

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

Functional Exercise

EXERCISE PLAN

Active Shooter/Terrorist Scenario



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 Exercise Plan (ExPlan) was produced with input, advice, and assistance from the 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

The ExPlan follows guidelines set forth by the U.S. Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP). The ExPlan gives participating organizations the information necessary to take part in an operations-based functional exercise (FE). See Appendix I 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) Functional Exercise Plan*.
2. The information included in this Exercise Plan 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 ExPlan.
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) Functional Exercise (FE)
Exercise Date	November 16, 2017
Scope	This is a Functional 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.
Mission Area(s)	Response
Capabilities	<ul style="list-style-type: none"> • HPP Capability 1: Foundation for Health Care and Medical Readiness • HPP Capability 2: Health Care and Medical Response Coordination • HPP Capability 3: Continuity of Health Care Service Delivery • HPP Capability 4/PHEP Capability 10: Medical Surge • PHEP Capability 3: Emergency Operations Coordination • PHEP Capability 6: Information Sharing
Objectives	<p>Emergency Operations Coordination</p> <ol style="list-style-type: none"> 1. Evaluate pre-event incident action planning, EOC activations and coordination activities between various OA agencies and partners related to potential terrorist events. 2. Evaluate 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. Evaluate healthcare partner roles, responsibilities and capabilities during a terrorism related medical & mental health surge event. 2. Evaluate 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. Evaluate patient movement and destination decisions, tracking and processing in a terrorist event. <p>Information Sharing</p> <ol style="list-style-type: none"> 1. 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 casualties.



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 Functional Exercise (FE). 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
Evaluate pre-event incident action planning, EOC activations and coordination activities between various OA agencies and partners related to potential terrorist events.	Emergency Operations Coordination
Evaluate the support roles of other partners and resources to include behavioral/mental health and environmental health in a terrorism related event.	Emergency Operations Coordination
Evaluate healthcare partner roles, responsibilities and capabilities during a terrorism related medical & mental health surge event.	Medical Surge
Evaluate 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
Evaluate patient movement and destination decisions, tracking and processing in a terrorist event.	Medical Surge



Exercise Objective	Capability
Evaluate the utilization of communications systems to share and disseminate actionable information.	Information Sharing

PARTICIPANT INFORMATION & GUIDANCE

EXERCISE STRUCTURE

This functional exercise follows, as much as possible, real activations for the incidents described on the day of the exercise. Partial activation of various emergency operations centers will facilitate exercise play throughout the county.

Alameda County EOC Activation

- **Command Staff** (Director, Emergency Manager, PIO (includes JIC))
- **Operations** (Section Chief, Fire Branch, Law Branch, Medical Health Branch (includes MHOAC Program Representatives, Deputy Health Officer), Care and Shelter Branch)
- **Plans Section** (Section Chief, Situation Analysis Unit, Documentation Unit, Resource Status, Public Information Unit, EOC Coordination Unit)
- **Logistics Section** (Section Chief, Resources Unit)

Alameda County Health Care Services Agency DOC

- Command Staff (DOC Manager, Health Officer, Information & Guidance, Safety Officer)
- Operations (Section Chief, BHCS)
- Plans (Section Chief, Documentation Unit, Situation Unit Resources Unit)
- Logistics (Personnel Unit, Resource Unit, Resource Tracking, IT)
- Finance (HCSA, BHCS, PH)

Environmental Health DOC

City of Oakland EOC

Various Healthcare Facility Command Centers throughout the County

- Hospital
- Long Term Care
- Clinic
- Dialysis
- Surgery Centers
- Home Health

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:

