



2016 STATEWIDE MEDICAL AND HEALTH EXERCISE



ALAMEDA COUNTY MASS CASUALTY INCIDENT (MCI)

AMTRAK TRAIN DERAILMENT DISCUSSION-BASED TABLETOP EXERCISE

SEPTEMBER 27, 2016



WELCOME & INTRODUCTIONS



EXERCISE AGENDA

8:30 AM	WELCOME & INTRODUCTIONS
8:45 AM	MODULE 1: SCENE RESPONSE - Panel <ul style="list-style-type: none">- Initial Field Response to 4 Hours After Incident - Fire, ALS, Amtrak, & EMS
9:20 AM	MODULE 2: EOC MANAGEMENT & MEDICAL SURGE - Panel <ul style="list-style-type: none">- EOC Activation to 4 Hours After Incident; MHOAC / RDMHS- Hospital Expansion / Decompression- BLS Transport Providers
9:50 AM	BREAK
10:00 AM	MODULES 1 & 2: ALL (Breakout for - Panel Questions & Discussion)
11:00 AM	MODULE 3: DPHC/PARTNER RESPONSE ROLES - Panel <ul style="list-style-type: none">- Health Care Services Agency (Environmental Health, Behavioral Health, Public Health)- Healthcare Partners: Clinics, & LTCFs- 211
11:30 AM	MODULE 3: ALL (Group Discussion)
12:10 PM	LUNCH PICK UP
12:20 PM	11/17/16 FUNCTIONAL EXERCISE - Requirements
12:30 PM	WORKING LUNCH & HOTWASH
1:00 PM	ADJOURN & PARTICIPANT EVALUATION

TTX PURPOSE & SCOPE

- PURPOSE

Discuss coordination of EMS and Operational Area response functions to a mass casualty incident.

- SCOPE

Field to High Level Management Response Roles



EXERCISE OBJECTIVES

1. Discuss activation of & coordination between OA EOC, HCSA DOC, HCCs & other command centers (**Emergency Operations Coordination**).
2. Discuss healthcare partner roles, responsibilities & capabilities during medical surge event requiring healthcare system bed expansion & decompression (**Medical Surge**).
3. Address triage, patient distribution & tracking & mutual aid (**Medical Surge**).
4. Discuss utilization of communications systems to evaluate sharing of actionable information (**Information Sharing**).
5. Address support roles of Health Care Services Agency including public health, behavioral health & environmental health (**Emergency Operations Coordination**).



EXERCISE FORMAT & CONCEPTS

- 3 MODULES
 - Panel – Discussion Format
- CROSS-SECTOR PARTICIPANTS - Focus on
 - Strengths
 - Areas for Improvement
- *Refer to Situation Manual & exercise materials on EMS/PH websites*
- TARGET CONCEPTS & RESPONSE ROLES
 - Field Command - Organization
 - EOC, HCCs, & Command Centers
 - Medical Surge – Bed Expansion
 - Patient Movement, Triage, & Tracking
 - Ambulance Strike Teams – Personnel
 - MHOAC & Mutual Aid
 - Field Treatment Sites & CCPs
 - LTCF & Clinic Support
 - Healthcare Partner Support



MODULE 1: SCENE

MCI Train Derailment Initial Response to 4 Hours Later



SCENARIO

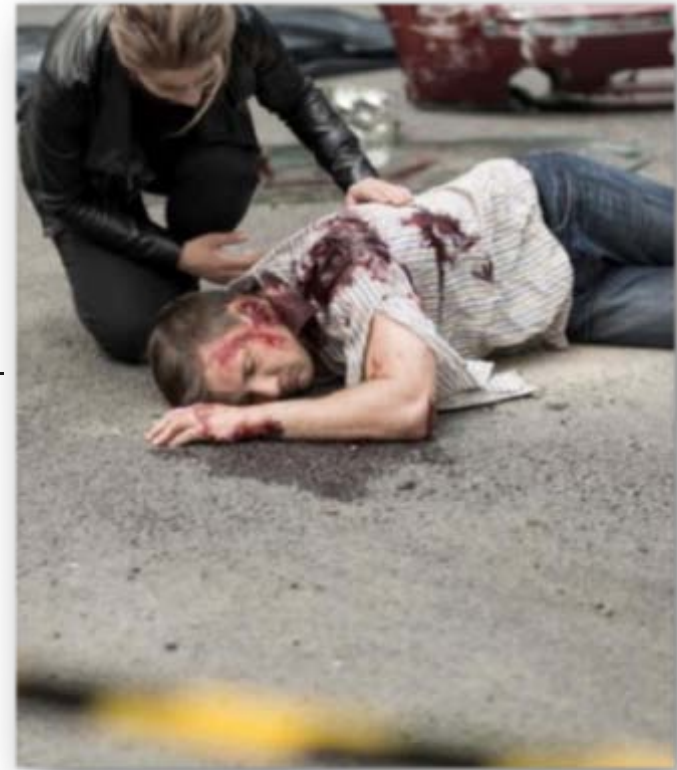


- CAPITOL CORRIDOR AMTRAK TRAIN
 - Traveling from Emeryville station to Jack London Square station
 - Departing 0500 on Nov 17, 2016.
- OAKLAND BUSY INTERSECTION
 - Several blocks from station (Broadway & Embarcadero West)
 - Dozens of vehicles on either side of tracks wait for train to pass.
 - Includes 2 school buses (carrying maximum capacity of 60; K-8 children each)
- 0512 AM, TRAIN STRIKES VAN ** (attempting to cross tracks)
 - Instantly killing driver
 - Setting off chain reaction begins with 23-car derailment.
- Diesel fuel released from train



SCENARIO

- Standing vehicles hit by derailed train cars - including **school buses**
- Dozens of **911 calls** begin to come in within seconds following crash.
- **Callers reporting:**
 - Nearly 80 people are trapped
 - 300 injuries (100 “red” severely injured & 30 dead on impact).
 - Others reported wounded walking away & calling Uber/Lyft from scene.
- **1 school bus turned on it’s side**
& other bus upright.
- ALL HOSPITALS - FULL TO CAPACITY
- OA EOC – DISASTER DECLARATION



