

# Alameda County Health Care Services Agency

## October 8, 2015



## 2015 STATEWIDE MEDICAL AND HEALTH EXERCISE

# SITUATION MANUAL

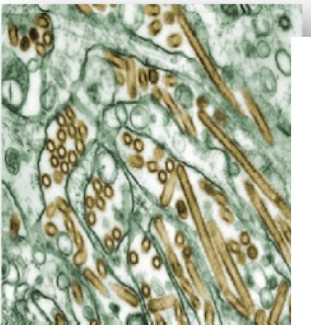


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## PREFACE

The 2015 California Statewide Medical and Health Exercise (SWMHE) is sponsored by the California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA). This Situation Manual (SitMan) was produced with input, advice, and assistance from the SWMHE Planning Team, comprised of representatives from:

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- California Department of Public Health (CDPH)
- California Emergency Medical Services Authority (EMSA)
- California Hospital Association (CHA)
- California Primary Care Association (CPCA)
- County of San Mateo EMS Agency
- Emergency Medical Services Administrators Association of California (EMSAAC)
- Kaiser Permanente
- Los Angeles County Department of Public Health
- Orange County Health Care Agency
- Riverside County Department of Public Health
- San Joaquin County EMS Agency
- Sharp HealthCare
- Sutter County Public Health
- Watsonville Community Hospital

This SitMan follows guidelines set forth by the U.S. Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP). See Appendix F 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.

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## ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is the *California Statewide Medical and Health Exercise (SWMHE) Program 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 is prohibited. All exercise participants may view the SitMan.
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## STATEWIDE MEDICAL AND HEALTH EXERCISE SITUATION MANUAL



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## EXERCISE OVERVIEW

<b>Exercise Name</b>	2015 California Statewide Medical and Health Exercise (SWMHE) – Tabletop
<b>Exercise Date</b>	October 8, 2015
<b>Scope</b>	This is a tabletop exercise planned for Alameda County Disaster Preparedness Health Coalition and other County Partner Agencies and Organizations. The 2015 SWMHE Program is a progressive exercise program in a series of training exercises tied to a set of common program priorities. This year’s exercise will be conducted in October and November 2015, culminating in the Functional Exercise on November 19 <sup>th</sup> . The timeline is listed below:
<b>Exercise Purpose</b>	To evaluate current response concepts, plans, procedures, policies and/or capabilities related to a medical surge of patients from H5N1 Influenza Virus infection in Alameda County. The exercise will focus on the coordination of health alerts and health system capabilities anticipated when managing surge among community healthcare partners.
<b>Core Capabilities</b>	Emergency Operations Center Management Medical Surge Communications & Information Sharing Medical Countermeasure Dispensing Management & Distribution
<b>Objectives</b>	<p><b>Objective 1:</b> Discuss similarities and differences between a Mass Casualty medical surge event and a prolonged infectious disease event, including differences in lab management.</p> <p><b>Objective 2:</b> Describe/discuss the capabilities and capacities to sustain a prolonged medical surge infectious disease event, through established plans for the county Health Care Service Agency, Hospitals, Clinics, Long Term Care Facilities, and Transport Providers to deal with a surge of pandemic influenza adult and pediatric patients.</p> <p><b>Objective 3:</b> Describe/discuss the internal and external information sharing processes including redundant communication modalities such as CAHAN, ReddiNet, Conference Calls and Website.</p> <p><b>Objective 4:</b> Describe/discuss the requesting process and management of medical countermeasures for health care facility closed Points of Dispensing.</p>
<b>Threat or Hazard</b>	Pandemic Influenza
<b>Scenario</b>	Novel Strain of Pandemic Influenza (H5N1)
<b>Sponsor</b>	The 2015 Statewide Medical and Health Tabletop Exercise is sponsored by CDPH and EMSA in collaboration with response partners representing local health



**Participating Organizations**

departments, public safety and healthcare facilities across California.

**Participating Organizations**

This exercise is designed to include the following medical and health care partners: acute care hospitals, local health departments, environmental health, mental health, community health centers, long term care facilities, dialysis centers, emergency medical services, transport providers, law enforcement, fire service, community based organizations, emergency management, MHOAC program, RDHMC program, non-governmental organizations and other partners. A list of participating agencies can be found in Appendix B.

## GENERAL INFORMATION

### Introduction

The California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA) lead California in an annual Statewide Medical and Health Exercise (SWMHE) Program. CDPH recognizes that being prepared for a threat to community health is of national concern in an era of possible bioterrorism, pandemic influenza, and emerging public health threats. This tabletop exercise has been developed to encourage all healthcare stakeholders and their partners to exercise their response to and recovery from unusual health events that may challenge their facilities and personnel.

This exercise is designed to establish a learning environment for players to exercise emergency response plans, policies, and procedures as they pertain to a public health emergency. To ensure an effective exercise, subject matter experts (SMEs) and local representatives from numerous agencies have taken part in the planning process.

The SWMHE Program has been developed with funding from the Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) grants.

### Exercise Objectives & Core Capabilities

The exercise objectives below describe expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team. Sample objectives tailored for different participating agencies and organizations (hospitals, community clinics, long term care facilities, ambulance services, EMS providers, offices of emergency management, departments of coroner/medical examiners, fire services, and law enforcement) is available at [www.californiamedicalhealthexercise.com](http://www.californiamedicalhealthexercise.com).

Core Capability	Exercise Objective
Information Sharing	Describe/discuss the internal and external information sharing processes including redundant communication modalities such as CAHAN, ReddiNet, Conference Calls and Website.

Core Capability	Exercise Objective
Medical Countermeasure Dispensing	Describe/discuss the requesting process and management of medical countermeasures for health care facility closed Points of Dispensing.
Medical Surge	Describe/discuss the capabilities and capacities to sustain a prolonged medical surge infectious disease event, through established plans for the county Health Care Service Agency, Hospitals, Clinics, Long Term Care Facilities, and Transport Providers to deal with a surge of pandemic influenza adult and pediatric patients.
Emergency Operations Coordination	Discuss similarities and differences between a mass casualty medical surge event and a prolonged infectious disease event, including differences in lab management.

## Participant Roles & Responsibilities

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

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Observers.** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
- **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.

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## Exercise Structure

This exercise will be a multimedia, facilitated exercise. Players will participate in four modules. Each module will focus on a different aspect of an infectious disease emergency response that will allow participants to understand the county's response, allow time for discussion and provide tools and information for a healthcare partner/system response. Various subject matter experts will present information and local healthcare providers will have an opportunity to present their perspectives to critical

questions through group discussions. An exercise facilitator will encourage participation and stimulate discussion through the questions. Players will participate in the following four modules:

- **Module 1:** Infectious Disease Response
- **Module 2:** Medical Surge Discussion
- **Module 3:** HCSA DOC Management & Information Sharing
- **Module 4:** Medical Countermeasures/Health Care Facility PODs

## Exercise Guidelines

- 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 mitigation, response, and recovery efforts. Problem solving efforts should be the focus.
-

## Exercise Assumptions & 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 your organization's final position on a given issue.
  - Certain antiviral medications are effective for treating the symptoms of this strain of influenza.
  - The average incubation period of this strain is two to eight days.
  - A significant number of people in the local area have been exposed, and there is a significant surge of H5N1 cases simultaneously presenting to hospitals and healthcare facilities on the morning of the exercise.
  - The pandemic is plausible and events occur as they are presented in the modules.
  - Participants should use existing plans, policies, and procedures.
    - If during the course of the 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.
  - 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 to get that information. 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 TTX runs smoothly:

- 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;
- Keep your comments focused and consider the 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; and
- Participate in the discussions on the issues and procedures flowing from each move presented.

## Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned areas. Additionally, players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After Action Report (AAR).

# MODULE 1: Infectious Disease Emergency Response & Lab Capabilities

## Pre-Event History

### Conditions for an Influenza Pandemic:

- A novel strain of influenza (which human population has no immunity to)
- Sustained person to person transmission
- Global spread of cases

### Pandemic History

Three significant influenza pandemics in 1918, 1957 and 1968 occurred with significant morbidity and mortality worldwide. More recently, we experienced the H1N1 pandemic in 2009 which met all conditions for a pandemic, and caused significant illness and deaths in otherwise healthy and young individuals (unlike seasonal influenza which typically causes the highest mortality in persons over 65 years of age), but luckily had a low case fatality rate. The medical and public health community has learned many lessons from each pandemic to apply to response for the next pandemic.

