

Alameda County Medical and Health Tabletop Exercise October 7, 2014 Situation Manual (SitMan)

PREFACE

The 2014 Statewide Medical and Health Tabletop Exercise is sponsored by the California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA) in collaboration with the California Hospital Association (CHA), California Association of Health Facilities (CAHF), California Primary Care Association (CPCA) and the California Governor's Office of Emergency Services (Cal OES) as well as response partners representing local health departments, public safety and healthcare facilities. This Situation Manual was produced with input, advice and assistance from the Statewide Medical and Health Design Workgroup, which followed guidance from the Homeland Security Exercise and Evaluation Program (HSEEP).

The 2014 Statewide Medical and Health Tabletop Exercise Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. It is tangible evidence of Alameda County's commitment to ensure public safety through collaborative partnerships that will prepare them to respond to any emergency.

The 2014 Statewide Medical and Health Tabletop Exercise is an unclassified exercise. Control of exercise information is based on public sensitivity regarding the nature of the exercise rather than actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, facilitators and evaluators, but players may view other materials that are necessary for their performance. All exercise participants may view the SitMan.

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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EXERCISE OVERVIEW

This SitMan provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.

Exercise Name	2014 California Statewide Medical and Health Tabletop Exercise
Exercise Date	October 7, 2014
Scope	This exercise is a tabletop exercise planned for Alameda County Health Care Service Agency. This exercise provides an overview of the BioWatch program and emphasizes the role of the local public health department and agencies that support BioWatch activities. Specifically, agencies that may be called to assist in activation of priority prophylaxis.
Mission Area(s)	Planning and Response
Core Capabilities	Intelligence and Information Sharing Public Health and Medical Services
Objectives	<p>Exercise Objectives</p> <p>Exercise design objectives are developed to focus on improving the understanding of a response concept, evaluating emergency response procedures, identifying areas for improvement and building collaborative relationships.</p> <p>Objective 1: Understand the function of Biowatch</p> <p>Objective 2: Describe the process of how your agency shares health alert information.</p> <p>Objective 3: Discuss the process of how your agency would determine priority prophylaxis.</p>

Objectives

**Threat or
Hazard**

Aerosolized Anthrax Release

Sponsor

The 2014 Statewide Medical and Health Tabletop Exercise is sponsored by Alameda County Health Care Service Agency, CDPH and EMSA in collaboration with CHA, CAHF, CPCA and Cal OES, as well as response partners representing local health departments, public safety and healthcare facilities.

**Participating
Organizations**

This exercise is designed to include the following medical and health partners: acute care hospitals, local health departments, environmental health departments, community health centers, long term care facilities, dialysis centers, emergency medical services, ambulance providers, law enforcement, fire service, community based organizations emergency management, MHOAC Program, Regional Disaster Medical Health Coordination (RDMHC) program, private physicians, non-governmental organizations and other partners. . Participating agencies in Appendix B.

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See Appendix G for a listing of agency/event acronyms.

GENERAL INFORMATION

Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the 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.

Exercise Objective	Core Capability
1. Understand the function of Bio Watch	Public Health and Medical Services
2. Describe the process of how your agency shares health alert information.	Intelligence and Information Sharing
3. Discuss the process of how your agency would determine priority prophylaxis.	Public Health and Medical Services

Participant Roles and 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. Players may include: Emergency Medical Services (EMS), hospitals, community health centers, skilled nursing care providers, the MHOAC Program, Public Health Departments, Regional Disaster Medical Health Specialists/Coordinators (RDMHS), Private Physicians, Regional Emergency Operations Centers (REOC), the Medical and Health Coordination Center (MHCC) and the State Operations Center (SOC).
- 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.

Exercise Structure

This exercise will be a multimedia, facilitated exercise. Players will participate in the following three modules:

- Module 1: Biowatch Overview
- Module 2: Intelligence and Information Sharing
- Module 3: Priority Prophylaxis

Exercise Objective	Core Capability
1. Discuss function of Bio Watch and regional coordination efforts.	Public Health and Medical Services
2. Describe the process of how your agency shares health alert information.	Intelligence and Information Sharing
3. Describe the process of how your agency would determine priority prophylaxis.	Public Health and Medical Services

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 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

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions 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.