- **Exercise Directors/Master Exercise Controllers.** Exercise Directors oversee all exercise functions during exercise conduct, oversee and remain in contact with controllers and evaluators, debriefs controllers and evaluators following the exercise and oversees setup and cleanup of the exercise as well as positioning of controllers and evaluators.
- **Players.** Players are personnel who have an active role in discussing or performing their response roles and actions during the exercise. Players discuss or initiate their actions in response to the simulated emergency.
- **Controllers.** Controllers plan and manage FE play, set up and operate the FE site, and act in the roles of organizations or individuals that are not playing in the FE. Controllers direct the pace of the FE, provide key data to players, and may prompt or initiate certain player actions to ensure FE continuity. In addition, they issue FE material to players as required, monitor the FE timeline, and supervise the safety of all FE participants.
- **Evaluators.** Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEG). Their primary role is to document player discussions and actions, including how and if those discussions conform to plans, policies, and procedures.
- **Safety Controller.** The Safety Controller monitors exercise activities and advises the Exercise Director on all matters relating to incident health and safety of all exercise participants. The Safety Controller has emergency authority to stop and/or prevent unsafe acts during incident operations.
- **Simulators.** Simulators are control staff personnel who role-play nonparticipating organizations or individuals. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Directors and Master Exercise Controllers.
- **Actors.** Actors simulate specific roles during FE play, typically as victims or other bystanders.
- **Observers.** Observers visit or view selected segments of the FE. Observers do not play in the FE, nor do they perform any control or evaluation functions. Observers view the FE from a designated observation area and must remain within the observation area during the FE. Very Important Persons (VIPs) are also observers, but are frequently grouped separately.
- **Support Staff.** FE support staff includes individuals who perform administrative and logistical support tasks during the FE (e.g., registration, catering).



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 Exercise 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 FE.
- If you are unclear about plans, please note for debriefing.
- There are no "hidden agendas" or trick questions.
- All players receive information at the same time.
- Players are encouraged to call participants outside of their exercise location using the Exercise Communication Directory to obtain essential information to continue exercise play. If a player would normally contact an individual or department that is not represented during the FE, they should tell the SimCell what information they need and who they would contact. This action should be noted.



GENERAL EXERCISE RULES

The following general rules govern functional exercise (FE) play:

- Real-world emergency actions take priority over FE actions.
- FE players will comply with real-world emergency procedures, unless otherwise directed by control staff.
- All communications (including written, radio, telephone, and e-mail) during the FE will begin and end with the statement **“THIS IS AN EXERCISE”** or **“THIS IS A DRILL”**
- FE players who place telephone calls or initiate radio communication with the Simulation Cell (SimCell) must identify the organization or individual with whom they wish to speak.

EXERCISE PLAY

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 Exercise runs smoothly:

- This exercise will be held in an open, low stress, no fault environment.
- Keep the exercise’s objectives in mind throughout the exercise.
- Treat the scenario incidents as real events and play your appropriate role.
- 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.

PLAYER INSTRUCTIONS

Players should follow certain guidelines before, during, and after to ensure a safe and effective FE.

Before the Exercise

- Review appropriate organizational plans, procedures, and FE support documents.
- Be at the appropriate site at least 30 minutes before the FE starts. Wear the appropriate uniform and/or identification item(s).
- Sign in when you arrive.



During the Exercise

- Respond to FE events and information as if the emergency were real, unless otherwise directed by an FE controller.
Controllers will only give you information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels using the **Exercie Communications Directory**.
- Do not engage in personal conversations with controllers, evaluators, observers, or media personnel. If asked an exercise-related question, give a concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.
- If you do not understand the scope of the FE or are uncertain about an organization's participation in an FE, ask a controller.
- Parts of the scenario may seem implausible. Recognize that the FE has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made to balance realism with safety, and to create an effective learning and evaluation environment.
- When you communicate with the SimCell, identify the organization or individual with whom you wish to speak.
- **Speak when you take an action as much as possible to ensure that evaluators are aware of critical actions as they occur.**
- Maintain a log of your activities (**Command Center staff used ICS Form 214**). Many times, this log may include documentation of activities that were missed by a controller or evaluator.

After the Exercise

- Participate in the Hot Washes or Debriefings.
- Complete the Participant Feedback Form, which allows you to comment candidly on emergency response activities and FE effectiveness. Provide the completed form to a controller or evaluator.
- Provide any notes/materials generated from the FE to your controller or evaluator for review and inclusion in the AAR.

SIMULATION GUIDELINES

Because the FE is of limited duration and scope, certain details will be simulated. The physical description of what would fully occur at the incident sites and surrounding areas will be relayed to players by simulators or controllers. A SimCell will simulate the roles and interactions of nonparticipating organizations or individuals.