### Seasonal Flu vs. Pandemic Flu

Every year we experience an influenza season where several strains of influenza circulate, and typically one or 2 strains predominate. In the U.S. every year anywhere from 3,000 to 49,000 deaths are caused by influenza. There are two types of human influenza that we typically see, Influenza A and Influenza B. Flu vaccine always includes specific components to target the strains that epidemiologists worldwide predict will circulate during the next season. All vaccines have 3 or 4 strains that are targeted and that the vaccine should protect from. A novel strain could occur from a mixing of an animal strain of influenza with a human strain that has not caused disease in humans in the past, and that humans would not have natural immunity or protection from vaccine. Antiviral anti-influenza medications can decrease severity of influenza infections, but some influenza strains have or will develop resistance to antiviral medications which our surveillance systems also try to monitor. We can't predict if our existing antiviral medications will work to treat a novel influenza strain.

## Infectious Disease Emergency Response

Infectious disease emergency responses are different from other disaster scenarios for several reasons.

- A response to an infectious disease event can last several weeks to several months and pandemics can result in several waves and even span more than one year.
- In addition to requiring medical surge and information sharing responses there are additional issues and challenges to address such as:
  - Disease containment
    - Appropriate infection control for health care providers, first responders and the community
    - Potential need for Isolation & Quarantine
    - Restriction & Exclusion of persons in sensitive occupations or situations
    - May require mass prophylaxis with antibiotics, antivirals, or vaccine if they are available and effective to mitigate

- Community mitigation or non-pharmaceutical Interventions (for example school closures, cancelling of mass gatherings, etc.)
- Dramatically decreased staffing for first responders and health care providers during the entire period due to illness, caring for ill family members, or quarantine or exclusion from public settings or work.
- Epidemiology & Surveillance to investigate and describe the scope of the situation and provide situational awareness
  - Surveillance requires collaboration between public health and infection control providers at health care facilities
- Lab testing and confirmation of cases may only be available via the public health laboratory network (which will likely be quickly overwhelmed)

## Alameda County Public Health Laboratory Capabilities

In the event of an infectious disease outbreak (epidemic or pandemic), the Alameda County Department of Public Health Laboratory (ACPHL) is prepared to respond. Response of the ACPHL may include direct laboratory testing, consultation on specimen collection, handling or Biosafety, or conduit / courier support to a reference laboratory for testing. During the 2009 H1N1 Influenza event, the ACPHL initially provided consultation for specimen collection and provided courier service to the California Department of Public Health for specimens that required testing. Eventually, the ACPHL brought the test in-house and has maintained the ability to test directly.

Currently, the ACPHL possesses several state-of-the-art devices for the “molecular” or DNA/RNA based detection of a wide variety of infectious agents (through Polymerase Chain Reaction (PCR)). PCR is the basis for the most sensitive and rapid tests for a variety of viral and bacterial pathogens. This standard of testing is at the technological edge, and is widely utilized, making it the framework for test development and response at the Centers for Disease Control and Prevention (CDC). For that reason, the ACPHL can now rapidly adopt new tests, when needed and when developed by CDC. The ACPHL currently provides PCR testing services for:

- Influenza A and B (with subtyping for H1, H3, H1(2009), H5 and H7)
- Enterovirus
- Measles
- Bordetella pertussis
- Norovirus
- M. tuberculosis

In addition, the Laboratory maintains culture capabilities for all manner of bacterial pathogens. In 2015, the ACPHL obtained the ability to perform next generation sequencing and is developing this for broad range pathogen detection and description in the year 2016.

## Module 1 Discussion Questions

1. How will you ensure your staff has appropriate equipment and training for personal protection/infection control?
2. How will you coordinate reporting case reports from your facility to public health?
  - a. How will that information be communicated internally?

- b. How will you deal with different numbers in your ED versus numbers of confirmed, probable, or suspected cases?
3. Do your health care providers and laboratory staff know how to submit specimens appropriately to public health laboratory?
4. How will your facility deal with the high volume of questions from patients who want to know more about the disease or the treatment or prevention?



## MODULE 2: Medical Surge, H5N1 Scenario & Facilitated Discussion

### Medical Surge Definition

Medical surge occurs when an excess of patients presents over capacity in hospitals, long-term care facilities, community care clinics, public health departments, other primary & secondary care providers, resources and/or emergency medical services. The sheer number of patients can overwhelm the medical health system, impair identification of critical patients and impair treatment of critical patients.

#### The medical surge goal is to:

- Maximize effectiveness of existing resources
- Increase patient care capability
- Increase surge capacity

**Surge capacity** refers to the ability of the health care system to convert quickly from their normal operation of services to a significantly increased **capacity** in order to serve an influx of patients during an emergency. **The 4Ss of surge capacity refer to Systems, Staff, Space and Stuff.**

- System: Integrated policies & procedures; EOC/HCC/DOC management
- Staff: Trained licensed healthcare professionals/ support staff
- Space: Facilities
- Stuff: Comprehensive medical supplies & equipment:
  - Pharmaceuticals
  - Personal protective equipment
  - Portable & fixed decontamination systems
  - Isolation beds, ventilators, masks
  - Beds: Acute care & critical care beds

### Scenario

In the early summer of 2015, five cases of human-to-human transmission of a novel strain of the influenza virus H5N1 are initially identified in a small village in Cambodia. In response, surveillance in surrounding areas is strengthened as resources allow, and additional cases of H5N1 begin to be identified throughout the country. Once identified, ill persons are either hospitalized or isolated at home. In efforts to contain the outbreak, officials use stockpiled antiviral medication for treatment and for use as prophylaxis against persons coming into contact with ill persons. Local ill Cambodian residents disregard isolation instructions to remain in their villages, and many flee in hopes of obtaining antiviral drugs in more urban areas. H5N1 quickly spreads throughout Cambodia and soon crosses into other regions of Southeast Asia. In Asia, the World Health Organization (WHO) reports there is sustained human-to-human transmission, with an estimated 30% of those who are exposed, developing symptoms. **The initial case fatality rate reported by WHO is 3%, higher than the 1918 pandemic fatality rate and considered a Category 5 pandemic on the U.S. Centers for Disease Control and Prevention (CDC) severity index.** The seasonal vaccine is ineffective, and all age groups are affected. Certain antiviral medications have been shown to help alleviate symptoms and are in high demand from local health departments, pharmacies, and healthcare providers. H5N1 cases begin to appear in Australia. WHO declares a pandemic.

The U.S. Centers for Disease Control and Prevention (CDC) develops a case definition and initiates enhanced surveillance at quarantine stations and large healthcare facilities at major U.S. ports of entry. Viral isolates are sent to the CDC and the National Institute of Allergy and Infectious Diseases (NIAID) to begin vaccine development. Hospitals and healthcare facilities across the country are asked to increase surveillance and reporting. The novel influenza virus begins to make headlines worldwide and becomes the lead story on major news networks. In the U.S., influenza is the lead story for all major newspapers,

television networks and cable news broadcasts. Signs of public concern and fear continue to grow. Many health departments and healthcare providers attempt to purchase additional stockpiles of antiviral influenza medications.

At the same time, California is already experiencing an above-average flu season and many healthcare facilities are inundated with Influenza-like-Illness (ILI) cases. Due to the recent public health alerts, patient workups include reporting to Acute Communicable Disease and requests for testing for H5N1 through the local public health laboratory. On October 6th, the first case of H5N1 is identified in Alameda County, where trans Pacific travelers between Southeast Asia and Australia are frequent. Alameda County hospitals and clinics are already flooded with seasonal flu cases, and other respiratory viral illnesses along with the worried well who want to be evaluated and tested.

Hospitals and healthcare facilities in California are doing all they can to keep up with the situation. "They've tried to bring in extra doctors and nurses to handle the overload, but so many are out ill or caring for ill loved ones there aren't enough to handle the volume" said public information officer from Alameda Health Systems hospitals. "Patients are waiting in the emergency room for 24 hours or more for a bed." Hospital staff throughout the area say this is already the worst surge of patients they've seen in years. Reports from 9-1-1 and other public safety agencies reveal nearly triple the number of calls compared to this same time last year.

## Discussion

1. The focus of discussion is medical surge. All participants will have the opportunity to answer the questions and hear responses from participating facilities.
2. Approximately 50 minutes have been allotted to consider the questions in this module. This will be a facilitated discussion.
3. Take a moment to review the questions in their entirety and then focus on the critical issues of major concern for your group at this point in the exercise.
4. Identify any additional questions, critical issues or decisions that need to be addressed for further/future discussion. Each participant should record their thoughts, issues and questions on the provided Participant Feedback Form.
5. Make decisions using the information provided and your best judgment of how to proceed.