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.

MODULE 1: BIO WATCH OVERVIEW

BioWatch Overview

Overview

BioWatch is the only federally-managed, locally-operated, nationwide bio-surveillance system designed to detect the intentional release of select aerosolized biological agents. The program operates in more than 30 high threat metropolitan areas across the country and is utilized to support National Special Security Events like the Super Bowl, national party conventions, and the Presidential Inauguration.

The program protects millions of people by focusing on early detection of a biological attack. Early detection is critical to the successful treatment of affected populations and provides public health decision makers more time – and thereby more options – in responding to, mitigating, and recovering from a bioterrorist event. If a bioagent is detected rapidly, prophylactic treatment can follow more quickly to prevent casualties. BioWatch may also help provide forensic evidence on the source and nature of such an attack, which is critical to law enforcement investigations.

BioWatch is a component within the U.S. Department of Homeland Security's Office of Health Affairs' Weapons of Mass Destruction and Biodefense Office. The program is operated by a team comprised of field operators, laboratory technicians, and public health officials from city, county, State, and Federal organizations. This coordinated team is responsible for installing bio-collectors, collecting daily samples, analyzing and reporting laboratory results, and responding to the detection of a positive signal, known as a BioWatch Actionable Result (BAR).

Partnership in Preparedness

The BioWatch system was deployed by DHS in multiple cities nationwide beginning in 2003. The San Francisco Bay Area (SFBA) BioWatch Program is implemented and operated under the direction of the SFBA BioWatch Advisory Committee (BAC). The BAC is composed of representatives from a number of agencies including but not limited to the Alameda County Public Health Department (ACPHD), San Francisco Department of Public Health (SFDPH), City of Berkeley Health Department (BHD), Contra Costa County Health Services (CCCHS), California Emergency Management Agency (CalEMA), California Department of Public Health (CDPH), Marin County Health and Human Services Department (MCHHSD), San Mateo County Health Department (SMCHD), the U.S. Environmental Protection Agency (EPA), and the Federal Bureau of Investigation (FBI).

To date, more than 7 million tests have been performed by dedicated public health lab officials and there has never been a false positive result.

Out of these more than 7 million tests, BioWatch has reported 149 instances in which naturally-occurring biological pathogens were detected from environmental sources. Many of the pathogens the BioWatch system is designed to detect occur naturally in the environment, such as the bacteria that causes anthrax, which has been used as a weapon, but is also found in nature.

Point of Dispensing Sites (PODs)

As BioWatch is part of the surveillance system to detect pathogens in the air, Point of Dispensing Sites (PODS) are part of the disease control plan to manage an Anthrax release.

Since the 2001 anthrax attacks, the federal government has asked all the health departments in the United States including Alameda County, to make a fast and safe plan to give medicine to people in their health jurisdiction. This medicine may keep people from getting sick. Giving medicine to a lot of people to stop illness is called mass prophylaxis. Points of Dispensing sites or PODs is where people can go to get medicine or a shot in a health emergency.

TABLETOP DISCUSSION QUESTIONS

The tabletop discussion is organized into a series of discussion periods. The exercise timeline is purposely flexible to allow productive conversations and discussions to continue at the discretion of the facilitator. The questions listed for each period are only a suggested guide to assist the flow of the exercise. Some questions may be added or deleted during the exercise as needed.

Scenario

Exercise Time: October 6, 2014 ~ 9:30 PM

Yesterday around 5:00 PM, the San Francisco Bay Area BAC received information from the BioWatch laboratory in Southern California that 16 of the 32 daily filters from the collector units were tested positive for *Bacillus anthracis* DNA, indicating a possible exposure to anthrax spores across a wide portion of the San Diego.



