



ALAMEDA COUNTY STATEWIDE MEDICAL AND HEALTH EXERCISE 2019



Tabletop Exercise

Situation Manual
County Wide Weather Related Flood Event



PREFACE

The 2019 Alameda County Statewide Medical and Health Exercise **is** sponsored by the Alameda County Public Health Department and Alameda County Emergency Medical Services using Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness Program (PHEP) funding. The California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA) supports the annual exercise throughout the state. This Exercise Plan (ExPlan) was produced with input, advice, and assistance from the SWMHE Planning Team, comprised of representatives from:

- Alameda County Public Health Department, Public Health Systems Preparedness & Response
- Alameda County Emergency Medical Services
- Alameda County Behavioral Healthcare Services
- Alameda County Medical Reserve Corps
- Alameda County Health Care for the Homeless
- Alameda County Sheriff's Office, Office of Emergency Services
- Alameda County Public Works Agency
- Bay Area Rapid Transit District (BART)
- Bay Point Healthcare Center
- California Department of Public Health
- California Department of Water Resources
- Chaparral House
- City of Berkeley Public Health
- La Clinica
- Princeton Manor
- West Oakland Health Council
- Windsor Healthcare Center of Oakland
- Zone 7 Flood Control District

This Situation Manual (SitMan) follows guidelines set forth by the U.S. Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP). This SitMan provides exercise participants with all the necessary tools for their roles in the Tabletop Exercise (TTX). See Appendix C for a listing of agency/event acronyms. All exercise participants should use appropriate guidelines to ensure proper control of information within their areas of expertise and protect this material in accordance with current jurisdictional directives.



ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The 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 and Alameda County Emergency Medical Services is prohibited. All exercise participants may view the SitMan.
2. For more information about the exercise, please consult the following points of contact (POCs):

Jurisdictional Exercise Point of Contact

Donata Nilsen, MPH, DrPH, CEMS

Alameda County Hospital Preparedness Program (HPP) Grant Coordinator

Alameda County Public Health Department

donata.nilsen@acgov.org

Telephone: 510-208-5907

Cynthia Frankel, RN, MN

EMSC, ReddiNet, HPP LEMSA and EMS Coordinator

Alameda County ReddiNet Coordinator

Cynthia.Frankel@acgov.org

Telephone: 925-285-2403

Exercise Planning Team

Zerlyn Ladua

Director Public Health Systems Preparedness & Response

Alameda County Public Health Department

Zerlyn.Ladua@acgov.org

Ron Seitz

Disaster Preparedness Health Coalition Long Term Care Liaison

Emergency Preparedness and Response Program Specialist

Alameda County Public Health Systems Preparedness & Response

Ron.Seitz@acgov.org

Preston Lam, MPH, MBA, CPH

Disaster Preparedness Health Coalition Coordinator

Alameda County Public Health Systems Preparedness & Response

Preston.Lam@acgov.org

Paul Hess

Emergency Services Supervisor

Alameda County Sheriff's Office

Office of Homeland Security and Emergency Services

phess@acgov.org

Kathy Smedley RN DSD

Staff Developer

Chaparral House

ksmedley@chaparralhouse.org

2019 STATEWIDE MEDICAL AND HEALTH EXERCISE
Situation Manual
Tabletop Exercise



Kevin Chao, Ph.D.

Lead/Coordinator
Emergency Preparedness Unit/HPP Program
CDPH DEODC
Kevin.Chao@cdph.ca.gov

Arnie Spangers, M.D.

Alameda County Medical Reserve Corps
aspanjers@comcast.net

Rachel Rodriquez

Health Service Program Specialist
City of Berkeley Public Health Emergency Preparedness
RaRodriguez@cityofberkeley.info

Andrea Wright

Regional Security and Emergency Preparedness Specialist
La Clínica
AWright@laclinica.org

Lenise Henderson

Safety Control Coordinator
West Oakland Health Council
LeniseH@wohc.org

Todd Stephenson

Associate Program Specialist – Emergency Preparedness and Special Projects
Alameda County Behavioral Health Care Services
todd.stephenson@acgov.org

Kay Ratzlaff

Administrator
Windsor Healthcare Center of Oakland
Administrator@whcoakland.com

Cynthia Lagatuz

Administrator
Baypoint Healthcare Center
clagatuz@thekkek.com

Oscar Castro

Environmental Services
Princeton Manor
Ocastro86@gmail.com

Benedicda Nwaukoni

Director of Staff Development
Princeton Manor

Rohin Saleh

Supervising Civil Engineer – Watershed Planning
Alameda County Public Works Agency
rohin@acpwa.org

Jodi Traversaro

Manager of Emergency Preparedness

2019 STATEWIDE MEDICAL AND HEALTH EXERCISE
Situation Manual
Tabletop Exercise



BART Police Department
jodi.traversaro@bart.gov

Octavio Herrera
HEP Operations Superintendent
California Department of Water Resources
Octavio.Herrera@water.ca.gov

Jeff Tang
Associate Civil Engineer
Flood Protection Engineering
Zone 7 Water Agency
jtang@zone7water.com