FUNCTIONAL EXERCISE TOOLS

[In addition to this document, tools have been developed by California Department of Public Health (CDPH) to aid healthcare entities and their partners in the development of their exercise. Other tools available on <http://www.californiamedicalhealthexercise.com>



EXERCISE LOGISTICS

SAFETY

FE participant safety takes priority over FE events. The following general requirements apply to the FE:

- A Safety Controller is responsible for participant safety; any safety concerns must be immediately reported to the Safety Controller. The Safety Controller and Exercise Director will determine if a real-world emergency warrants a pause in FE play and when FE play can be resumed.
- For an emergency that requires assistance, use the phrase **“STOP EXERCISE”**. The following procedures should be used in case of a real emergency during the FE:
 - Anyone who observes a participant who is seriously ill or injured will immediately notify emergency services and the closest controller, and, within reason and training, render aid.
 - A controller aware of a real emergency will initiate the **“STOP EXERCISE”** broadcast and provide the Safety Controller, Senior Controller, and Exercise Director with the location of the emergency and resources needed, if any.

SITE ACCESS

Security

Access to FE sites and the SimCell is limited to FE participants to prevent interruption of the exercise. Players should advise their venue’s controller or evaluator of any unauthorized persons.

Exercise Identification [delete section if not applicable]

Exercise staff may be identified by badges, hats, and/or vests that clearly display exercise roles; additionally, uniform clothing may be worn to show agency affiliation.

Health Care Services Agency Department Operations Center & Operational Area Emergency Operations Center will be activated during Functional Exercise, as if during an actual emergency event.

REGISTRATION/CHECK-IN

All participants must check in prior to the FE and receive instructions.

LUNCH

Food and refreshments will be provided for participants at the HCSA DOC in Oakland and the Operational Area EOC in Dublin.



POST-EXERCISE & EVALUATION ACTIVITIES

See Appendix for a general functional exercise schedule.

DEBRIEFINGS

Post-FE debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

At the conclusion of FE play, controllers facilitate a Debriefing to allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The Debriefing should not exceed 30 minutes.

Controller & Evaluator Debriefing

Immediately following the FE, controllers and evaluators attend a facilitated Controller/Evaluator (C/E) debriefing where they provide an overview of their observed functional areas and discuss strengths and areas for improvement.

Participant Feedback Forms

The Participant Feedback Survey will provide players with the opportunity to comment candidly on FE activities and design. The survey will be available after the exercise and will be sent via email.

EVALUATION

Exercise Evaluation Guides

Exercise Evaluation Guides (EEG) assist evaluators in collecting relevant FE observations. EEGs document FE objectives and aligned capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. The EEGs, coupled with Participant Feedback Forms and Hot Wash notes, are used to evaluate the FE and compile the After-Action Report (AAR).

After-Action Report

The AAR summarizes key information related to evaluation. It primarily focuses on the analysis of capabilities, including capability performance, strengths, and areas for improvement. The AAR also includes basic exercise information, including the exercise name, type, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and point of contact (POC).



IMPROVEMENT PLANNING

Improvement planning is the process by which the observations recorded in the AAR are resolved through development of concrete corrective actions, which are prioritized and tracked as part of a continuous corrective action program.

After-Action Meeting

The After-Action Meeting (AAM) is held among decision- and policy-makers from the exercising organizations, the Lead Evaluator, and members of the Exercise Planning Team to debrief the FE and review/refine the draft AAR and Improvement Plan (IP). The AAM should be an interactive session, providing attendees the opportunity to discuss/validate the observations and corrective actions in the draft AAR/IP.

Improvement Plan

The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. It is created by elected and appointed officials from participating organizations, and discussed/validated during the AAM.