## Objective

Describe/discuss the capabilities and capacities to sustain a prolonged medical surge infectious disease event, through established plans for the county Health Care Service Agency, Hospitals, Clinics, Long Term Care Facilities, and Transport Providers.

Based on the objective, the key issues and information provided, exercise partners are directed to participate in a discussion. Questions will address how hospitals, clinics, long term care facilities and transport providers support each other during medical surge event. Multidisciplinary allows all participants to hear the issues and potential solutions and resources available to each other within our jurisdiction.

Identify any additional requirements, critical issues, decisions, key participants or questions that should be addressed at this time.

The questions below are provided based on current knowledge, gaps and information garnered from the medical surge contract work. These questions are not meant to constitute a definitive list of concerns to

be addressed nor is there a requirement to address every question; however, they are meant to move us forward as a healthcare system within the Alameda County Operational Area.

Please take a few minutes to review the following questions as they relate to your facility and your position. A facilitator will initiate a group discussion to gain perspectives from each facility type.

**General Question for all Participants:**

1. What is your organization's current surge capacity & capability for patient care?

## Expanded Scenario

**On Monday, September 6, 2015**, a 33-year old woman in Alameda County becomes the first confirmed H5N1 case in California. She alerts healthcare staff that she recently hosted visiting family members from Cambodia, some of whom had fever and respiratory symptoms, which she also subsequently developed. While ill, she and some of the ill visiting family members attended a large fair with over 5,000 attendees in the neighboring county last week. She took BART frequently while infectious.

Hospitals in that area experience a wave of ILI cases, many of whom attended the fair.<sup>1</sup> **On Wednesday October 7, the first confirmed H5N1 fatality in California** is recorded in a neighboring county. The media actively covers the situation and has reports on the patient's presence at the fair, which many of Alameda County residents also attended.

In anticipation of a surge of patients, the Alameda County Public Health Department Operations Center (DOC) is activated, and Strategic National Stockpile (SNS) assets, including H5N1 vaccine, are requested. Point of Dispensing (POD) plans are activated on alert status.

Notification is received that doses of an H5N1 pandemic vaccine that has been tested for safety and is shown to be efficacious in preventing the novel circulating influenza strain are available for distribution through the SNS. Requests are made for government resources to provide extra security at healthcare facilities, government buildings, and vaccine POD sites. While no H5N1 cases have been identified in Alameda County, the Public Health Department has taken a proactive posture and is planning on distributing vaccines to hospitals and local health departments, as well as activating a select number of PODs around the county. The SNS vaccine supply will be arriving in shipments over the next week. Public health officials are discussing prioritization criteria for vaccination. **Healthcare facilities in the neighboring county have seen at least 80 suspect H5N1 cases who had attended the fair.**

The Local Health Officer is faced with an onslaught of crucial decisions, to include ongoing risk communications strategies, DOC / EOC coordination, disease investigation/surveillance and coordination with local, state, federal, and tribal agencies. The Governor declares a state of emergency.

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<sup>1</sup> Current data for A (H5N1) infections indicate that the incubation period is anywhere from 2 – 8 days, sometimes extending as long as 17 days (WHO Avian Influenza, 2014: [http://www.who.int/mediacentre/factsheets/avian\\_influenza/en/](http://www.who.int/mediacentre/factsheets/avian_influenza/en/))

## Key Issues

- As 911 calls continue to inundate the system, ambulances are stacking.
- Some ambulances are waiting for more than 30 minutes at a single ED.
- EDs are overwhelmed.
- Hospitals are experiencing a surge that is starting to become unmanageable.
- ICUs are filled to capacity & expecting more critical patients.
- Hospital need to expand capacity to take in more acute patients.
- Clinics need to send more patients to hospitals who are presenting with ILI/possibly H5N1 symptoms.
- Isolation areas need to be expanded at clinics and hospitals.
- Hospitals need to decompress noninfectious less acute patients to Long Term Care Facilities and possibly discharge others.
- Long Term Care facilities are taking precautions before accepting any patients.
- Transport providers are faced with an onslaught of patient transfers in addition to staff shortages and need to mitigate extended ambulance wait times and ensure continued ambulance resources.
- Mental Health providers are getting more requests for services.
- Appropriate airborne, droplet, and contact infection control precautions need to be taken for this novel strain of influenza with high mortality rate.
- Mental Health providers are experiencing an increase in service demands as the first H5N1 fatalities are announced.

## Medical Surge Discussion Questions

- **All:** Describe your **top medical surge priorities** and immediate action plans.
1. **Hospitals:** How will you decompress/offload less critical patients? Describe how you will prepare to expand capability to receive more patients, remain open & functional?
  2. **LTCFs:** Will you be able to take more patients and maintain care of your current patients? Describe how you will maintain a healthy facility and prepare to receive more residents?
  3. **Clinics:** Would you consider activating your tier system given the percentage of staff that may not be able to come to work? Might you decrease services at one clinic to expand/support larger clinics, if applicable?
  4. **Transport:** How will you expand capability to take care of/transport increasing numbers of patients with fewer staff?
  5. **Mental Health:** What type of community support would you be able to provide? Will you provide specific support/information to first responders and healthcare workers and their families?

Imagine we have absorbed a maximum number of patients from hospitals to LTCF. During the next 18 months, we will again be at capacity, a few times and the need to care for additional patients will continue. Our recent medical surge assessments indicated LTCFs could potentially accept 5-10 post acute discharge patients to free up bed availability in higher acuity care settings. This could prove significant as we have estimated 75 LTCFs in Alameda County.

1. Is this limited to LTCFs with existing discharge transfer agreements with Alameda County hospitals?
2. Where would the additional staff come from to support 5-10 additional patients per facility?
3. What concerns do LTCFs need to address to accept additional patients?

Questions regarding transferring patients from hospital to LTCFs revealed specific challenges including:  
a) Medication issues b) Physician to physician transfer and assessments, c) 72 hour stays needed for

reimbursement, d) BLS transport agencies have multiple contracts and may not have enough staff to support transports, e) Coordination may be required at the county level.

1. Since our last discussion, has anyone considered potential solutions to address these challenges in a pre-event planning phase (now)?
2. Under what criteria would you take patients from hospitals who are trying to decompress their facilities?
3. What types or categories of patients could you accept?
4. Kindred is an acute care facility-are there any others out there, LTCF that are also lessened as an acute care facility?

### **Isolation Considerations & Long-Term Infectious Disease Response**

1. **Hospitals/LTCFs:** How would you expand isolation areas considering this event may last several months? Describe how you will maintain a healthy facility and prepare to receive more residents? What types of restrictions would your facility place on visitors to clients in your facility?
2. **LTCFs:** In the event of an outbreak of H5N1 at your facility, would you be able to isolate affected patients and if so, in what fashion?
3. **Clinics:** Do you have the ability to isolate patient waiting areas to reduce exposure or spread of disease to clients who are not apparently ill?
4. **Transport:** What procedures would you follow in a pandemic event to reduce cross the spread of disease to other patients and staff?
5. **Mental Health:** What precautions will you implement during patient visitations?
  - **All:** What resource needs do you think you will have, e.g. triage/isolation tents, additional PPE? Do you have adequate training for appropriate PPE?
  - **All:** What partner organizations might you rely upon?

## Using Discussion-Based Information

The information discussed should be clearly documented and may be further used in the development or customization of the local area exercise activities for the November 19, 2015 functional exercise objectives and scenario. Focus should be on the organization/jurisdiction's specific needs and resources, including the dependency on partner organizations.

## MODULE 3: HCSA DOC Management & Information Sharing

### HCSA DOC Activation

In the event of an infectious disease outbreak (epidemic or pandemic), the Alameda County Health Care Services Agency Department Operations Center (ACHCSA DOC) will be activated. An activation will be initiated by the Health Officer or Deputy Health Officer followed by an immediate incident briefing to identify response objectives and DOC staff required for the activation. The initial incident briefing will also establish operational periods for the response and documents that will be included in the Incident Action Plan (IAP) for the first operational period.