SCENARIO UPDATE

- **First responders arrive** on scene in minutes.
- Crash declared a mass casualty incident
- **Multiple agencies** are involved (i.e., Fire, EMS, Healthcare partners, Law Enforcement)
- Initial scene assessment by EMS - reporting:
 - 30 fatalities
 - 18 triaged as **BLACK** (5 are pediatric)
 - 100 triaged as **RED** (23 are pediatric)
 - 100 triaged as **YELLOW** (25 are pediatric)
 - 92 triaged as **GREEN** (24 are pediatric)



MODULE 1

MCI Activation & Initial Field Response



MODULE 1: Scene - Panel Discussion

Focus Areas	Speakers
ALCO MCI Activation <ul style="list-style-type: none">• MCI Field Policy & Plan• Dispatch/ Alert Notifications• EMS Duty Officer	<ul style="list-style-type: none">• Travis Kusman, ALCO EMS
<ul style="list-style-type: none">• ReddiNet - Hospital MCI Poll, HAvBED Poll, & Messages	
SCENE: Initial MCI Field Response & 4 hours into Response ** <ul style="list-style-type: none">• Fire & Paramedics Plus Response• ICS & Unified Command• Staging & CCP• Mutual Aid Request• Ambulance Strike Teams• EMS Liaison & MHOAC Role• FTS Model	<ul style="list-style-type: none">• Darrell Lee, Oakland Fire• Dale Feldhauser, Paramedics Plus• Stacy Weller, Amtrak• Jim Morrissey, ALCO EMS

MODULE 1: Scene - Panel Questions

1. What is your **priority response role**?
 - From initial event up to 4 hours later?
 - Identify **response role** in field & at EOC, DOC, or command center level.
2. How do you coordinate with OA EOC & local jurisdiction (city)?
3. How do you respond to medical surge event & expand capacity to take care of critical patients?

TRAVIS KUSMAN
Director, Paramedic
Alameda County Emergency Medical Services



ACE TRAIN DERAILMENT
– 7:20 PM MARCH 7, 2016
**NILES CANYON, SUNOL , ALAMEDA
COUNTY**



WHAT IF MORE PASSENGERS
INJURED INCLUDING CHILDREN?

OAKLAND MCI TRAIN DERAILMENT

EMS INITIAL SCENE RESPONSE TO 4 HOURS



EMS FIELD & AGENCY RESPONSE

RESPONSE TIMES

- **0512** - Train Derailment Crash **
- **0514** - First 911 Call
- **0516** - First FRALs Unit on Scene
- **0517** - Triage Initiated
- **0518** - First Paramedics Plus Ambulance On-Scene
- **0519** - On Scene Treatment Site Established
- **0522** - ReddiNet MCI Polling of Hospitals (0620; 0720)
- **0522** - Transport of patients from Scene Initiated
- **0523** - EMS On Call Notified (0522 MHOAC)
- **0532** - EMS On Call/MHOAC contact w/Field, Hospitals, Region
- **0532** - Amtrak Operations – Transition in Unified Command Operations
- **0542** - Mutual Aid Request
- **0602** - Casualty Collection Point / On-Scene Treatment Sites
- **0602** - Initial “Flash Report” SitRep to Region and State (0700, 0900)
- **0617** - ReddiNet OA Update Begins (1454, 1501, 1701)
- **0652** - Strike Teams Arrive



MULTI-CASUALTY INCIDENT – EMS RESPONSE

MCI - ALAMEDA COUNTY EMS FIELD POLICY

- MCI LEVEL III – 50+ Patients
 - # of injured persons exceeds day-to-day capabilities
 - Overwhelms first response & Receiving hospitals
- MUTUAL AID – Air/Ground ambulances; Strike Teams
- REDDINET MCI ACTIVATION & EMS “DUTY OFFICER”
- SIMPLE TRIAGE & RAPID TREATMENT (START)
 - JumpSTART - Pediatrics
 - SALT - Sort, Assess, Lifesaving Interventions, Treatment/Transport
- TRIAGE TAPE /TAGS - Acuity Based colors
- CCP - Triage tags used at external CCP
(outside of crisis site)



MCI FIELD RESPONSE & RESOURCES

- Transport Ambulances (Paramedics Plus & Strike Teams)
- Air Ambulance
- Buses for Passengers
- Disaster Medical Supply Unit (DMSU)

First Round Destination Procedure

Non-Trauma patients** to each Alameda County receiving hospital (for a total of 6):

- ✓ Two (2) "Immediate"
- ✓ Four (4) "Delayed" and/or "Minor"

**** e.g.: Medical incident, HazMat**

Trauma patients to each Alameda County Trauma Center (for a total of 7):

- ✓ Three "Immediate"
- ✓ Four (4) "Delayed" and/or "Minor"



MCI - REDDINET & PATIENT TRACKING

EXAMPLE

EDES COMMAND (Actual) (Ended)

Location: 96TH/EDES

Patients: 5 Immediate: 4 Delayed: 0 Minor: 1 Treated on Site: 0 Fatalities: 0 Transported: 0 Not Transported: 5

Initiated by Alameda County Emergency Dispatch (ACRECC), Managed by Alameda County EMS

[Send General Notification](#)

[Add Hospitals](#)

[Send Patients](#)

[Add Patient](#)

[Send Message](#)

Details

Timeline

Photos

Hospitals

[Switch to Map view](#)

[Re-pull All](#)