APPENDIX A: EXERCISE SCHEDULE

8:00 am	Welcome & Controllers Provide Player Briefing
8:00 am	FE Facilitator Check-In
8:00 - 8:30 am	Read Exercise Goals, Scenario & Provide Background; Distribute Ppt & Flash Report
8:30 am	Exercise Starts (STARTEX)
8:30 - 8:40 am	INITIAL EOC/HCC Incident Briefings
8:40 - 9:00 am	Ensure system-wide EOC/HCC Coordination, Communications, & Medical Surge Expansion & Decompression
9:00 - 11:00 am	Ensure Resource Requests & SitStat Reports Submitted to EOC Medical Health Branch
11:00 – 1:00 pm	Tentative Conference Call with Alameda County OA EOC
1:00 – 2:00pm	Conduct Venue Hot Washes
2:00 pm	Exercise Ends (ENDEX)



APPENDIX B: EXERCISE PARTICIPANTS

- 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
- Asian Health Services
- Bay Area Health Care Center
- Berkeley Pines Skilled Nursing Center
- Bethesda Home
- Brookdale Home Health
- California Department of Public Health
- California Office of Emergency Services
- Chaparral House
- Crestwood Manor
- Crestwood Treatment Center
- Crown Bay Nursing and Rehabilitation
- DaVita South Hayward Dialysis
- DaVita Livermore Dialysis
- DaVita San Leandro Marina
- DaVita Fremont Dialysis
- DaVita Pleasanton Dialysis
- Divine Home Health Inc.
- East Bay Endoscopy Center
- Eden Medical Center/Sutter Health
- Excell Health Care Center
- Fremont Surgery Center
- Hayward Healthcare and Wellness center
- Kaiser Oakland Medical Center
- Kaiser Permanente San Leandro
- LifeLong Medical Care
- Native American Health Center
- Oakland Fire Department
- Paramedic Plus
- Park Merritt Care Center
- Pleasanton Nursing and Rehabilitation Center
- Royal Ambulance
- St. John Kronstadt Health Care Center
- St. Paul's Towers
- St. Rose Hospital
- Stanford ValleyCare Medical Center
- The Rehabilitation Center of Oakland
- Tiburcio Vasquez Health Center Inc.
- Tri-City Health Center
- UCSF Benioff Children's Hospital Oakland
- Valley Care Medical Center- Stanford
- VHA OEM
- Washington Hospital
- Willow Rock Psychiatric Health Facility
- Windsor Gardens Care Center of Hayward
- Windsor Healthcare of Oakland



APPENDIX C: COMMUNICATIONS PLAN

Jurisdictions, organizations, and facilities should use any pre-existing communications plans. For entities and organizations without an established communications plan, the plan below may be utilized instead.

All spoken and written communications will start and end with the statement “THIS IS AN EXERCISE OR THIS IS A DRILL”

PLAYER COMMUNICATIONS

Functional Exercise (FE) communications do not interfere with real-world emergency communications. Players use routine organization communications systems. Additional communication assets may be made available as the FE progresses. Each venue or organization coordinates its internal communication networks and channels.

CONTROLLER COMMUNICATIONS

Face-to-face interaction is the principal method of information transfer for controllers during the FE. The controller communications network allows the Exercise Director or Senior Controller to make and announce universal changes in FE documentation, such as changes to the Master Scenario Events List (MSEL).

Landline telephones and cell phones are the primary means of communication between the SimCell, Controllers, and Players. A list of key telephone numbers will be available before the FE starts.

COMMUNICATIONS CHECK

Before the FE, the Controllers will conduct a communications check with all interfacing communications nodes to ensure redundancy and uninterrupted flow of control information.

PLAYER BRIEFING

Controllers may be required to provide scenario details to participants to begin exercise play. Technical handouts or other materials also may be provided to orient players with the exercise.

