




STATEWIDE MEDICAL AND HEALTH EXERCISE
TABLETOP EXERCISE

Operation H5N1 2015 - 10/8/15



WELCOME & INTRODUCTIONS



Introductions

- Subject Matter Experts
- Today's Overview
- Introduction of Participants

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ADMINISTRATION

- Cell Phones – Please Silence
 - If you need to take a call, please step into the lobby area
- Restroom Locations
- Evacuation procedures
 - “This is a real emergency”
 - Use the stairway to exit the building and follow directions of the stairway wardens







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INTRODUCTIONS

- Welcome
 - Name
 - Position
 - Agency/Organization
- Exercise Materials
 - Situation Manual on-line
 - Participant Feedback Forms
 - Your feedback is important - Please turn in at end of day!

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

ALAMEDA COUNTY
PUBLIC HEALTH DEPARTMENT

California Department of
Public Health CDPH

GENERAL INFORMATION

KEY MATERIAL



OPERATION H5N1 - EXERCISE OVERVIEW

- Threat/Hazard
 - Pandemic Influenza
- Scenario
 - Novel Strain of H5N1
- Sponsor
 - CDPH, EMSA, Alameda County HCSA
- Participating Organizations
 - Hospitals, Clinics, LTCFs, Transport, Behavioral/Mental Health, EMS, Public Health, PH Laboratory, ALCO OES, Coast Guard

EXERCISE PURPOSE

- 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 communication and coordination of health system capabilities when managing surge among community healthcare partners.

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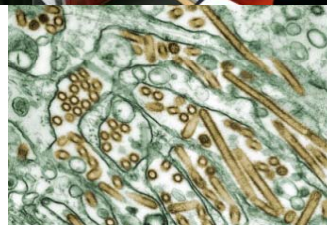
GENERAL INFORMATION

- **Exercise Modules**
 - Module 1: Infectious Disease Emergency Response
 - **Pre-Event History, IDER, H5N1, ACPHD Lab Capabilities**
 - Module 2: Medical Surge & Facilitated Discussion
 - **Facilitated discussion with Subject Matter Experts from Alameda County Healthcare Facilities**
 - Module 3: HCSA DOC Management & Information Sharing
 - **Internal and external management of information, information dissemination, Situation Status and Resource Request Reporting forms**
 - Module 4: Medical Countermeasures/Health Care Facility PODs, Functional Exercise
 - **Vaccination statistics, Vaccination distribution and prioritization**

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EXERCISE TARGET CAPABILITIES

- Emergency Operations Center Management
- Medical Surge
- Communications & Information Sharing
- Medical Material Management & Distribution



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TABLETOP EXERCISE OBJECTIVES

- Capability: Emergency Operations Center Management

Objective: Discuss similarities and differences between a mass casualty medical surge event and a prolonged infectious disease event, including differences in lab management.

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EXERCISE TARGET OBJECTIVES

- Capability: Medical Surge

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 to deal with a surge of pandemic influenza adult and pediatric patients.

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EXERCISE TARGET OBJECTIVES

- Capability: Communications & Information Sharing

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

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EXERCISE TARGET OBJECTIVES

- Capability: Medical Material Management & Distribution

Objective: Describe/discuss the requesting process and management of medical countermeasures for health care facility closed Points of Dispensing.

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Exercise Guidelines

- Use current plans and capabilities
- Exercise Assumptions & Artificialities
 - Impacts across response community
- Exercise Evaluation
 - Participant Feedback Forms



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DISCUSSION FORMAT

- Questions will be posed by the facilitator.
- Answer the questions to the best of your ability based on your facility and position.
- The goal is to discuss issues/potential solutions and address gaps in an after action plan.



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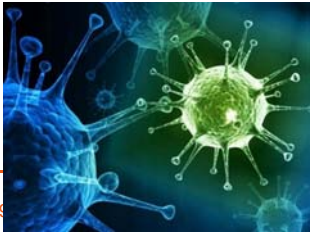
MODULE ONE

Pre-Event History, Infectious Disease Emergency Response, Lab Capabilities








FLU BASICS

- Respiratory Virus
- 3 types: A, B & C
- Influenza A -
 - human & animal
 - all past pandemics
- Influenza B
 - humans only



Spread:

- Droplets via coughs/ sneezes
- Inhaled droplets OR
- Touch contaminated surface, then touch mouth, nose, or eyes.
- Can survive on hands & surfaces
 - non-porous: 24 – 48 hours
 - porous: up to 12 hours
- Infectious:
 - 1 day before and up to 7 days after illness













PANDEMIC INFLUENZA

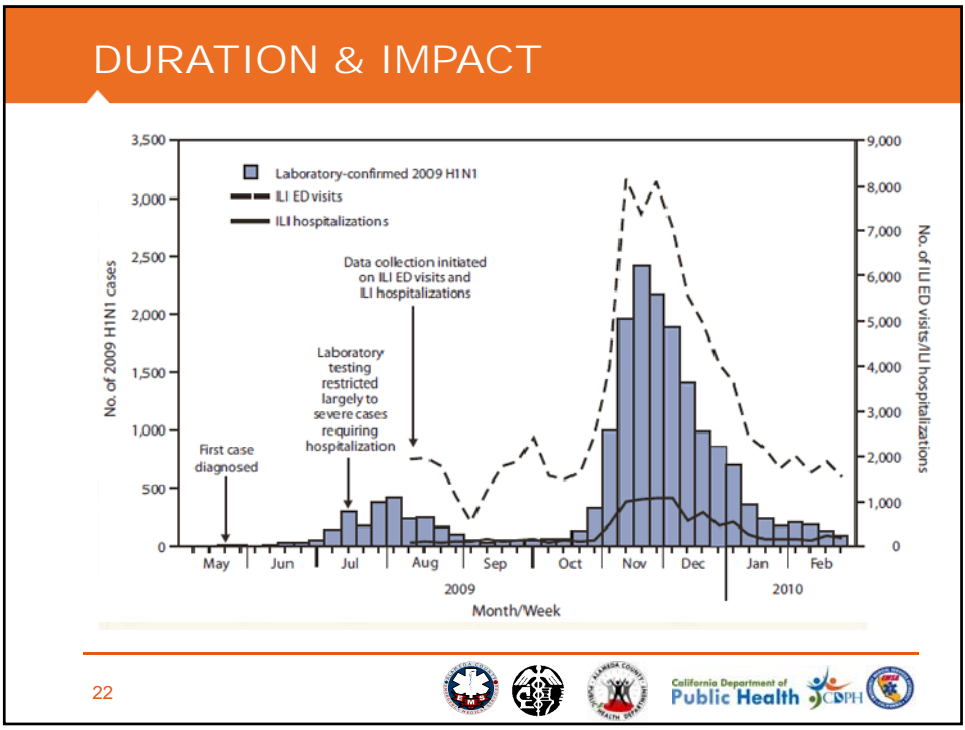
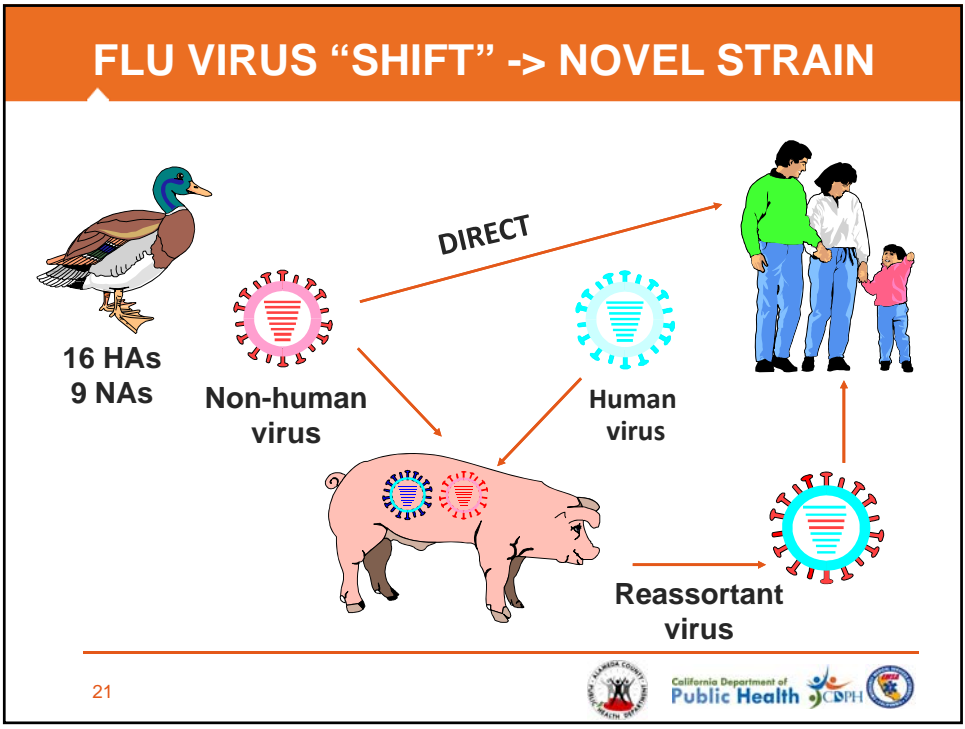
Criteria:

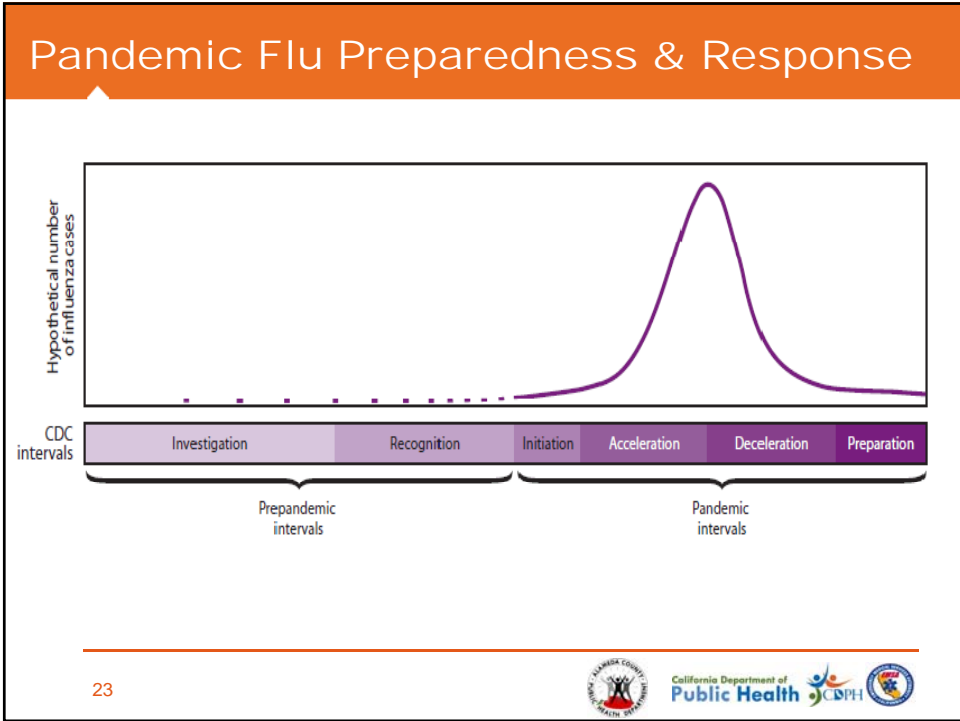
- Novel strain
- Sustained person-person transmission
- Global spread

Year	US Deaths/million population
1918-19	5000 -7500
1957-58	407
1968-69	170
2009-10	39







INFECTIOUS DISEASE EMERGENCY RESPONSE (IDER)

The slide features a central collage. On the left, there is a black and white photograph of a person's arm with a skin rash. To the right, a gloved hand holds a test tube with blue liquid. The background is a grid of hexagons, each containing the name of an infectious disease: EBOLA, HIV, SARS, HBV, MERS, H1N1, and MALARIA.

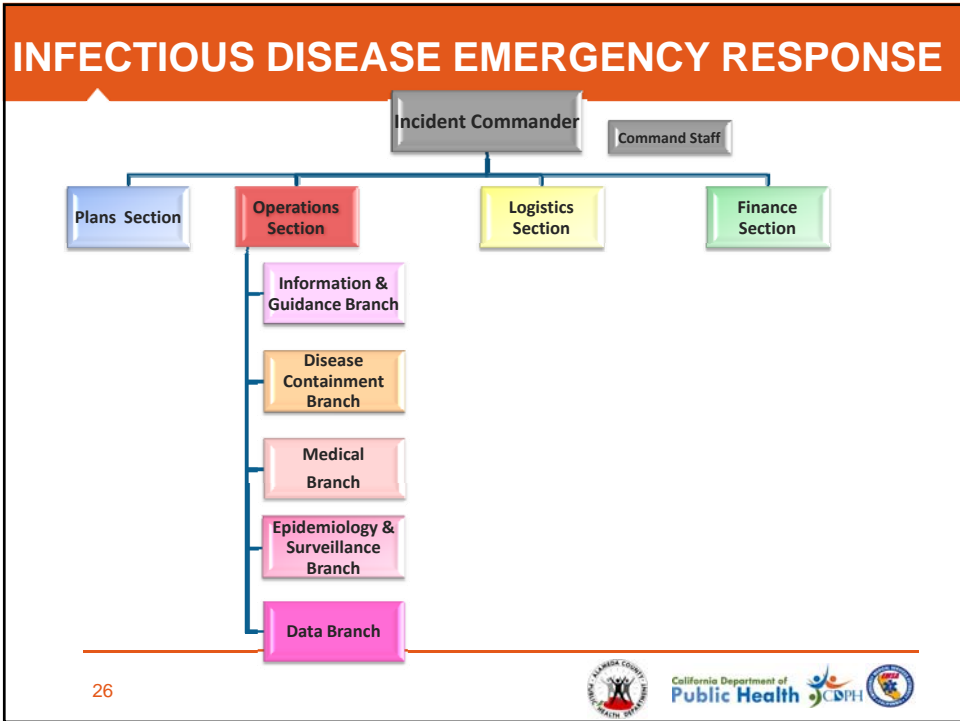
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IDE vs OTHER DISASTERS

H1N1 global invasion by air travel (March - mid May)

- Duration
- Widespread vs local
- Large % responders unavailable
- Risk communication complex
- Unique mitigation
- COOP emphasis
- Surveillance / situational awareness
- Infrastructure intact

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DISEASE CONTAINMENT - PHARM

- Pharmaceutical Tx & Prevention
 - Vaccine
 - Antivirals
 - Effective?
 - Available?
 - When?
 - How much?







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DISEASE CONTAINMENT

- Infection Control/PPE
- Isolation & Quarantine
- Restriction or Exclusion of SOS
- Cancellation of mass gatherings, ?public transport, etc.



