODEL OPTION 1B**  
Expand ICU/PICU by 5% Total Licensed Beds In Addition to License Capacity

HOSPITAL NAME	NICU OSHPOD Licensed Beds	PEDS OSHPOD Licensed Beds	ICU OSHPOD Licensed Beds	Perinatal Licensed Beds	Unspecified General Acute Licensed Beds	Acute Psychiatric Licensed Beds	Rehabilitation Licensed Beds	LICENSED BEDS OSHPD Plus 5%	5% of Licensed Beds	Expanded ICU / CCU/PICU Beds
1. ALAMEDA HOSPITAL - Alameda Health System			8 ICU 8 CCU		84			142*	7	23
2. ALTA BATES SUMMIT MEDICAL CENTER - Berkeley	55		16 ICU 14 CCU	116	146			364	17	47
• ALTA BATES SUMMIT HERRICK CAMPUS						69		72	3	3
• ALTA BATES SUMMIT CAMPUS SUMMIT, OAK.					76			80	4	4
3. ALTA BATES SUMMIT MEDICAL CENTER • HAWTHORNE CAMPUS			30 ICU 6 CCU		309		58	423	20	56
4. UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND	44	111	23 PICU				12	200	10	33
5. SUTTER EDEN MEDICAL CENTER	3	2	17 ICU 11 CCU	11	111	23		187	9	37
6. HIGHLAND - ALAMEDA HEALTH SYSTEM	8		24 ICU	25	112	80		249	12	36
7. KAISER PERMANENTE - FREMONT			10 ICU		96			111	5	15
8. KAISER PERMANENTE - SAN LEANDRO	16		16 ICU	33	148			224	11	27
9. KAISER PERMANENTE - OAKLAND	24	37	42 ICU	32	180			331	16	58
10. SAN LEANDRO HOSPITAL			9 ICU		84			98	5	14
11. ST. ROSE HOSPITAL			9 ICU 6 CCU	17	163			228	11	26
12. STANFORD VALLEY CARE HEALTH SYSTEM - MEDICAL CENTER, STANFORD	10	4	13 ICU 9 CCU	15	116			175	8	30
13. WASHINGTON HOSPITAL	14	17	13 ICU 16 CCU	22	259			358	17	46



**MEDICAL SURGE BED EXPANSION MODEL OPTION 2**

Hospitals Double ICU/CCU/PICU Beds

HOSPITAL NAME	NICU OSHPOD Licensed Beds	PEDS OSHPOD Licensed Beds	ICU/PICU/CCU SHPOD Licensed Beds	Perinatal Licensed Beds	Unspecified General Acute Licensed Beds	Acute Psychiatric Licensed Beds	Rehab Licensed Beds	TOTAL LICENSED BEDS OSHPD	Expanded Total Beds	Doubled ICU/PICU/CCU Capacity
1. ALAMEDA HOSPITAL - Alameda Health System			8 ICU 8 CCU		84			135*	152	32
2. ALTA BATES SUMMIT MEDICAL CENTER - Berkeley	55		16 ICU 14 CCU	116	146			347	377	60
• ALTA BATES SUMMIT HERRICK CAMPUS						69		69	69	0
• ALTA BATES SUMMIT CAMPUS SUMMIT, OAK.					76			76	76	0
3. ALTA BATES SUMMIT MEDICAL CENTER • HAWTHORNE CAMPUS			30 ICU 6 CCU		309		58	403	439	72
4. UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND	44	111	23 PICU				12	190	213	46
5. SUTTER EDEN MEDICAL CENTER	3	2	17 ICU 11 CCU	11	111	23		178	206	56
6. HIGHLAND - ALAMEDA HEALTH SYSTEM	8		24 ICU	25	112	80		249	273	48
7. KAISER PERMANENTE - FREMONT			10 ICU		96			106	116	20
8. KAISER PERMANETE - SAN LEANDRO	16		16 ICU	33	148			213	229	32
9. KAISER PERMANENTE - OAKLAND	24	37	42 ICU <b>(12 PICU)*</b>	32	180			315	357	84
10. SAN LEANDRO HOSPITAL			9 ICU		84			93	102	18
11. ST. ROSE HOSPITAL			9 ICU 6 CCU	17	163			217	232	30
12. STANFORD VALLEY CARE HEALTH SYSTEM - MEDICAL CENTER, STANFORD	10	4	13 ICU 9 CCU	15	116			167	189	44
13. WASHINGTON HOSPITAL	14	17	13 ICU 16 CCU	22	259			341	370	58
<b>GRAND TOTALS</b> (As of 6/30/2016)	174	171	207 ICU 70 CCU <b>35 PICU*</b> Total: 300	271	1884	172	60	3099	3399	600