Figure 2: Photo of the type of vessel abandoned at Spud Point Marina and suspected in the attack

On the jurisdictional conference call that began at 6:30 PM on October 6, the investigative efforts of the FBI and local law enforcement revealed that a 32-foot Johnson Prowler, typically used as a charter fishing vessel, was reported stolen from the San Diego Harbor around 5:45 PM on October 6, 2014. The report filed stated that the fishermen passed a fishing vessel traveling unusually fast for bay traffic. The group of fishermen also found it odd that the two men in the speeding vessel were dressed in “white coveralls and each was wearing some sort of face mask.”

At 7:20 PM October 6 (during the jurisdictional conference call), the owner of Harbor Island West reported to the police, an unauthorized vessel (Figure 2) was moored at his marina; on board the vessel were “unusual clothing items and some

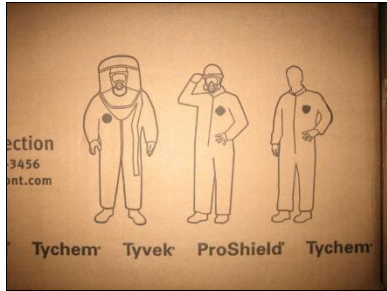


Figure 3: Evidence collected from the abandoned vessel at Spud Point Marina

sort of mechanical contraption. Local police responded and conducted an investigation.

On board the vessel they found two Tyvek suits stuffed into a cardboard box, an opened box of N-95 masks. The police also found a device commonly used in the application of industrial powder spray coatings. This information was immediately reported to the FBI, Coast Guard and the California Highway Patrol.

Today CBS Channel 5 television has led off their morning broadcast with breaking news and footage of personnel donning personal protective equipment (PPE) at one of the affected collector locations. An unidentified “whistleblower” source for the television station has reported a “secret government cover-up of a massive bioterrorism attack.” CNN, Fox News, and MSNBC in San Diego. Weaponized Anthrax is suspected

MODULE 2: INTELLIGENCE AND INFORMATION SHARING

Key Issues

1. Internal and external communication between key response partners
2. What are appropriate actions for a POTENTIAL health event when critical information is pending? Note: An event has occurred in another part of the state, but it is unknown if Alameda County is affected or will be affected.

Actions

1. See Health Alert
2. Multiple conference calls at the local, regional, and federal level have been held to assess risk and determine initial actions.
3. The Public Health DOC has been activated
4. The Alameda County Emergency Operation Centers (EOCs) has been activated.
5. Emergency response agencies and local external partners have been alerted by the Op Area EOC.
6. CDPH and other health departments have started surveillance activities. Veterinary surveillance data will be reviewed, syndromic surveillance will be enhanced, passive surveillance will be enhanced utilizing a health alert, and active surveillance will be conducted by public health.
7. Bay Area Health Officers have been put on alert to consider Post-exposure prophylaxis (PEP) for all Bay Area Residents, just in case.
8. Distribution activities from the RSS Warehouse to Open and Closed PODs are being planned.
9. The health department is currently inventorying antibiotics in Alameda County.

Note: The Strategic National Stockpile (SNS) if requested and will arrived at the Alameda County RSS Warehouse in 12 hours.

Questions

1. What actions will be taken on the basis of this information? By whom?
2. What is your process for receiving and disseminating critical information internally and externally with partners?
3. Who is responsible to notify agency executives regarding health alerts of this nature?
Health Care Facilities

4. What percentage of your staff is on CAHAN? Are key members of your staff on CAHAN?

MODULE 3: PRIORITY PROPHYLAXIS

Situation Update:

County Health Officials have located small caches of doxycycline and ciprofloxacin in the Bay Area. This cache will be shared with health departments in the Bay Area. A decision is being considered to provide medicine to personnel currently working and the oncoming shifts for Law, Fire, EMS, Hospitals, Clinics, essential utilities and transportation workers.

Key Issues

- Recommendations on priority prophylaxis are being developed. In the case of anthrax, exposed people (those who were in the area of an anthrax release) are given antibiotics and/or anthrax vaccine as prophylaxis.
- If there was a county wide exposure to anthrax who should receive the limited supply of antibiotics?