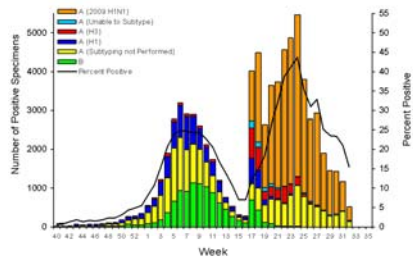
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EPIDEMIOLOGY & SURVEILLANCE

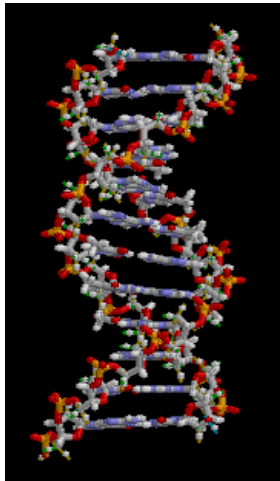
- Case Definitions
 - Suspected
 - Probable
 - Confirmed
- Report to public health
 - ICPs/Providers
- Case/contact investigation
- Lab confirmation

Influenza Positive Tests Reported to CDC by U.S. WHO/NREVSS Collaborating Laboratories, National Summary, 2008-09



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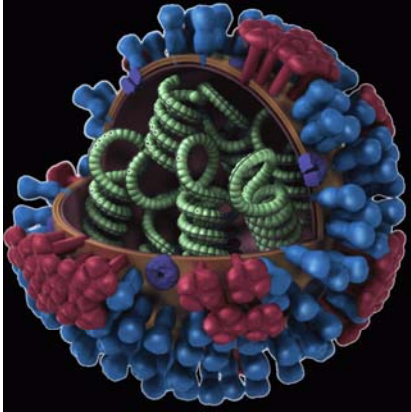
ACPHD Lab Capabilities



- Alameda County's Public Health Laboratory
- A Federal and State certified infectious disease Laboratory


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ACPHD Lab Capabilities



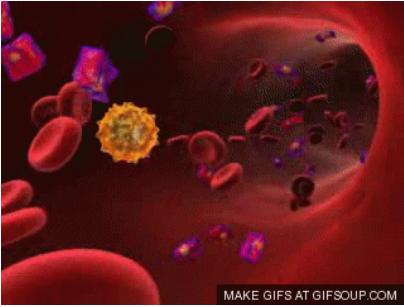
- extensive experience with influenza testing
- Able to test for influenza by **PCR** (rapid, highly sensitive, testing); **same day turnaround in many instances**
- Lab is capable of **sub-typing the virus**; (distinguishing H5, H7, H1 etc.)

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ACPHD Lab Capabilities


- ACPHD Lab's test for influenza:
 - Is provided by CDC
 - Casts a "wide net": can detect very wide range of influenza strains (new strains as well)
 - Existing rapid tests in clinics may not !

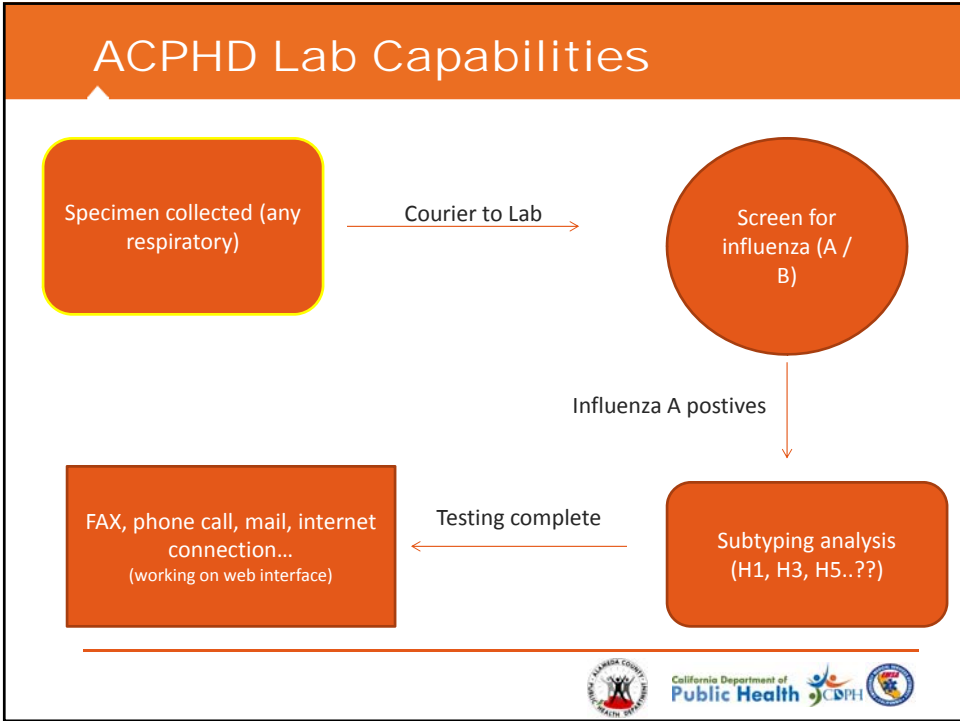


MAKE GIFS AT GIFSOUP.COM

Can provide testing for *any* variety of respiratory specimen; NP or throat swab is best

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ACPHD Lab Capabilities

- New capabilities coming:
- New facility (moved in December 2014)
- Biosafety Level-3
 - (bioterror agents, etc)
 - **DNA sequencing**

The photograph shows a sign for the Alameda County Sheriff's Office, Coroner & Bureau, Criminalistics Laboratory, located at 2801 PERALTA OAKS COURT. Below it is a sign for the Alameda County Public Health Department, Public Health Laboratory.

www.acphd.org/communicable-disease/disease-reporting-and-control/reportable-diseases-conditions.aspx

Alameda County Public Health Department
Celebrating Healthy People in Healthy Communities

Home Programs & Services Communicable Disease Clinics Data & Reports About ACPHD Contact ACPHD

Communicable Disease > Disease Reporting and Control > Reportable Diseases & Conditions

Reportable Diseases & Conditions

Our Communicable Disease Team will investigate disease reports. In certain circumstances, testing at the Alameda County Public Health Lab will be arranged. The Communicable Disease Team provides guidelines for treatment, prophylaxis and infection control. Reporting of certain diseases may activate state and federal emergency response systems.

- California Department of Public Health List of Healthcare Provider Reportable Diseases
- California Department of Public Health List of Laboratory Reportable Diseases

Download PDF of this page

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812 requires that healthcare providers report known or suspected cases of disease or condition, listed below, to the jurisdiction in which the patient resides.

REPORT IMMEDIATELY BY PHONE		
During Business hours: (510) 267-3250 After hours: (925) 422-7595		
<ul style="list-style-type: none"> Anthrax, human or animal Botulism (Infant, Foodborne, Wound, Other) Brucellosis, human 	<ul style="list-style-type: none"> Foodborne Disease (when two or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness) Hemolytic Infections 	<ul style="list-style-type: none"> Scombroid Fish Poisoning Severe Acute Respiratory Syndrome (SARS) Shiga Toxin (detected in feces) Smallpox (Variola)

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TIME
FEBRUARY 9, 2004
BIRD FLU

MATT DAVIES THE SPECIAL AGENT @2007
HOMELAND SECURITY BIO-TERROR READINESS UNIT.
OUT WITH FLU.

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MODULE ONE: Discussion Questions

1. How will you ensure your staff has appropriate equipment and training for personal protection/infection control?
2. How will you plan for 20-50% of your workforce being absent or unavailable?
3. How will you coordinate reporting case reports from your facility to public health?
4. How will that information be communicated internally?
5. How will you deal with different numbers in your ED versus numbers of confirmed, probable, or suspected cases?
6. Do your health care providers and laboratory staff know how to submit specimens appropriately to public health laboratory?
7. 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?