**OPTION 3**

**TABLE 4: MEDICAL SURGE BED EXPANSION MODEL OPTION 3  
All Hospitals Accept 5 Additional ICU/PICU Patients**

HOSPITAL NAME	NICU OSHPOD Licensed Beds	PEDS OSHPOD Licensed Beds	ICU OSHPOD Licensed Beds	Perinatal Licensed Beds	Unspecified General Acute Licensed Beds	Acute Psychiatric Licensed Beds	Rehabilitation Licensed Beds	LICENSED BEDS OSHPD	Current ICU/PICU/CCU Capacity	Current ICU/PICU/CCU plus 5
1. ALAMEDA HOSPITAL - Alameda Health System			8 ICU 8 CCU		84			135*	16	21
2. ALTA BATES SUMMIT MEDICAL CENTER - Berkeley	55		16 ICU 14 CCU	116	146			347	30	35
• ALTA BATES SUMMIT HERRICK CAMPUS						69		69	0	0
• ALTA BATES SUMMIT CAMPUS SUMMIT, OAK.					76			76	0	0
3. ALTA BATES SUMMIT MEDICAL CENTER • HAWTHORNE CAMPUS			30 ICU 6 CCU		309		58	403	36	41
4. UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND	44	111	23 PICU				12	190	23	28
5. SUTTER EDEN MEDICAL CENTER	3	2	17 ICU 11 CCU	11	111	23		178	28	33
6. HIGHLAND - ALAMEDA HEALTH SYSTEM	8		24 ICU	25	112	80		249	24	29
7. KAISER PERMANENTE - FREMONT			10 ICU		96			106	10	15
8. KAISER PERMANENTE - SAN LEANDRO	16		16 ICU	33	148			213	16	21
9. KAISER PERMANENTE - OAKLAND	24	37	42 ICU	32	180			315	42	47
10. SAN LEANDRO HOSPITAL			9 ICU		84			93	9	14
11. ST. ROSE HOSPITAL			9 ICU 6 CCU	17	163			217	15	26



## APPENDIX D: PARTICIPATING AGENCIES

Organization	County Agency
Alameda Health System – Alameda Hospital	Alameda County MRC
Alameda Health System – Fairmont Hospital	Alameda County Behavioral Healthcare Services
Alameda Health System – Highland Hospital	Alameda County Emergency Medical Services
Alameda Health System – John George Psychiatric Hospital	Alameda County Environmental Health
Alta Bates Summit Medical Center – Berkeley and Oakland	Alameda County Public Health Department
Asian Community Mental Health Services	Alameda County Office of Emergency Services/Sheriff's Office
Asian Health Services	Alameda County Sheriff's Office – Coroner's Bureau
Axis Community Health	Alameda County Fire Department
Chaparral House	Alameda County General Services Agency
Crestwood Manor	City of Berkeley Public Health
Eden Medical Center	City of Oakland Office of Emergency Services
Hayward Healthcare and Wellness Center	City of Piedmont Fire Department
Kaiser Permanente – Fremont	City of San Leandro
Kaiser Permanente – Oakland	Eden I&R (211)
Kaiser Permanente –San Leandro	Sandia National Laboratories
Kindred San Francisco Bay Area	
Lifelong Medical Care	
Masonic Homes of California	
Native American Health Center	
Paramedics Plus	
Royal Ambulance	
Stanford Healthcare – Valley Care	
St. Christopher Care Center	
St. Rose Hospital	
Tri-City Health Center	
UC-Berkeley, University Health Services – Tang Center	
UCSF Benioff Children's Hospital – Oakland	
Washington Hospital	
Willow Rock	



## APPENDIX E: ACRONYMS

AAR	After Action Report
AAR/IP	After Action Report/Improvement Plan
ALCO	Alameda County
ACPHD	Alameda County Public Health Department
CDPH	California Department of Public Health
DOC	Department Operations Center
EEG	Exercise Evaluation Guide
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EMSC	Emergency Medical Services for Children
EOC	Emergency Operation Center
EOP	Emergency Operations Plan
ExPlan	Exercise Plan
FEMA	Federal Emergency Management Agency
FRAL	First Responder Advanced Life Support
FX	Functional Exercise
HCC	Hospital Command Center
HCSA	Health Care Services Agency
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
LTCF	Long Term Care Facility
MCC	Master Control Cell
MCI	Mass Casualty Incident
MHOAC	Medical and Health Operational Area Coordinator Program
MSEL	Master Scenario Events List
OA	Operational Area
OES	Office of Emergency Services
OHSES	Office of Homeland Security and Emergency Services
PHEP	Public Health Emergency Preparedness
RDMHC	Regional Disaster Medical Health Coordinator
RDMHS	Regional Disaster Medical Health Specialist
REOC	Regional Emergency Operation Center
SEMS	Standardized Emergency Management System
SimCell	Simulation Cell
SitRep	Situation Report
SWMHE	Statewide Medical and Health Exercise
VIP	Very Important Person