

**ALAMEDA COUNTY STATEWIDE
MEDICAL AND HEALTH EXERCISE
2017**

Tabletop Exercise

FACILITATOR GUIDE

Mass Casualty Terrorism Events

About this Facilitator Guide

- This Facilitator Handbook is intended to provide Facilitators with the information required to effectively facilitate exercise discussions and ensure effective objective driven play.
- This document contains information from the Situation Manuel (SitMan) provided to exercise Players and has been augmented with additional information intended only for the Facilitator.
- Under no circumstance should this document be provided to Players in any form.

FACILITATOR ROLE

Facilitators guide exercise play and are responsible for ensuring that participant discussions remain focused on the exercise objectives and making sure all issues are explored as thoroughly as possible within the available time.

AN EFFECTIVE FACILITATOR

- ▶ Has subject-matter expertise or experience.
- ▶ Captures key findings and discussion points.
- ▶ Keeps discussions on track and drives play to meet exercise objectives.
- ▶ Controls group dynamics and manages strong personalities.
- ▶ Speaks competently and confidently without dominating the conversation.

FACILITATING EXERCISE PLAY (DISCUSSION)

A key Facilitator role is to encourage all participants to contribute to the discussion, and to remind them that they are discussing hypothetical situations in a **no-fault** environment. Facilitators also build and maintain an environment where all the participants feel comfortable speaking honestly and where differences of opinion are important to problem solving and need to be respected. Facilitators should ensure that everyone feels included in the conversation and has an opportunity to participate. **Facilitators should not lecture or dominate the discussion, but rather to keep conversations moving.** Additionally, Facilitators may want to use an issues list or “**parking lot**” to document valid points that are raised by participants during the exercise but that risk taking the conversation off topic; these items can be assigned for later discussion to the appropriate persons. Encourage a liaison from your table to seek answers from other groups participating in the exercise.

ADMINISTRATIVE CONSIDERATIONS

Facilitators should discourage side conversations, ensure cellular phones are turned off or made silent, and control group dynamics. Table arrangements for the exercise should try to maximize the interaction between the Facilitator and participants. During the exercise, Facilitators need constantly to be aware of time constraints, notifying participants about progress and moving the discussion toward completion of exercise objectives when time is running short.

FACILITATOR RESPONSIBILITIES

Guide Group in Presenting and Sharing Information

Your methodology may vary, but the methods you use should include all members in the discussion and prevent one or two members from dominating the dialogue. Keeping all members involved does not mean that everyone must speak, but it does mean that all members have the opportunity to be actively involved in the learning, sharing, and collaboration process. However, we would like to hear from at least one representative from each participating facility.

Keep Discussion Focused on Specific Content

It is difficult to stay on target sometimes, especially when we are engaged in a subject about which we are very passionate. However, it is your task to ensure this happens. If you notice the conversation heading in a direction that does not further the meeting objectives, re-focus by asking specific questions or using a “parking lot” for ideas that warrant exploration at another time.

Handle Conflict Sensitively and Appropriately

This includes steering members to dialogue, not debate. In a debate, participants try to convince others that they are right and bring the community around to their side. In a dialogue, participants try to understand each other and increase their learning by sharing experiences and listening to each other actively. Productive inquiry often produces tension and your job is to ensure that tensions are adequately managed and that it produces results, not lingering discord. Remind participants it is critical to hear all perspectives in order to move coalition planning for the operational area forward.

Redirect Dominant Individuals

Some participants exhibit behavior that is detrimental to the goals of the event. Often the behavior is not intended to be disruptive, but some individuals can dominate the discussion or take the discussion off track. It is often helpful to give dominant people tasks that can utilize their energy. It is important to ensure that you assign genuine tasks that call for a true contribution and not create contrived tasks just to keep them occupied, e.g. assign scribe, note taker, liaison, and spokesperson.

Directing Questions, Misperceptions, or Misinformation

You might be in a position to address questions, misperceptions, or misinformation, but it is best to phrase the response as a question to another TTX participant who also has the expertise. You might also put the question to the group for clarification or discussion and/or add it to the “**parking lot**” to be addressed later.

