



Emergency Medical Services District

1000 San Leandro Blvd., Suite 200
San Leandro, CA 94577

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**CALIFORNIA STATEWIDE MEDICAL / HEALTH MCI EXERCISE 2016
MASS CASUALTY INCIDENT: TRAIN DERAILMENT**

**PARTICIPATION FORM
ALAMEDA COUNTY OPERATIONAL AREA (OA) EXERCISE DATES - 2016**

TABLE-TOP EXERCISE: - TUESDAY, SEPTEMBER 27, 8:00AM–1:00PM

- LOCATION: Alameda County Office of Homeland Security, Assembly Room 4985 Broder, Dublin
- Opportunity to address key elements of the functional exercise in a discussion-based environment

STATEWIDE FUNCTIONAL EXERCISE: THURS., NOV. 17, 8:00AM–2:00 PM

- MULTIPLE LOCATIONS: OA Emergency Operations Center (EOC), Department Operations Centers (DOCs), Local Jurisdiction EOC/DOCs, Hospital Command Centers (HCCs), and other healthcare facility command centers.

FUNCTIONAL EXERCISE GOALS AND SCENARIO

SCENARIO – Passenger Train Derailment Resulting in a Mass Casualty Incident (MCI)

- Amtrak train derails in downtown Oakland initiating MCI activation, notifications and initial scene response.
- Hospital expansion and system wide decompression strategies will be implemented as well as transport of the victims to the hospitals.
- Other elements will be tested including: mental health, public information, and mutual aid (MHOAC / RDMHS).

GOALS

1. Activate the OA EOC, HCSA DOC, HCCs and other command centers to evaluate Operational Area medical and health capabilities and healthcare partner coordination
2. Evaluate healthcare partner roles, responsibilities and capabilities during a medical surge event requiring healthcare system expansion and decompression.
3. Address triage, patient distribution and tracking and activation of mutual aid.
4. Utilize a number of communications systems to evaluate sharing of actionable information.

PRE-EXERCISE ACTIONS

1. **COMPLETE THE ONLINE REGISTRATION FORM AND EXERCISE PARTICIPATION SURVEY**
 - Use this link to access the registration and survey <https://www.surveymonkey.com/r/SWMHE>
 - Complete by **9/2/2016**; Hardcopy form is available (email completed form to: cynthia.frankel@acgov.org)
2. **DESIGNATE AN EXERCISE CONTROLLER FOR YOUR ORGANIZATION**
 - Point of Contact that coordinates internal planning with ALCO planning; distributes exercise information
3. **CONTACT CYNTHIA FRANKEL OR DONATA NILSEN WITH QUESTIONS**
 - EMS: Cynthia Frankel (925) 285-2403, Cynthia.frankel@acgov.org;
 - Public Health: Donata Nilsen (510) 208-5907, donata.nilsen@acgov.org





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2016 EXERCISE PARTICIPATION FORM

9/27/16 – TABLETOP EXERCISE PARTICIPANT CONTACT INFORMATION

- Will participate? Yes ___ No ___
- Total number of **attendees who will participate on 9/27/16:** # _____.
- List Participant Names/Title/Phone/Email below:

NAME	ORGANIZATION/TITLE	EMAIL	PHONE	MAIL ADDRESS

11/17/16 – FUNCTIONAL EXERCISE PARTICIPANT CONTACT INFORMATION

- Will participate? Yes ___ No ___

ORGANIZATION CONTROLLER (EXERCISE Point of Contact)** Provide a phone/email that the POC will have access to during the exercise, i.e., don't provide a desk number if POC will be in a command center.	
Name	
Phone	
Email	

****REAL EVENT EOC/Command Center Information – CONFIDENTIAL (ALCO USE ONLY)**

Please be specific. If there are multiple locations for your hospital/clinic/organization, identify specific site location for the exercise and “real event.”

Specific Location Name:	
Primary EOC/Command Center Physical Address	
Primary EOC/Command Center Email Address	
Primary EOC/Command Center Phone Number	
Primary EOC/Command Center Fax Number	
Alternate EOC/Command Center Physical Address	
Alternate EOC Command Center Email Address	
Alternate EOC/Command Center Phone Number	

If EOC/Command Center Information **will be different for the exercise** (i.e., not “real event” contact information), please provide email/phone/fax numbers here:

Exercise Email Address	
Exercise Phone Number	
Exercise Fax Number	

FUNCTIONAL EXERCISE COMMUNICATIONS TO BE TESTED AND EOC ACTIVATION

REDDINET	700/800 MHZ	MED 1 EMAIL	CONFERENCE CALL	CAHAN	HAM RADIO	EOC/DOC/HCC ACTIVATED?	IAP
Yes/No							
<input type="checkbox"/> Polling	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
<input type="checkbox"/> Patient Tracking							