### Situational Information

Healthcare partners and other outside partners can expect situational information from the HCSA DOC in one or more of the following methods:

- Health Alert (CAHAN)
- Alameda County Public Health Department Webpage (<http://www.acphd.org/>)
- HCSA Situation Status Reports
- Conference Call

### Information Requests

Healthcare partners and other agencies may be asked to participate on conference calls to share information. In addition, information requests may come in the following ways:

- ReddiNet
- ReddiNet Polling
- Healthcare partner SitStat

### HCSA DOC Request Process

The HCSA DOC has established a HCSA Request Process that is followed when receiving both internal and external requests for the following:

- Resources (Medical)
- Resources (Nonmedical)
- Media
- Policy
- Situation Status

### EMS Resources

Alameda County's HCSA EMS Program has additional policies, plans and procedures on their webpage (<http://www.acphd.org/ems.aspx>) that can be readily accessed. Some examples include:

- ReddiNet Utilization Policy
- Medical Health Request Form
- Medical Health Situation Status Report Form

- Various Administrative Policies

## Mutual Aid Resources

California utilizes a medical health mutual aid process that flows from a local jurisdiction to the state as follows:

- **Alameda County Operational Area**  
MHOAC - Medical Health Operational Area Coordination Program
- **Region II Area**  
RDHMC - Regional Disaster Medical Health Coordination Program
- **State**  
Emergency Operations Manual (EOM) the Medical & Health Response

## Information Sharing Discussion Questions

1. Are there any barriers to the current communication systems?
2. What have been the main ways for you to receive information during recent infectious disease emergencies?
3. Describe how your organization will be self-sufficient when mutual aid is not immediately available?
  - a. What resource needs do you think you will have?
  - b. What partner organizations might you rely upon?
4. What vital medical surge operational area (county) forms & communications systems do you need?

# MODULE 4: Medical Countermeasures/Health Care Facility PODs

## Medical Countermeasures

Medical countermeasure dispensing is the ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.

## Points of Dispensing

Points of Dispensing (PODs), when activated, will likely be done so in various fashions. In an event of this nature, priorities will need to be established based on the availability of vaccine and the need to protect specific populations. The Elderly and Children will most likely become a priority population as well as the necessity to keep Healthcare systems providers in place to be able to serve their clients and the general population. Open Vaccination POD's (Open to the public) would be established to serve the public at large throughout the various communities in Alameda County. Additionally, Closed POD's (not open to the public) would likely be established by large employers and for essential service functions (Law, Fire, EMS, and Transportation) to maintain as much of normal day to day operations and reduce absenteeism due related to the N5N1 virus.

## Module 4 Discussion Questions

1. Would you / do you provide vaccines to both staff and family as a preventive measure or just healthcare workers who have patient contact?
2. Who will your facility include to receive vaccinations?
3. If there is an initial vaccine shortage do you have a prioritization protocol?
4. Would you /do you provide vaccines to both staff and family as a preventive measure or just healthcare workers who have patient contact?
5. If requested – would you provide ACPH with statistics regarding vaccinations provided to your clients and families (if you provide that) and declination information on an on-going basis during a Pandemic, should it be needed to track immunization within the county?

# PLANNING FOR THE FUNCTIONAL EXERCISE

## Functional Exercise Participation

The official date of the Functional Exercise is November 19, 2015. The Public Health Department Operations Center will be activated during this exercise to practice response to a major infectious disease that will stress medical systems. Additionally, various activities will be going on in the weeks leading up to November 19<sup>th</sup> during which time the Public Health DOC will be partially active.

An exercise schedule and relevant information will be provided to all exercise participants. Participants will need to have an intent to participate form on file in order to play (Appendix I). Examples of participation include:

- Communications from/to HCSA DOC



- Sending resource requests & receiving resources
- Activation of Command Centers
- Developing IAPs
- Sending information on vaccination rates
- Participating in ReddiNet polls

A Final Planning Meeting is scheduled for October 20th at the Alameda County Public Health Department.

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## TABELTOP EXERCISE DEBRIEF & CONCLUSION

Exercise Participants will participate in a debrief to reflect upon the exercise, discuss what went well and identify opportunities for improvement.

Each participant is requested to fill out a Participant Feedback Form (Appendix J) that will provided at the end of the exercise. Participant feedback will be used to improve future exercises and to develop next steps in increasing Alameda County's medical surge capabilities and capacity.

## APPENDIX A: EXERCISE SCHEDULE

October 8, 2015	
Time	Activity
0830 - 0900	Registration
0900 - 0920	Welcome and Opening Remarks
0920 - 0950	<b>Module 1:</b> Infectious Disease Emergency Response & Lab Capabilities
0950 - 1050	<b>Module 2:</b> Medical Surge, H5N1 & Facilitated Discussion
1050 – 1105	Break
1105 - 1135	<b>Module 3:</b> HCSA DOC Management & Information Sharing
1135 - 1205	<b>Module 4:</b> Medical Countermeasures Dispensing/Activation of Points of Dispensing Operations & Functional Exercise Update
1205 - 1215	Break & Lunch Pick up
1220 - 1250	Working Lunch / Debriefing – SWOT
1250 - 1300	Closing Comments & Participant Evaluation

## APPENDIX B: EXERCISE PARTICIPANTS

Organization	Point of Contact	Contact Information
Alameda County Sheriff's Office	Lt. Pace Stokes	pstokes@acgov.org
Alameda Health System	Sandra Williams	swilliams@alamedahealthsystem.org
Alta Bates Medical Center	Rick Luna	lunar1@sutterhealth.org
UCSF Benioff Children's Hospital Oakland	Rob Newells	rnewells@mail.cho.org
Eden Medical Center	Peggy Hatten	hattenp@sutterhealth.org
Kaiser Permanente Oakland	Zewdu Shibabaw	zewdu.y.shibabaw@kp.org
Kindred Hospital	Frank Gee	frank.gee@kindred.com
St. Rose Hospital	Ken Henkelman	khenkelman@srhca.org
Standford Health Care Valley Care	Caryn Thornburg	cthornbu@valleycare.com
Washington Hospital	Gus Arroyo	Gus_arroyo@whhs.com
Asian Health Services	Dong Suh	dsuh@ahschc.org
Axis Community Health	Aurora Bataclan	abataclan@axishealth.org
Lifelong Medical	Jacquelin Poon	jpoon@lifelongmedical.org
Native American Health Center	Dawn Lulua Claxton	dawnl@nativehealth.org
Tiburcio Vasquez Health Center	Imelda Ragasa	iragasa@tvhc.org
Chaparral House	Kathy Smedley	Ksmedley@chaparralhouse.org
Mercy Retirement & Care Center	Glen Goddard	ggoddard@eldercarealliance.org
Hillside Senior Care	Linda M. Joseph	ljoseph97@gmail.com
St. Christopher Center	Pat Caton	patriciacaton@sbcglobal.net
Hayward Healthcare & Wellness Center	Ada Lukban	administrator@haywardhcc.com
Asian Community Mental Health Services	Catherine Powell	catherinep@acmhs.org
Community Health Center Network	Maria Faer	mfaer@chcnnetwork.org
Paramedics Plus	Frank Intelisano	fintelisano@paramedicsplus.com
West Oakland Health Council	Adrionne Beasley	adrionneb@wohc.org
REACH Air Medical Services	Kathie Dunn	Kathie.dunn@reachair.com
Alameda County EMS	Cynthia Frankel	cynthia.frankel@acgov.org
Willow Rock Psychiatric Health Facility	John Adam	jadam@telecarecorp.com
US Coast Guard	LCDR Zac Woodward	Zachary.c.woodward@uscg.mil
Rural/Metro Ambulance	Peter Cordingley	Peter.cordingley@metro.com
California Department of Public Health	Kevin Chao	Kevin.Chao@cdph.ca.gov

## APPENDIX C: REFERENCES & RESOURCES

Alameda County Public Health Department Webpage

<http://www.acphd.org>

Alameda County Disaster Preparedness Health Coalition Webpage

<http://www.acphd.org/dphc.aspx>

Alameda County EMS Webpage

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

CA Neonatal/Pediatric Disaster Coalition Google List Serve

<https://sites.google.com/site/pedineonetwork/>

California State Medical/Health EOM

<http://www.cdph.ca.gov/programs/aids/Documents/FinalEOM712011.pdf>

EMS ReddiNet Utilization Policy

<http://www.acphd.org/media/314807/reddinet%20utilization%202013.pdf>

Alameda County Medical/Health Request Form

[http://www.acphd.org/media/400675/alco%20med\\_ops\\_resource%20request%20form\\_generic\\_v2\\_pdf\\_ext\\_current.pdf](http://www.acphd.org/media/400675/alco%20med_ops_resource%20request%20form_generic_v2_pdf_ext_current.pdf)

## APPENDIX D: H5N1 BRIEFING

### WHAT IS H5N1?

H5N1 is a highly pathogenic viral subtype of the avian Influenza A virus that has been involved in outbreaks of poultry, especially in Asia and the Middle East. Avian influenzas are those that primarily affect poultry; however some viruses, such as H5N1, can infect humans, generally after contact with poultry, but usually do not spread between humans. Over time, some viruses may mutate and develop the ability to be transmitted efficiently between human beings.