Paraphrase, Synthesize, and Summarize

You want to paraphrase and synthesize ideas, and summarize discussions. This includes documenting ideas for the group to review on a flipchart or a white board (with assistance from a note-taker). Be sensitive to the power contained in a pen (literal or otherwise): if you are documenting, it is important to capture all ideas or points, not just the ones of which you approve. By documenting everyone’s point, you validate their participation if not their point of view.

Provide Closure and Reiterate Action Items

As part of assuring that all ideas and points are captured accurately, it is also the role of the facilitator to ensure that action items are noted. Provide all notes to exercise leads for follow up and incorporation into After Action Report and Improvement Plan.

Exercise Overview

Exercise Name

Statewide Medical Health Exercise

Exercise Date

September 26, 2017

Scope

This exercise is a discussion-based tabletop exercise, planned from 8:00am – 1:30pm at Alameda County Office of Emergency Services and Homeland Security, Dublin, CA.

Mission Areas

Preparedness & Response

Exercise Goals

1. Understand coordinated EMS response functions to two mass casualty (MCI) terrorism events.

2. Discuss operational area coordinated MCI terrorism lead and support functions_with ALS/BLS providers, OA OES, local jurisdictions, Hospitals, Long Term Care Facilities, Clinics, other healthcare providers & partners (including PH, EH, & BHCS).
3. Discuss and strengthen our collective OA capabilities_in emergency operations coordination, medical surge, & information sharing.

EXERCISE CAPABILITIES AND OBJECTIVES

Exercise design objectives are focused on an operational area coordinated response. The objectives are:

Emergency Operations Coordination

1. Discuss pre-event incident action planning, EOC activations and coordination activities between various OA agencies and partners related to potential terrorist events.
2. Discuss the support roles of other partners and resources to include behavioral/mental health and environmental health in a terrorism related event.

Medical Surge

1. Discuss healthcare partner roles, responsibilities and capabilities during a terrorism related medical & mental health surge event.
2. Discuss healthcare system expansion and decompression in a terrorism related medical surge event (to include critical care bed expansion capabilities, and expansion of Long Term Care Facilities to receive patients).
3. Discuss patient movement and destination decisions, tracking and processing in a terrorist event.

Information Sharing

1. Discuss and evaluate the utilization of communications systems to share and disseminate actionable information.

Threat or Hazard

Multi-casualty incidents as a result of terrorist acts.

Scenario

The scenario involves two terrorism events at planned gathering in two areas of the county.

Facilitator Notes

- ▶ Remind participants that the exercise objectives were developed during the exercise planning process for very specific reasons and the success of the exercise revolves around focusing discussion on them.
- ▶ The objectives drive the exercise play.
- ▶ Discussion should be redirected to address the objectives listed above as required throughout the exercise.

GENERAL INFORMATION

PARTICIPANT ROLES & RESPONSIBILITIES

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

- **Players.** Players are personnel who have an active role in discussing their regular roles and responsibilities during the exercise. Players discuss actions in response to the simulated emergency.
- **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts during the exercise.
- **Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, policies, and procedures.
- **Controllers.** Controllers may be used in a Tabletop Exercise (TTX) to plan and manage exercise play, set up and operate the site of the discussion, and possibly take the roles of individuals and agencies not participating in the TTX. Controllers direct the pace of exercise play, issue exercise materials to players as needed, monitor the exercise timeline, and may prompt or initiate certain player discussions in order to ensure exercise continuity.

EXERCISE STRUCTURE

This exercise follows the more common approach of discussion-based exercise design by dividing the participants into discipline-specific groups. Question sets have been developed with this structure in mind and are categorized by discipline. Exercise facilitators and planners are expected to review the questions.

The exercise has three modules. Each module begins with an update from Subject Matter Experts from the Alameda County Operational Area that summarize key events occurring within that time period. After the updates, participants review the situation and issues. Participants will engage in a moderated plenary discussion after Module 3 in which a spokesperson from each group will present a synopsis of the group's actions, based on the scenario.

Exercise facilitators and planners are encouraged to utilize the Tabletop Exercise (TTX) as an opportunity to identify objectives to test during the Functional Exercise. As such, there is a section titled "Planning for the Functional Exercise" within this document.

