2013 STATEWIDE MEDICAL AND HEALTH EXERCISE

EXERCISE PLAN - DRAFT

NOVEMBER 21, 2013

PUBLISHING DATE: 05/30/13

This page intentionally left blank

PREFACE

The 2013 Statewide Medical and Health Functional Exercise is sponsored by the California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA) in collaboration with the California Hospital Association (CHA), California Association of Health Facilities (CAHF), California Primary Care Association (CPCA) and the California Emergency Management Agency (Cal EMA) as well as response partners representing local health departments, public safety and healthcare facilities. This Exercise Plan was produced with input, advice and assistance from the Statewide Medical and Health Design Workgroup, which followed guidance from the Homeland Security Exercise and Evaluation Program (HSEEP).

The 2013 Statewide Medical and Health Functional Exercise Plan provides exercise participants with all the necessary tools for their roles in the exercise. It is tangible evidence of Alameda County 's commitment to ensure public safety through collaborative partnerships that will prepare them to respond to any emergency.

The 2013 Statewide Medical and Health Functional Exercise is an unclassified exercise. Control of exercise information is based on public sensitivity regarding the nature of the exercise rather than actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, facilitators and evaluators, but players may view other materials that are necessary for their performance. All exercise participants may view the Exercise Plan.

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.

Exercise planners may provide a more detailed discussion customized to their organization/jurisdiction's needs. Exercise planners may delete the additional sections if they do not wish to create additional exercise discussion

.

Wherever possible, the Statewide Medical and Health Exercise 2013 documents will avoid the use of abbreviations and acronyms. The exception will be the use of abbreviations for participating agency names (i.e.: CDPH, CHA).

HANDLING INSTRUCTIONS

1. The title of this document is the *2013 Statewide Medical and Health Exercise Plan.*
2. Information gathered in this Exercise Plan is designated as For Official Use Only. Reproduction of this document, in whole or in part, is at the discretion of the exercise planner for Alameda County
3. At a minimum the attached materials will be disseminated strictly on a need-to-know basis.
4. For more information about the exercise please consult the following points of contact:

State point of contact:

Kristy Perez
Chief, Planning, Exercises and Training Section
California Department of Public Health
Emergency Preparedness Office
1615 Capitol Avenue MS 7002
Sacramento, CA 95814
Kristy.Perez@cdph.ca.gov
916-650-6443

Jurisdictional Exercise Director:

Zerlyn Ladua, RN, FNP, MSN
Director, Public Health Emergency Preparedness
Division of Communicable Disease Control & Prevention

Exercise Support Team:

Erica Pan, MD, MPH, FAAP
Director, Division of Communicable Disease Control & Prevention
Deputy Health Officer
Division of Communicable Disease Control & Prevention

Sandra Huang, MD
Director, Acute Communicable Disease and Tuberculosis Control Units
Division of Communicable Disease Control & Prevention

Elizabeth Rowan, RN, MSN, MBA
Nurse Manager, Acute Communicable Disease Unit
Division of Communicable Disease Control & Prevention

Cynthia Frankel, RN, MN

Prehospital, EMSC, and HPP EMSA Coordinator

10-8-13 TODD PLEASE ADD EXERCISE PLANNING TEAM

CONTENTS

This page intentionally left blank

CHAPTER 1: GENERAL INFORMATION

Introduction

The 2013 Statewide Medical and Health Exercise is designed to establish a learning environment for players to exercise emergency response plans, policies and procedures as they pertain to a medical surge due to a foodborne disease. A functional exercise is a complex event that requires detailed planning. Subject matter experts and local representatives from numerous agencies have taken part in the planning process and will participate in exercise conduct and evaluation to ensure it is effective.

Confidentiality

The 2013 Statewide Medical and Health Exercise is an unclassified exercise. Control of information is based on public sensitivity regarding the nature of the exercise rather than actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, controllers and evaluators but players may view other materials that are deemed necessary to their performance. All exercise participants may view this Exercise Plan. The Controller and Evaluator Handbook is a restricted document that is intended for controllers and evaluators only.

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 Alameda County directives.

Purpose

The purpose of this exercise is to provide participants with an opportunity to evaluate current response concepts, plans and capabilities related to a surge from a foodborne illness in the local community. This year's 2013 exercise will focus on the coordination of surveillance activities and health system capabilities anticipated when managing a medical surge among community healthcare partners.