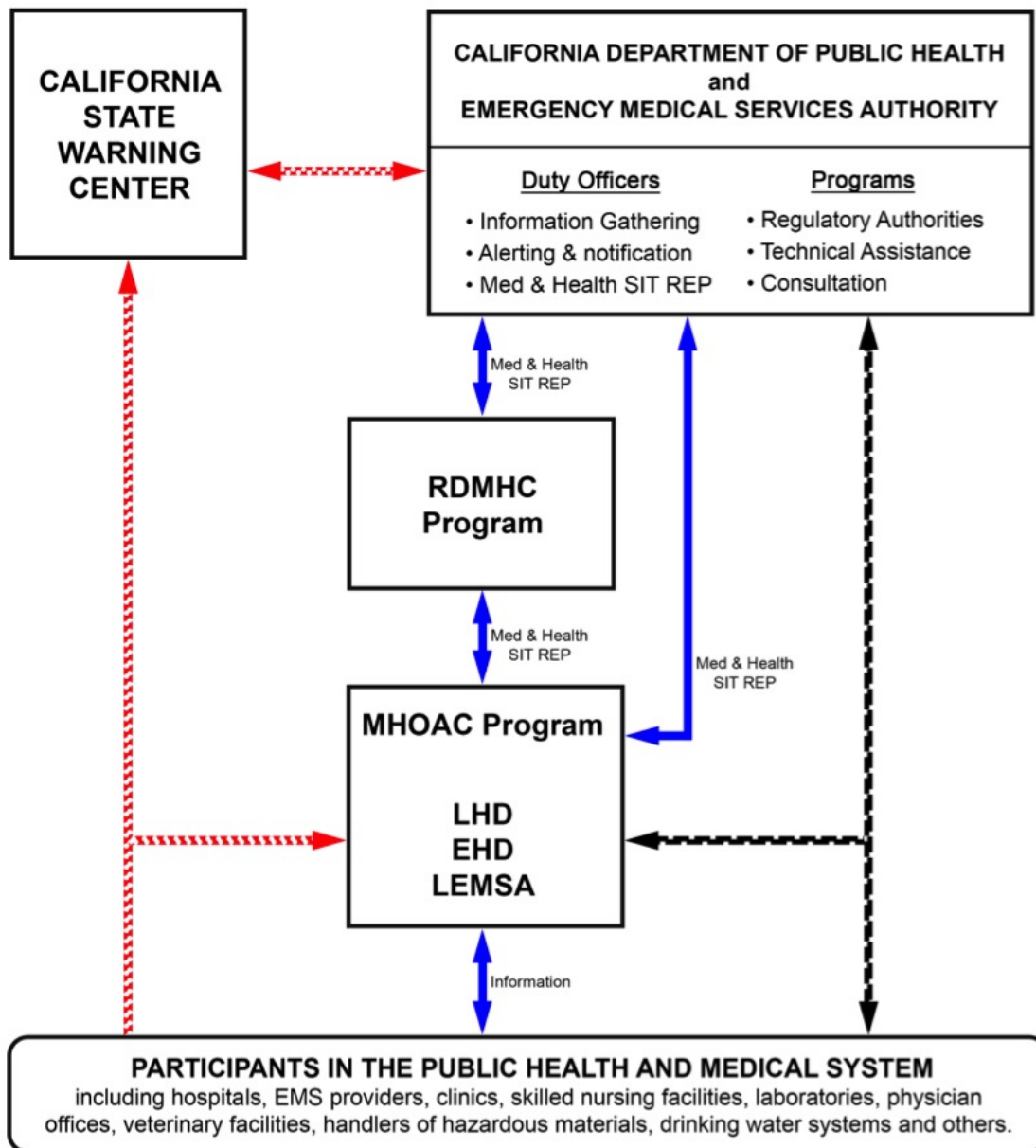
PUBLIC AFFAIRS

The sponsor organization and participating organizations are responsible for coordinating and disseminating public information before the FE. Each venue should follow internal procedures.