TABLE OF CONTENTS

PREFACE	2
ADMINISTRATIVE HANDLING INSTRUCTIONS	3
TABLE OF CONTENTS	6
EXERCISE OVERVIEW.....	7
GENERAL INFORMATION	8
MODULE 1.....	11
CURRENT SITUATION AND PLANNING ACTIVITIES	11
MODULE 2.....	12
ALAMEDA COUNTY SITUATIONAL UPDATE – PREPARING FOR MEDICAL SURGE	12
MODULE 3: MEDICAL SURGE, PATIENT MOVEMENT, CONTINUITY OF PATIENT CARE.....	14
PLANNING FOR THE FUNCTIONAL EXERCISE.....	19
APPENDIX A: EXERCISE SCHEDULE	23
APPENDIX B: EXERCISE PARTICIPANTS	24
UPDATED AS OF 9/24/19.....	24
APPENDIX C: ACRONYMS	25



EXERCISE OVERVIEW

Exercise Name	2019 California Statewide Medical and Health Tabletop Exercise (TTX)
Exercise Date	October 1, 2019
Scope	This is a tabletop exercise planned at the Shannon Community Center in Dublin California. The SWMHE Program is a progressive exercise program comprised of a series of training exercises tied to a set of common program priorities. This year's exercise is a multiphase program culminating with the Functional Exercise (FE) on November 21, 2019.
Mission Area(s)	Response
Capabilities	<ul style="list-style-type: none"> • Emergency Operations Coordination • Medical Surge • Information Sharing • Health Care and Medical Response Coordination
Objectives	<p>Emergency Operations Coordination/Health Care and Medical Response Coordination</p> <ol style="list-style-type: none"> 1. Discuss pre-event incident action planning, EOC activations and coordination activities between various OA agencies and partners related to significant weather event across Alameda County. 2. Discuss health care partner communications and situational awareness to and from the Medical Health Branch/MHOAC Program partners. 3. Discuss Operational Area MHOAC Program Coordination of resources and deployed staff. <p>Medical Surge</p> <ol style="list-style-type: none"> 1. Discuss pediatric and adult patient movement decisions related to priority transport, critical care expansion; and allocation of scarce resources. 2. Discuss patient tracking with pediatric and adult surge options. <p>Information Sharing/Health Care and Medical Response Coordination</p> <ol style="list-style-type: none"> 1. Discuss the utilization of communications systems (ReddiNet, Med1, DPHC listserv) to share and disseminate actionable information. 2. Discuss EOC JIC Messaging to healthcare and other county partners.
Threat or Hazard	Flood: Extreme Weather – Rain Related Storm Damage, Localized Flooding
Scenario	Regional flooding, power outages and road closures due to consecutive days of rain, nearing 50-100 year event totals with flood related MCIs.
Sponsor	The 2019 SWMHE is sponsored by Alameda County Public Health and Emergency Medical Services with support from the California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA) in collaboration with response partners representing local health departments, public safety and healthcare facilities.
Participating Organizations	See Appendix for participating organizations.



GENERAL INFORMATION

EXERCISE OBJECTIVES AND CAPABILITIES

The exercise objectives in Table 1 describe expected outcomes for the Tabletop Exercise (TTX). The objectives are linked to Hospital Preparedness Program and Public Health Emergency Program (PHEP) capabilities, which are elements necessary to achieve the specific mission area. The objectives and aligned capabilities are guided and selected by the Exercise Planning Team.

The objectives listed below are those tailored for this exercise.

Table 1. Exercise Objectives and Associated Capabilities

Exercise Objective	Capability
Discuss pre-event incident action planning, EOC activations and coordination activities between various OA agencies and partners related to significant weather event across Alameda County.	Emergency Center Operations Coordination Health Care and Medical Response Coordination
Discuss health care partner communications and situational awareness to and from the Medical Health Branch/MHOAC Program partners.	Emergency Center Operations Coordination Health Care and Medical Response Coordination
Discuss Operational Area MHOAC Program Coordination of resources and deployed staff.	Emergency Center Operations Coordination Health Care and Medical Response Coordination
Discuss pediatric and adult patient movement decisions related to priority transport, critical care expansion; and allocation of scarce resources.	Medical Surge
Discuss patient tracking with pediatric and adult surge options.	Medical Surge
Discuss and evaluate the utilization of communications systems (ReddiNet, Med1, DPHC listserv) to share and disseminate actionable information.	Information Sharing Health Care and Medical Response Coordination
Discuss EOC JIC Messaging to healthcare and other county partners.	Information Sharing Health Care and Medical Response Coordination

PARTICIPANT ROLES & RESPONSIBILITIES

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



- **Players.** Players are personnel who have an active role in discussing their regular roles and responsibilities during the exercise. Players discuss actions in response to the simulated emergency.
- **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.
- **Controllers.** Controllers may be used in a Tabletop Exercise (TTX) to plan and manage exercise play, set up and operate the site of the discussion, and possibly take the roles of individuals and agencies not participating in the TTX. Controllers direct the pace of exercise play, issue exercise materials to players as required, monitor the exercise timeline, and may prompt or initiate certain player discussions in order to ensure exercise continuity.

EXERCISE STRUCTURE

The exercise follows a discussion-based design by dividing the participants into discipline-specific groups. Question sets have been developed with this structure in mind and are categorized by facility type and/or functional area.