Key goals for this year's exercise include:

1) Activating and utilize Incident Command System (ICS) principles (ICS, Hospital Incident Command System, Nursing Home Incident Command System and Standardized Emergency Management System) across all levels of the medical health system.
2) Enhancing communications across all levels of the medical health system.
3) Improving medical surge capacity among medical and health partners relative to a foodborne disease.
4) Improving resource requesting and information sharing across all levels of the medical health system.
5) Improve how organizations receive, complete, and return secure reportable case information to and from the Alameda County public health department.

SCOPE:

The 2013 Statewide Medical and Health Exercise is designed as a multiphase exercise program between May and November 2013. The exercise uses a building block approach, consistent with the Homeland Security Exercise and Evaluation Program, in order to ensure a successful progression of exercise design, complexity and execution. Using this approach each entity can tailor the exercise to their specific needs.

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

Based on a foodborne illness the exercise program will lead participants to a "pick list" of Target Capabilities and injects to support local level needs and abilities to participate. The following training components will assist participants to exercise select target capability tasks and activities:

Phase 1) Multimedia training, including:
- Disaster preparedness and response
- Medical and health coordination
- Requesting medical and health resources
- California Public Health and Medical Emergency Operations Manual training

Phase 2) Organization specific self-assessment tools to identify strengths and weaknesses

Phase 3) A tabletop exercise to discuss current plans, policies and procedures

Phase 4) A functional exercise to test current plans, policies and procedures

Target Capabilities

Capabilities-based planning focuses on planning under uncertainty because the next danger or disaster can never be forecast with complete accuracy. Therefore, capabilities-based planning takes an all-hazards approach to planning and preparation that builds capabilities which can be applied to a wide variety of incidents. States and urban areas use capabilities-based planning to identify a baseline assessment of their homeland security efforts by comparing their current capabilities against the Target Capabilities List and the critical tasks of the Universal Task List. This approach identifies gaps in current capabilities and focuses efforts on identifying and developing priority capabilities and tasks for the organization/jurisdiction. The capabilities listed

here have been selected by the 2013 Statewide Medical and Health Exercise Design Workgroup. These capabilities provide the foundation for development of the exercise objectives and scenario. The purpose of this exercise is to measure and validate performance of these capabilities and their associated critical tasks. The selected capabilities are:

- Emergency Operations Center Management
- Communication & Information Sharing
- Medical Surge/Medical Materiel Management & Distribution
- Public Health Epidemiological Surveillance

Exercise Objectives

Exercise design objectives are developed to focus on improving the understanding of a response concept, evaluating emergency response procedures, identifying areas for improvement and building collaborative relationships. Exercise planners are encouraged to customize the exercise objectives to their local plans, policies and procedures.

Alameda County Health Care Service Agency
Exercise Objectives

Capability: EOC/DOC/HCC Management

1. To discuss Alameda County's ability to organize and document situation status reports & develop & disseminate Incident Action Plans (IAP) during exercise
    a. Discuss the ability to implement the Incident Command System (ICS) in response to a food borne illness.

Capability: Communications & Information sharing

2. To discuss the ability to share all incident information with key partners (including receipt and confirmation of a health alert)

Capability: Medical Surge/ Medical Materiel Management & Distribution

3. To discuss medical surge capacity and plan to deal with increased gastrointestinal illness, dehydration, and/or renal failure/dialysis including pediatrics.
4. To discuss resource requesting process and delivery for medical assets

Capability: **Public Health Epidemiological Surveillance**

5. To discuss how organizations receive, complete, and return secure reportable case information to and from the Alameda County public health department.

1. Evaluate the ability of local public health departments to conduct surveillance and subsequent epidemiological investigations to identify potential exposure and disease.
2. In response to a notification of an existing threat of food contamination evaluate the ability to implement necessary control measures to stop further cases of illness or disease in accordance with established policies.

Participant-Specific Objectives

1. State

Target Capability: Communications

a. Evaluate the Medical and Health Coordination Center's (MHCC-formerly known as the Joint Emergency Operation Center) ability to notify Medical Health Operational Area Coordination (MHOAC) System, Regional Disaster Medical and Health Coordination Program and other key partners of the decision to activate within thirty minutes of activation.

b. Evaluate the Disaster Healthcare Volunteers system to ensure a roster of volunteers call back within 24 hours.