Questions

1. As a precaution the Health Department is assessing how many doses of Doxycycline and Ciprofloxacin are currently in your agency. Does your agency have any doxycycline or ciprofloxacin?
2. If your agency was given an allocation representing 10% of your staff, who would most likely receive those doses?
3. Who are the key decision makers involved in this decision?
4. How will this decision affect your agency?
5. How will this affect your work force?
6. How will not providing medicine to family members affect your Staffing?
7. If you are a representative from a city, how do you define your critical infrastructure?

Conclusion of Discussion-Based Tabletop

There is a Participant Feedback Form (Appendix C), which the exercise facilitator may use to gather and record comments on the exercise and issues presented.

ADDENDUM: PLANNING FOR THE FUNCTIONAL EXERCISE

Exercise facilitators and planners may use the following to launch, or continue planning for the November 20, 2014 Functional Exercise objectives and activities.

Issues for discussion may include:

Exercise Levels

- What level of exercise play does your organizations/agencies anticipate for the November 20, 2014 exercise?
- Examples include communications drill, functional and full scale exercises¹ Level of play may include use of simulated patients, receipt of supplies, movement of patients to healthcare facilities, etc.

Exercise Times / Duration

- Exercise play is being developed to include a message to begin the exercise. Participants may begin exercise play at their discretion, but are strongly encouraged to collaborate with local/ OA partners and exercise planners.
- Participants may estimate their hours of exercise play at this time.
- Exercise planners should lead a discussion on exercise start and end times.

Participation

Review the various organizations/agencies in attendance today. In the event of a pediatric medical surge due to an emerging infectious disease, are there additional organizations that would be impacted but not in attendance today? Are there additional organizations/agencies or departments that would be impacted at your facility? Are partners who do not provide pediatric services but would be part of the response in off-loading adult patients to provide additional space for pediatric patients in attendance?

Testing of Plans and Procedures

Are there any plans, policies or procedures, which individual departments of agencies would like to test? Examples include: medical surge, infectious disease, volunteer management, etc.

Role of State Agencies (Pending Clarification from Cal OES)

- On November 20, 2014, CDPH and the EMSA will open the MHCC. The California Governor's Office of Emergency Services is anticipated to participate by opening the SOC and REOC in support of local and regional exercise play. This will provide the opportunity for local participants to

¹ HSEEP: <https://hseep.dhs.gov/hseep>

request additional resources, submit and receive situation status reports and respond to California Health Alert Network (or other notification systems) messages and receive further direction

- The exercise planner is encouraged to invite discussion on local and OA resource requesting and the projected level of requesting for November 20, 2014

APPENDIX A: EXERCISE SCHEDULE

Time	Activity
October 7, 2014	
800	Registration
830-845	Welcome and Opening Remarks
845-945	Module 1: Biowatch Overview
945-1000	Break
1000-1100	Module 2: Intelligence and Information Sharing
1100-1145	Module 3: Priority Prophylaxis
1145	Working Lunch
1200-1230	Hot Wash, Debriefing, Closing Comments
1230	End Exercise
1245-130	Point of Dispensing Training (Optional)
130	POD Training Ends

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations	Point of Contact	Contact Information
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APPENDIX C: PARTICIPANT FEEDBACK FORM

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

Name: _____ **Title:** _____

Agency: _____

Role: Player Facilitator Observer Evaluator

Part I: Recommendations and Corrective Actions

1. Based on the discussions today and the tasks identified, list the top three strengths and/or areas that need improvement.

1. _____
2. _____
3. _____

2. Identify the action steps that should be taken to address the issues identified above. For each action step, indicate if it is a high, medium, or low priority.

Corrective Action	Priority

3. Describe the corrective actions that relate to your area of responsibility. Who should be assigned responsibility for each corrective action?