The exercise has three modules. Each module begins with an update that summarizes key events occurring within that time period. After the updates, participants review the situation and review related questions. Group discussions will follow Module 3 during which participants will be engaged in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group's actions, based on the scenario presented.

EXERCISE ASSUMPTIONS AND ARTIFICIALITIES

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise and should not allow these considerations to negatively impact their participation.

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

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

2019 STATEWIDE MEDICAL AND HEALTH EXERCISE Situation Manual Tabletop Exercise



- Decisions are not precedent setting and may not reflect any organization's final position.
- Time lapses are artificially used to achieve the exercise objectives.
- Impacts are seen across the spectrum of the response community.
- Participants should use existing plans, policies, and procedures. If during the course of the Tabletop Exercise (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.
- If you are unclear about your plans, please note in preparation of Functional Exercise.
- 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. 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 Tabletop Exercise (TTX) runs smoothly:

- 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 mission area efforts. Problem solving efforts should be the focus, but do not allow issues to dominate so that progress is not hindered. If needed, add those issues to the "parking lot".
- 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 and planning efforts.
- Keep your comments focused and consider 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.
- Participate in discussions on the issues and procedures flowing from each move presented.
- Additional rules for the exercise will be conveyed by exercise controllers and facilitators as needed.



PARTICIPANT EXERCISE HANDOUTS

Participants will have access to the following handouts during the exercise:

- Player Handout with Agenda
- Exercise Goals & Objectives
- Background and Scenario Information
- Discussion Questions
- Situation Manual (SitMan) (a copy is posted on the PHSPR Webpage)
- Participant Feedback Form

MODULE 1

Current Situation and Planning Activities

Pre-Event Command Center Activations & Planning, EOC Coordination, Transportation Considerations, Weather Updates

SCENARIO 1 BACKGROUND

A large weather front has been stalled over the region providing significant amounts of rain creating localized flooding in low lying areas of the county and small stream warnings along creeks and watershed drainages. Additionally, the storm has brought high winds to the area causing utility failures from downed trees with restorations being delayed. Several roads throughout the county are either closed or limited due to flooding or mudslides. If the current weather conditions continue, increasing flooding may cause some areas within the county to be evacuated or cut-off from access to services.

QUESTIONS

Based on the information provided, exercise participants are asked to consider the situation and identify potential issues, requirements, decisions and potential pre-planning that would be conducted.

There are no break-out discussions for this module. A brief Q&A will be facilitated.

Questions for Module 1 Scenario

Healthcare Facilities

1. Based on the information you are hearing from the county and the weather situation, what plans are you thinking of activating?
2. At what point would your Command Center activate? When would you begin incident action planning?
3. What messaging are you preparing for staff, clients, family, the community?
4. How are you coordinating with your PIO and the county?



County/Emergency Management

1. Based on the information you are hearing from the county and the weather situation, what plans are you thinking of activating?
2. What HCSA messaging would we be considering? How do we best coordinate multiple messages from the EOC JIC and the OA Medical Health Branch MHOAC Program (EMS, PH, EH, BH, HCH, Lab)?
3. What transportation issues are we thinking about that may affect the health care delivery system?

Participant Instructions

- ▶ You have **10 minutes** to consider the questions. Focus on the current situation and how it relates to your facility/organization.
- ▶ Use the index card provided to note key planning activities and messaging.
- ▶ Note cards are to be turned in to facilitators for after action planning.
- ▶ Include additional thoughts, issues, questions or concerns on the Participant Feedback Form.

MODULE 2

Alameda County Situational Update – Preparing for Medical Surge

Preparing for Medical Surge, Evacuations, Shelter In Place, Field Response Activities, MHB/MHOAC Program Messaging / Communications, HCSA Concerns

SCENARIO 2 BACKGROUND

After 3 days of continuous heavy rain, several low-lying areas in county are experiencing moderate levels of flooding. These flood prone areas are beginning to receive from one to three feet of water. The flooding alone has impacted approximately 45,000 people to varying degrees and cause some areas to evacuate. Power outages in flood areas are affecting nearly 15,000 residences and 1000s of commercial buildings. Additionally, the effects from storm damage such as downed trees and mudslides are creating transportation problems and adding power outages and utility damage.

Situation Update

Operational Area conditions are worsening. First responders are responding to multiple incidents. Some cites are opening shelters and preparing for evacuations, and issue shelter in place notifications for areas not affected by severe flooding. Media is advising people not to travel due to the road conditions and if possible, to stay at home. There are numerous incidents being handled by local first responders. The County Operational Area EOC along with several local city EOCs have been activated and are providing

2019 STATEWIDE MEDICAL AND HEALTH EXERCISE

Situation Manual

Tabletop Exercise



operational coordination. The Medical Health Branch and Medical and Health Operational Area Coordination (MHB/MHOAC) Program is activated and providing situation updates to healthcare facilities and other partners. There are increasing concerns for behavioral health issues, unsheltered/homeless populations, environmental health concerns regarding toxic run off due to the flooding of illegal dumping sites, household chemicals and businesses that are experiencing flooding. Public Health is providing press releases regarding possible drinking water issues in some areas and to avoid contact with flood waters due to their potential toxicity.