Target Capability: Emergency Operations Center Management

a. Evaluate the Medical and Health Coordination Center's ability to activate upon event notification and demobilize when objectives are met.

b. Evaluate the Medical and Health Coordination Center's ability to share all pertinent incident information with Medical Health Operational Area Coordination Program, Regional Disaster Medical and Health Coordination Program and other pertinent stakeholders in accordance with policies.

c. Evaluate the Medical and Health Coordination Center's ability to share consolidated Medical and Health Situation Report information vertically with Medical Health Operational Area Coordination Program, Regional Disaster Medical and Health Coordination Program and other pertinent stakeholders in accordance with policies.

d. Evaluate the Medical Health Coordination Center's ability to share consolidated Health and Medical Situation Report information horizontally with the California Emergency Management Agency and other pertinent State agency stakeholders in accordance with policies.

e. Evaluate the Medical and Health Coordination Center Planning Section's ability to gather, organize and document incident situation and resource information from all sources to maintain situational awareness horizontally and vertically in accordance with the California Public Health and Medical Emergency Operations Manual through the development and dissemination of a Situation Report within two hours of activation.

f. Evaluate the Medical and Health Coordination Center's ability to develop and disseminate an initial Action Plan within two hours of activation and Incident Action Plan for the next operational period.

g. Evaluate the Medical and Health Coordination Center's ability to initiate a Hospital Available Beds for Emergencies and Disasters (HAVBED) inpatient poll to the Local Emergency Medical Services Agencies.

Target Capability: Medical Surge

a. Evaluate the State Operation Center's ability to respond to a Regional Emergency Operations Center resource request with a confirmation of request receipt (not filling request, only confirmation that request was received) within fifteen minutes of resource request made.

Target Capability: Emergency Public Information and Warning

a. Evaluate how public information and warning media updates are coordinated through the Joint Information System (JIS).

b. Evaluate how public information and warning media updates are disseminated.

Target Capability: Public Health Epidemiological Surveillance

a. Evaluate how the Medical and Health Coordinating Center consolidates epidemiological surveillance information received from multiple jurisdictions.

b. Evaluate how the Medical and Health Coordinating Center disseminates epidemiological surveillance information in a usable form to the Medical and Health Operational Area Coordination Program and local health departments.

2. Regional

Target Capability: Communications

a. Evaluate the Regional Emergency Operation Center's ability to notify State, Operational Area and key partners of the decision to activate within thirty minutes of activation.

Target Capability: Emergency Operations Center Management

a. Evaluate the Regional Emergency Operation Center's ability to activate upon event notification.

b. Evaluate the Medical and Health Branch's ability to participate in the development of an Action Plan for the next operational period.

c. Evaluate the Regional Emergency Operation Center's ability to share all pertinent incident information with the Regional Disaster Medical Health Coordinator/Specialist and other pertinent stakeholders in accordance with policies.

d. Evaluate the Medical and Health Branch or Regional Disaster Medical Health Coordinator/Specialist's ability to share incident information vertically with Medical Health Operational Area Coordination Program, Medical Health Coordination Center (former Joint Emergency Operation Center) and/or the State Operation Center in accordance with policy.

Target Capability: Medical Surge

a. Evaluate the Regional Emergency Operation Center's ability to respond to a Medical Health Operational Area Coordination Program resource request with a confirmation of request receipt (not filling request, only confirmation that request was received) within fifteen minutes of initiation of the resource request.

Target Capability: Emergency Public Information and Warning

a. Evaluate how public information and warning media updates are coordinated through the Joint Information System.

b. Evaluate how public information and warning media updates are disseminated.

Target Capability: Public Health Epidemiological Surveillance

a. Evaluate how the Regional Emergency Operations Center collects epidemiological surveillance information from across the region.

b. Evaluate how the Regional Emergency Operations Center disseminates epidemiological surveillance information from the Medical and Health Coordination Center.

3. Operational Area: Emergency Management Agency

Target Capability: Communications

a. Evaluate the ability to notify emergency management personnel, public safety, healthcare, key partners and public officials of the decision to activate within 30 minutes of activation.

Target Capability: Emergency Operations Center Management

a. Evaluate the Emergency Management Agency's ability to activate the Emergency Operation Center upon event notification.

b. Evaluate the ability to share all pertinent incident information with emergency management personnel, public safety, healthcare, key partners and public officials in accordance with policy.

c. Evaluate the Planning Section's ability to gather, organize, and document incident situation and resource information from all sources to maintain situational awareness horizontally and vertically in accordance with established policy and procedure.

d. Evaluate the Emergency Operation Center's ability to develop and disseminate an initial Action Plan within two hours of activation and an Action Plan for the next operational period.