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

- The exercise is conducted in a no fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
 - The exercise scenario is plausible, and events occur as they are presented.
 - Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.
 - Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.
 - Decisions are not precedent setting and may not reflect any organization's final position.
 - Time lapses are artificially used to achieve the exercise objectives.
 - Impacts are seen across the spectrum of the response community.
 - Participants should use existing plans, policies, and procedures. If during the course of the Tabletop Exercise (TTX) there is a disagreement with existing plans, policies, and procedures, this should be noted, and relevant stakeholders should assess the need to change documents after the TTX.
 - If you are unclear about plans, please note in preparation of Functional Exercise.
 - There are no "hidden agendas" or trick questions.
 - All players receive information at the same time.
 - Players do not need to call someone outside of the room during the exercise. If a player would normally contact an individual or department that is not represented at the TTX, they should tell the group what information they need, and who they would contact. This action should be noted.
 - Include any additional assumptions/artificialities to be used in the exercise.
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EXERCISE RULES

This is intended to be a safe, open environment. The problems and challenges are real and there is no “textbook” solution. The following exercise ground rules have been developed to ensure that the goals and objectives are met in a reasonable amount of time and the Tabletop Exercise (TTX) runs smoothly:

- This exercise will be held in an open, low stress, no fault environment. 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 organization’s final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
 - Issue identification is not as valuable as suggestions and recommended actions that could improve mission area efforts. Problem solving efforts should be the focus, but do not allow issues to dominate so that progress is not hindered. If needed, add those issues to the “**parking lot**”.
 - Keep the exercise’s objectives in mind throughout the exercise.
 - Treat the scenario incidents as real events and play your appropriate role.
 - Participate openly and focus discussions on appropriate topics – asking questions, sharing thoughts, and offering forward looking, problem solving suggestions are strongly encouraged, as these will enhance the exercise experience and planning efforts.
 - Keep your comments focused and consider time constraints.
 - Respect the observations, opinions, and perspectives of others, as the discussions will explore a variety of policies, decisions, actions, and key relevant issues from different sources.
 - Participate in discussions on the issues and procedures flowing from each move presented.
 - Include any additional rules to be used in the exercise.
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FACILITATOR INSTRUCTIONS

Facilitators provide situation updates and moderate discussions; they truly lead the Tabletop Exercise (TTX) and guide participants through the questions and discussions. Facilitators also provide additional information or resolve questions as needed. Exercise Planning Team members may assist with facilitation as Subject Matter Experts during the TTX.

HANDOUTS

All facilitators will receive the following handouts:

- Agenda
 - Facilitator Guide
 - Situation Manual (SitMan)
 - Player Handout
 - Participant Feedback Form
 - Injects
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OPENING THE EXERCISE

- Begin by having all participants introduce themselves, their organization, and their role.
 - Remind all participants that exercises of this type are most useful when they are treated as real; everyone should respond and answer questions as if this was a real-life incident.
 - Review the purpose of the exercise and exercise objectives. Encourage full participation from all players.
 - Review assumptions and artificialities of the exercise.
 - Remind players that they can ask clarifying questions at any time; consult with exercise controllers when needed.
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CONDUCTING THE EXERCISE

- Direct specific questions to personnel from representative entities.
 - Players should address at least three to four of the listed questions during the discussions. All participants should be taking notes on decisions made and lessons learned for the debriefing at the end of the exercise.
 - Evaluators should be taking notes on all conversations, questions, and decisions throughout the exercise. Designate a scribe if necessary.

- The Exercise Controller will hand injects to table facilitators to read and/or distribute to breakout table participants.
 - If possible, exercise objectives and rules should be prominently displayed throughout the exercise.
 - Attempt to stay on schedule, however, if questions spark productive conversations about key issues, remain flexible.
 - If conversations become too detailed, combative, or unproductive, place the issue in a “**parking lot**,” and direct the involved participants to continue the conversation after the exercise.
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After the Breakout Session

- Remind all participants to complete the Participant Feedback Form before they leave.
- Turn in all exercise documentation, e.g. facilitator notes, scribe notes, break-out summaries, participant feedback forms.

