



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/emsemergpresp/emergplanners/exercises.aspx>
- www.californiamedicalhealthexercise.com

October 8, 2105 Discussion-based Tabletop Exercise

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

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# |
| Please circle the following communication capabilities you and/or your facility has: 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: _____) | |
| | | Please circle which of the following activities you plan to participate in: 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**