APPENDIX D: COMMUNICATION & INFORMATION MANAGEMENT

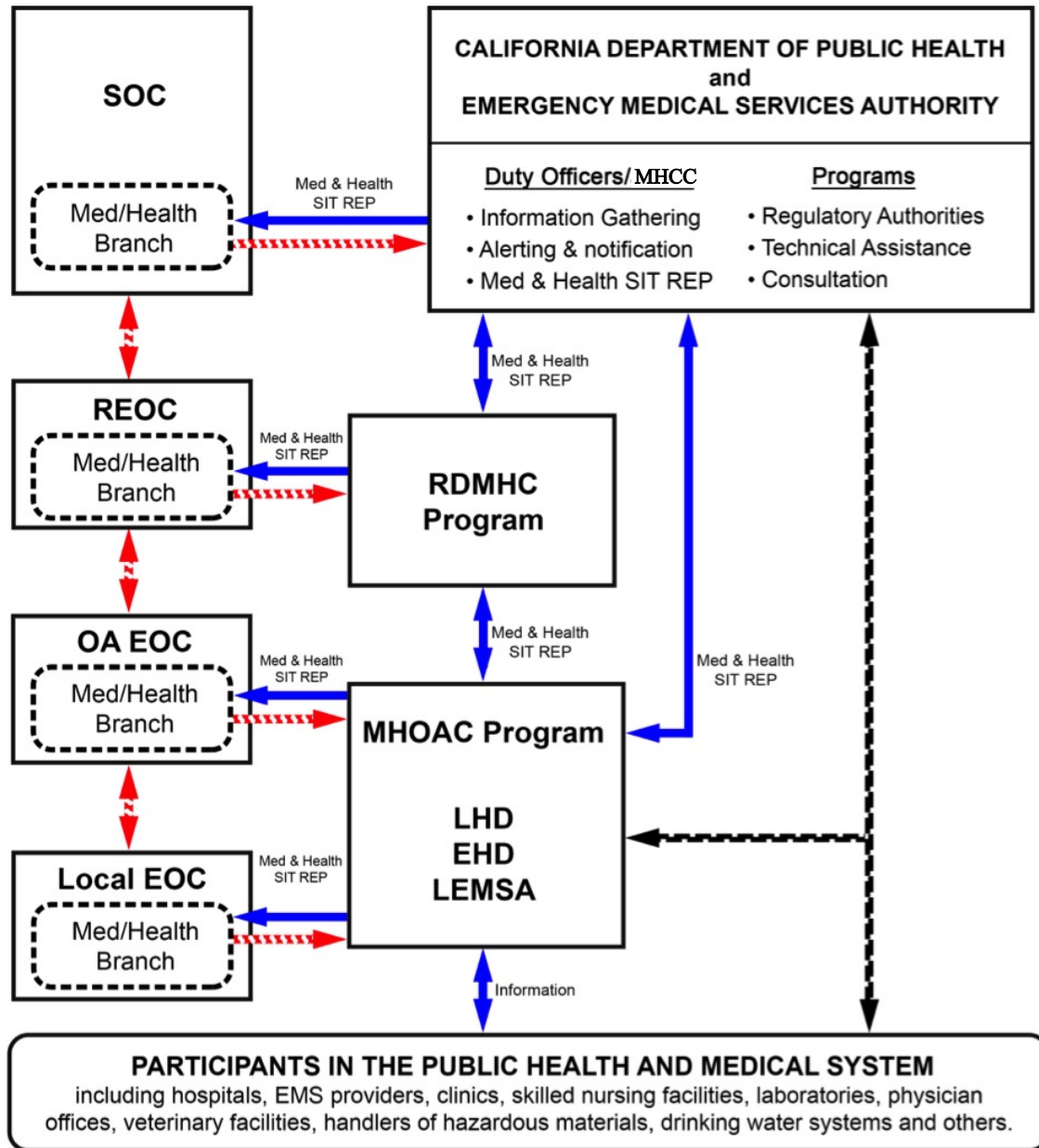
- Information flow in compliance with regulatory, statutory and program requirements.
- Information flow including notification and medical and health situation reporting.
- Direct notification between entities and the CalOES State Warning Center in compliance with statutory and regulatory requirements (e.g., Hazmat spills and releases).



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- Information flow in compliance with regulatory, statutory and program requirements.
- Notification and health & medical situation reporting.
- Emergency management incident reporting, inclusive of medical & health situation reporting.