MODULE 1: PLANNED MASS GATHERING

Pre-Event EOC Activations & Coordination

SCENARIO 1 BACKGROUND

Recent events have taken place that are effecting the political climate in the San Francisco Bay Area. Citizen concerns regarding immigration, healthcare and gentrification of inner city urban areas have been increasing. Grass roots efforts by many smaller protest groups and public factions are calling for unification and a day of action to shed light on these dynamic situations and for people to exercise their first amendment right and speak out about these issues. These efforts have been increasing via the use social media to the point where several of the more organized groups are promoting a daytime “Day of Peaceful Protest” to occur on September 26th, 2017. Law enforcement officials have been monitoring the situation via their intelligence networks

Facilitator Notes

- ▶ Participants are not required to answer every question. Questions should be answered in the order in which they appear.
- ▶ Elect a spokesperson if not you, from the group to report on the group’s discussion and findings.
- ▶ Assure the groups addresses the objectives and identifies additional questions, critical issues, or decisions.
- ▶ Allow a liaison from the table to go to another table to get answers to questions as needed.

and while anticipating a large gathering – it is not expected to be anything out of the norm for similar events. Protesters are being encouraged to meet near the Lake Chalet lawn and parking lot area on Lakeside Drive at 5am with the intent to march to the County Administration building, then down toward Frank Ogawa Plaza and to disrupt Government operations and make themselves heard to the County Board of Supervisors and Mayor of Oakland. It is anticipated that 750 - 1000 protesters are expected for the protest.

QUESTIONS

Based on the information provided, exercise partners are asked to consider the situation and identify potential issues, requirements, decisions and potential pre-planning that would be conducted.

The following questions are provided as suggested general subjects that exercise partners may wish to think about. **These questions are not a definitive list of concerns to be addressed.**

Brief Pause to Reflect on Pre-Event Planning – No Discussion

1. What would your facility do to prepare/notify staff given information heard in the news or through other means? How would your facility use this information?
2. What other information is needed to take action and prepare for a potential surge at this point?
3. Who will monitor ReddiNet in a pre-event that may have the potential for a surge of patients?
4. What, if any preparations/notifications would occur in anticipation of an event in your area?

MODULE 2: TERRORIST VAN MCI

Incident Briefings, Situation Status, Field Scene Response, Communication, EOC Coordination, Medical Surge

SCENARIO 1 EVENT

At 5:00am a crowd of about 500 protestors have already assembled near Lake Chalet and are beginning to move onto the sidewalk along Lakeside Drive. There is limited Law Enforcement presence; several motor officers and patrol vehicles are nearby with the expectation to provide traffic control and intersection monitoring as the group moves to the county Administration Building.

At 6:00am as the group begins to move on to Lakeside Drive, a medium sized moving van begins to approach the area driving along from Lake Merritt Blvd. This vehicle was stopped by Law Enforcement; however they were cleared for access by indicating they were headed to a nearby apartment building located in the 1500 block of Lakeside Drive with a delivery. Suddenly, the vehicle accelerates down Lakeside Drive in the direction of the protestors. It leaves the road striking several dozen protestors in its path and comes to a stop in front of medium sized

apartment complex near 1497 Lakeside Drive. Some protesters were run over by the heavy van sustaining crush type injuries.

There is extreme commotion in the area and protestors along with Law Enforcement on scene are beginning to assist the injured persons and assess the situation. It is unknown at this point, if this is a vehicle accident or an intended attack on the group. As the incident unfolds the driver and occupant of the truck exit the vehicle and begin to flee the scene. As they are confronted, the driver removes a small item from his pocket, yells something at the protesters and presses what appears to be a remote detonator. A large explosion occurs from the van causing moderate damage to the front of an apartment complex adding additional injuries to individuals who are present in the area of the first incident. The damaged apartment complex is said to be a 194-unit senior residential facility.

Additional Law Enforcement, along with Fire and EMS converge on the scene. The driver of the vehicle was killed in the blast, but the passenger that was last seen jumping from the van prior to the explosion with a backpack is at-large. Occupants of the apartment complex are coming out of the building with injuries and reporting that many residents remaining in the building are in need of care.