Hospital Name	Polled	Updated	Reported			Remaining			En Route			Arrived		
			I	D	M	I	D	M	I	D	M	I	D	M
Totals:			13	22	35	13	22	35	0	0	0	0	0	0
Alameda Hospital	08/09/16 14:37	08/09/16 14:47	1	1	1	1	1	1	0	0	0	0	0	0
Alta Bates Medical Center	08/09/16 14:37	08/09/16 14:38	0	2	5	0	2	5	0	0	0	0	0	0
Children's Hospital and Research Center Oakland	08/09/16 14:37	08/10/16 14:51	4	4	6	4	4	6	0	0	0	0	0	0
Eden Medical Center	08/09/16 14:37		0	0	0	0	0	0	0	0	0	0	0	0
HIGHLAND ALAMEDA COUNTY MEDICAL CENTER	08/09/16 14:37	08/10/16 14:51	2	5	10	2	5	10	0	0	0	0	0	0
Kaiser - Fremont	08/09/16 14:37	08/09/16 14:39	1	3	6	1	3	6	0	0	0	0	0	0
Kaiser - Oakland Medical Center	08/09/16 14:37		0	0	0	0	0	0	0	0	0	0	0	0
Kaiser - San Leandro Medical Center	08/09/16 14:37		0	0	0	0	0	0	0	0	0	0	0	0
San Leandro Hospital Campus	08/09/16 14:37		0	0	0	0	0	0	0	0	0	0	0	0
St. Rose Hospital	08/09/16 14:37	08/09/16 14:39	4	5	5	4	5	5	0	0	0	0	0	0
Summit Medical Center	08/09/16 14:37		0	0	0	0	0	0	0	0	0	0	0	0
ValleyCare Health System	08/09/16 14:37	08/09/16 14:48	1	2	2	1	2	2	0	0	0	0	0	0
Washington Hospital Healthcare System	08/09/16 14:37		0	0	0	0	0	0	0	0	0	0	0	0
Willow Rock Center	08/09/16 14:37		0	0	0	0	0	0	0	0	0	0	0	0

Ambulances (0)

[Add](#)

Search:

Patients (5)

[Add](#)

Search:

Destination	Carrier	Unit	I	D	M	Triage T	Dispatched	Arrived	Location	Last Name	First Name	Age	Gender	Disposition	Triage Tag	Updated
									CHO		unknown	3 year...	Female	Pediatrics		08/10/16 07:41
									EMC		unknown	23 year...	Female	Transferred		08/10/16 07:43
									EMC	De Marta	Monique	32 year...	Female	Admitted		08/10/16 07:45
									ACMC	Fredericks	Joann	19 year...	Female	Still in ED		08/10/16 07:45
									ACMC	Hall	Lashontona	24 year...	Female	Other		08/10/16 07:46

MCI REDDINET – HAVBED

EXAMPLE

ReddiNet®

STATUS

1 ED, 0 Trauma

MCI

0 open

ASSESSMENT

MESSAGES

0 new

BED CAPACITY

DASHBOARD

HAVBED

Hospital Patient Census

LTC Bed Availability

LTC Patient Census

Bed Reports

Print

Screen Legend

Enter Data

Hospital			Last Update	Med/S	Tele	ICU	PICU	NICU	PEDS	OB/GYN	Trauma
GRAND TOTALS											
Current				93	55	38	10	16	49	44	4
24 Hour				3	2	1	0	2	1	3	3
72 Hour				3	3	2	0	2	1	3	3
Preferred											
Alameda											
Alameda Hospital			08/22/2016 17:40	2	2	1	0	0	0	0	0
Alta Bates Medical Center			08/22/2016 00:28	4	2	1	0	2	0	18	0
Children's Hospital and Rese			08/21/2016 06:46	0	0	0	9	11	46	0	2
Eden Medical Center			08/20/2016 04:34	1	1	4					0
HIGHLAND ALAMEDA COUNT			08/22/2016 16:43	0	0	0					2
Kaiser - Fremont			08/22/2016 07:34	4	2	0					0
Kaiser - Oakland Medical Cer			08/20/2016 18:22	1	1	1					0
Kaiser - San Leandro Medical			08/22/2016 13:04	1	1	1					0
San Leandro Hospital Campu			08/22/2016 18:09	0	0	0					0
St. Rose Hospital			08/22/2016 01:31	52	24	1					0
Summit Medical Center			08/19/2016 00:18	24	20	1					0
ValleyCare Health System			08/22/2016 00:00	2	2	2					0
Washington Hospital Health			08/22/2016 16:48	2	0	1					0
Willow Rock Center			06/30/2016 11:39	0	0	0					0



DARRELL LEE
EMS Coordinator
Oakland Fire Department



INITIAL RESPONSE TO A TRAIN ACCIDENT WITH INJURIES

- 3- Fire Engines, 1-Truck, 2- Battalion Chief, 1-Rescue
- On Scene- Size up- MASS Casualty- Declare MCI Level 3
- Unified Command-Fire, Law, EMS, AMTRAK, City of Oakland
- Automatic 3rd Alarm or 4th Alarm
- Notifications: Chief Officers, Safety Officer, Paramedic Plus
- Alameda County Regional Emergency Communications Center
- Mutual Aid Request Coordination- ST, AST, MAMFF
- Oakland Emergency Services Activation
 - City of Oakland EOC
- START Triage
- Treatment, Transport Area- EMS/ Paramedics Plus
- Establish Medical, Rescue, Fire Branches
- Establish a Staging Area with Manager
- Transport with traffic plan (Access Egress)
- Establish Medical Helicopter Helispot- OFD Training Tower
- Consider Incident Management Team-to support operations