The first recorded infection of humans by A (H5N1) influenza was in 1997 during a poultry outbreak in Hong Kong, China. Since its widespread re-emergence in 2003 and 2004, it has spread from Asia to Europe and Africa and has become entrenched in poultry in some countries, resulting in millions of poultry infections, several hundred human cases, and many human deaths. Outbreaks in poultry have seriously impacted livelihoods, economies, and international trade in affected countries.

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### Symptoms

Initial symptoms of A (H5N1) influenza are similar to a common seasonal influenza. The incubation period for A (H5N1) avian influenza may be longer than that for normal seasonal influenza, which is around 2 to 3 days. Current data for A (H5N1) influenza infection indicate an incubation period ranging from 2 to 8 days and possibly as long as 17 days.

A (H5N1) influenza symptoms can include:

- Fever greater than 100.4°F (38°C)
  - Cough
  - Diarrhea
  - Trouble breathing
  - Headache
  - General ill feeling (malaise)
  - Muscle aches
  - Runny nose
  - Sore throat
- 

### How Dangerous Is H5N1?

The case fatality rate for the A (H5N1) influenza infection in people is much higher compared to that of seasonal influenza infections. More than 600 human A (H5N1) influenza cases have been reported to WHO from 15 countries in Asia, Africa, the Pacific, Europe and the Near East since November 2003. The

first report of a human infection with A (H5N1) influenza in the Americas was in Canada on January 8, 2014. Approximately 60% of the cases have died.

Currently, the A (H5N1) influenza virus does not transmit efficiently from person to person. Some cases of limited, non-sustained human-to-human transmission have likely occurred. There is always a concern that a mutation could occur that would enable the virus to pass easily among people, leading to a pandemic.

Currently, your risk of getting the A (H5N1) influenza virus is higher if:

- You work with poultry (such as farmers)
- You travel to countries where the virus is present
- You touch an infected bird
- You eat raw or undercooked poultry meat, eggs, or blood from infected birds

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## Treatment

Evidence suggests that some antiviral drugs, notably oseltamivir (Tamiflu) or zanamivir (Relenza) can reduce the duration of viral replication and improve prospects for survival.

In suspected cases, antivirals should be prescribed as soon as possible (ideally, within 48 hours following symptom onset) to maximize their therapeutic benefits. However, given the significant mortality currently associated with A (H5N1) infection and evidence of prolonged viral replication in this disease, administration of antivirals should also be considered in patients presenting later in the course of illness.

The virus that causes human A (H5N1) influenza is resistant to the antiviral medicines amantadine (Symmetrel) and rimantadine (Flumadine). These medicines should not be used in the case of an A (H5N1) influenza outbreak. The use of corticosteroids is not recommended.

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## Sources

"Avian Influenza." WHO, Mar. 2014. Web.

[http://www.who.int/mediacentre/factsheets/avian\\_influenza/en/](http://www.who.int/mediacentre/factsheets/avian_influenza/en/)

"Avian Influenza." The New York Times Health Guide, 3 Feb. 2013. Web.

<http://www.nytimes.com/health/guides/disease/avian-influenza/overview.html>

"H5N1 Avian Flu (H5N1 Bird Flu)." *Flu.gov*. U.S. Department of Health and Human Services, n.d. Web.

[http://www.flu.gov/about\\_the\\_flu/h5n1/](http://www.flu.gov/about_the_flu/h5n1/)

# APPENDIX E: MEDICAL AND HEALTH RESOURCE REQUEST

## ALAMEDA COUNTY EMS - Medical/Health Request Form

Med/Health Request Form V7 (7/1/2009 11:30)

Please make sure that you view each page before submitting the form.  
 When you have completed the form, come back to this page to  
**submit the form via email (PREFERRED)**. If you are unable to email the  
 form, print it out and fax it to (925)-803-2720

Submit by EMAIL

Print Form

**Instructions:** This form should be used by facilities that are requesting resources that are "medical" in nature. This includes medical supplies, pharmaceuticals (medications, vaccines, antidotes, etc.), medical personnel, decontamination supplies, surge supplies, etc. This form is to be filled out completely and with enough detail that a non-medical logistics person would know EXACTLY what, and how much is needed. Please be as specific as possible. Indicate if a generic or similar product might suffice. This also assumes that there is an immediate need (not projected) and ALL avenues to procure material have been fully exhausted.

Facility Name & Contact Info	Date (MM/DD/YYYY)	Time (24Hr Format)	Request Originated By
Facility Name:			Name:
EOC or HCC Phone #: <small>Numbers only 5105551212</small>			Contact Phone: <small>Numbers only 5105551212</small>

**Delivery Location (Include Address and specific location (e.g. - loading dock in back of building):**

Street Address	City	Zip	Phone Number (Numbers only-5105551212)

**Deliver Location (instructions)>**

**Pre-Request Instructions:**

<input type="checkbox"/>	Do you have an immediate and significant need?
<input type="checkbox"/>	Have you exhausted your supply, or is exhaustion imminent?
<input type="checkbox"/>	Have you checked with your internal, corporate supply chain, and/or local jurisdictional partners?
<input type="checkbox"/>	Have you checked for availability of supplies with your normal external vendors, and "new" vendors to procure material?

Date  Provider

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## REQUEST DETAIL

Quantity	Unit of Measure	Item Description (Be very specific. Give description, specification, size, etc.)

## APPENDIX F: ACRONYMS

AAM	After Action Meeting
AAP	American Academy of Pediatrics
AAR	After Action Report
AAR/IP	After Action Report/Improvement Plan
ARI	Acute Respiratory Infection
AST	Ambulance Strike Team
ASTL	Ambulance Strike Team Leader
BAR	BioWatch Actionable Result
BHPP	Building Healthy Public Policy
CAHF	California Association Health Facilities
Cal OES	Governor's Office of Emergency Services
Cal OSHA	California Division of Occupational Safety and Health
CBO	Community Based Organizations
CCLHO	California Conference of Local Health Officers
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
C/E	Controller / Evaluator
CERT	Community Emergency Response Team
CHA	California Hospital Association
CID	Clinical Infectious Disease
C/ME	Coroner / Medical Examiner
CPCA	California Primary Care Association
DCDC	Division of Communicable Disease
DHS	Department of Homeland Security
DMORT	Disaster Mortuary Operational Response Team
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
EMSC	Emergency Medical Services for Children
EOC	Emergency Operation Center
EOM	Emergency Operations Manual
EPO	Emergency Preparedness Office
ExPlan	Exercise Plan
FAC / FIC	Family Assistance Center / Family Information Center
FE	Functional Exercise



FEMA	Federal Emergency Management Agency
FOUO	For Official Use Only
FSE	Full Scale Exercise
FTS	Field Treatment Site
GETS	Government Emergency Telecommunications Service
HCC	Hospital Command Center
HCSA	Health Care Services Agency
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
ICU	Intensive Care Unit
ILI	Influenza-like Illness
IP	Improvement Plan
JIC	Joint Information Center
JIS	Joint Information System
LEMSA	Local Emergency Medical Services Authority
LHD	Local Health Department
MERS-CoV	Middle East Respiratory Syndrome - Coronavirus
MHCC	Medical and Health Coordination Center
MHOAC	Medical Health Operational Area Coordination Program
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
MSEL	Master Scenario Events List
NIAID	National Institute of Allergy and Infectious Diseases
NGO	Non-governmental organization
NHICS	Nursing Home Incident Command System
NICU	Neonatal Intensive Care Unit
NIMS	National Incident Management System
OA	Operational Area
OES	Governor's Office of Emergency Services
OEM	Office of Emergency Management
PAHPRA	Pandemic and All-Hazards Preparedness Reauthorization Act of 2013
PCR	Polymerase Chain Reaction
PHEP	Public Health Emergency Preparedness
POC	Point of Contact
POD	Point of Distribution
PPE	Personal Protective Equipment
RDMHC	Regional Disaster Medical Health Coordination
REOC	Regional Emergency Operation Center

## STATEWIDE MEDICAL AND HEALTH EXERCISE SITUATION MANUAL



SEMS	Standardized Emergency Management System
SimCell	Simulation Cell
SitMan	Situation Manual
SME	Subject Matter Expert
SNS	Strategic National Stockpile
SOC	State Operations Center
TTX	Tabletop Exercise
UC	Unified Command
VIP	Very Important Person
WHO	World Health Organization

# APPENDIX G: HCSA REQUEST PROCESS

## Health Care Services Agency Request Process

**Purpose of Request Process:** The purpose of this procedure is to facilitate requests received from partner organizations and stakeholders in a timely manner.