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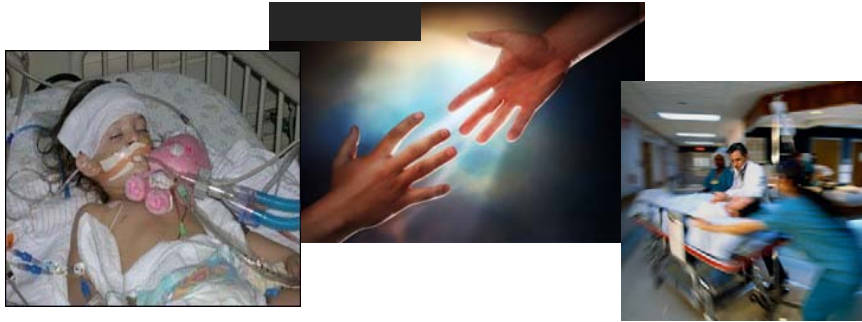
MODULE TWO

Medical Surge & Facilitated Discussion



MEDICAL SURGE

EXPANSION & DECOMPRESSION MODEL



Cynthia Frankel, HPP EMSA Coordinator, Alameda County EMS
Rick Luna, Regional Hazardous Materials & Waste Coordinator,
Alta Bates Summit Medical Center



MEDICAL SURGE GOAL

To Better Understand And Strengthen County-wide
Medical Surge Capability And Capacity



ADULT & PEDIATRIC NEAR MISS

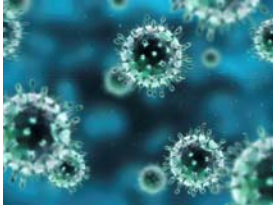

LESSONS LEARNED

H1N1 (2009)

- Mehserle Verdict (2009–10)
- San Bruno Pipeline Explosion (2010)
- Occupy Oakland/Civil Unrest (2012)
- Chevron Explosion (2012)
- Asiana Accident (2013)
- CNA Work Actions/BART Strikes
- Napa Earthquake (2014)
- Ebola (2014)

Potential Challenges

- **Hospital medical surge impact**
- **Limited ICU, PICU, ED and Burn beds**
- **Pandemic flu**






REGIONAL CENTERS

UNINTENDED CONSEQUENCES


LACK OF BEDS

- **A Major Disease Outbreak Will Stretch The Health Care System Beyond Normal Capabilities**
- **Not Enough Equipment/Space To Treat Patients**
- **A Mass Casualty Pandemic Could Spiral Out Of Control**






HEALTHCARE SURGE DEFINITION




 **...an excess in demand over capacity in hospitals, long-term care facilities, community care clinics, public health departments, other primary & secondary care providers, resources &/or emergency medical services**

LARGE NUMBER OF VICTIMS IN DISASTERS

- Overwhelm System
- Impair Identification of Critical Patients
- Impair Treatment of Critical Patients



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SURGE CAPACITY BASICS

Maximize effectiveness of existing resources

Increase patient care capability

Increase surge capacity

4 S's – SYSTEMS, STAFF, SPACE & STUFF



System: Integrated policies & procedures; EOC/HCC/DOC




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

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KEY MEDICAL SURGE COMPONENTS

Framework

- **Bed Expansion/Decompression**
- **Experts: Decision Expert Focal Points Facilitate Effective Decisions, Decision Triggers**
- **Resources: Links Resources, Map Assets & Strategic Acquisition**
- **Crisis Standards Of Care: Decision Matrix**
- **Patient Movement, Tracking & Family Reunification**
- **Management Responsibilities: Role Clarity**
- **Coordination: Surge & Patient Transfers**



Priority

- **Leverage Partners & OA Medical Surge Plan Alignment**

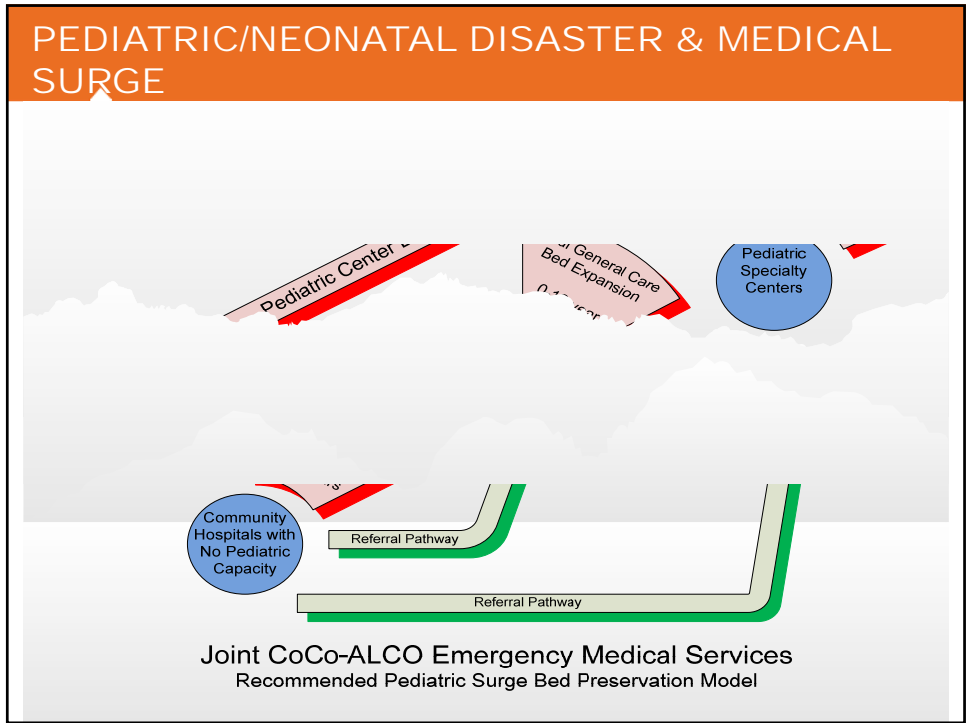
CHILDREN'S MEDICAL SURGE: Considerations

- ➔ **REGIONAL/STATE INFORMATION MANAGEMENT**
- to track pediatric critical care needs & resources in real time during emergencies to direct distribution of patients & resources
- ➔ **NEEDS & RESOURCES FOR CHILDREN TRACKED**
- since age-specific critical care may be warranted
- ➔ **REGIONAL MECHANISMS SHOULD BE DEFINED**
- to direct distribution of pediatric patients & resources
- ➔ **RESOURCES OF PICUs/NICUs MAY BE SHARED**
to care for ... a large number of infants ...
- ➔ **INTERHOSPITAL TRANSPORT OF PEDIATRIC CRITICALLY ILL PATIENTS MAY BE PROHIBITIVE**
- requiring transport of staff & supplies to overloaded hospital rather than transporting patients to another ICU.