Oakland Fire Department
Darrell Lee, EMS Coordinator

DALE FELDHAUSER
Chief Operating Officer
Paramedics Plus



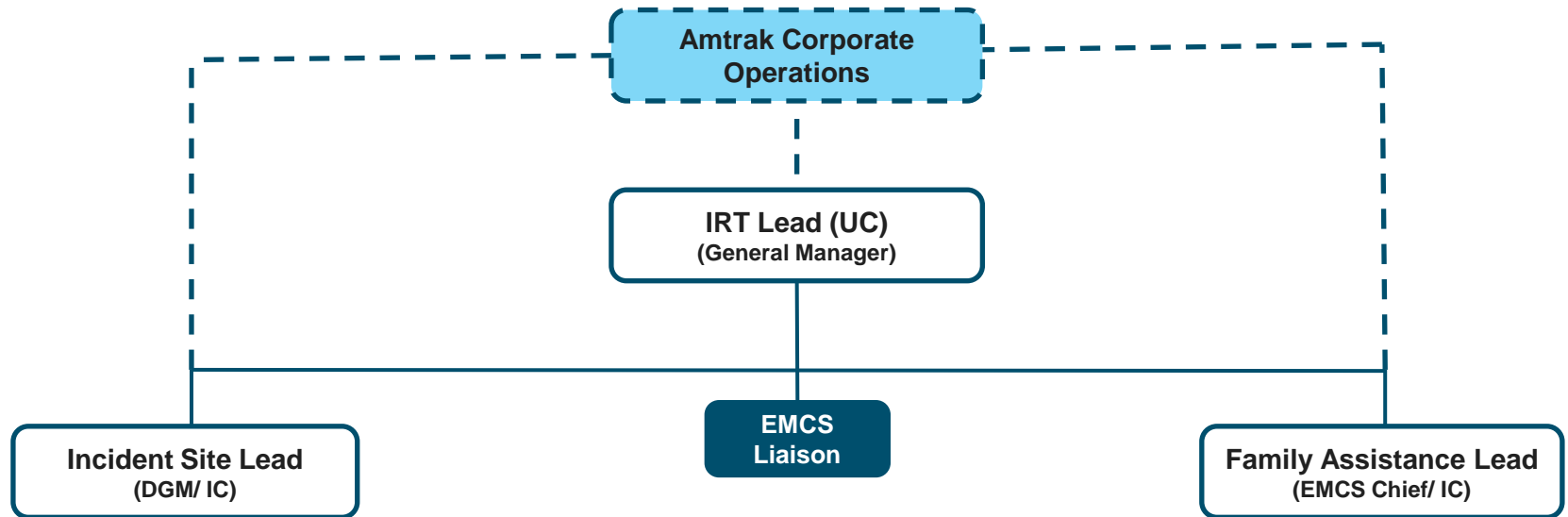


Emergency Management & Corporate Security

STACY C. WELLER

Regional Emergency Manager – Region 10
Amtrak

IRT Organizational Structure



Response Actions Timeline

Incident Occurs

Amtrak



Incident Site

Initial Response:

Conductor is the initial Incident Commander (IC) and becomes liaison to Unified Command. Immediate priorities are preservation of life and injury reduction and control.

Incident Site Operations:

Amtrak Incident Site Operations is established to support immediate passenger and employee needs, protect assets against loss, assist in accident investigation, and restore service.

Incident Hotline:

The Customer Contact Center staffs the Incident Hotline and begins to provide information to passengers, relatives, and friends as well as collecting information on passenger needs.

Hospital Liaison:

Amtrak sends representatives to health and medical facilities.

Passenger Reception Center (PRC) Liaison:

Amtrak sends liaison to account and track uninjured passengers at the PRC.

Communications:

Establish passenger services for friends and relatives at stations along the impacted route to provide information to families of passengers.



Passenger Services
Friends / Relatives



Family Assistance
Center (FAC)

Family Assistance Center (FAC):

Establish a FAC to provide family assistance services as required by the Rail Passenger Disaster Family Assistance Act (2008).

- Send liaison to the JFSOC.
- Deploy Family Care Liaisons and Nurse Case Workers to hospitals and medical facilities.

Personal Effects Services:

The process begins for collecting passenger personal effects and preparing to deliver them back to passengers.

External Agencies

Initial Response:

Local First Responders (Fire, Rescue, EMS, and Law Enforcement) establish a Unified Command – focused on life preservation and safety issues.



Unified Command

- Triage and transport
- Establish perimeter
- Accident investigation

Health and Medical Facilities:

Injured passengers and crew members triaged and transported to health and medical facilities.



Medical Facility

Passenger Reception Center (PRC):

First responders transport uninjured passengers and crew members to a temporary location.



Passenger Reception
Center (PRC)

Joint Family Support Operations

Center (JFSOC):

Established and operated by the National Transportation Safety Board (NTSB).

Provide direction and incident planning for the FAC and response to passenger needs.



0
HOURS

3
HOURS

6
HOURS

1
2 HOURS

AMTRAK RESPONSE - Flow Chart

RPDFAA Enacted?
NTSB Investigation Team Launch?

Level 3 or 4 Incident

- CNOCC Call/ Regional Management deploys
- EMCS advance team deploys
- IRT call convenes and issues assignments

0-60min.
Closeout

Positive Contact

- IS Team assembles
- FA Team assembles
- Hotline Activation
- Station Personnel
- Hospital Support

60 min.-1+12h

IRT

- Battle rhythm established with IRT Lead
- IAP developed
- Scalable & flexible response/ recovery

1+12h -

JIM MORRISSEY
Paramedic
Alameda County Emergency Medical Services



<u>MHOAC Function</u>	LEMSA	Public Health	Environmental Health	Mental Health
1. Assessment of immediate medical needs	+			
2. Coordination of disaster medical and health resources	+	+	+	+
3. Coordination of patient distribution and medical evaluations	+			
4. Coordination with inpatient and emergency care providers	+			
5. Coordination of out-of-hospital medical care providers	+	+		
6. Coordination and integration with fire agency's personnel, resources and emergency fire pre-hospital medical services	+			
7. Coordination of providers of non-fire based, pre-hospital emergency medical services	+			
8. Coordination of the establishment of temporary field treatment sites	+			
9. Health surveillance and epidemiological analyses of community health status		+		
10. Assurance of food safety		+	+	
11. Management of exposure to hazardous agents	+		+	
12. Provision or coordination of mental health services				+
13. Provision of medical and health public information and protective action recommendations	+	+	+	
14. Provision or coordination of vector control services		+	+	
15. Assurance of drinking water safety		+	+	
16. Assurance of the safe management of liquid, solid, and hazardous waste			+	
17. Investigation and control of communicable diseases		+		
Sum:	10	8	7	2

MODULE 2

EOC/DOC Activation to 4 Hours After Event & Medical Surge & Hospital Expansion/Decompression



MODULE 2: EOC & MEDICAL SURGE PANEL

TOPIC

SPEAKERS

- REOC - Regional Disaster Medical Health Specialist (RDMHS) - Mutual Aid & MHOAC
- OA EOC - Activation & Medical / Health Branch Functions – MHOAC & IAP

- Kelly Coleman, ALCO EMS

- Paul Hess, ALCO OES

➤ MEDICAL SURGE:

- Hospital Expansion Surge Models Customized Polling, & Hubs
- UCSF Benioff Children's Hospital Expansion / Decompression Strategy

- Cynthia Frankel, ALCO EMS

- Rafael Vargas, UCSF Benioff Children's Hospital

- BLS
- System-Wide Patient Movement & Coordination

- Matt Condie, ProTransport
- Glen Morimoto, NorCal
- Matthew Lane, Rural Metro

RDMHS, OA EOC & EOC Medical Health Branch

1. What is your priority ALCO EOC role to support Train Derailment Incident with Unified Command & City of Oakland EOC?
2. What is coordination function of MHOAC & EOC Med/Health Branch?
3. Describe high level medical surge bed expansion options.