Type of Request	Source of Message	Receiving Section/Unit	Action
<b>Request for Resources (medical)</b>	Transmitted via email, phone or fax.	Logistics Section	<ol style="list-style-type: none"> <li>1. Logged onto ICS 214 Unit Log</li> <li>2. Request is entered into HCSA Master Resource Request Tracking Log</li> <li>3. Referred to Logistics Section Chief or Designee</li> </ol>
	<p>May be submitted on IDER 308, ICS 215 or Alameda County Medical Situation Status &amp; Resource Request Form</p> <p><b>Email:</b> <a href="mailto:PHEPLSC@acgov.org">PHEPLSC@acgov.org</a></p> <p><b>Fax only during DOC activation. DOC Inbound Fax Line:</b> <b>(510) 268-7282 (Right Fax TBD)</b></p>	Logistics Section Chief or designee	<p>Approve</p> <ol style="list-style-type: none"> <li>1. HCSA Logistics Section determines if request is appropriate and available (including transportation).                             <ol style="list-style-type: none"> <li>1A. If not available determine channels for ordering - Standard Procurement Ordering Process, Emergency Procurement.</li> <li>1B. Possible send request to MHOAC to send to RDMHS.</li> </ol> </li> <li>2. If HCSA providing transportation of supplies - Logistics staff will:                             <ul style="list-style-type: none"> <li>• Notify requestor of resources being supplied and delivery information</li> <li>• Send resources</li> <li>• Log onto 214 Unit Log</li> <li>• Update status /action on Master Resource Request Tracking Log</li> <li>• Note approval on requesting form</li> </ul> </li> <li>3. If requester will be picking up the requested supplies – notify requestor of the specific instructions for pick up. i.e.: Location, time, Point of contact at Pick-up point.                             <ul style="list-style-type: none"> <li>• LSC/staff will log onto 214 Unit Log</li> <li>• LSC/staff update</li> </ul> </li> </ol> <p>Deny / Incomplete If resource request is denied or incomplete.</p> <ol style="list-style-type: none"> <li>1. Notify requestor. Determine alternates or have requester re-submit form with corrections needed to action the request.</li> <li>2. Log onto 214 Unit Log</li> <li>3. Update status/action on Master Resource Request Tracking Log</li> <li>4. Note denial on requesting form</li> </ol>

			<p>status /action on ACPH Master Resource Request Tracking Log</p> <ul style="list-style-type: none"> <li>• LSC/staff note approval on requesting form</li> <li>• LSC/staff notify requestor of disposition and status of request.</li> <li>• LSC/staff provide ETA to destination or expected time of delivery</li> </ul>	
		Planning	<ol style="list-style-type: none"> <li>1. Logged onto ICS 214 Unit Log</li> <li>2. Request referred to Logistics Section Chief</li> </ol>	
<b>Request for Resources (non-medical)</b>	Outside Requestor or field staff	Any Section /Unit	<ol style="list-style-type: none"> <li>1. Logged onto ICS 214 Unit Log</li> <li>2. Request referred to Logistics Section Chief</li> </ol>	
		Logistics Section Chief	<p>Approve</p> <ol style="list-style-type: none"> <li>1. If request is appropriate and available (including transportation)                             <ul style="list-style-type: none"> <li>• Notify requestor of resources being supplied and delivery information</li> <li>• Send resources</li> <li>• Log onto 214 Unit Log</li> </ul> </li> </ol>	<p>Deny</p> <p>If resources not available</p> <ol style="list-style-type: none"> <li>1 Notify requestor that resources are not available</li> <li>2. Log onto 214 Unit Log</li> </ol>
<b>Media Request and Staff Information</b>	Media and staff	Normally Information and Guidance Branch, but could be received by any unit	<ol style="list-style-type: none"> <li>1. Log onto Unit Log 214</li> <li>2. Record Message onto 213-General Message Log</li> <li>3. Refer to PIO on 213</li> </ol>	
		PIO	<ol style="list-style-type: none"> <li>1. Confers with IC, JIC or SME if necessary</li> <li>2. Responds to request</li> <li>3. Notes action on 213 and give copy of 213 to Planning</li> </ol>	
		Planning	<ol style="list-style-type: none"> <li>1. Log onto Unit Log 214</li> <li>2. Record Message onto 213-General Message Log</li> <li>3. Refer to PIO on 213</li> </ol>	
<b>Request for Policy</b>  <b>Note:</b> Policy changes or updates require approval per protocol	Any source	Normally Information and Guidance Branch, but could be received by any unit	<ol style="list-style-type: none"> <li>1. Log onto Unit Log 214</li> <li>2. Record Message onto 213-General Message Log</li> <li>3. Refer to Operations Chief</li> </ol>	
		Operations Section Chief	<ol style="list-style-type: none"> <li>1. Refers to appropriate SME</li> <li>2. Notes actions on 213</li> <li>3. SME responds to request</li> <li>4. Give copy of 213 to Planning</li> </ol>	
		Planning	<ol style="list-style-type: none"> <li>1. Log onto Unit Log 214</li> </ol>	

			<ol style="list-style-type: none"> <li>Record Message onto 213-General Message Log</li> <li>Refer to PIO on 213</li> </ol>
<b>Request for Situation Status Report</b>	MHOAC, Regional, State or internal	Normally Information and Guidance Branch, but could be received by any unit	<ol style="list-style-type: none"> <li>Log onto Unit Log 214</li> <li>Record Message onto 213-General Message Log</li> <li>Refer to Planning</li> </ol>
		Planning	<ol style="list-style-type: none"> <li>Log onto Unit Log 214</li> <li>Note actions on 213 General Message Log</li> <li>Request status reports from Medical Health Branch and Operations</li> </ol>
		Operations	<ol style="list-style-type: none"> <li>Receives Sit Status Updates from Operations Branches</li> <li>Compiles Sit Status Reports</li> <li>Submits to Plans, may use new email address <a href="mailto:PHEPPSC@acgov.org">PHEPPSC@acgov.org</a></li> </ol>
		Medical Branch EMS/Medical Transport Group	<ol style="list-style-type: none"> <li>Receives information from hospitals, clinics, Skilled Nursing Facilities and Ambulance Providers</li> <li>Provide information for Sit Status Reports</li> <li>Submits to Plans, may use new email address <a href="mailto:PHEPPSC@acgov.org">PHEPPSC@acgov.org</a></li> </ol>
		Plans	<ol style="list-style-type: none"> <li>Develops an Operations Area Situation Status</li> <li>Submits Operational Area Situation Status to Medical Health Branch</li> <li>Incorporates Operations Area Situation Status into IAP</li> </ol>
		RDMHS	<ol style="list-style-type: none"> <li>Submits Operational Area Situation Status to EMSA State</li> </ol>
<b>Informational Request</b>	HCSA Info and Guidance	Plans	<ol style="list-style-type: none"> <li>Request is shared with Documentation Unit for updated SitStat</li> <li>SitStat is sent to Info and Guidance for dissemination. Example # of people vaccinated, # of declinations.</li> </ol>