Source: Barfield WD, et al. *Pediatr Crit Care Med* 2011; 12[Suppl.]:S128-34 9

STATEWIDE MEDICAL AND HEALTH EXERCISE
TABLETOP EXERCISE SLIDE PRESENTATION



HOSPITAL	2014 LICENSED BEDS OSHPD	5% of Licensed Beds	Licensed Beds plus 5%	10% of Licensed Beds	Licensed Beds Plus 10%
		12	267	25	280
ALTA BATES SUMMIT MEDICAL CENTER - Berkeley	347	17	364	34	381
ALTA BATES SUMMIT MEDICAL CENTER HERRICK CAMPUS	69	3	72	6	75
ALTA BATES SUMMIT MEDICAL CENTER SUMMIT CAMPUS Oakland	75	3	78	7	82
ALTA BATES SUMMIT MEDICAL CENTER HAWTHORNE CAMPUS Oakland	403	20	423	40	443
UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND	190	9	199	19	209
EDEN MEDICAL CENTER	130	6	136	13	143
HIGHLAND - ALAMEDA HEALTH SYSTEM	316	15	331	31	347
KAISER - FREMONT	106	5	111	10	116
KAISER - OAKLAND	341	17	358	34	375
KAISER - SAN LEANDRO	213	13	226	21	234
SAN LEANDRO HOSPITAL	93	4	97	9	102
ST. ROSE HOSPITAL	217	10	227	21	238
TELECARE WILLOW ROCK CENTER	16		16	1	17
VALLEY CARE HEALTH SYSTEM - MEDICAL CENTER, STANFORD	167	8	175	16	183
VALLEYCARE MEDICAL CENTER - VALLEY MEMORIAL HOSPITAL	75	3	78	7	82
WASHINGTON HOSPITAL	341	17	358	34	381


HOSPITAL	2014 PICU OSHPD Licensed Beds	2014 NICU OSHPD Licensed Beds	2014 PEDS OSHPD Licensed Beds	2014 ICU OSHPD Licensed Beds	LICENSED TOTAL BEDS	5% of LICENSED BEDS
				8 ICU 8 CCU	255	12
ALTA BATES SUMMIT MEDICAL CENTER - BERKELEY		55		16 ICU 14 CCU	347	17
ALTA BATES SUMMIT MEDICAL CENTER HERRICK CAMPUS					69	3
ALTA BATES SUMMIT MEDICAL CENTER SUMMIT CAMPUS Oakland					75	3
ALTA BATES SUMMIT MEDICAL CENTER HAWTHORNE CAMPUS Oakland				30 ICU 6 CCU	403	20
UCSF BENIOFF CHILDREN'S	23	44	111		190	9
EDEN MEDICAL CENTER				24	130	6
HIGHLAND - AMEDA HEALTH SYSTEM		8		20	316	15
KAISER - FREMONT				10	106	5
KAISER - OAKLAND	(UNDER ICU)	18	33	30 <small>INCLUDES 9 PICU</small>	341	17
KAISER - SAN LEANDRO		16		16	213	13
SAN LEANDRO HOSPITAL				9	93	4
ST. ROSE HOSPITAL				9 ICU 6 CCU	217	10
TELECARE WILLOW ROCK CENTER					16	
VALLEY CARE HEALTH SYSTEM - MEDICAL CENTER, STANFORD		10	4*	13 ICU* 9 CCU	167	8
VALLEYCARE MEDICAL CENTER - VALLEY MEMORIAL HOSPITAL				3 ICU* 7 CCU	75	3
WASHINGTON HOSPITAL		14	17	13 ICU 16 CCU	341	17
GRAND TOTALS	23 (+) PICU OSHPD	165 NICU OSHPD	165 PEDS GENERAL	267	3354 OSHPD	162

Scenario Guidelines


- Do not fight the scenario
- Assume the scenario is real and may seriously impact the jurisdictions and the participants
- Participate in a collegial manner to benefit each other and those we serve

SCENARIO: Initial Cases – Early Summer


- Five cases of human-to-human transmission in Cambodia
- Health care providers (in Cambodia) used stockpiled antiviral medication
- **Many residents disregard isolation instructions**



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SCENARIO: Initial Cases



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.

- **H5N1** quickly spreads in Southeast Asia &
- Sporadic H5N1 cases appear in Australia
- 30% exposed develop symptoms
- Seasonal vaccine is ineffective
- Certain antiviral medications have been shown to help alleviate symptoms

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SCENARIO: Initial Cases



- CDC initiates enhanced surveillance at hospitals and health care facilities
- Health departments try to purchase additional stockpiles of antiviral medications
- California already experiencing an **above-average flu season**
- Patient workups include testing for H5N1

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SCENARIO: Initial Cases

- "They've tried to bring in extra doctors and nurses to handle the overload, but many are out ill or caring for ill loved ones there aren't enough to handle the volume" said the PIO from Alameda Health Systems hospitals.
- "Patients are waiting in the emergency room for 24 hours or more for a bed."
- 9-1-1 had triple the number of calls compared to this same time last year



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DISCUSSION QUESTIONS

- Based on the scenario, what is your organization’s current surge capacity & capability for patient care for day to day operations? Planning?

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EXPANDED SCENARIO

- **On September 6, 2015:** A 33-year old woman in Alameda County county becomes the first confirmed H5N1 case in California
- While ill, she attended a large fair with over 5,000 attendees in the neighboring county last week
- She took BART frequently while infectious
- Hospitals in the neighboring county experience a wave of ILI cases, many who attended the same fair



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EXPANDED SCENARIO



- **Wednesday, October 7:**
First confirmed H5N1 fatality in CA in a neighboring county
- CDC has developed a vaccine in record time
- At least 80 suspect H5N1 cases in the neighboring counties

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EXPANDED SCENARIO

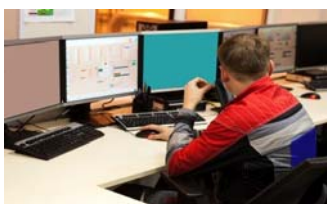
- Healthcare facilities experience a surge of ILI cases, many of whom had contact with the confirmed H5N1 cases
- Several individuals calling in with questions about their symptoms



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EXPANDED SCENARIO



- The Local Health Officer is faced with an onslaught of crucial decisions to make:
 - Ongoing risk communications strategies
 - DOC/EOC coordination
 - Disease investigation/surveillance and coordination with authorities
- The Governor declares a state of emergency

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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.
- Appropriate airborne, droplet, and contact infection control precautions need to be taken for this novel strain of influenza with high mortality rate.



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KEY ISSUES

- 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.



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MEDICAL SURGE DISCUSSION QUESTIONS

Top Medical Surge Priorities

- **All:** Describe your **top medical surge priorities** and immediate action plans.
 - **Hospitals**
 - **LTCFs**
 - **Clinics**
 - **Transport**
 - **Mental Health**

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MEDICAL SURGE DISCUSSION QUESTIONS

- **Hospitals:** How will you decompress/offload less critical patients? Describe how you will prepare to expand capability to receive more patients, remain open & functional?
- **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?
- **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?
- **Transport:** How will you **expand capability** to take care of/transport increasing numbers of patients with fewer staff?
- **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?

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Cont. Med/Surge Questions

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?

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Med/Surge Consultant

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?

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MEDICAL SURGE DISCUSSION QUESTIONS

Isolation Considerations & Long-Term Infectious Disease Response

- **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?
- **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?
- **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?
- **Transport:** What procedures would you follow in a pandemic event to reduce cross the spread of disease to other patients and staff?
- **Mental Health:** What precautions will you implement during patient visitations?

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MEDICAL SURGE DISCUSSION QUESTIONS

Isolation Considerations & Long-Term Infectious Disease Response

- **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?