Situation Status

An MCI has been activated and Oakland Fire Department (OFD), Oakland Police Department (OPD) and Paramedics Plus (P+) have multiple units on scene. Additional aid from Alameda County Fire is on scene. Currently there are 130 persons injured; Triage ratings: 50 Green, 35 Yellow, 45 Red and 10 fatalities. Psychological impact and first aid for adults and children in the immediate vicinity as well as first responders at the scene are being considered and initiated. The apartment building has been cleared and both injured and non-injured occupants have been evacuated. The truck has been cleared for additional devices. A Family Assistance Center and Hotline have been stood up to assist with tracking and reunification of family members.

The City of Oakland and Operational Area EOC's are activated and the HCSA DOC is activated in anticipation of the need to support Behavioral Health Services and EMS who is deployed to the EOC with the response.

Additional information: Law Enforcement intelligence have determined that the Lakeside incident was committed by a local home grown extreme right wing terrorist group who have had prior clashes with Left wing/moderate protest groups in the past. As this event is unfolding, Law Enforcement has received information that a second event may be unfolding in the area. County and City offices are on heightened alert and several offices have closed or have additional security on-site, which is causing delays in processing individuals thru security and long lines are forming outside some facilities.

QUESTIONS

Based on the information provided, exercise partners are asked to consider the situation and identify potential issues, requirements, decisions and potential pre-planning that would be conducted.

The following questions are provided as suggested general subjects that exercise partners may wish to think about. **These questions are not a definitive list of concerns to be addressed.**

Brief Pause to Reflect on MCI Incident 1 – No Discussion

1. What are your priorities at this point?
2. What if any notifications would you make?

MODULE 3: ACTIVE SHOOTER AT DUBLIN CARNIVAL

Incident Briefings, On-Scene Transport Response, EOC Coordination, Communication, Medical Surge Coordination

SCENARIO 2 BACKGROUND

During this time of the year, several carnivals, cultural heritage and health education events are cropping up in Alameda County. Many of them have specific themes that commemorate certain cultures and heritages. A carnival has been set up in a large open space adjacent to Highway 580 in Dublin about 4 miles east of the 580/680 interchange in Dublin. East of Grafton St./South of Keegan St. At this site there are several cultural performances, animal shows and a petting zoo. Children and families from all over the area attend and even some local private schools schedule field trips with kids and parent chaperones to visit the event.

SCENARIO 2 EVENT

At 8:30 am, as the morning begins, the carnival event is buzzing with workers preparing for the arrival of the normal crowds and two groups of 30 school age children and 10 adult chaperones are due to arrive. There are also about 150 other visitors in the park area. Two individuals (male and female) arrive in the parking lot and exit their vehicle each carrying medium sized duffle bags. They approach the entrance to the event and remove modified automatic weapons from their duffle bags and shout out to the crowd “We Are Not Equal” and shout disparaging comments regarding the theme of the carnival. As the crowd begins to notice this and flee the area, the man and woman begin to fire their weapons indiscriminately into the crowd. Dublin Police who were nearby, hear the gunshots and several 911 calls are arriving at the dispatch center. As Dublin Police arrive, they engage the two suspects who fire upon them, return fire on the two individuals, killing both of them. There is mayhem in the parking lot, as additional police along with Paramedics Plus and Alameda County Fire who arrive on scene to deal with the incident. California Highway Patrol is assisting with traffic control in the area.

Situation Status

An additional MCI has been now been activated. Additional aid from Livermore-Pleasanton Fire has arrived on scene. Currently there are 90 persons injured; Triage ratings: 30 Green (11 pediatric), 35 Yellow (10 pediatric), 25 Red (20 pediatric) and 12 fatalities. Psychological impact and first aid for adults and children in the immediate vicinity as well as first responders at the scene are being considered and initiated. The area has been secured and cordoned off and there is no additional threat to the event. A second Family Assistance Center and Hotline are being considered for the current incident nearby to assist with tracking and reunification of family members.

QUESTIONS

Based on the information provided, exercise partners are directed to participate in a discussion concerning the key issues raised above. Identify any additional requirements, critical issues, decisions, key participants, or questions that should be addressed at this time. **Facilitators will be provided injects for their group prior to the exercise.** Injects will prompt specific actions.