Target Capability: Emergency Public Information and Warning

a. Evaluate how public information and warning media updates are coordinated through the Joint Information System.

b. Evaluate how public information and warning media updates are disseminated.

Target Capability: Public Health Epidemiological Surveillance

a. Evaluate how epidemiological surveillance information and response is coordinated with the local health department, environmental health department, and the California Department of Public Health Food and Drug Branch.

4. Medical Health Operational Area Coordination (MHOAC) Program

Target Capability: Communications

a. Evaluate the Medical Health Operational Area Coordination Program's ability to alert and notify pertinent healthcare partners of activation of the Medical and Health Branch within the Department Operation Center or Emergency Operation Center.

b. Evaluate the Medical Health Operational Area Coordination Program's ability to share information vertically with the region and State within two hours of incident recognition.

c. Evaluate the Medical Health Operational Area Coordination Program's ability to share information horizontally with pertinent healthcare partners and Local Emergency Management Agencies.

Target Capability: Emergency Operations Center Management

a. Evaluate the Medical Health Operational Area Coordination Program and/or Local Emergency Medical Services Agency's ability to conduct a Hospital Available Beds for Emergencies and Disasters inpatient poll within 60 minutes of request by the State.

Target Capability: Medical Surge

a. Evaluate the Medical Health Operational Area Coordination Program's ability to implement the Operational Area Medical Surge plan.

b. Evaluate the Medical Health Operational Area Coordination Program's ability to respond to a facility's resource request with a confirmation of request receipt (not filling request, only confirmation that request was received) within fifteen minutes of resource request made.

Target Capability: Emergency Public Information and Warning

a. Evaluate how public information and warning media updates are coordinated through the Joint Information System.

b. Evaluate how public information and warning media updates are disseminated.

Target Capability: Public Health Epidemiological Surveillance

a. Evaluate how the Medical Health Operational Area Coordination Program consolidates epidemiological surveillance information received from the Operational Area.

b. Evaluate how the Medical Health Operational Area Coordination Program disseminates epidemiological surveillance received within the Operational Area.

5. Local Emergency Medical Services Agency (LEMSA)

Target Capability: Communications

a. Evaluate the agency's ability to alert and notify personnel of activation of the agency's Emergency Operations Plan.

b. Evaluate the agency's ability to establish and maintain communications with internal Incident Management Team personnel.

c. Evaluate the agency's ability to share information horizontally with pertinent healthcare partners and Local Emergency Management Agencies, including the Medical and Health Operational Area Coordination Program when appropriate.

Target Capability: Emergency Operations Center Management

a. Evaluate the agency's ability to activate the Emergency Operations Plan.

b. Evaluate the agency's ability to develop an Action Plan within two hours of activation of the Emergency Operations Plan.

c. Evaluate the agency's ability to participate in or liaison with the Operational Area Emergency Operations Center as appropriate.

d. Evaluate the Local Emergency Medical Services Agency's and/or Medical Health Operational Area Coordination Program's ability to conduct a Hospital Available Beds for Emergencies and Disasters inpatient poll within 60 minutes of request by the State.

Target Capability: Medical Surge

a. Evaluate the agency's ability to activate their medical surge plan and/or assist in the implementation of the Operational Area Medical Surge plan as appropriate.

b. Evaluate how the agency would respond to the increase need for prehospital emergency medical services.

Target Capability: Emergency Public Information and Warning

a. Evaluate how public information and warning media updates are coordinated through the Joint Information System.

b. Evaluate how public information and warning media updates are disseminated.

6. Public Safety: Fire Service, Ambulance Providers

Target Capability: Communications

a. Evaluate the organization's ability to alert and notify personnel of activation of the organization's Emergency Operations Plan.

b. Evaluate the organization's ability to establish and maintain communications with internal Incident Management Team personnel.

c. Evaluate the organization's ability to share information horizontally with pertinent healthcare partners and Local Emergency Management Agencies, including the Medical and Health Operational Area Coordination Program.

Target Capability: Emergency Operations Center Management

a. Evaluate the organization's ability to activate the Emergency Operations Plan.

b. Evaluate the organization's ability to develop an Action Plan within two hours of activation of the Emergency Operations Plan.

Target Capability: Medical Surge

a. Evaluate the organization's ability to activate their medical surge plan and assist in the implementation of the Local Emergency Medical Services Agency's and/or Operational Area Medical Surge plan as appropriate.

b. Evaluate the organization's ability to submit a resource request to the Medical and Health Operational Area Coordination Program.

c. Evaluate how the organization would respond to the increase need for prehospital emergency medical services.