QUESTIONS

Based on the information provided, exercise participants are asked to consider the situation and identify potential issues, requirements, decisions and potential planning that would be conducted.

The following questions are provided as suggested general subjects that exercise partners may wish to think about. These questions are not a definitive list of concerns to be addressed.

Questions for Module 2 Scenario

County/Emergency Management

1. What messaging is coming from the County: AC Alert, MHB Flash Report?
2. How does the county provide coordinated messaging about what's going on in the medial health community, e.g. evacuation and shelter information?
3. How is the MHB managing, summarizing and sharing healthcare partner information?
 - o What MHOAC Program (EMS, PH, BH, EH) messaging is being provided and how is it coordinated, e.g. What messages are going to what entities? Who/what positions are sending these out?

Vulnerable Populations

1. How is the county planning to identify and respond to unsheltered populations living in flood prone areas?
2. How do we meet needs of larger vulnerable populations (who may become homeless due to events) before/during/after Emergency/Disaster events?
3. How do we support vulnerable or unsheltered populations with messaging about public health concerns in a flood situation where they may be even more displaced?
4. How do we account for electricity dependent individuals in the county that are on life sustaining equipment given intermittent power outages?

Transportation

1. What are the priorities of 911 and non-911 transport providers?
2. How is the county coordinating with the transportation sector and public works to support healthcare facility evacuations and general populations evacuations?

Healthcare Facilities

1. Are you developing any situation reports? What would your report if your facility is in an affected area?
 - o To whom are your reports going? MHOAC, HO, Home Office?
 - o Who/what position at your facility will send a Resource Request to the County?
 - o Who/what position at your facility will send the required Situation Status to the County?

2019 STATEWIDE MEDICAL AND HEALTH EXERCISE

Situation Manual

Tabletop Exercise



2. How do you request resources from your city, e.g. generator, propane, sandbags, security?
3. What are triggers for you to prepare your facility for evacuation?
4. Who/what position will communicate and coordinate mitigation information for storm and flood related safety and risk communication to staff, patients, family members and the community.
5. Based on your HVA and information presented in the scenario, would your facility consider sheltering in place with your clients and staff? For how long?
6. What is your facility doing with the staff shortages due to school closures and extremely hazardous weather conditions?

Participant Instructions

- ▶ You have **10 minutes** to consider the questions. Focus on the issues given the scenario for your facility/organization type and point of view.
- ▶ Keep exercise goals and objectives in mind.
- ▶ Identify tools/products that will help move planning and response forward on the note cards provided.
- ▶ Identify any additional questions, critical issues, or decisions.
- ▶ Include additional thoughts, issues, and questions on the Participant Feedback Form.
- ▶ Note cards are to be turned in to facilitator for after action planning.
- ▶ There will be time during the report back after Module 3 to provide comments regarding scenario 2 planning activities.

MODULE 3

Medical Surge, Patient Movement, Continuity of Patient Care

Healthcare Facility Impacts, Operational Area Healthcare System Coordination, Clinical Advisory Roles

Situation Update

After 3 days of constant rain, conditions continue to worsen. One Long Term Care Facility (LTCF) is under an order to evacuate 76 residents due to structural and utility damage from a falling tree from which six people have been transported to a local hospital, 2 are in serious condition. Healthcare providers are reporting staffing shortages with staff having to remain at home due to school closures, poor road and travel conditions, public transit issues and flooding or potential flooding at their residences. Emergency transport providers are also challenged with the storm and flooding. The county has experienced two large medical surge incidents involving children, many of whom are injured. The hazardous material leak at a local school involving approximately 35 students ranging from 6 to 12 years of age and several adults experiencing symptoms of respiratory distress: shortness of breath, coughing, respiratory irritation, irritation of eyes and nausea. The second incident is a landslide that has struck an elementary school. Several adults and over 40 school aged children (ages 5-12 years old) are suffering from moderate to

2019 STATEWIDE MEDICAL AND HEALTH EXERCISE Situation Manual Tabletop Exercise



major injuries. The injuries range from - broken bones, strains, head injuries, with many of the victims requiring decontamination from the mud covering them before treatment. It is expected that flooding will become more widespread and several more Long-Term Care Facilities will need to re-locate patients to facilities to higher ground. Utility restoration continues to be a problem as utility crews are dealing with a back log of service requests. Several areas of the county are still without power with no estimated time for full restoration. Flooding and extended power outages are forcing residents to seek public sheltering or trying to stay with family and friends to weather the storm. Additionally, the Health Officer and local water districts has issued "Boil Water" orders for many areas impacted by the flooding and notices to residences on well water systems.