UCSF Benioff Children's Hospital

1. How would your facility respond to an influx of critical patients?
2. How will you expand your PICU and NICU capability and capacity?

BLS

1. How will you coordinate with ALCO EOC & Oakland Field Unified Command at scene?
2. Will you be able to support scene & support hospital decompression of patients in ALCO?

KELLY COLEMAN
Paramedic
Alameda County Emergency Medical Services



SEMS & the Public Health & Medical System

State Level
Duty Officer, MHCC, SOC

Region Level
RDMHC Program, REOC

Operational Area Level
MHOAC Program, OA EOC

Local Government Level
LHD, LEMSA, DOC

Field Level
EMS Providers, Healthcare Facilities

RDMHC Program

A regional-level program which includes:

- RDMHC (*Coordinator*) is an appointed position within each of the six Mutual Aid Regions
- RDMHS (*Specialist*) supports the RDMHC in the implementation of the RDMHC program functions
- Supports the Medical Health Branch at the REOCs in coordination with CDPH and EMSA

RDMHC Program

- Maintains a 24/7 point of contact
- Coordinates with the MHOAC Programs within the Mutual Aid Region
- Ensures the availability of public health and medical emergency resource directories within each Operational Area in coordination with the MHOAC Programs
- Coordinates information sharing, situational reporting, and medical and health resource management

PAUL HESS

Alameda County Office of Emergency Services and Homeland Security



Alameda County Op Area EOC

Resource Requests				
Jurisdiction/District	Requested	Date	Time	Status
Emeryville	• (1) Shelter for 800 people.	10-21-14	1358	• Requested
Hayward	• (1) DMAT	10-21-14	1358	• Requested

City of Berkeley

Damage Report as of:
10/21/14 @ 1410

Collapsed Buildings: Veterans Building (1931 Center Street), HS Lordships (199 Seawall Drive)

Search Operations: Search for victims at both sites

Haz Mat Incidents: Berkeley hills landslide (Gas smell in area)

Roads Closed: I-80 from Gilman to Ashby (Liquefaction)