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MODULE THREE

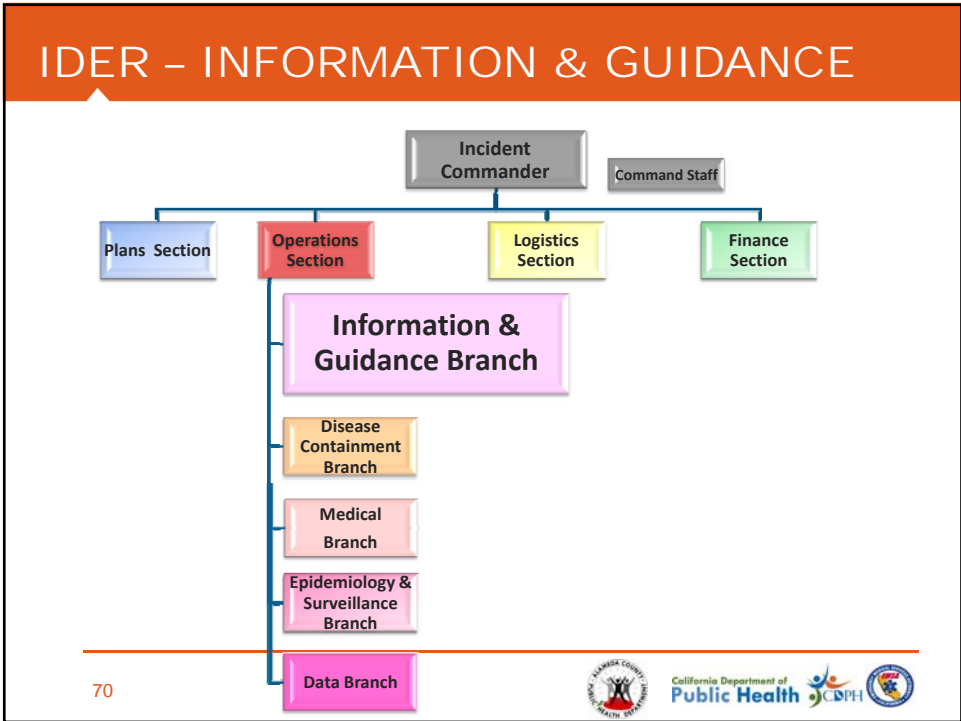

HCSA DOC Management and Information Sharing



HCSA DOC ORGANIZATION

- Initial Incident Briefing
- Incident Action Plan
- Operational Periods

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HCSA DOC INFORMATION SHARING

- Situational Information (from HCSA DOC)
 - Health Alert via CAHAN
 - Webpage
 - HCSA Situation Status Reports
 - Conference Call
- Information Requests (to send to HCSA DOC)
 - ReddiNet
 - ReddiNet Polling
 - Healthcare Partner SitStat
 - CAHAN

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The screenshot shows the homepage of the Alameda County Public Health Department website. The header includes the department name and tagline "Celebrating Healthy People in Healthy Communities". A navigation menu lists: Home, Programs & Services, Communicable Disease, Clinics, Data & Reports, About ACPHD, and Contact ACPHD. A search bar is located on the right.

Public Health News
Medical, economic, social headlines, and health alerts
October 6, 2013
Exercise eases knee osteoarthritis, temporarily
Women are missing from HIV drug trials
Caring for loved one with Alzheimer's may be most stressful for spouse
Not all anti-bullying laws created equal
Beating parasites wins three scientists Nobel prize for medicine

Need Help?
CALL US We're here to help
Call us toll free 888 604-INFO
Click here for helpful FAQs, resources, & referrals in Alameda County »

Quick Links
Alameda County Website
Emergency Medical Services
Environmental Health
Health Alerts
Health Care Services Agency
Meaningful Use
Resource & Pocket Guides
Vector Control Service Request

FLU SEASON AHEAD
Protect yourself
Get a flu shot
These health clinics, community centers offer seasonal flu shots

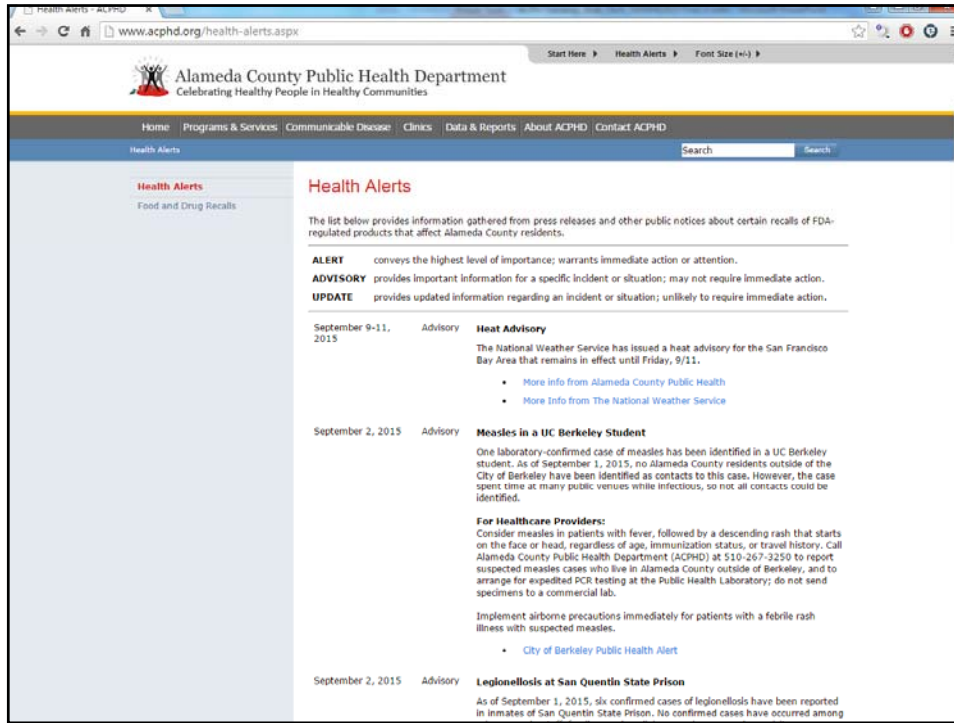
Alameda County Public Health Department
We recognize that residents are more than mere consumers of public health services. In addition, our health department is involved in a variety of community-based activities that engage residents in the evaluation and implementation of health activities in their communities. Many of those services are profiled on this site.

APHA 2015 PHACT CAMPAIGN
Lift a Brother Up Career Development Program
Lift a Brother Up is looking for students to get involved in their career development program. Lift a Brother Up is a career development program focused on 11th and 12th grade, male youth who are currently attending a high school in Oakland. The program will prepare students for work in community benefit careers such as health, human services, public service and social change. Students will intern directly with community-based organizations.

Public Health ACT Campaign (PHACT)
The U.S. Environmental Protection Agency recently released a final rule that by 2030 carbon pollution would be cut from power plants by 32% below 2005 levels. Carbon pollution is a significant contributor to climate change, which poses serious long-term health consequences including death due to respiratory illness, heat related stress and insect borne diseases. It would also prevent 90,000 asthma attacks in children.

HEALTH
your public commitment
Domestic Awareness Month
Heal the world
nursing science

STATEWIDE MEDICAL AND HEALTH EXERCISE TABLETOP EXERCISE SLIDE PRESENTATION



Alameda County Public Health Department
Celebrating Healthy People in Healthy Communities

Home Programs & Services Communicable Disease Clinics Data & Reports About ACPHD Contact ACPHD

Health Alerts

Health Alerts
Food and Drug Recalls

The list below provides information gathered from press releases and other public notices about certain recalls of FDA-regulated products that affect Alameda County residents.

ALERT conveys the highest level of importance; warrants immediate action or attention.
ADVISORY provides important information for a specific incident or situation; may not require immediate action.
UPDATE provides updated information regarding an incident or situation; unlikely to require immediate action.