QUESTIONS

Participant Instructions

- ▶ You have **60 minutes** to consider the questions for Module 3.
- ▶ Focus on the issues given the scenario for your facility type/organization and point of view.
- ▶ Keep exercise goals and objectives in mind.
- ▶ Answer questions in the order they appear as much as possible. It is not necessary to go through all the questions if time does not permit. It is more important to drill down to some action items that to gloss over each question.
- ▶ Identify any additional questions, critical issues, or decisions you feel were not addressed on the note cards provided. Turn in to your facilitator.
- ▶ Include additional thoughts, issues and questions on the Participant Feedback Form to be include in after action reporting.
- ▶ Elect a spokesperson for your group to discuss the group's main discussion points.
- ▶ Each group needs to have a scribe record the group's discussion points. Turn in notes to facilitator.
- ▶ There will be 30 minutes for reports outs. Each group will have 5 minutes to share the top 3 issues, 3 main action items and 3 gaps.
- ▶ Please note additional concerns or questions **from your healthcare sector** on the note cards provided to turn into the facilitator.

Breakout Group Facilitators

- **Alameda County OA Hub:** EH, PH, BHCS, EMS, EOC, Lab, Falck, BLS Transport
Facilitators: William McClurg, Erica Pan
- **Berkeley Hub:** Albany, Berkeley, Emeryville
Hospital: Alta Bates Summit Berkeley
Facilitator: Rachel Rodriguez
- **Oakland Hub:** Piedmont, Oakland, Alameda
Hospitals: Alameda Hospital, UCSF Benioff Children's Hospital, Kaiser Oakland, Alta Bates Summit Oakland, Highland Hospital
Facilitator: Cynthia Frankel

2019 STATEWIDE MEDICAL AND HEALTH EXERCISE

Situation Manual

Tabletop Exercise



- **Central Hub:** San Leandro, Hayward, Unincorporated Areas (Castro Valley, Ashland, Cherry land, San Lorenzo, Fairview)
Hospitals: San Leandro Hospital, Kaiser San Leandro, Eden Medical Center, St. Rose Hospital
Facilitator: Ron Seitz
- **Southern Hub:** Union City, Fremont, Newark
Hospitals: Washington Hospital, Kaiser Fremont
Facilitator: Preston Lam
- **Eastern Hub:** Dublin, Pleasanton, Livermore, Sunol
Hospital: Stanford Valley Care
Facilitator: Donata Nilsen

Questions for Module 3 Scenario

County/Emergency Management

1. How do you keep track of your staff who may be evacuated from their homes?
2. What are your plans to house staff onsite in the event they are unable to go home?
3. What policies are in place to allow staff to work from home that are not needed for the response.

EOC

4. How is the EOC supporting the coordinating of transportation for ALS/BLS providers and other critical transport corridors? Is the EOC coordinating with BART, AC Transit, other transportation providers and Public Works to support the continuity of patient care?
5. How can the county assist in getting patients to a dialysis center?
6. How do we notify the public of alternate transportation routes and times?
7. How do you share information what facilities can take patients, e.g. with shelters, the community?

MHB

8. How is the MHB managing, summarizing and sharing healthcare partner information? What MHOAC Program (EMS, PH, BH, EH) messaging is being provided and how is it coordinated? How is it different from a Flash Report? e.g. What messages are going to what entities? Who/what positions are sending these out?
9. What pediatric patients get prioritized if there is limited transportation?
10. What facilities and other partners in the county can manage and support the needs of pediatric patients?
11. How will 3 simultaneous incidents be coordinated, i.e. how will patient movement be managed, how will patients be tracked, how are patient destinations decided?
12. How are pediatric patients prioritized during transport delays?

PH

13. How does a boil water order get issued? What role do EH and PH play? How does the message get disseminated?
14. Does PH facilitate 1135 waiver from the state?
15. With the current situation unstable and three major incidents in the county so far, would there be a disaster proclamation or a health officer proclamation? What would be the triggers? How would a proclamation help the continuity of patient care?

ALS/BLS Transport

16. What are your priorities?
17. How will 3 simultaneous incidents be coordinated, i.e. how will patient movement be managed, how will patients be tracked, how are patient destinations decided?

2019 STATEWIDE MEDICAL AND HEALTH EXERCISE
Situation Manual
Tabletop Exercise



18. What policies or plans are in place for storm/flooding conditions for patient transport?
19. How do you deal with 3 different incidents at once, decontamination of hazmat and mud-covered victims?
20. How are pediatric patients prioritized during transport delays?

Healthcare Facilities

Staff and Patient Management

1. How do you track your staff who may be evacuated from their homes?
2. How do you track your staff that may need to accompany evacuated patients to other facilities or shelters?
3. How do you notify the family of patients you are relocating?
4. Does your facility have a policy or plan for requesting an 1135 waiver?
5. Does your facility have a plan for potential flooding of generator locations?
6. Do you have continuity plans in place with key vendors to provide services/deliveries when access to the facility is limited?
7. What is your shelter in place plans to house staff onsite in the event they are unable to go home?
8. (H, L) Who at your facility will document the disposition of victims through the continuum of care utilizing HICS 254 Disaster Victim Patient Tracking.
9. How will you integrate mental and behavioral health services for all staff members and patients as part of incident response?

Pediatric Surge

10. What facilities and other partners in your hub can manage and support the needs of pediatric patients?
11. (H) How do you manage pediatric patients that need a higher level of care with 911 and inter-facility transport delays?
12. (H, C) How do you manage a surge of pediatric patients?
13. What do you need to stay open to serve a surge of children with patient movement (transportation) compromised?
14. (H, C) What resources do you need to manage pediatric patients from ages 1-12 years and their families?
15. What types of pediatric patients get prioritized if there is limited transportation?