NOTIFICATION PROCESS FOR UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION FIELD TO STATE ²		
SEMS ³ LEVEL	ENTITY	INITIAL NOTIFICATION
Field	Field-Level Participants in the Public Health and Medical System: Hospitals EMS Providers Community Clinics Skilled Nursing Facilities Public Water Systems Public Health Laboratories	<p>Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures.</p>
Local Gov't	Public Health and Medical Agencies: LHD EHD Local Emergency Medical Services Authority Local Emergency Medical Services Authority (LEMSA)	<p>Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures.</p> <p>Notify the Medical Health Operational Area Coordinator Program (MHOAC) Program.</p> <p>Local Health Department (LHD) / Environmental Health Departments (EHDs): notify the California Department of Public Health (CDPH) Duty Officer Program (either directly or via the MHOAC Program) or Medical and Health Coordination Center (MHCC) if activated.</p>
OA	MHOAC Program	<p>Notify the Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) Program in affected region.</p> <p>Notify the local emergency management agency in accordance with local policies and procedures.</p> <p>Notify the CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC/S Program).</p>
Region	RDMHC/S Program	<p>Notify the CDPH and/or EMSA Duty Officer Programs.</p> <p>Notify the local emergency management agency in accordance with local policies and procedures.</p> <p>Notify the MHOAC Program(s) in unaffected Operational Areas (OA) within the Mutual Aid Region to inform and provide advance warning if requests for assistance are anticipated.</p>

2. From FEMA's Emergency Management Institute Exercise Design Guidelines, in "Unit 4: Exercise Design Steps."

3. Standardized Emergency Management System



NOTIFICATION PROCESS FOR UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION FIELD TO STATE ²		
SEMS ³ LEVEL	ENTITY	INITIAL NOTIFICATION
State	CDPH and EMSA Duty Officer Programs	Notify State agencies in accordance with policies and procedures. Notify the RDMHC/S Programs in other Mutual Aid Regions if assistance is required or anticipated.
	California Governor's Office of Emergency Services (Cal OES) State Warning Center	Notify state agencies, including Cal OES, in accordance with policies and procedures.



NOTIFICATION PROCESS FOR UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION STATE TO FIELD		
SEMS LEVEL	ENTITY	INITIAL NOTIFICATION
State	Cal OES State Warning Center	Notify the CDPH and EMSA Duty Officer Programs.
	CDPH and EMSA Duty Officer Programs	<p>Notify State agencies in accordance with policies and procedures.</p> <p>Notify the RDMHC/S Program in accordance with policies and procedures: request acknowledgement of notification if a Medical and Health Situation Report is expected; escalate to the MHOAC Program if acknowledgement of notification is not received from the RDMHC/S Program within 15 minutes. Notify the RDMHC/S Program by email if no Medical and Health Situation Report is expected by CDPH and/or EMSA.</p> <p>Notify LHD/EHDs in accordance with policies and procedures and field-level entities in accordance with statutory and regulatory requirements for specific functions.</p>
Region	RDMHC Program	<p>Notify the MHOAC Program immediately if the State has requested a Medical and Health Situation Report. Otherwise, notify the MHOAC Program in accordance with policies and procedures.</p> <p>Notify emergency management agencies in accordance with policies and procedures, including the Cal OES Regional Duty Officer (or Regional Emergency Operations Center [REOC] if activated).</p>
OA	MHOAC Program	Notify local agencies (LHD, EHD, LEMSA, emergency management) in accordance with local policies and procedures.
Local Gov't	Public Health and Medical Agencies: LHD EHD LEMSA	Notify appropriate field-level entities in accordance with local policies and procedures.



MEDICAL AND HEALTH SITUATION REPORT UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION		
SEMS LEVEL	ENTITY	ACTIVITY
Field	Field-Level Participants in the Public Health and Medical System: Hospitals EMS Providers Community Clinics Skilled Nursing Facilities Public Water Systems Public Health Laboratories	Provide situational information to the appropriate local agency (e.g., LHD, EHD, LEMSA or MHOAC Program) in accordance with local policies and procedures.
Local Gov't	Public Health and Medical Agencies: LHD, EHD, LEMSA	Provide situational information to the MHOAC Program in accordance with local policies and procedures.
OA	MHOAC Program	Within two hours of incident recognition, prepare and submit initial Medical and Health Situation Report to: (1) RDMHC/S Program; (2) CDPH and/or EMSA Duty Officer Programs (or MHCC if activated); and (3) emergency management agency for the OA (or OA Emergency Operations Center [EOC] if activated) in accordance with local policies and procedures. Under pressing circumstances, the initial Situation Report may be verbally delivered. Update as agreed or pursuant to change in status but no less than once per operational period.
Region	RDMHC/S Program	Confirm that the MHOAC Program submitted the Medical and Health Situation Report to CDPH and/or EMSA Duty Officer Programs and the emergency management agency for the OA (or OA EOC if activated) in accordance with policies and procedures. Confirm that the Cal OES Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report in accordance with policies and procedures.
State	CDPH and EMSA Duty Officer Programs (or MHCC if activated)	Share information with State agencies in accordance with policies and procedures. Incorporate relevant information from Medical and Health Situation Reports into the statewide Public Health and Medical Daily Situation Report and share with Cal OES, California Health and Human Services (CHHS), RDMHC/S Programs, MHOAC Programs and other stakeholders at least once per operational period.