# APPENDIX H: SAMPLE HCSA SITUATION STATUS REPORT

## Situation Status Report



<b>Date:</b> January 17, 2014 <b>From:</b> Alameda County Public Health Department <b>Time:</b> 5:00pm <b>Deputy Health Officer:</b> Dr. Erica Pan	<b>Initial Report:</b> January 17, 2014 <b>Update:</b> N/A	<b>Report No.</b> 011714_1  Page 1 of 2
<b>Current Alameda County Health Care Services Agency Response</b>		
<ul style="list-style-type: none"> <li>The Alameda County Public Health Department (ACPHD) has partially activated its Department Operations Center to manage and coordinate information regarding influenza, and coordinate with EMS and healthcare partners.</li> <li>We have set up a system to coordinate and track incoming emails, phone inquiries and media requests.</li> <li>We are updating our flu webpage and dedicated email for inquires regarding Influenza: <a href="mailto:Flu@acgov.org">Flu@acgov.org</a> and <a href="mailto:HealthAlert@acgov.org">HealthAlert@acgov.org</a>.</li> <li>We continue to conduct surveillance for flu deaths in &lt; 65 year olds, updated numbers will be shared every Friday.</li> <li>A Flu Health Advisory will be sent out on Friday, January 17, 2014.</li> </ul>		
<b>Media Inquiries</b>		
<ul style="list-style-type: none"> <li>For the time period January 9 – 17 : The ACPHD Public Information Officer (PIO) has provided daily updates on the number of flu-related deaths, availability of flu vaccine at retail and healthcare facilities, and ACPHD flu clinics in Alameda County. These updates have been shared via PIO voice mail, and directly with individual reporters.</li> </ul> <p>Ongoing media queries have been fielded from these media outlets:</p> <ul style="list-style-type: none"> <li>TV channels 2/KQED, 3/NBC, 4/KRON, 5/KPIX, 7/KGO</li> <li>Radio stations KCBS, KQED, KPFA</li> <li>Wire service Bay City News</li> <li>AOL Patch Piedmont, Castro Valley</li> <li>Alameda Newspaper Group (Oakland Tribune, Hayward Daily Review, Mercury News), SF Chronicle</li> </ul> <p>PIO has coordinated with DCDPC Director TV/radio interviews, including:</p> <ul style="list-style-type: none"> <li>KPFA: <a href="http://www.kpfa.org/archive/id/99098">http://www.kpfa.org/archive/id/99098</a></li> <li>KTVU: <a href="http://www.ktvu.com/videos/news/oakland-health-officials-encourage-flu/vCMzzN/">http://www.ktvu.com/videos/news/oakland-health-officials-encourage-flu/vCMzzN/</a></li> <li>NBC: <a href="http://www.nbcbayarea.com/video/#/on-air/as-seen-on/9-H1N1-Flu-Related-Deaths-Reported-in-Bay-Area/239521491">http://www.nbcbayarea.com/video/#/on-air/as-seen-on/9-H1N1-Flu-Related-Deaths-Reported-in-Bay-Area/239521491</a></li> <li>KGO: <a href="http://search.abclocal.go.com/search/client?st=kgo&amp;q=flu+season++">http://search.abclocal.go.com/search/client?st=kgo&amp;q=flu+season++</a></li> <li>KTVU: <a href="http://www.ktvu.com/weblogs/bay-area-people-episodes/">http://www.ktvu.com/weblogs/bay-area-people-episodes/</a> (to air 1/18 and 1/19/14)</li> </ul> <p>Moving Forward:</p> <ul style="list-style-type: none"> <li>Flu-related deaths in &lt; 65 year olds will be updated and shared on Fridays, beginning with Jan. 17th to coordinate with CA Department of Public Health updates.</li> <li>Alameda County flu profile information (e.g. underlying health conditions for persons who died, any reported outbreaks, any known flu impact on hospitals) will be generated and shared with media via news release and/or on the ACPHD website at <a href="http://www.acphd.org">http://www.acphd.org</a>.</li> </ul>		
<b>Epidemiology &amp; Surveillance</b>		
<ul style="list-style-type: none"> <li>Number of confirmed deaths in &lt; 65 year olds: 3</li> <li>Death Date Span: 12/6/14 – 12/20/14</li> <li>All deaths are confirmed Influenza A H1N1, all had high risk medical conditions for severe influenza</li> <li>1 of 3 were vaccinated against the flu</li> <li>Outbreaks in residential and institutional settings are reportable. We have had <b>no</b> reported flu outbreaks yet this season.</li> <li>Influenza A pH1N1 has been circulating every year since 2009, but during 2012-2013 Influenza A H3N2 was the predominant strain.</li> </ul>		

# APPENDIX I: INTENT TO PARTICIPATE FORM

## 2015 Annual Ca Medical/ Health Emergency Preparedness Exercises

### Tabletop Exercise: October 8, 2015

**Location:** Tabletop Exercise - California Endowment, 7th Floor, 1111 Broadway, Oakland, CA 94607

### Official Functional Exercise Date: November 19, 2015\*

\*Please note that exercise activities will be conducted over several weeks in October/November

### PURPOSE

This year's 2015 Statewide Medical and Health Exercise is designed to build upon our medical and public health community based capability and capacity for a disaster-related healthcare response.

The vision for our statewide exercise is for partners collaboration based on using an objective-driven focus. Exercise partners will work across organization/agency/disciplines to leverage commonalities in response to a wide scale public health emergency. Planning efforts promote options for customization of the exercise to meet everyone's needs. Healthcare partners, first responders and other stakeholders that plan to participate in the 2015 California Statewide Medical and Health Exercise should complete the participation form found on the following page.

- The Alameda County Health Care Services Agency Department Operation Center will be activated for the functional exercise and include key staff from the Public Health Department, Emergency Medical Services, Environmental Health Services, Behavioral Health Services and General Service Agency. An Infectious Disease Emergency Response ICS structure will be used.
- The Receiving Staging Storing Warehouse will be partially activated.
- Points of Dispensing sites will be activated.
- Homeland Security Exercise Evaluation Program Guidelines will be followed.

### SCENARIO

- The scenario for the 2015 Statewide Medical and Health Exercise is an infectious disease scenario; H5N1.

### TARGET CAPABILITIES & GOALS

- Emergency Operations Center Management
- Communication
- Mass Prophylaxis
- Medical Surge
- Emergency Public Information and Warning

### PRE-EXERCISE FACILITY PLANNING REQUIREMENTS

1. Complete and Submit Intent to Participant Exercise Form below by 9/7/2015
2. Assign an Exercise Controller / Facilitator and plan with your facility staff for the exercise.

### EXERCISE PLANNING DOCUMENTS

Please check the Alameda County PHEP, EMS and CDPH websites for exercise documents.

- <http://www.acphd.org/phep.aspx>
- <http://www.acphd.org/emsemergprepresp/emergplanners/exercises.aspx>
- [www.californiamedicalhealthexercise.com](http://www.californiamedicalhealthexercise.com)

### October 8, 2105 Discussion-based Tabletop Exercise

**YES, We Intend to Participate in the Discussion-based Tabletop Exercise**

**STATEWIDE MEDICAL AND HEALTH EXERCISE  
SITUATION MANUAL**



Please identify total number of attendees from your organization who will participate on 10/8/15: \_\_\_\_\_ (needed for lunch count).

**Please List Participant Information:**

Agency/Organization:	Main POC Name:	Title:
Address:	Office Phone:	Email:
	Cell Phone:	
Names of Other Individuals Participating	Title	Email

**NO, no one from our facility will be able to participate in the Tabletop Exercise.**

**November 19, 2015 Functional Exercise**

**Please note** that exercise activities will take place in October/November.

The information you provide below will be used to plan the exercise, develop objectives and injects and will be used as contact information during exercise activities and/or during a real event.

**YES, We Intend to Participate in the Functional Exercise**

Please identify total number of individuals from your organization who will participate on 11/19/15: \_\_\_\_\_. Please List Participant Information below:

Agency/Organization:	Main Point of Contact Name:	Title:
Address:	Office Phone:	Email:
	Cell Phone:	
Names of Other Individuals Participating	Title	Email
Facility Exercise Controller/Facilitator Name:		Email:
EOC/DOC/HCC Phone:	Email Address:	Fax#
<b>Please circle the following communication capabilities you and/or your facility has:</b> 1. CAHAN 2. ReddiNet 3. 700/800 MHz Radio 4. Ham Radio (Please note additional Ham Radio information): Do you have working Ham Radio equipment on site? Y / N Do you have a licensed Ham Operator on site? Y / N What is the Ham Operators' Call Sign? _____		5. Landline (Please note: _____ ) 6. Fax (Please note: _____ ) 7. Email (Please note: _____ )  <b>Please circle which of the following activities you plan to participate in:</b> 1. EOC/DOC/HCC Activation 2. Develop ICS Structure 3. Develop IAP 4. Healthcare Coalition Conference Call

**Please Note:** Additional information will be provided as needed for exercise participation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**NO, No one from our facility will be able to participate in the Functional Exercise. Submit to Alameda County Exercise Director:** Zerlyn Ladua RN, FNP, MSN. BT/Public Health Emergency Preparedness Director. Office: 510-208-5962 Fax: 510-273-3702 **Email: Zerlyn.ladua@acgov.org**



# APPENDIX J: PARTICIPANT FEEDBACK FORM

Please enter your responses in the form field or check box after the appropriate selection.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency/ Organization:** \_\_\_\_\_ **Exercise Type:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Role:**                      Player     Facilitator     Observer     Evaluator     Other

**Part I: Evaluation & Recommendations**

1. Do you feel your understanding of a county medical surge response has increased?  Yes  No  
What recommendations do you have to expand this understanding? \_\_\_\_\_

2. Do you understand how to request resources from the County?  Yes  No  
If no, what is not clear? \_\_\_\_\_

3. Were you able to identify policies, plans and procedures for your organization that would be activated and/or followed in a prolonged medical surge event?  Yes  No

List any policies, plans, and procedures that should be reviewed, revised, or developed. For each item noted, indicate if it is a high, medium, or low priority.