Continuity of Patient Care

16. (HH) How do you manage your clients given the weather conditions? Do you have any electricity dependent clients that need to be moved or check on given the intermittent power outages?
17. (H) How would you deal with 3 different incidents at once, decontamination of hazmat and mud-covered victims?
18. (C, L) What type of patients can you take given the scenario?
19. (H, C) How will you manage a surge of unsheltered people who may come to your facility for care?
20. (H, C) How will you prioritize your patient load?

Dialysis

1. What will your facility do if you do not have enough staff in the dialysis unit area to dialyze all the patients who are coming in?

2019 STATEWIDE MEDICAL AND HEALTH EXERCISE Situation Manual Tabletop Exercise



2. Do you have any MOUs to enable your staff to stay at a nearby hotel?
3. Can your staff sleep onsite to accommodate extended or 24-hour operations if needed? Can you double your capacity?
4. How is your staff getting the most up to date information on road conditions?
5. How do you deal with an absence of medical records for arriving patients if flooding makes it difficult for patients to access their records?
6. How would you prioritize your patient load, e.g. can patients be triaged on the basis of 2-3 hour treatments? What are the priorities? What are criteria?
7. Can you provide patients with an emergency dialysis pack pre-event to include dialysis prescription, laboratory test results, hepatitis status, and disaster diet plan?
8. What concerns do you need to communicate to the county?

Based on the information provided, exercise participants are directed to participate in a discussion concerning the key issues raised above. Identify any additional requirements, critical issues, decisions, key participants, or questions that should be addressed at this time. Facilitators will provide injects for their group. Injects will prompt specific actions.

CONCLUSION OF DISCUSSION-BASED TABLETOP EXERCISE

Exercise Hot Wash

The basic Hot Wash will follow the guideline of a SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats) to identify things that went well, gaps and areas for improvement. Additional questions below may be used as needed.

1. How did the exercise address the following: information sharing, public information and warning, emergency operations center coordination, health care and medical response coordination, medical surge and patient movement?
2. What problems did you identify in the plans, policies, and procedures utilized during the exercise that could be improved, if any, for response to a severe weather event? What should be done to address the identified problems? Who would be the designated leads responsible for this?
3. How do your plans, policies, and procedures address evacuation, shelter in place, extended power outage and staff shortages?
4. What stakeholders were not present at today's TTX who should have been included?
5. What are the lessons learned from the TTX to better prepare your organization for a future incident of this nature?
6. What activities or processes were identified as gaps or areas for improvement that should be addressed?
7. What plans were utilized as part of the TTX? Were these plans adequate for this type of incident? If not, were there different plans that could better address this?
8. What improvements from the utilized plans could be made to improve response?
9. How would this type of event effect your operations, if you were in the impacted area?



10. How is your facility managing the intermittent power outages? What electricity dependent patients do you have to worry about? What resources might you need to provide continuity of care?

Participant Feedback

Please complete the Participant Feedback Form! Feedback and comments will be used to develop the After Action Report and help plan for the functional exercise in November.

PLANNING FOR THE FUNCTIONAL EXERCISE

EXERCISE LEVELS

The Statewide Medical and Health Functional Exercise occurs on November 21, 2019 around the County at various facilities.

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 or Operational Area (OA) partners and exercise planners in a coordinated way to follow along with the evolving scenarios.
- It is encouraged to have at least one exercise controller per site/facility/organization. Exercise controllers will receive specific information to facilitate exercise play in coordination with the county for the staff at their facility.
- Official County Exercise start and end times will be provided to exercise controllers prior to the exercise but individual facility participation may vary.

SCENARIO DEVELOPMENT

Exercise planners will work to customize the functional exercise scenario based on the plans, policies and procedures to be tested and information collected by Mier Consulting during Key Informant Interviews. Specific injects will be developed to stimulate exercise play throughout the County. Organizations not participating in the exercise that may be important to exercise play will be simulated using an exercise SimCell. Exercise Evaluation Guides will be based on objectives.

PARTICIPATION

Additional organizations that will be impacted which are not in attendance during the tabletop exercise will be included in exercise scenario planning and inject development. A full list of participants will be published prior to the functional exercise in an Exercise Communications Guide to be used during exercise play.



Please Note: We are requesting that all exercise participants update their contact information on file with the county to allow us to test our communication capabilities as realistically as possible.

TESTING OF PLANS & PROCEDURES

Alameda County Plans, Policies, Procedures

- Alameda County Emergency Operations Plan (EOP)
- California Public Health and Medical Emergency Operations Manual
- Alameda County MCI Policy
- ReddiNet Utilization Policy
- Pediatric Medical Surge Plan
- EMS Medical Surge Plan
- Alameda County Disaster Preparedness Health Coalition Preparedness & Response Plans

All exercise materials will be available online <http://www.acphd.org/phep/exercises> or <http://ems.acgov.org/index.page>

Healthcare Partner Plans

- Hospital Command Center Plans
- Communications and Notification Plans for Staff and Clients
- Shelter-in-Place Plans
- Evacuation and Transportation Plans
- Power Failure / Extended Power Outage Plans
- Continuity of Operations Plans (COOP)
- Patient Transport MOUs

Additional plans, policies, procedures and/or resources may be identified during functional exercise planning to be included as needed/appropriate.