OPERATIONS CHIEF

FINANCE CHIEF

Sheriff / Director

Undersheriff / Asst Director

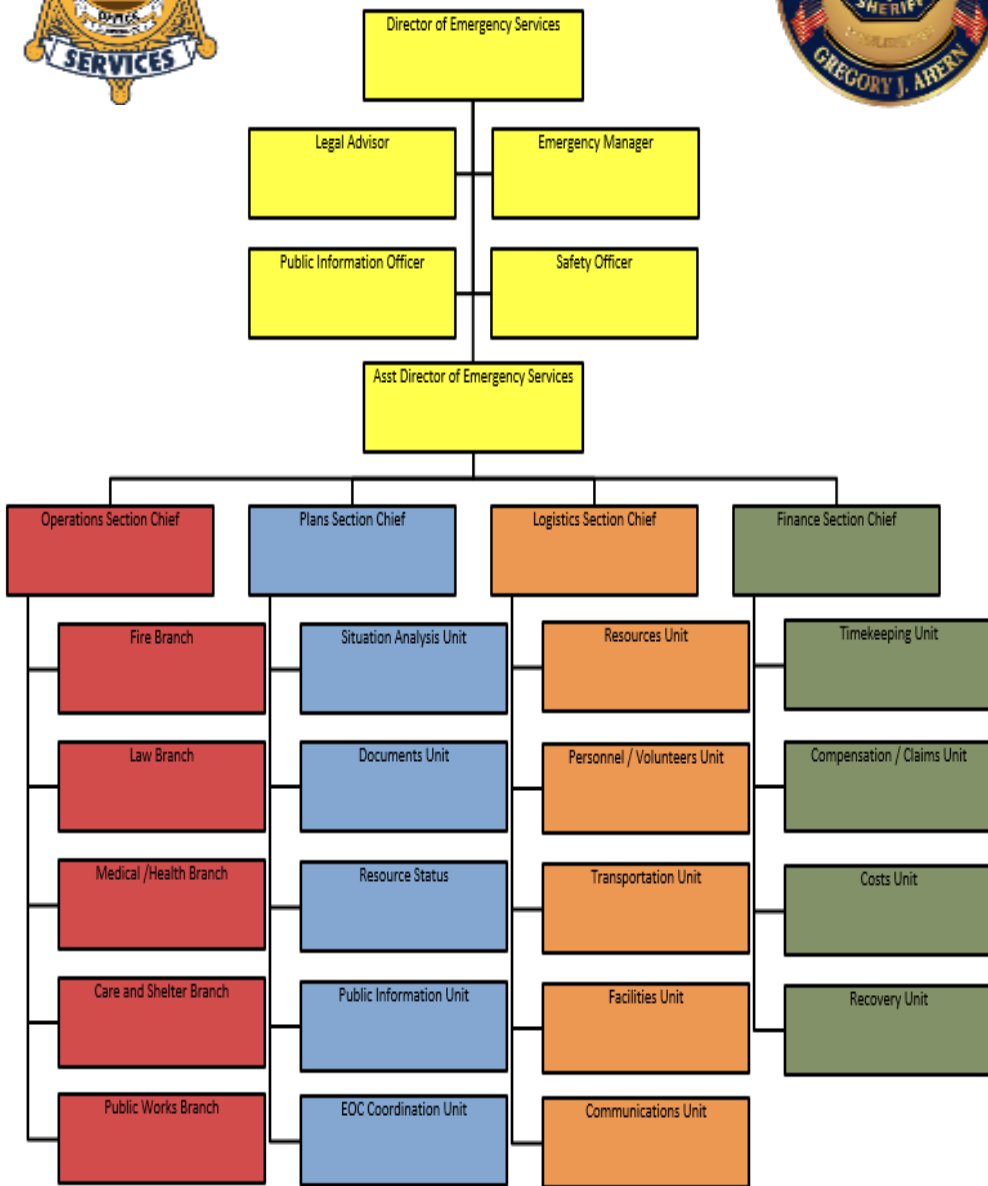
LAW



Alameda County Emergency Operations Center Organization Chart



AC EOC IAP Process Planning Section –



Yellow Command 2016 Exercise



Emergency Operations Center Action Plan

FOR **OPERATIONAL PERIOD:**

DATE: September 8, 2016

FROM: 0830

TO: 1500

CYNTHIA FRANKEL, RN

Alameda County Emergency Medical Services



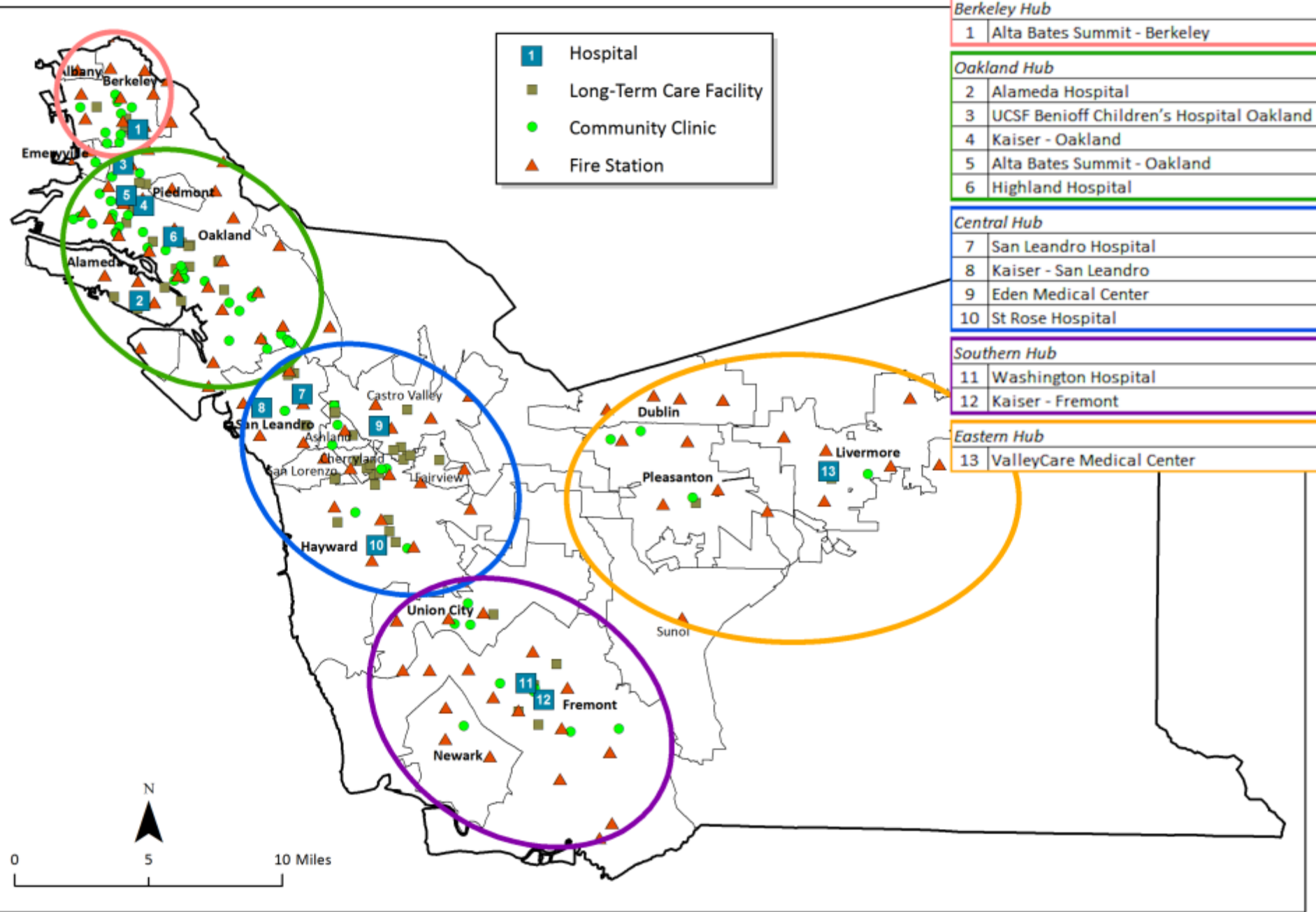
ALAMEDA COUNTY MEDICAL SURGE CRITICAL CARE EXPANSION MODELS – OPTIONS



1. Hospitals increase pediatric beds by 5% above total licensed beds
2. Hospitals with ICU & PICU double numbers of staffed beds
3. Hospitals take 5 additional patients in their ICU & PICU
4. Hospitals increase bed capacity by 10% above licensed beds

**** DECLARED DISASTER - EXPECT CUSTOMIZED POLLING ****

Resource Map/Geographic "Hubs"



RAFAEL VARGAS

Emergency Preparedness Coordinator

UCSF Benioff Children's Hospital Oakland



MATT CONDIE, **ProTransport**
GLEN MORIMOTO, **NorCal**
MATTHEW LANE, **Rural Metro**



MODULES 1 & 2 BREAKOUT GROUPS QUESTIONS & DISCUSSION

1. What is your agency/organization's **priority response role** focused at **EOC/HCC/DOC or Command Level**? (Consider initial activation & up to 4 hours post event).
2. How will you manage **medical surge - expand &/or decompress** to receive more patients?
3. How are you coordinating your status & needs with the OA EOC Medical/Health Branch (e.g. conference call, SitStat submission, customized polling)?