Target Capability: Emergency Public Information and Warning

a. Evaluate how public information and warning media updates are coordinated through the Joint Information System.

b. Evaluate how public information and warning media updates are disseminated.

Target Capability: Public Health Epidemiological Surveillance

a. Evaluate how the organization receives, completes, and returns epidemiological surveillance questionnaires from the local health department.

7. Healthcare Facilities: Hospitals

Target Capability: Communications

a. Evaluate the hospital's ability to alert and notify personnel of activation of the facility's Emergency Operations Plan.

b. Evaluate the hospital's ability to establish and maintain communications with internal Incident Management Team personnel.

c. Evaluate the hospital's ability to share incident information vertically with the Medical Health Operational Area Coordination Program.

Target Capability: Emergency Operation Center Management

a. Evaluate the hospital Incident Commander's ability to activate the Emergency Operations Plan.

b. Evaluate the hospital's ability to develop Action Plan within two hours of activation of the Emergency Operations Plan.

Target Capability: Medical Surge

a. Evaluate the hospital's ability to activate the facility's medical surge plan.

b. Evaluate the hospital's ability to submit a resource request to the Medical and Health Operational Area Coordination Program.

c. Evaluate how the hospital would respond to the increase need for dialysis.

d. Evaluate the hospital's ability to respond to a Hospital Available Beds for Emergencies and Disasters inpatient poll within 60 minutes of request by the Medical Health Operational Area Coordination Program and/or Local Emergency Medical Services Agency.

Target Capability: Emergency Public Information and Warning

a. Evaluate how public information and warning media updates are coordinated through the Joint Information System.

b. Evaluate how public information and warning media updates are disseminated.

Target Capability: Public Health Epidemiological Surveillance

a. Evaluate how your hospital receives, completes and returns epidemiological surveillance questionnaires from the local health department.

b. Evaluate how communication between the local health department and the hospital is coordinated during an emergency event with the infection control practitioner, disaster coordinator and the local health department personnel.

8. Healthcare Facilities: Community Health Centers

Target Capability: Communications

a. Evaluate the community health center's ability to alert and notify personnel of activation of the facility's Emergency Operations Plan.

b. Evaluate the community health center's ability to establish and maintain communications with internal Incident Management Team personnel.

c. Evaluate the ability to provide situation status to all response and partner agencies.

Target Capability: Emergency Operations Center Management

a. Evaluate the Incident Commander's ability to activate the Emergency Operations Plan upon event notification.

Target Capability: Medical Surge:

a. Evaluate the Incident Management Team's ability to activate the Medical Surge plan.

b. Evaluate the community health center's ability to submit a resource request to the Medical and Health Operational Area Coordination Program.

Target Capability: Emergency Public Information and Warning

a. Evaluate how public information and warning media updates are coordinated through the Joint Information System.

b. Evaluate how public information and warning updates are disseminated.

Target Capability: Public Health Epidemiological Surveillance

a. Evaluate how your health center receives, completes and returns epidemiological surveillance questionnaires from the local health department.

9. Healthcare Facilities: Long Term Care

Target Capability: Communications

a. Evaluate the long term care facility's ability to receive an alert notification and notify facility personnel of activation of the facility's Emergency Operations Plan.

b. Evaluate the facility's ability to establish and maintain internal communications within the facility during the incident, including communications within the Incident Management Team.

c. Evaluate the facility's ability to share information with emergency management and regulatory agencies.

Target Capability: Emergency Operations Management

a. Evaluate the facility's ability to implement its Emergency Operation Plan and utilize the Nursing Home Incident Command System.

b. Evaluate how the facility establishes an Incident Management Team as appropriate for the incident.

Target Capability: Medical Surge

a. Evaluate the facility's ability to submit a resource request to the Medical and Health Operational Area Coordination Program.

Target Capability: Emergency Public Information and Warning

a. Evaluate how public information and warning media updates are coordinated through the Joint Information System.
b. Evaluate how public information and warning media updates are disseminated.

Target Capability: Public Health Epidemiological Surveillance

a. Evaluate how your facility receives, completes and returns epidemiological surveillance questionnaires from the local health department.
a. Evaluate how epidemiological questionnaires are developed and coordinated in a multijurisdictional outbreak for ease of data analysis and how does this process occur during public health emergency?
b. Evaluate how the organization receives, completes and returns epidemiological surveillance questionnaires from the local health department.