Group 1: Alameda County OA EOC

(County Agencies / Departments / Local Jurisdictions Including OA EOC Liaisons in EOC (i.e. P+, Coroner, BHCS) **Facilitators: Paul Hess, Travis Kusman, Cynthia Frankel**

1. What are your priorities now?
2. How will you coordinate 2 simultaneous MCIs, e.g. patient movement, patient tracking, patient destination and mutual aid?
3. How will you deal with the medical surge of critical care patients? What measures will you take to expand critical care beds in hospitals; PICU, ICU with a focus on children?
4. What resources are anticipated for mutual aid?
5. What information & expected actions are shared with health care partners?
6. How will you support the field and overwhelmed hospitals?
7. In these incidents, it is especially important that notifications are made swiftly and repeatedly to key decision-makers, senior officials, executive boards, and department heads. How would your agency ensure that notifications are made quickly and efficiently? Who notifies who? Would any briefings be scheduled for senior leadership? Would a policy group be convened?

Plan script for EOC & MHOAC Healthcare Partner Conference Call with operational period objectives. Prepare to conduct conference call during report back briefing. Ensure partners have expected actions.

Group 1: Local Jurisdictions

(County Agencies / Departments / Local Jurisdictions Including OA EOC Liaisons in EOC (i.e. P+, Coroner, BHCS) **Facilitators:** Darrell Lee, Dena Gunning

1. What are your priorities now?
1. What resources will you need?
2. What mutual aid do you anticipate?
3. Oakland: How will you lead and/or support the terrorism incident in Oakland and/or Dublin?
4. How will you coordinate and communicate with OA EOC and ALCO EMS?
5. Identify key content in the IAP?

Group 2: HCSA DOC

(HCSA Departments) **Facilitators:** Zerlyn Ladua

1. What are your priorities now?
2. What anticipated OA EOC support functions do you expect for the HCSA DOC?
3. What are your priority roles in the HCSA DOC?
4. How will the HCSA coordinate with the EOC MHB?
5. How will Agency employees be notified of this incident? Who makes these notifications? Are mass notification systems available, public address systems, email, social media, etc.? What are they and what is their functionality? Are they accessible from more than one place within your facility?
6. What behavioral health resources are available to your staff, victims, and family members? If someone you knew was involved in an active shooter, explosive, or other terrorist incident, what employee assistance programs would you have access to?
7. How does your organization handle media requests? How can you prepare your staff to respond to media inquiries? How would you coordinate with the Joint Information Center either directly or through the Medical Health Branch/MHOAC?
8. What security measures are in place/taken for your HCSA DOC?
9. What policies and procedures are in place at your facility/agency to coordinate with local authorities during the investigation of a potential terrorist event?

Group 3: Hospitals

Facilitators: Rick Luna, Sandra Williams, Arnie Spangers

1. What are your priorities now? What are your priority roles and responsibilities in the HCC?
2. How will you expand to take more critical trauma patients (adults & pediatrics)?
3. How and to where will you decompress less acute patients?
4. How far can you exceed bed capacity in ICU and PICU in declared disaster? Would this be different if a formal disaster declaration has not yet been made?
5. What minimal information do you need from the county to better facilitate decompression and expansion and prioritize patient movement to the appropriate level of care?
6. What behavioral health resources are available to your staff, victims, and family members? If someone you knew was involved in an active shooter, explosive or other terrorist incident, what employee assistance programs would you have access to?

7. What mental/behavioral health issues do you expect? How will you address them?
8. How will you address increased call volume and a surge of patients in the ED?
9. How would your facility's employees be notified of this incident? Who makes these notifications? Are mass notification systems available, public address systems, email, social media, etc.? What are they and what is their functionality? Are they accessible from more than one place within your facility?
10. How does your organization handle media requests? How can you prepare your staff to respond to media inquiries? How would you coordinate with the Joint Information Center either directly or through the Medical Health Branch/MHOAC?
11. What content is vital in our incident action Plan (IAP)?
12. What resources do you anticipate requesting from the Operational Area that may not be available internally?