MODULE 3

DPHC /PARTNER RESPONSE ROLES



MODULE 3: DPHC Partner Panel

TOPIC	SPEAKER
➤ Alameda County HCSA Response	
- Public Health	• Erica Pan, MD
- Environmental Health	• Mathew Soby
- BHCS/Mental Health Care	• Kate Jones
➤ Clinic Care - for Walking Wounded	• Amanda Morris
➤ Discharge/Placement Coordination with LTCFs	• Kathy Smedley
➤ Eden I&R/211	• Sarah Finnigan



MODULE 3: Panel Discussion Questions

HCSA: Public Health, Environmental Health, Behavioral Health

1. What is your primary response role in field & at OA EOC/DOC level?
2. How will you coordinate with & support the Alameda County EOC?

Clinics, LTCFs, & 211

1. What is your priority response role?
2. What services & resources are available in your organization to support this medical surge response?

ERICA PAN, MD
Deputy Health Officer
Alameda County Public Health Department



MATTHEW SOBY

Alameda County Environmental Health Division

Alameda County
Environmental Health



ACDEH CUPA

- **Certified Unified Program Agency (CUPA)** is division within Alameda County Department of Environmental Health (ACDEH) that regulates businesses that handle, store, &/or dispose of hazardous materials &/or wastes.
- ACDEH certified by CalEPA to implement Unified Programs for the following jurisdiction in Alameda County: Alameda, Albany, Castro Valley, Dublin, Emeryville, Newark, Oakland, Piedmont, San Lorenzo, Sunol, & unincorporated areas of Byron, Fremont, Hayward, Livermore, Pleasanton, San Leandro, & Tracy.
- **Overall Mission:** Protect human health, safety & well-being of public & environment through educational outreach, inspections, enforcement, & regulatory compliance.

ACDEH CUPA Services

- ACDEH CUPA program **identifies businesses within our jurisdiction that store or use hazardous materials** &/or generate hazardous wastes.
- ACDEH CUPA **inspects facilities for proper management of hazardous materials** & wastes & initiates enforcement actions for non-compliance with regulations.
- ACDEH CUPA **validates & verifies facility information** uploaded to CalEPA's CERS (CA Environmental Report System) database. First Responders can access CERS' hazmat data.
- ACDEH CUPA may provide **technical support to Incident Commander**, regulated businesses, or public agencies.
- ACDEH CUPA follows up on CalOES (CA Office of Emergency Services) reports for hazmat releases & **provides referrals to other agencies for further investigation & cleanup**.
- **Primary emergency response services provided by First Responders, such as local Fire Departments. ACDEH CUPA is not First Responder agency. ****

KATE JONES
Director of Crisis Services
Alameda County Behavioral Health Care Services



ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES - Primary Role -

- To provide CRISIS related behavioral health triage, screening, assessment, and short-term intervention and resource coordination.
- To assist first responders, county leadership, & EOC with behavioral health consultation or support related to critical incident assessment, triage, crisis counseling, and diffusing.
- To coordinate county-wide behavioral health resources, intervention, & planning.

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES – TARGETED RESPONSE

- The “ART” of a Targeted Response:
 - **A = ASSESS**
 - **R = REDIRECT**
 - ☐ Listen
 - ☐ Validate
 - ☐ Restate
 - ☐ **Problem-Solve**
 - **T = TEACH**

KATHY SMEDLEY
Staff RN Developer
Chaparral House



CHAPARRAL
HOUSE



AMANDA MORRIS
Compliance Coordinator
LifeLong Medical Care



SARAH FINNIGAN
Eden I&R/2-1-1 Alameda County



MODULE 3

QUESTIONS & DISCUSSION

Think about your role 4 hours post event and beyond.

1. What additional internal and external notifications would need to be made?
2. How does the location of the incident impact your facility's level of response/activation of additional staff?
3. What needs to be in place (e.g. documentation, agreements) for your facility to accept patients/new residents?
4. What additional resources would you need to handle your response?
5. What additional information would you need to receive about incoming patients?
6. What additional information would you need to determine your support role in the response?



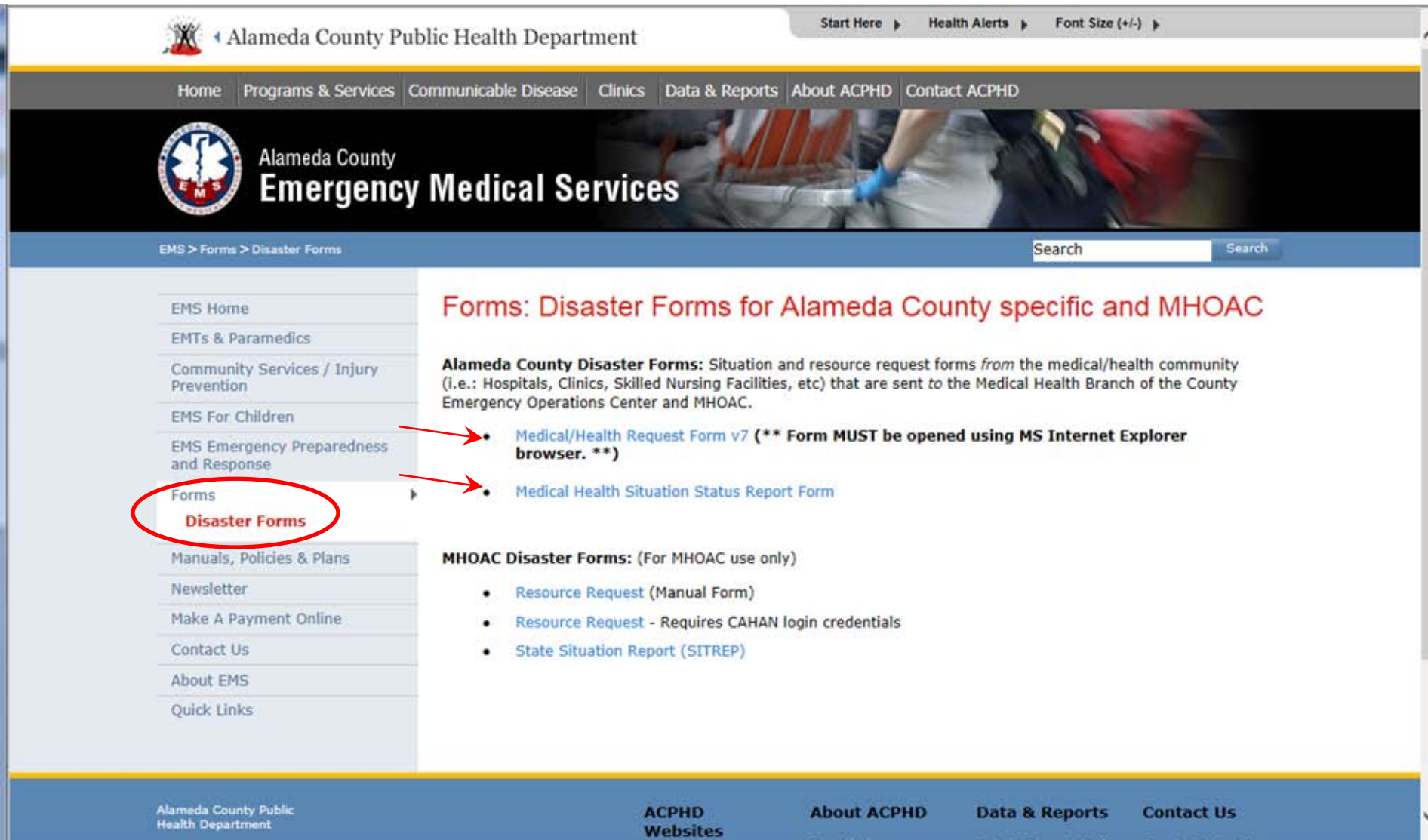
PREPARING FOR 11/17/16 FUNCTIONAL EXERCISE