Corrective Action	Recommended Assignment

4. List the policies, plans, and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.

Item for Review	Priority

Part II: Assessment of Exercise Design and Conduct

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

Assessment Factor	Strongly Disagree					Strongly Agree				
The exercise was well structured and organized.	1	2	3	4	5	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5	1	2	3	4	5
The power point presentation helped the participants understand and become engaged in the scenario.	1	2	3	4	5	1	2	3	4	5
The facilitator(s) was knowledgeable about the material, kept the exercise on target, and was sensitive to group dynamics.	1	2	3	4	5	1	2	3	4	5
The Situation Manual was a valuable tool throughout the exercise.	1	2	3	4	5	1	2	3	4	5
Participation in the exercise was appropriate for someone in my position.	1	2	3	4	5	1	2	3	4	5
The participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5	1	2	3	4	5

Part III: Participant Feedback

What changes would you make to this exercise? Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.

APPENDIX D: RESOURCES AND REFERENCES

1. A brief summary of the California Statewide Medical and Health Exercise Series exercise and what the BioWatch Program is put together by Urban Area Security Initiative.
http://www.californiamedicalhealthexercise.com/resources/2014/Bay_Area_Scenario.pdf
2. An in-depth look at the BioWatch Program written as a Congressional Research Service Report. <http://fas.org/sqp/crs/terror/RL32152.html>
3. Alameda County Public Health Emergency Preparedness created POD Model Training videos. <http://www.acphd.org/phep/podtraining.aspx#top>
4. The Alameda County Medical/Health Situation Status Report Form.
http://www.acphd.org/media/109759/medhealthstatreport_120831_lcext.pdf
5. The Alameda County Medical/Health Resource Request Form.
http://www.acphd.org/media/109756/med_ops_req_generic_v1_distributed.pdf
6. Biowatch Objectives and Overview to provide insight as to why to include BAR's in emergency preparedness plans.
<http://www.iom.edu/~media/files/activity%20files/research/biodetection%20systems/2013-jun-25/session%2012%20walter.pdf>
7. The manual for the Homeland Security Exercise and Evaluation Plan provides a look at a set of guiding principles to consider when planning an exercise.
http://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13.pdf
8. Incident Command System Independent Study courses explained. ICS 200 provides a look at how resource management is handled with the ICS Framework.
<https://training.fema.gov/EMIWeb/IS/ICSResource/TrainingMaterials.htm>

APPENDIX E: HEALTH ALERT

Health Alert

This is an Exercise Inject for the November 2014 Statewide Medical and Health Exercise ONLY.

Background

Transmission

Morbidity and Mortality

Definition

Confirmed Case

Probable Case

Isolation Recommendations

**This is an exercise.
November 2014**

Appendix F: Patient Evacuation Tracking Form

Appendix G: 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
BHPP	Building Healthy Public Policy
C/E	Controller/Evaluator
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
CE	Continuing Education
CHA	California Health Association
CID	Clinical Infectious Disease
CPCA	California Primary Care Association
DCDC	Division of Communicable Disease
DHS	Department of Homeland Security
DOC	Department Operations Center
ED	Emergency Department
EEGs	Exercise Evaluation Guides
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EMSC	Emergency Medical Services for Children
EOC	Emergency Operation Center
EOM	Emergency Operations Manual
EPO	Emergency Preparedness Office
ExPlan	Exercise Plan
FEMA	Federal Emergency Management Agency
FTS	Field Treatment Sites
GETS	Government Emergency Telecommunications Service
HCC	Hospital Command Center
HICS	Hospital Incident Command System
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
MRC	Medical Reserve Corps
MSEL	Master Scenario Events List
NGO	Non-governmental organizations
NHICS	Nursing Home Incident Command System
NICU	Neonatal Intensive Care Unit
NIMS	National Incident Management System
OA	Operational Area
PAHPRA	Pandemic and All-Hazards Preparedness Reauthorization Act of 2013
POD	Point of Distribution
PPE	Personal Protective Equipment
RDMHC	Regional Disaster Medical Health Coordination
REOC	Regional Emergency Operation Center
SEMS	Standardized Emergency Management System
SimCell	Simulation Cell
SitMan	Situation Manual
SME	Subject Matter Expert
SOC	State Operational Center
UC	Unified Command
VIP	Very Important Person