2017 STATEWIDE MEDICAL AND HEALTH EXERCISE
EXERCISE PLAN
FUNCTIONAL EXERCISE



The designation of Public Health and Medical Incident Level 1, 2, or 3 describes the need for resources. It is also important to assess and report the operational status of the Public Health and Medical System within the Operational Area. Public Health and Medical System Status is assessed using a color-coded system that describes conditions along a continuum from normal daily operations to major disaster. This system is generally modeled after the system developed to assess and report Health Care Surge Level described in CDPH's Standards and Guidelines for Healthcare Surge During Emergencies.

PUBLIC HEALTH AND MEDICAL SYSTEM STATUS	
Color	Condition
Green	The Public Health and Medical System is in usual day-to-day status. Situation resolved; no assistance is required.
Yellow	The Public Health and Medical System is managing the incident using local resources or existing agreements. No assistance is required.
Orange	The Public Health and Medical System requires assistance from within the local jurisdiction/Operational Area.
Red	The Public Health and Medical System requires assistance from outside the local jurisdiction/Operational Area.
Black	The Public Health and Medical System requires significant assistance from outside the local jurisdiction/Operational Area.
Grey	Unknown.



APPENDIX E: FORMS

Alameda County Operational Area Medical and Health Resource Request Form:
http://www.acphd.org/media/400675/alco%20med_ops_resource%20request%20form_generic_v2_pdf_ext_current.pdf

Medical and Health Situation Status Form:
http://www.acphd.org/media/400286/medhealthstatreport_online_ext_current.pdf



APPENDIX F: SAFETY CHECKLIST

SITE CONTROL/SCENE SAFETY

- Access to functional exercise (FE) sites is limited to FE participants.
- All participants check in before the FE.
- Observers are escorted to designated areas and accompanied by a FE controller at all times.
- FE staff are wearing the pre-determined badges, hats, and/or vests to clearly display their FE roles.
- A perimeter fence or other types of barrier controls are in place.
- Site access points to the site or building have been identified and will be monitored during the duration of the FE.
- All existing fire hydrants on the site are accessible.
- Floor plans posted show exits, entrances, location of security equipment, etc.

PARTICIPANT SAFETY

- All participants are aware that there is a Safety Controller on scene.
- All participants know to use the phrase **"STOP EXERCISE"** if an emergency arises that requires assistance.
- All participants are aware that they should notify emergency services and the closest controller if they observe another participant who is seriously ill or injured.
- All participants know to advise their venue's controller or evaluator of any unauthorized persons.
- All participants are aware of exercise identification items and will be able to identify FE staff.
- All participants are aware of the exits, entrances, location of security equipment, etc.
- All participants are aware of and have agreed to the relevant weapons policy.



APPENDIX G: ACRONYMS

AAM	After Action Meeting
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 Organization
CCLHO	California Conference of Local Health Officers
CDPH	California Department of Public Health
CERT	Community Emergency Response Team
CHA	California Hospital Association
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 Guide
EHD	Environmental Health Department
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EMSAAC	Emergency Medical Services Administrators Association of California
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
ETA	Estimated Time of Arrival
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

2017 STATEWIDE MEDICAL AND HEALTH EXERCISE
EXERCISE PLAN
FUNCTIONAL EXERCISE



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
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
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
SME	Subject Matter Expert
SOC	State Operations Center
SWAT	Special Weapons and Tactics Team
SWMHE	Statewide Medical and Health Exercise
TLO	Terrorism Liaison Officer
UC	Unified Command
VIP	Very Important Person