Group 4: Clinics

Facilitators: Amanda Morris, Ryan Tanglao

1. What are your priorities now?
2. What information do you need and when, to begin to modify daily schedule to receive patients (including re-scheduling routine appointments)? Who in your facility will receive notification of the situation? What are your priorities?
3. How will you manage walking wounded and mental health issues? How will you process someone with a suspicious gunshot wound? Who would you notify?
4. How does your facility determine high versus low priority security concerns? What actions would your facility take if you were put on "high alert" as a potential target of an attack?
5. How would your facility's employees be notified of this incident? Who makes these notifications? Are mass notification systems available, public address systems, email, social media, etc.? What are they and what is their functionality? Are they accessible from more than one place within your facility?
6. If an incident occurs at or near your facility, does your clinic have the capability to provide immediate just-in-time training to staff in areas such as triage, personal protective equipment use, shelter-in-place, evacuation, etc.?
7. What behavioral health resources are available to your staff, victims, and family members? If someone you knew was involved in an active shooter, explosive or other terrorist incident, what employee assistance programs would you have access to?
8. How does your organization handle media requests? How can you prepare your staff to respond to media inquiries? How would you coordinate with the Joint Information Center either directly or through the Medical Health Branch/MHOAC?
9. What resources do you anticipate requesting from the Operational Area that may not be available internally?

Group 5: Dialysis

Facilitators: Connie Edwards

1. What are your priorities now?
2. What pre-planning/discussions have you had with your Physician Staff regarding potential scheduling/procedure modifications in an emergency (Internal Disaster or External Surge)?
3. What information do you need and when, to begin to modify daily schedule to potentially receive patients redirected to your facility?
4. Who in your facility will receive notification of the situation?
5. How would your facility's employees be notified of this incident? Who makes these notifications? Are mass notification systems available, public address systems, email, social media, etc.? What are they and what is their functionality? Are they accessible from more than one place within your facility?
6. Has your facility coordinated with public safety agencies to identify how law enforcement and emergency services will respond to a threat near or inside your facility? What was or should be considered in this process (e.g., facility vulnerabilities, entry points, populations served, etc.)?
7. How does your organization handle media requests? How can you prepare your staff to respond to media inquiries? How would you coordinate with the Joint Information Center either directly or through the Medical Health Branch/MHOAC?

Group 6: Home Health/Hospice

Facilitators: Ron Seitz

1. What are your priorities now?
2. What pre-planning/discussions have you had with your staff regarding potential scheduling/procedure modifications in a county-wide emergency where there may be shelter-in-place considerations or a surge of patients' needs home care?
3. What information do you need and when, to begin to modify daily schedule to potentially serve additional patients?
4. Who in your organization will receive notification of the situation?
5. How would your organization's employees be notified of this incident? Who makes these notifications? Are mass notification systems available, public address systems, email, social media, etc.? What are they and what is their functionality?

Group 7: Long Term Care Facilities

Facilitators: Kathy Smedley, Kendra Noonan, Ada Lukban

1. What are your priorities now?
2. What information do you need and when, to begin to expand and decompress to take patients?
3. Who in your facility will receive notification of the situation? Who will monitor ReddiNet and Med1 emails?

4. How will you expand to take patients from hospital decompression?
5. How would your facility's employees be notified of this incident? Who makes these notifications? Are mass notification systems available, public address systems, email, social media, etc.? What are they and what is their functionality? Are they accessible from more than one place within your facility?
6. How does your facility determine high versus low priority security concerns? What actions would your facility take if you were put on "high alert" as a potential target of an attack? If you had to shelter-in-place, what would you need to do?
7. What behavioral health resources are available to your staff, victims, and family members? If someone you knew was involved in an active shooter, explosive or other terrorist incident, what employee assistance programs would you have access to?
8. How does your organization handle media requests? How can you prepare your staff to respond to media inquiries? How would you coordinate with the Joint Information Center either directly or through the Medical Health Branch/MHOAC?
9. What resources do you anticipate requesting from the Operational Area that may not be available internally?