September 9-11, 2015 **Advisory** **Heat Advisory**
 The National Weather Service has issued a heat advisory for the San Francisco Bay Area that remains in effect until Friday, 9/11.
 • [More info from Alameda County Public Health](#)
 • [More Info from The National Weather Service](#)

September 2, 2015 **Advisory** **Measles in a UC Berkeley Student**
 One laboratory-confirmed case of measles has been identified in a UC Berkeley student. As of September 1, 2015, no Alameda County residents outside of the City of Berkeley have been identified as contacts to this case. However, the case spent time at many public venues while infectious, so not all contacts could be identified.
For Healthcare Providers:
 Consider measles in patients with fever, followed by a descending rash that starts on the face or head, regardless of age, immunization status, or travel history. Call Alameda County Public Health Department (ACPHD) at 510-267-3250 to report suspected measles cases who live in Alameda County outside of Berkeley, and to arrange for expedited PCR testing at the Public Health Laboratory; do not send specimens to a commercial lab.
 Implement airborne precautions immediately for patients with a febrile rash illness with suspected measles.
 • [City of Berkeley Public Health Alert](#)

September 2, 2015 **Advisory** **Legionellosis at San Quentin State Prison**
 As of September 1, 2015, six confirmed cases of legionellosis have been reported in inmates of San Quentin State Prison. No confirmed cases have occurred among

Situation Status Report

Date: January 23, 2014
From: Alameda County Public Health Department
Time: 5:00pm
Deputy Health Officer: Dr. Erica Pan

Initial Report: January 17, 2014
Update: January 23, 2014

Report No.: 012314_1
Page: 1 of 1

Current Alameda County Health Care Services Agency Response

- 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.
- We have set up a system to coordinate and track incoming emails, phone inquiries and media requests.
- We are updating our flu webpage and dedicated email: for inquiries regarding influenza use Flu@acphd.org; we are using HealthAlert@acphd.org to email health alerts to our partners.
- We continue to conduct surveillance for flu deaths in < 65 year olds, updated numbers will be shared every Friday.
- A Flu Health Advisory was sent out on Friday, January 17, 2014 and will be posted on CAHAN.
- A conference call with long-term care facilities was held on Tuesday, January 21, 2014.

Media Inquiries

- For the time period January 18 – 23:
 - Volume of media calls and requests for interviews has trickled off since Jan. 23rd.
 - ACPHD's Communicable Disease Division is providing weekly updates on Friday on the number of flu-related deaths. First media update sent 1/17/14.
 - Public Information Officer's voicemail also provides updates.
- Ongoing media queries have been fielded from these media outlets:
 - TV channels 2/KQED, 3/NBC, 4/KRON, 5/KPIX, 7/KGO
 - Radio stations KCBS, KQED, KPFA
 - Wire service Bay City News
 - AOL Patch Piedmont, Castro Valley
 - Alameda Newspaper Group (Oakland Tribune, Hayward Daily Review, Mercury News), SF Chronicle

PIO has coordinated with DCDPC Director TV/radio interviews, including:

- KPFA: <http://www.kpfa.org/archive/id/99098>
- KTVU: <http://www.ktvu.com/videos/news/oakland-health-officials-encourage-flu/vCMzN/>
- NBC: <http://www.nbc.com/bayarea/video/01-19-14-seen-on-TV-H1N1-Flu-Related-Deaths-Reported-in-Bay-Area-239521491>
- KGO: <http://search.abclocal.go.com/search/client?st=kg&q=flu+season++>
- KTVU: <http://www.ktvu.com/weblogs/bay-area-people-episodes/> (to air 1/18 and 1/19/14)
- KTVU/TV36, Bay Area People: Guest Dr. Erica Pan, communicable disease director: <http://www.ktvu.com/s/community/>

Moving Forward:

- Flu-related deaths in < 65 year olds will be updated and shared on Fridays, beginning with Jan. 17th to coordinate with CA Department of Public Health updates. The next update will be January 24th.
- 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 <http://www.acphd.org>.

Epidemiology & Surveillance

- Number of confirmed deaths in < 65 year olds: 4
- Death Date Span: 12/6/13 – 12/20/13
- All deaths are confirmed Influenza A with 3 subtypes as H1N1; all had high risk medical conditions for severe influenza
- 1 of 4 were vaccinated against the flu
- Outbreaks in residential and institutional settings are reportable.
- Alameda County has had one reported influenza outbreak in a long term care facility in January, 2014.
- Influenza A pH1N1 has been circulating every year since 2009, but during 2012-2013 Influenza A H3N2 was the predominant strain.

www.acphd.org/ebola/conference-calls.aspx

Alameda County Public Health Department

Home Programs & Services Communicable Disease Clinics Data & Reports About ACPHD Contact ACPHD

Division of Communicable Disease Control & Prevention
Ebola

Ebola > Conference Calls/Meetings

Search

[Ebola Home](#)
[Ebola Basics](#)
[Clinicians](#)
[Cleaning and Waste](#)
[Resources](#)
[Conference Calls/Meetings](#)
[Contact Information](#)

Conference Calls/Meetings

During Alameda County Public Health Department conference calls, webinars and meetings information and guidance regarding current or recent infectious diseases, healthcare preparedness and response, topics will be discussed by subject matter experts with an opportunity for participants to ask questions.

Upcoming ACPHD Conference Call

Date:	November 19, 2014
Time:	2:00pm PST
Call-In:	Dial In Toll Free: 888-808-6929 Participant Code: 9445482
Title:	Ebola Q&A for Healthcare Providers
Focus:	Healthcare Settings, PPE
Speaker(s):	Erica Ivan, MD, MPH, FAAP, Director, Division of Communicable Disease Control and Prevention, Deputy Health Officer Additional subject matter experts to be invited as needed based on situation update and/or inquiries.
Materials:	Agenda

Previous Conference Calls

Date:	November 5, 2014
Time:	2:00pm PST
Call-In:	Dial In Toll Free: 888-808-6929 Participant Code: 9445482
Title:	Ebola Q&A for Healthcare Providers

HCSA DOC INFORMATION SHARING

- DOC Request Process (integrated)
 - Resources (Medical)
 - Resources (Nonmedical)
 - Media
 - Policy
 - Situation Status

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Alameda County Health Care Services Agency, Alex Briscoe, Director
Public Health Department, Muntu Davis, Director

Division of Communicable Disease Control and Prevention
Public Health Emergency Preparedness
1000 Broadway, Suite 500, Oakland, CA 94607

Type of Request	Source of Message	Receiving Section/Unit	Action
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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
Request for Resources (medical)	Transmitted via email, phone or fax.	Logistics Section	1. Logged onto ICS 214 Unit Log 2. Request is entered into HCSA Master Resource Request Tracking Log 3. Referred to Logistics Section Chief or Designee
	Maybe be submitted on IDER 308, ICS 215 or Alameda County Medical Situation Status & Resource Request Form Email: PHPLSC@acgov.org Fax only during DOC activation. DOC Inbound Fax Line: (510) 268-7282 (Right Fax TBD)	Logistics Section Chief or designee	Approve 1. HCSA Logistics Section determines if request is appropriate and available (including transportation). 1A. If not available determine channels for ordering - Standard Procurement Ordering Process, Emergency Procurement. 1B. Possible send request to MHOAC to send to RDMHS. 2. If HCSA providing transportation of supplies - Logistics staff will: <ul style="list-style-type: none"> Notify requestor of resources being supplied and delivery information
			Deny / Incomplete if resource request is denied or incomplete. 1. Notify requestor. Determine alternates or have requester re-submit form with corrections needed to action the request. 2. Log onto 214 Unit Log 3. Update status/action on Master Resource Request Tracking Log 4. Note denial on requesting form

Last Revised: 081715

Page 1 of 5


MEDICAL/HEALTH MUTUAL AID CALIFORNIA





- **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 “Bible”

PUBLIC HEALTH & MEDICAL EMERGENCY OPERATIONS

The Health and Safety Code directs the appointed MHOAC as follows:
“The MHOAC shall recommend to the Operational Area Coordinator of the Office of Emergency Services a medical and health disaster plan for the provision of medical and health mutual aid within the Operational Area.”

