

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

Tabletop Exercise

Situation Manual
Mass Casualty Terrorism Events

2017 STATEWIDE MEDICAL AND HEALTH EXERCISE SITUATION MANUAL





PREFACE

The 2017 Alameda County Statewide Medical and Health Exercise is sponsored by the Alameda County Public Health Department and Alameda County Emergency Medical Services using Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness Program (PHEP) funding. The California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA) supports the annual exercise throughout the state. This Situation Manual (SitMan) was produced with input, advice, and assistance from the Alameda County SWMHE Planning Workgroup, comprised of representatives from:

- Alameda County Public Health Department, Public Health Systems Preparedness & Response
- Alameda County Emergency Medical Services
- Alameda County Sheriff's Office, Office of Emergency Services & Homeland Security
- California Department of Public Health
- Alta Bates Summit Medical Center
- Hayward Healthcare and Wellness Center
- Chaparral House
- Pleasanton Nursing & Rehabilitation Center
- Native American Health Center
- Telecare Corp, Heritage Psychiatric Health Facility
- Alameda County Medical Reserve Corps
- Paramedics Plus
- Eden I&R

This Situation Manual (SitMan) follows guidelines set forth by the U.S. Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP). This SitMan provides exercise participants with all the necessary tools for their roles in the Tabletop Exercise (TTX). See Appendix C for a listing of agency/event acronyms. All exercise participants should use appropriate guidelines to ensure proper control of information within their areas of expertise and protect this material in accordance with current jurisdictional directives.



ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is the *California Statewide Medical and Health Exercise (SWMHE) Tabletop Exercise Situation Manual*.
2. The information included in this Situation Manual is designated as For Official Use Only (FOUO) and should be handled as sensitive information that is not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the Alameda County Public Health Department and Alameda County Emergency Medical Services is prohibited. All exercise participants may view the SitMan.
3. For more information about the exercise, please consult the following points of contact (POCs):

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EXERCISE OVERVIEW

Exercise Name	2017 California Statewide Medical and Health Exercise (SWMHE) Tabletop Exercise (TTX)
Exercise Date	September 26, 2017
Scope	This is a tabletop exercise planned for Alameda County Operational Area to take place in Dublin, at the Alameda County Sheriff's Office, Office of Emergency Services & Homeland Security. The SWMHE Program is a progressive exercise program comprised of a series of training exercises tied to a set of common program priorities. This year's exercise is a multiphase program culminating with the Functional Exercise (FE) on November 16, 2017.
Mission Area(s)	Response
Capabilities	<ul style="list-style-type: none">• Emergency Operations Coordination• Medical Surge• Information Sharing
Objectives	<p>Emergency Operations Coordination</p> <ol style="list-style-type: none">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. <p>Medical Surge</p> <ol style="list-style-type: none">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. <p>Information Sharing</p> <ol style="list-style-type: none">1. Discuss and evaluate the utilization of communications systems to share and disseminate actionable information.
Threat or Hazard	Terrorism Events
Scenario	Two terrorism events at planned gatherings in two areas of the county resulting in mass casualty events.
Sponsor	The 2017SWMHE is sponsored by Alameda County Public Health and Emergency Medical Services with support from the California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA) in collaboration with response partners representing local health departments, public safety and healthcare facilities.
Participating Organizations	See Appendix for participating organizations.



GENERAL INFORMATION

EXERCISE OBJECTIVES AND CAPABILITIES

The exercise objectives in Table 1 describe expected outcomes for the Tabletop Exercise (TTX). The objectives are linked to Hospital Preparedness Program and Public Health Emergency Program (PHEP) capabilities, which are elements necessary to achieve the specific mission area. The objectives and aligned capabilities are guided and selected by the Exercise Planning Team.

The objectives listed below are those tailored for this exercise.

Table 1. Exercise Objectives and Associated Capabilities

Exercise Objective	Capability
Discuss pre-event incident action planning, EOC activations and coordination activities between various OA agencies and partners related to potential terrorist events.	Emergency Operations Coordination
Discuss the support roles of other partners and resources to include behavioral/mental health and environmental health in a terrorism related event.	Emergency Operations Coordination
Discuss healthcare partner roles, responsibilities and capabilities during a terrorism related medical & mental health surge event.	Medical Surge
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).	Medical Surge
Discuss patient movement and destination decisions, tracking and processing in a terrorist event.	Medical Surge
Discuss and evaluate the utilization of communications systems to share and disseminate actionable information.	Information Sharing

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 required, monitor the exercise timeline, and may prompt or initiate certain player discussions, potentially as described in the Master Scenario Events List (MSEL)¹ in order to ensure exercise continuity.