FUNCTIONAL EXERCISE PARTICIPATION & REQUIREMENTS

An Adobe Connect Webinar will be available on 10/14/19 to review how to develop specific exercise objectives for your facility and help determine the level of play at your facility.

Meeting Name: 2019 SWMH FE Levels of Play & Developing Objectives

Conference Phone Number: 888-808-6929

Participant Code: 9445482

Webinar Link: <https://acphd.adobeconnect.com/rmp8urowtqzx/>

Functional Exercise participants are **required** to update their contact information with the county. In order to receive a certificate of participation participants must:



FUNCTIONAL EXERCISE REQUIREMENTS

Functional Exercise participants are **required** to update their contact information with the county. In order to receive a certificate of participation participants must:

1. **Update facility contact information** if needed for our DPHC listserv with Preston Lam:
Preston.Lam@acgov.org, (510) 268-2384.
2. **Current ReddiNet Users:** Update your “Facility General Information”, “Services/Resources” and “Command Center” tabs. Your Organization ReddiNet User Administrator (Primary or Backup) can update this information. Contact Cynthia Frankel for questions.
3. Have a [Membership Agreement Form](#) on file.

Additionally, please:

- **Sign up for a free ReddiNet account.** We would like all our healthcare partners on ReddiNet. Participation is free for coalition members with a [Membership Agreement Form](#) on file. Please complete the ReddiNet Agreement and Contacts forms which can be accessed [here](#) and submit to Cynthia Frankel.
- **Sign Up for our Listserv.** You will automatically be included in the CAHAN and receive other alert messages from EMS and PH. For all 911 and non-911 transport providers, contact Adele Pagan; for all other healthcare providers and partners contact Preston Lam.
- **Sign up for AC Alert.** We recommend all healthcare partners and their families to sign up Alameda County’s Emergency Alert and Notification System [here](#).

Contact Information

Alameda County Public Health Systems Preparedness and Response

- Preston Lam, HPP Coalition Coordinator
Preston.Lam@acgov.org
(510) 268-2384
- Ron Seitz, Long Term Care Facility Liaison
Ron.Setiz@acgov.org
(510) 268-2139.
- Donata Nilsen, HPP Grant Coordinator
Donata.Nilsen@acgov.org
(510) 208-5907

Alameda County Emergency Medical Services Agency

- Cynthia Frankel, Alameda County Emergency Medical Services
Cynthia.Frankel@acgov.org
(925) 285-2403
- Adele Pagán, IS Manager
adele.pagan@acgov.org
(510) 618-1924



Functional Exercise Registration

Register for the Functional Exercise please and complete the requested information using the following link: <https://www.surveymonkey.com/r/8K6HCBN>

For assistance, please call or email Donata Nilsen, Donata.Nilsen@acgov.org, (510) 208-5907

Functional Exercise **Webinar Available for 11/21/19**

A webinar will be available for healthcare participants to follow along during exercise play on 11/21/19. Organizations will participate from their own facilities utilizing the Incident Command Structure and should encourage participation from appropriate staff to meet exercise goals. Only 1 person from each organization should register for this webinar (ideally this should be the person you identify as the exercise controller for your facility). The idea is to have your incident command/management team participate together from your command center and follow along and respond to the information and tasks presented in the webinar. This will allow us to obtain a more robust operational area picture.

The registration and link is: <https://register.gotowebinar.com/register/4497667064134513155>

ROLE OF OPERATIONAL AREA

Coordinate response functions to severe weather event impacting Alameda County. Lead and support incidents and activities related to impacts of a severe weather event impacting Op Area with ALS/BLS providers, OA EOC, local jurisdictions, Health Care Service Agency (Public Health, Emergency Medical Services, Environmental Health, Behavioral Health Care Services) hospitals, long term care facilities, clinics, other healthcare providers & partnering agencies and organizations. Exercise OA capabilities in emergency operations coordination, medical surge, and information sharing.

ROLE OF STATE AGENCIES

On November 21, 2019, California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA) will activate their EOC. The California Governor's Office of Emergency Services (Cal OES) is anticipated to participate by opening the State Operations Center (SOC) and Regional Emergency Operations Center (REOC) in support of local and regional exercise play. This will provide the opportunity for local participants to request additional resources, submit and receive situation status reports, respond to California Health Alert Network (CAHAN) (or other notification systems) messages and receive further direction.