Documents Needing Review	Priority

4. What strategies did you identify your organization could implement to expand capacity in a prolonged medical surge event? \_\_\_\_\_

a. What steps will you take? \_\_\_\_\_

b. What coalition partners will you work with to expand capacity? \_\_\_\_\_

5. Do you understand your reporting responsibilities and how you will receive information from the Public Health Department in an infectious disease event?  Yes  No
6. What gaps in communication did you identify? \_\_\_\_\_
- 
7. Do you feel you are better prepared to respond to a prolonged medical surge event?  Yes  No
8. If you were part of a medical surge workgroup what is the first activity/task/action item you would work on to advance medical surge capability/capacity in our county? \_\_\_\_\_
- 

**Part II: Assessment of Exercise Design, Conduct and Participation**

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below. (1 = strong disagreement with the statement and 5 = indicating strong agreement with the statement)

Assessment Factor	Strongly Disagree			Strongly Agree	
The exercise was well structured and well organized.	1	2	3	4	5
The exercise was designed to accomplish the objectives identified.	1	2	3	4	5
The power point presentation helped the participants understand and become engaged in the exercise.	1	2	3	4	5
The facilitator(s) / controller(s) were knowledgeable about the material, kept the exercise on target, and were sensitive to group dynamics.	1	2	3	4	5
The exercise materials were valuable tools throughout the exercise.	1	2	3	4	5
Participation in the exercise was appropriate for someone in my position <b>due to my real-world experience.</b>	1	2	3	4	5
Assessment Factor	Strongly Disagree			Strongly Agree	
Participation in the exercise was appropriate for someone in my position <b>due to my current job responsibilities.</b>	1	2	3	4	5
The participants included the right people in terms of responsibilities and mix of disciplines.	1	2	3	4	5

**Part III: Participant Feedback**

Because your feedback is vital to the design of future exercises, it will be reviewed meticulously. Please take a moment to provide appropriate comments/observations, addressing the following questions:

- What two things did you like about this exercise?
- What two things do you think need to be changed/improved for future exercises?
- What three possible capabilities, objectives, or scenarios would you like to see the State exercise in the next few years?
- Please provide any other comments/observations as appropriate.

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# APPENDIX K: ALAMEDA COUNTY PEDIATRIC SURGE PLAN

## ALAMEDA COUNTY PEDIATRIC MEDICAL SURGE PLAN AND RESOURCES

### MEDICAL SURGE COUNTY CAPACITY USING 5% FLEX BED CAPABILITY

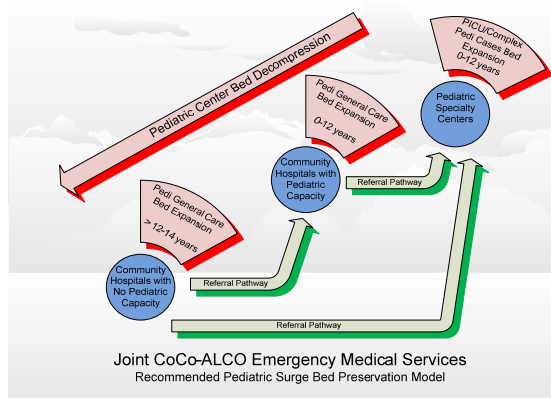
In Alameda County, hospital pediatric expanded bed capacity could increase 100% using the 5% flex model. Each hospital may identify the 5% flex approach that is within their capabilities. Hospitals would likely be called on to do more in catastrophic events however building in a 5% flex capacity dramatically increases the county’s capacity to handle the “in-between” known to be required in disaster response based on the H1N1 experience.

- Each hospital may consider how far the organization can stretch without disrupting operations is key.
- The Alameda County Medical Surge Model for pediatric and neonatal care allows hospitals to work toward a minimal level of inpatient pediatric/neonatal capacity that is both sustainable and realistic.
- Fundamental to this approach is the understanding that all health care providers have received training in pediatric care as part of their path to licensure.
- In addition, it is not unusual to find staff working in non-pediatric settings within the hospital who have significant experience in pediatrics.

What follows is a description of the different pathways hospitals can use to expand neonatal or pediatric medical surge capacity. It utilizes a cafeteria plan approach for hospitals to respond.

- **Determine with appropriate hospital leadership how your facility may be using 5% flex to accommodate the influx of neonatal/pediatric patients during a medical surge.**
- Hospitals are allowed by CDPH to use 5% of their total licensed beds (known as Flex Beds) to accommodate patients of all types without special permissions, provided Title 22 standards of care are met for competency, equipment and staffing for the patients involved is met.

If the number of patients cannot be managed using 5% flex, altered standards of care may be required, generating the need for additional permissions, interruptions in normal hospital operations (e.g. elective surgeries cancelled) and approval from CDPH Licensing and Accreditation prior to implementation. Hospitals that do not adhere to these strict requirements may be subject to fines and penalties.



## HOSPITALS WITH EMERGENCY DEPARTMENTS

- All hospitals in Alameda County have 9-1-1-approved emergency departments, and emergency department boarding is the most common approach used in normal and surge conditions.
- Pediatric patients have been reported to require boarding for up to 3-5 days in emergency departments under surge conditions.
- All emergency department personnel are competent in the care of pediatric patients and emergency departments are equipped with appropriate equipment to care for children.
- However, emergency department providers may lack confidence or experience in the care of the critically ill child who comes to the ED much less often.
- In any pediatric event of scale, equipment, personnel and ED pediatric boarding capacity could be overwhelmed.
- Therefore, alternatives may be considered and planned to supplement this strategy.

## HOSPITALS WITH PEDIATRIC PICU OR INPATIENT CARE UNITS

- Hospitals with inpatient pediatric units during surge are best able to manage more complex pediatric patients that may not be suitable for settings that are less familiar with this population.
- Equipment, staff and competency are part of the normal workflow.
- However, in surge it may be necessary to utilize these staff to train and supervise the care of nursing staff not experienced in pediatrics in order to accommodate numbers of children for extended periods of time.
- This allows hospitals to expand bed capacity in ways not previously anticipated yet continue to give reliable, safe patient care.
- Hospitals with these resources may be able to expand well beyond the 5% flex bed goal in these conditions.

## HOSPITALS WITH WELL BABY, SPECIAL CARE NURSERY OR NICU

- For hospitals with these resources, inpatient neonatal or pediatric capacity may include a plan to use a hospital's licensed 5% flex bed capacity to care for children up to 1-3 years of age.
- Equipment issues, including appropriate cribs would need to be addressed; however, all hospitals have vendors and supplies for appropriate pediatric equipment for their emergency departments.
- Additional just-in-time training to support staff competency could be rapidly achieved in this workforce and supplemented with pediatricians, mid-level pediatric practitioners or nurses with strong pediatric experience from the emergency department or pediatric unit or ambulatory care clinics as needed.
- The ESCAPE (Enhanced Surge Capacity and Partnership Effort) Project, using pediatric/neonatal ICU consultation via telehealth, has demonstrated in Critical Access Hospitals, that neonatologists, pediatricians and nursing staff are effective in managing acutely ill and selected critically ill pediatric and neonates.

## HOSPITALS WITHOUT NICU, OB OR INPATIENT PEDIATRICS

- In these facilities, it is recommended that pediatric medical surge plans utilize their 5% flex capacity to take adult-size children from age 12 to 18.
- In this scenario, equipment needs are minimized due to the patient's adult size and adolescent-patient care competency is not that different from the young adults staff already interact with.
- Competency requirements and specialized staffing needs would be reduced while still accommodating pediatric patients.

## RESOURCES:

- EMSC National Hospital Disaster Checklist  
[http://emscnrc.org/files/PDF/EMSC\\_Resources/Checklist\\_HospitalDisasterPrepare.pdf](http://emscnrc.org/files/PDF/EMSC_Resources/Checklist_HospitalDisasterPrepare.pdf)
- EMSC National Pediatric Readiness Project  
<http://www.pediatricreadiness.org/>
- CDC's Health Care Preparedness Activity  
<http://www.cdc.gov/phpr/healthcare/pediatric.htm>
- Near-Term Strategies to Improve Pediatric Surge Capacity During Infectious Disease Outbreaks A Report of the NACCD Surge Capacity Work Group, April 28, 2015  
<http://www.phe.gov/Preparedness/legal/boards/naccd/meetings/Documents/naccd-surge-capacity-rpt042815.pdf>