EXERCISE STRUCTURE

The exercise follows a discussion-based design by dividing the participants into discipline-specific groups. Question sets have been developed with this structure in mind and are categorized by facility type and/or functional area.

The exercise has three modules. Each module begins with an update that summarizes key events occurring within that time period. After the updates, participants review the situation and review related questions. Group discussions will follow Module 3 during which participants will be engaged in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group's actions, based on the scenario presented.

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.

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.
- Additional rules for the exercise will be conveyed by exercise controllers and facilitators as needed.

PARTICIPANT EXERCISE HANDOUTS

Participants will have access to the following handouts during the exercise:

- Agenda
- Player Handout
- Situation Manual (SitMan) (a copy may be requested via email)
- Participant Feedback Form
- Exercise Goals & Objectives
- Discussion Questions
- Injects (to be provided during exercise play)

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 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 participants are asked to consider the situation and identify potential issues, requirements, decisions and potential pre-planning that would be conducted.

A brief pause is provided to reflect on pre-event planning. **There are no break-out discussions For this module.** 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.

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?

Participant Instructions

- ▶ You have 10 minutes to consider the questions. Focus on the issues given the scenario for your facility/organization type and point of view.
- ▶ Keep exercise goals and objectives in mind.
- ▶ Identify any additional questions, critical issues, or decisions you feel were not addressed on the note cards provided. Turn in to your facilitator.
- ▶ Include additional thoughts, issues, and questions on the Participant Feedback Form.
- ▶ There will be time during the report back after Module 3 to provide comments regarding pre-planning activities.



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 participants are asked to consider the situation and identify potential issues, requirements, decisions and potential 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?

Participant Instructions

- ▶ You have 10 minutes to consider the questions. Focus on the issues given the scenario for your facility/organization type and point of view.
- ▶ Keep exercise goals and objectives in mind.
- ▶ Identify any additional questions, critical issues, or decisions you feel were not addressed on the note cards provided. Turn in to your facilitator.
- ▶ Include additional thoughts, issues, and questions on the Participant Feedback Form.
- ▶ Note any questions on the note card provided. Note cards are to be turned in to facilitator for after action planning.
- ▶ There will be time during the report back after Module 3 to provide comments regarding Scenario 1 activities.



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 participants 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 provide injects for their group. Injects will prompt specific actions.

Participant Instructions

- ▶ You have 70 minutes to consider the questions for Module 3.
- ▶ Focus on the issues given the scenario for your facility type/organization and point of view.
- ▶ Keep exercise goals and objectives in mind.
- ▶ Answer questions in the order they appear.
- ▶ Identify any additional questions, critical issues, or decisions you feel were not addressed on the note cards provided. Turn in to your facilitator.
- ▶ Include additional thoughts, issues, and questions on the Participant Feedback Form to be include in after action reporting.
- ▶ Elect a spokesperson for your group to discuss the group's main discussion points.
- ▶ Each group needs to have a scribe record the group's discussion points. Turn in notes to facilitator.

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?

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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?

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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?

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Group 5: Dialysis

Facilitator: 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

Facilitator: 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?

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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

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?

CONCLUSION OF DISCUSSION-BASED TABLETOP EXERCISE

Exercise Hotwash

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?

Participant Feedback

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



PLANNING FOR THE FUNCTIONAL EXERCISE

EXERCISE LEVELS

- The Statewide Medical and Health Functional Exercise occurs on November 16, 2017 around the County at various facilities.
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EXERCISE TIMES/DURATION

- Exercise play is being developed to include a message to begin the exercise. Participants may begin exercise play at their discretion, but are strongly encouraged to collaborate with local or Operational Area (OA) partners and exercise planners in a coordinated way to follow along with the evolving scenarios.
 - It is encouraged to have at least one exercise controller per site/facility/organization. Exercise controllers will receive specific information to facilitate exercise play in coordination with the county for the staff at their facility.
 - Official County Exercise start and end times will be provided to exercise controllers prior to the exercise but individual facility participation may vary.
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SCENARIO DEVELOPMENT

Exercise planners will work to customize the functional exercise scenario based on the plans, policies and procedures to be tested. Specific injects will be developed to stimulate exercise play throughout the County. Organizations not participating in the exercise that may be important to exercise play will be simulated using an exercise SimCell. Exercise evaluation guides will be based on objectives.

PARTICIPATION

Additional organizations that will be impacted which are not in attendance during the tabletop exercise will be included in exercise scenario planning and inject development. A full list of participants will be published prior to the functional exercise in an Exercise Communications Guide to be used during exercise play.