APPENDIX A: EXERCISE SCHEDULE

October 1, 2019	
8:00am	TTX Facilitator Check-In
8:30 – 9:00 am	Registration, Coffee, Snacks, & Networking
9:00 - 9:20 am	Welcome, Opening Remarks, Introductions and Administrative Items
9:20 – 10:20 am	Module 1: Alameda County Current Situation and Planning Activities (Briefing)
10:20 – 11:00 am	Module 2: Situational Update and Coordination Efforts (Briefing)
11:00 – 11:10 am	Brief Group Breakout Discussions
11:10 – 11:20 am	Break and Video
11:20 - 12:20 pm	Module 3: Medical Surge, Patient Movement, Continuity of Care (Situation Update)
12:20 - 12:45 pm	Group Breakouts & Facilitated Discussions
12:45 – 1:15 pm	Pick Up Lunch, Participant Feedback and Hotwash
1:15 - 1:35 pm	11/21/19 Functional Exercise Preparation
1:35 - 1:45 pm	Closing Remarks
1:45 - 2:00 pm	Facilitator Debriefing, Planning Group Check-in



APPENDIX B: EXERCISE PARTICIPANTS

- | | |
|---|---|
| <ul style="list-style-type: none"> • Alta Bates Summit Medical Center • Advent • Alameda County Behavioral Healthcare Services • Alameda County Emergency Medical Services Agency • Alameda County Health Care for the Homeless • Alameda County Medical Reserve Corps • Alameda County Public Health Department • Alameda County Public Health Department, Division of Communicable Disease Control & Prevention • Alameda County Public Health Systems Preparedness & Response • Alameda County Public Works Agency • Alameda County Sheriff's Office of Emergency Services • Alameda Health System • Alameda Healthcare and Wellness Center • Angelcare Home Health Services LLC • Asian Health Services • Axis Community Health • Bay Area Rapid Transit District (BART) • Baypoint Healthcare Center • Bayview Rehabilitation Center • Baywood Court Retirement Community • Bethesda Home • California Department of Public Health • California Department of Water Resources • California State University East Bay • Chaparral House • City of Berkeley Public Health • Crestwood Manor • Crestwood Treatment Center • DaVita Fremont • DaVita Kidney Care • DaVita Livermore Dialysis • DaVita Pleasanton Dialysis Center • DaVita San Leandro | <ul style="list-style-type: none"> • DaVita San Leandro Marina • DaVita South Hayward Dialysis • East Bay Peritoneal Dialysis (DaVita) • East Bay Endoscopy Center • Eden I&R / Alameda County 211 • Eden Medical Center • Elmwood Nursing and Rehab Center • Excell Health Care Center • Falck Ambulance 911 • Fremont Surgery Center • Hayward Healthcare and Wellness Center • Kaiser Fremont • Kaiser San Leandro • Kyakameena Care Center • Mocho Park Care Center • Parkview Health Care Center • Pacific Gas and Electricity (PG&E) • Pleasanton Nursing & Rehabilitation Center • Redwood Convalescent Hospital • Regional Disaster Medical Health Specialist, Region 2 • Retreat for Children • St. Christopher Care Center, Inc • St. Rose Hospital • Stanford Healthcare Valley • Tiburcio Vasquez Health Center, Inc • UCSF Department of Emergency Medicine • UCSF Benioff Children's Hospital Oakland • Vineyards Healthcare Center • Washington Hospital • West Oakland Health Council • Windsor Gardens Care Center Hayward • Windsor Healthcare Center of Oakland • Windsor Park Care Center Fremont • Windsor Post Acute Care Center Hayward • Zone 7 Flood Control District |
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Updated as of 9/30/19



APPENDIX C: ACRONYMS

AAR	After Action Report
AAR/IP	After Action Report / Improvement Plan
AFN	Access and Functional Needs
CAHAN	California Health Alert Network
Cal OES	California Governor's Office of Emergency Services
CBO	Community Based Organizations
CDPH	California Department of Public Health
CERT	Community Emergency Response Team
DHS	Department of Homeland Security
DOC	Department Operations Center
ED	Emergency Department
EEG	Exercise Evaluation Guides
EHD	Environmental Health Department
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EOC	Emergency Operation Center
EOM	California Public Health and Medical Emergency Operations Manual
EOP	Emergency Operations 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
HAZMAT	Hazardous Materials
HCC	Hospital Command Center
HICS	Hospital Incident Command System
HIPAA	Health Insurance Portability and Accountability Act
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
ICS	Incident Command System
IP	Improvement Plan
JIC	Joint Information Center
JIS	Joint Information System
JRIC	Joint Regional Intelligence Center
LEMSA	Local Emergency Medical Services Authority
LHD	Local Health Department
MCI	Mass Casualty Incident
MHCC	Medical and Health Coordination Center
MHOAC	Medical/Health Operational Area Coordinator
MHOAC	Medical/Health Operational Area Coordination

2019 STATEWIDE MEDICAL AND HEALTH EXERCISE
Situation Manual
Tabletop Exercise



MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NGO	Non-governmental organization
NHICS	Nursing Home Incident Command System
NIMS	National Incident Management System
OA	Operational Area
OEM	Office of Emergency Management
PHEP	Public Health Emergency Preparedness
PHSPR	Public Health Systems Preparedness and Response
POC	Point of Contact
PPE	Personal Protective Equipment
RDMHC	Regional Disaster Medical Health Coordinator
RDMHS	Regional Disaster Medical Health Specialist
REOC	Regional Emergency Operation Center
SEMS	Standardized Emergency Management System
SimCell	Simulation Cell
SitMan	Situation Manual
SME	Subject Matter Expert
SOC	State Operations Center
SWMHE	Statewide Medical and Health Exercise
TTX	Tabletop Exercise
UC	Unified Command