FUNCTIONAL EXERCISE - Requirements

- **Complete Participation Form & Survey Monkey**
 - EOC/DOC/HCC/Command Center Dedicated Phone/Email
- **Disaster Email: MED1@ACGOV.ORG**
- **Conference Call**
 - Toll Free dial in #: 888-204-5984
 - Passcode: 886530
- **SitStat Reporting & Resource Requests**
- **Communications Resource Directory**
- **EMS & Public Health Contact Information**
- **Website Links**

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



Alameda County Public Health Department

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Alameda County
Emergency Medical Services

EMS > Forms > Disaster Forms

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Forms: Disaster Forms for Alameda County specific and MHOAC

Alameda County Disaster Forms: Situation and resource request forms *from* the medical/health community (i.e.: Hospitals, Clinics, Skilled Nursing Facilities, etc) that are sent to the Medical Health Branch of the County Emergency Operations Center and MHOAC.

- [Medical/Health Request Form v7 \(** Form MUST be opened using MS Internet Explorer browser. **\)](#)
- [Medical Health Situation Status Report Form](#)

MHOAC Disaster Forms: (For MHOAC use only)

- [Resource Request](#) (Manual Form)
- [Resource Request](#) - Requires CAHAN login credentials
- [State Situation Report \(SITREP\)](#)

Alameda County Public Health Department

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Emergency Medical Services

Emergency Preparedness & Response

EMS Emergency Preparedness & Response > Emergency Planners > 11/17/16 Medical/Health MCI Statewide Exercise.

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[CA Neonatal/Pediatric Disaster Coalition and Conferences 2013](#)

[Emergency Planners](#)

**11/17/16
Medical/Health MCI
Statewide Exercise.**

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Medical/Health Statewide Exercises Information

ALCO Disaster Response Forms:

- [DISASTER FORMS](#)

2016 November 17th - Medical/Health MCI Statewide Exercise:

[California Department of Public Health and the Emergency Medical Services Authority materials.](#)

2015 November 19th - Medical/Health Statewide Exercise:

- [Agenda - 10/8/2015](#)
- [Situation Manual - 10/8/2015](#)
- [CA Medical Health EOM 712011](#)

Pediatric Medical Surge capabilities: [ALCO Pediatric Medical Surge Plan](#) | [UCSF Benioff Children Hospital Surge Plan](#)

2015 January 22nd - Earthquake and Medical Surge Resources:

- [Agenda](#)
- [CA Medical Health EOM 712011](#)
- [Children's Hospital Earthquake Response Guide](#)
- [Children's Hospital Surge Hospital Overload Response Plan](#)
- [HICS 201 Incident Briefing \(Earthquake\) - Sample](#)

<http://www.acphd.org/phep/exercises.aspx>

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Division of Communicable Disease Control & Prevention
Public Health Emergency Preparedness

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Upcoming Events & Community Trainings

Disaster Preparedness Health Coalition

Alameda County Medical Reserve Corps

Health and Safety Topics

Clinicians

POD Training

CBO Preparedness Network

Exercises

Past Exercises

Contact Information

Exercises

Our program hosts and participates in many different exercises each year.

2016 Statewide Medical Exercise

This year's 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 scenario for the 2016 Statewide Medical and Health Exercise is a Mass Casualty Incident scenario. For more information on this year's exercise, please visit: <http://www.californiamedicalhealthexercise.com/index.html>

Functional Exercise

The Public Health Department Operations Center will be partially activated during October and November to test its communication capabilities and information sharing with both internal and external partners. Various activities will be conducted in the weeks culminating in the November 17th Medical Surge Exercise.

All exercise instructions and forms will be available on this page at a later date. Registered participants will receive additional information regarding exercise participation. Please use this opportunity to test capability and expand capacity in your agency.

September 27, 2016 Tabletop Exercise - SAVE THE DATE!

- [Save the Date Flyer](#)
- [Tabletop Agenda](#)
- [Tabletop Exercise Situation Manual](#)

To register your organization for the exercises **complete the [online registration form](#) and exercise participation survey today!**

- Use the link above or this link to access the [registration and survey](#)
- Please complete by **9/2/2016**
- Hardcopy forms can be emailed to: cynthia.frankel@acgov.org

Hotwash & Participant Feedback

What were the primary strengths observed during today's exercise?

What were the key gaps or recognized areas for improvement?

Please complete the Participant Feedback Form to capture your candid feedback and ideas for the functional exercise.



Thank You!



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