TESTING OF PLANS & PROCEDURES

Alameda County Plans, Policies, Procedures

- Alameda County Emergency Operations Plan (EOP)
- Disaster Medical Operations Plan (DMOP) Updated
- California Medical and Health Emergency Operations Manual
- Alameda County MCI Policy
- ReddiNet Utilization Policy
- Pediatric Medical Surge Plan

Available at: <http://www.acphd.org/emsemergprepresp/emergplanners/exercises.aspx>

Public Health Plans & Resources

- Healthcare Coalition Capabilities Matrix
- ACPHD Tactical Communications Plan
- ACPHD Risk Communications Plan

Healthcare Partner Plans

- Hospital Command Center Plans
- Clinic Communications Plans
- Long Term Care Facility Communications Plans
- Long Term Care Facility Shelter-in-Place Plans

Additional Plans, policies, procedures and/or resources may be identified during functional exercise planning to be included as needed/appropriate.

FUNCTIONAL EXERCISE PARTICIPATION REQUIREMENTS

- Complete online participation survey: <https://www.surveymonkey.com/r/CRBLNVH>
- Identify and provide dedicated command center phone and email address and POC.
- Utilize Medical Health Branch Disaster Email med1@acgov.org during exercise.
- Participate in Conference Call: **Dial In:** 888-204-5984; **Passcode:** 886530
- Submit SitStat Report & Resource Requests.
- Utilize Exercise Communications Directory to play with participating organizations.
- Participate in communications throughout the exercise as appropriate, e.g. ReddiNet polling, emails, phone calls, radio check-in, CAHAN messaging, etc.

Please contact exercise planning leads with any questions regarding participation.

- Donata Nilsen, Alameda County Public Health
Donata.Nilsen@acgov.org
(510) 208-5907
 - Cynthia Frankel, Alameda County Emergency Medical Services
Cynthia.Frankel@acgov.org
(925) 285-2403
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ROLE OF OPERATIONAL AREA

Coordinate response functions to two mass casualty (MCI) terrorism events.

Lead and support mass casualty incidents related to terrorism with ALS/BLS providers, OA EOC, local jurisdictions, Health Care Service Agency (Public Health, Emergency Medical Services, Environmental Health, Behavioral Health Care Services) hospitals, long term care facilities, clinics, other healthcare providers & partnering agencies and organizations.

Exercise OA capabilities in emergency operations coordination, medical surge, and information sharing.

ROLE OF STATE AGENCIES

On November 16, 2017, California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA) will activate their EOC. The California Governor's Office of Emergency Services (Cal OES) is anticipated to participate by opening the State Operations Center (SOC) and Regional Emergency Operations Center (REOC) in support of local and regional exercise play. This will provide the opportunity for local participants to request additional resources, submit and receive situation status reports, respond to California Health Alert Network (CAHAN) (or other notification systems) messages and receive further direction.



APPENDIX A: EXERCISE SCHEDULE

8:00 - 8:30am	Registration & Networking
8:35 - 8:50am	Welcome, Opening Remarks, Introductions & Administrative Items
8:50 - 9:15am	MODULE 1: Planned Mass Gathering – Pre-Event Activations Briefings Pre-Event EOC Activations & Coordination Brief Pause: Reflection on Pre-Event Planning
9:15 - 9:55am	MODULE 2: MCI Incident 1 – Terrorism Van Into Crowd Briefings Incident Briefings, Field Scene Response, Communication/EOC Coordination, Medical Surge Brief Pause: Reflection on Incident 1
9:55 - 10:05am	Break
10:10 - 10:25am	MODULE 3: MCI Incident 2 – Dublin Carnival Active Shooters Briefings Incident Briefings, Scene Size Up, Communication, Medical Surge Coordination
10:25 - 11:35am	Group Breakouts & Facilitated Discussions
11:35 – 12:10pm	Group Report Out & Discussion
12:10 - 12:30pm	Break & Lunch Pick Up
12:30 - 12:50pm	Working Lunch & Hotwash
12:50 - 1:10pm	11/16/17 Functional Exercise Preparation
1:10 - 1:30pm	Closing Remarks & Participant Feedback
1:30 - 2:00pm	Facilitator Debriefing, Planning Group Check-In, EOC Tour