California Public Health and Medical
Emergency Operations Manual



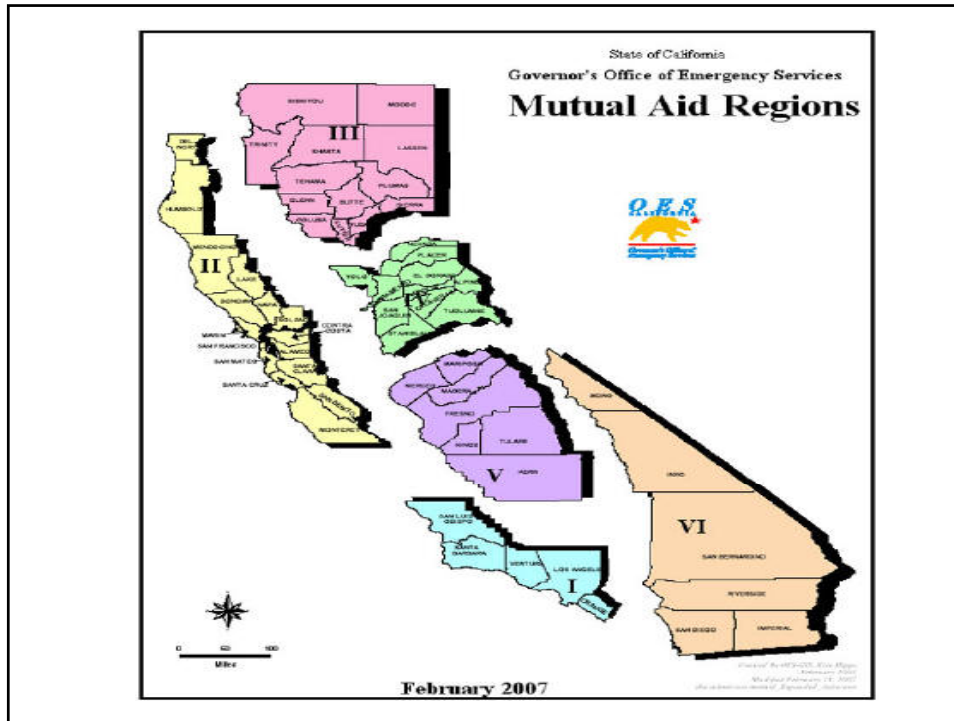
MEDICAL HEALTH OPERATIONAL AREA COORDINATOR (MHOAC): ALAMEDA COUNTY

MHOAC Responsibilities:

- 1) Assessment of immediate medical needs.
- 2) Coordination of disaster medical and health resources.
- 3) Coordination of patient distribution and medical evaluation.
- 4) Coordination with inpatient and emergency care providers.
- 5) Coordination of out-of-hospital medical care providers.
- 6) Coordination and integration with fire agency personnel, resources, and emergency fire prehospital medical services.
- 7) Coordination of providers of non-fire based pre-hospital emergency medical services.
- 8) Coordination of the establishment of temporary field treatment sites.
- 9) Health surveillance and epidemiological analyses of community health status.
- 10) Assurance of food safety.
- 11) Management of exposure to hazardous agents.
- 12) Provision or coordination of mental health services.
- 13) Provision of medical and health public information protective action recommendations.
- 14) Provision or coordination of vector control services.
- 15) Assurance of drinking water safety.
- 16) Assurance of the safe management of liquid, solid, and hazardous wastes.
- 17) Investigation and control of communicable disease.














REGIONAL DISASTER MEDICAL AND HEALTH SPECIALIST (RDHMS): REGION II

Incident Responsibilities:

- Mutual Aid coordination for Region II
- Information sharing vertically and horizontally
- Coordinate medical and health resource requesting for Region II
- REOC Medical/Health Branch Coordinator



INFO 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?
4. What resource needs do you think you will have?
5. What partner organizations might you rely upon?
6. What vital medical surge operational area (county) forms & communications systems do you need?

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MODULE FOUR

Medical Countermeasures/Health Care Facility PODs



MODULE FOUR

- Medical Countermeasures 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.



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MODULE FOUR: Points of Dispensing (PODs)




- Vaccine Distribution
 - Allocations
 - Priorities
 - Who gets it?
 - Staff, Clients, Families
 - Facility Type
 - Hospitals
 - Clinics
 - Long Term Care
 - Large Employers



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MODULE FOUR

- Vaccine Distribution
 - Short term plan
 - Long term plan
- Weeks leading up to 11/19 FE
 - Reporting
 - Reporting forms / Data required
 - Time Frames
 - Actual statistics rather than notional

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Functional Exercise Activities



2015 Statewide Medical Health Exercise Participant Schedule			
Date	Time	Activity	Comments
Wednesday, October 7, 2015	12pm	Situation Manual Posted on PHEP website	
Thursday, October 8, 2015	8:30am-1pm	2015 SWMH Tabletop Exercise	
Friday, October 16, 2015 October 23, 2015 October 30, 2015 November 6, 2015 November 13, 2015	1pm	Request for Situation Status Reports will be requested	PH will request for Situation Status Reports from players report health care vaccination rates, declinations, POD activations.
Wednesday, October 14, 2015 October 21, 2015 October 28, 2015 November 4, 2015 November 11, 2015 November 18, 2015	1pm	Disseminate Current Weeks Situation Status Report to Exercise Participants	Every Wednesday from October 14 thru November 18, weekly sit stat reports will be sent to exercise participants.
Wednesday, October 21, 2015 November 4, 2015 Thursday, November 19, 2015	10am	2015 SWMHE Conference Call 1 and 2	Information regarding season flu activity, Shoo the Flu and exercise information will be shared. 1-888-808-6929 Access # 9445482
Friday, October 23, 2015 thru November 6, 2015	12pm	Logistics staff will be available to receive and deliver assets	Submit Resource Requests forms during this time period, if testing logistics capability. Actual deliveries will be made during this time frame.
Tuesday, November 9, 2015	12pm	2015 SWMHE Communication Guide Distributed	Review of the communication guide
Thursday, November 19, 2015	8am-1pm	All Exercise Participants	2015 SWMH Functional Exercise-Medical Surge



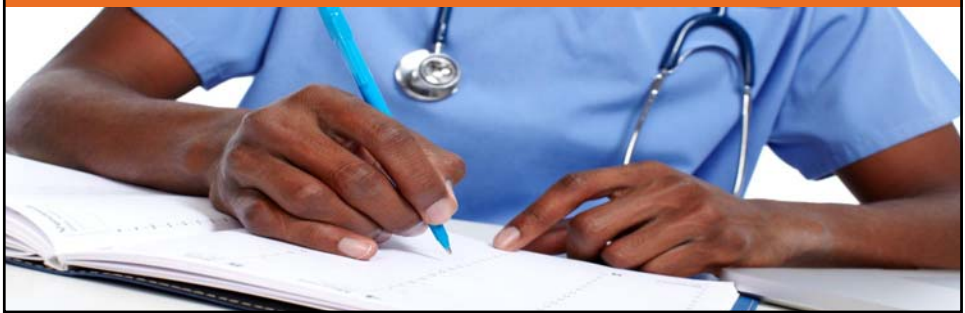
CONCLUSION OF THE
DISCUSSION-BASED
TABLETOP

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California Department of
Public Health CDPH  

DEBRIEF
Working Lunch / Debrief – SWOT / Closing Comments



DEBRIEF

- Open for Comments – Up and Downs
 - Module 1 IDER
 - Module 2 Medical Surge
 - Module 3 DOC/Information Sharing
 - Module 4 PODs
- Overall Exercise
 - Strengths
 - Weaknesses
 - Opportunity
 - Threats

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CONCLUSION

- Please complete & turn in your Participant Feedback Form
- Please clean up your area and take all your materials with you
- Additional materials can be found at the Statewide Medical and Health Exercise Program website:
www.californiamedicalhealthexercise.com

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