Group 8: Mental/Behavioral Health Facilities

Facilitators: Catherine Powell

1. What are your priorities now?
2. Who in your facility will receive notification of the situation?
3. How would your facility's employees be notified of this incident? Who makes these notifications? Are mass notification systems available, public address systems, email, social media, etc.? What are they and what is their functionality? Are they accessible from more than one place within your facility?
4. What pre-planning, if any, have you done with Alameda County Behavioral Health Care Services?
5. If you are an inpatient unit are you able to take additional patients rapidly from hospitals?
6. What actions would you need to take if patients at your facility destabilize and need to be transported to higher care?
7. What behavioral health resources are available to your staff, victims, and family members? If someone you knew was involved in an active shooter, explosive or other terrorist incident, what employee assistance programs would you have access to?
8. Will staff from your facility be available to participate in the response to this type of event to support a local Family Assistance Center or other community behavioral health needs?
9. How does your facility/agency track the behavioral health services, staff, and resources provided throughout an emergency response? How is information reported back up to your Command Center and to other partner agencies for updates?
10. How would your facility/agency coordinate with law enforcement and state/federal partners to assist with the interviewing of witnesses and/or staff?

11. What types of 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? Is your facility/agency responsible for assisting with any of these services in the long-term?
12. How does your organization handle media requests? How can you prepare your staff to respond to media inquiries? How would you coordinate with the Joint Information Center either directly or through the Medical Health Branch/MHOAC?

Group 9: ALS/BLS Transport Providers

Facilitators: Michael Marsh, Sean Young, Coleen Seymour

1. What are your priorities now?
2. How will you coordinate 2 simultaneous MCIs – patient movement, patient tracking, & patient destination?
3. How will you support the scene response and the Alameda County OA EOC.
4. What types of security measures would be taken in the scenario, considering potential secondary devices?
5. Does your organization practice Force Protection (e.g., law enforcement coverage provided while entering a warm zone)? Are there policies or procedures in place to screen victims prior to transport?
6. How would your employees be notified of this incident? Who makes these notifications? Are mass notification systems available public address systems, email, social media, etc.? What are they and what is their functionality? Are they accessible from more than one place within your facility?
7. How does your organization handle media requests? How can you prepare your staff to respond to media inquiries? Does your agency have pre-existing public information templates for active shooter, terrorist incident, or explosive incidents?

Group 10: 211, American Red Cross, VOAD, CBOs, FBOs & OTHERS

Facilitators: TBD

1. What are your priorities now?
2. Who in your facility will receive notification of the situation?
3. How would your employees be notified of this incident? Who makes these notifications? Are mass notification systems available, public address systems, email, social media, etc.? What are they and what is their functionality? Are they accessible from more than one place within your facility?
4. How will you respond for multiple calls regarding missing people from both incidents?
5. How will you coordinate information and guidance with the city and the county for consistent and accurate messaging?

6. How does your organization handle media requests? How can you prepare your staff to respond to media inquiries? How would you coordinate with the Joint Information Center either directly or through the Medical Health Branch?

REPORT OUT & CONCLUSION OF DISCUSSION-BASED TABLETOP EXERCISE

Please complete the Participant Feedback Form which the exercise planner will use to gather and record comments on the exercise and issues presented.

HOT WASH QUESTIONS

The basic Hot Wash will follow the guideline of a SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats) to identify things that went well, gaps and areas for improvement. Additional questions below may be used as needed.

1. How did the exercise address the following key issues: information sharing, public information and warning, emergency operations center coordination, multi-agency coordination, medical surge expansion and decompression and patient movement?
2. What problems did you identify in the plans, policies, and procedures utilized during the exercise that could be improved, if any, for response to a terrorist incident? What should be done to address the identified problems? Who would be the designated leads responsible for this?
3. How do your plans, policies, and procedures address behavioral and mental health services for staff?
4. What stakeholders were not present at today's TTX who should have been included?
5. What are the lessons learned for responding to a future terrorist incident of this nature?
6. What activities or processes were identified as gaps or areas for improvement that should be addressed?
7. What plans were utilized as part of the TTX? Were these plans adequate for this type of incident? If not, were there different plans that could better address this?
8. What improvements from the utilized plans could be made to improve response?
9. How would this type of event effect your operations, if you were in the impacted area?
10. Do you have plans to address the effects this type of incident?