APPENDIX B: EXERCISE PARTICIPANTS

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|---|---|
| <ul style="list-style-type: none">• Alameda County Behavioral Health Care Services• Alameda County DA's Office Victim/Witness• Alameda County Emergency Medical Services• Alameda County Environmental Health• Alameda County Human Resources• Alameda County Medical Reserve Corps• Alameda County Public Health Department• Alameda County Public Works• Alameda County Sheriff's Office Coroner's Bureau• Alameda County Sheriff's Office, Office of Emergency Services & Homeland Security• Alameda County Social Services Agency• Alameda Health System• Alta Bates Summit Medical Center Oakland/Berkeley• Asian Community Mental Health Services• Bay Area Health Care Center• Brookdale Home Health• California Department of Public Health• California Office of Emergency Services• Chaparral House• City of Fremont• Crestwood Manor• Crown Bay Nursing and Rehabilitation• DaVita Hayward Mission Hills Dialysis• DaVita Livermore Dialysis• DaVita Oakland at Home• DaVita San Leandro• DaVita San Leandro Marina• Divine Home Health Inc.• Eden Medical Center/Sutter Health• Excell Health Care Center• Fremont Surgery Center | <ul style="list-style-type: none">• Hayward Healthcare and Wellness center• Kaiser Oakland Medical Center• Kaiser Permanente San Leandro• La Clinica de la Raza• LifeLong Medical Care• Native American Health Center• NORCAL Ambulance• Oakland Fire Department• Oakland Fire Department/ CORE Program• Paramedic Plus• Park Merritt Care Center• Pleasanton Nursing and Rehabilitation Center• Redwood Convalescent Hospital, Inc.• Royal Ambulance• South Hayward Dialysis• St. John Kronstadt Health Care Center• St. Rose Hospital• Stanford ValleyCare Medical Center• The Rehabilitation Center of Oakland• The West Oakland Health Council• Tiburcio Vasquez Health Center Inc.• Tri-City Health Center• UCSF Benioff Children's Hospital Oakland• VA Northern California Healthcare System• Valley Care Medical Center- Stanford• VHA OEM• VITAS Healthcare• Washington Hospital• Willow Rock Psychiatric Health Facility• Windsor Gardens Care Center of Hayward• Windsor Healthcare of Oakland• Windsor Park Care Center of Fremont |
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APPENDIX C: ACRONYMS

AAR	After Action Report
AAR/IP	After Action Report / Improvement Plan
AFN	Access and Functional Needs
C/E	Controller/Evaluator
CAHAN	California Health Alert Network
CAHF	California Association of Health Facilities
Cal OES	California Governor's Office of Emergency Services
Cal OSHA	California Division of Occupational Safety and Health
CBO	Community Based Organizations
CDPH	California Department of Public Health
CERT	Community Emergency Response Team
CHA	California Hospital Association
C/ME	Coroner/Medical Examiner
CPCA	California Primary Care Association
CHHS	California Health and Human Services Agency
DHS	Department of Homeland Security
DOC	Department Operations Center
ED	Emergency Department
EEG	Exercise Evaluation Guides
EHD	Environmental Health Department
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EOC	Emergency Operation Center
EOM	California Public Health and Medical Emergency Operations Manual
EOP	Emergency Operations Plan
EPO	California Department of Public Health Emergency Preparedness Office
ExPlan	Exercise Plan
FAC/FIC	Family Assistance Center / Family Information Center
FBI	Federal Bureau of Investigation
FE	Functional Exercise
FEMA	Federal Emergency Management Agency
FOUO	For Official Use Only
FSE	Full Scale Exercise
HAZMAT	Hazardous Materials
HCC	Hospital Command Center
HICS	Hospital Incident Command System
HIPAA	Health Insurance Portability and Accountability Act
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
ICS	Incident Command System
IP	Improvement Plan

2017 STATEWIDE MEDICAL AND HEALTH EXERCISE SITUATION MANUAL



JIC	Joint Information Center
JIS	Joint Information System
JRIC	Joint Regional Intelligence Center
JTTF	Joint Terrorism Task Force
LEMSA	Local Emergency Medical Services Authority
LHD	Local Health Department
MCI	Mass Casualty Incident
MHCC	Medical and Health Coordination Center
MHOAC	Medical/Health Operational Area Coordinator Program
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
MSEL	Master Scenario Events List
NCRIC	Northern California Regional Intelligence Center
NGO	Non-governmental organization
NHICS	Nursing Home Incident Command System
NIMS	National Incident Management System
OA	Operational Area
OEM	Office of Emergency Management
OES	California Governor's Office of Emergency Services
PHEP	Public Health Emergency Preparedness
POC	Point of Contact
PPE	Personal Protective Equipment
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
SitMan	Situation Manual
SME	Subject Matter Expert
SOC	State Operations Center
SWAT	Special Weapons and Tactics Team
SWMHE	Statewide Medical and Health Exercise
TLO	Terrorism Liaison Officer
TTX	Tabletop Exercise
UC	Unified Command