CHAPTER 2: EXERCISE LOGISTICS

Exercise Summary

General

The 2013 Statewide Medical and Health Exercise is designed to establish a learning environment for players to exercise their plans and procedures for responding to a medical surge due to foodborne illness. The 2013 Statewide Medical and Health Exercise will be conducted on November 21, 2013 beginning at 08:30Exercise play is scheduled for 0900 to12:30 or until the Exercise Director and Senior Controller determine that the exercise objectives have been met at each venue.

Assumptions

Assumptions constitute the implied factual foundation for the exercise and are assumed to be present before the exercise starts. The following general assumptions apply to this exercise:

- The exercise will be conducted in a no-fault learning environment wherein systems and processes, not individuals, will be evaluated.
- Exercise simulation will be realistic and plausible and will contain sufficient detail from which players can respond.
- Exercise players will react to information and situations as they are presented, in the same manner as if the simulated incident were real.

Constructs and Constraints

Constructs are exercise devices designed to enhance or improve exercise realism. Constraints are exercise limitations that may detract from exercise realism. Constraints may be the inadvertent result of a faulty construct or they may pertain to financial and staffing issues. Although there are constructs and constraints (also known as exercise artificialities) for any exercise, the Exercise Design Workgroup recognizes and accepts the following as necessary:

- Exercise communication and coordination will be limited to participating exercise venues and the Simulation Cell.
- Only communication methods listed in the Communications Directory will be available for players to use during the exercise.
- Participating organizations/jurisdictions may need to balance exercise play with real-world emergencies. Real-world emergencies will take priority.

Exercise Participants

The term *participant* encompasses many groups, not just those playing in the exercise. Groups of participants involved in the exercise are:

- **Players.** Players are organization/jurisdiction personnel who have an active role in responding to the simulated emergency and perform their regular roles and responsibilities during the exercise. Players initiate actions that will respond to and mitigate the simulated emergency.
- **Controllers.** Controllers prepare the exercise site, plan and manage exercise play and act in the roles of response individuals and agencies that are not playing in the exercise. Controllers direct the pace of exercise play and are typically members of the Exercise Planning Team. They provide key data to players and may prompt or initiate certain player actions to ensure exercise continuity.
- **Simulators.** Simulators are control staff personnel who role play nonparticipating organizations or individuals. They most often operate out of the Simulation Cell but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of Simulation Cell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List. All simulators are ultimately accountable to the Exercise Director and Senior Controller.
- **Evaluators.** Evaluators provide feedback on a designated functional area of the exercise. They are chosen on the basis of their expertise in the functional area(s) they have been assigned to review during the exercise and their familiarity with emergency response procedures. Evaluators assess and document participant's performance against established emergency plans and exercise evaluation criteria, in accordance with Homeland Security Exercise and Evaluation Program standards. Evaluators are typically planning committee members or agencies/organizations participating in the exercise.
- **Actors.** Actors simulate specific roles during exercise play and are usually volunteers who have been recruited to play the role of victims or other bystanders.
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Dignitaries and public officials are also observers but they frequently are grouped separately. A dedicated group of exercise controllers will be assigned to manage these groups.
- **Media Personnel.** Some media personnel may be present as observers, pending approval by Alameda County] personnel and Exercise Support Team members. Media interaction also may be simulated by the Simulation Cell to

enhance realism and meet related exercise objectives. A dedicated group of exercise controllers will be assigned to manage media personnel.

- **Support Staff.** The exercise support staff includes individuals who are assigned administrative and logistical support tasks during the exercise (e.g., registration, catering, etc.).

Exercise Tools

Controller and Evaluator Handbook

The *2013 Statewide Medical and Health Exercise Controller/Evaluator Handbook* is intended to assist exercise controllers and evaluators in conducting and evaluating the exercise. The handbook also enables controllers and evaluators to understand their roles and responsibilities in exercise execution and evaluation. If a player, observer or media representative finds an unattended handbook, he or she should give it to the nearest controller or evaluator.

Master Scenario Events List

The *Master Scenario Events List* outlines benchmarks and injects that drive exercise play. It also details realistic input to exercise players, as well as, information expected to emanate from simulated organizations (i.e., nonparticipating organizations, agencies and individuals who would usually respond to the situation). An inject includes several items of information, such as inject time, inject type, intended recipient, responsible controller, a short description of the event and the expected player action.

Exercise Implementation

Exercise Play

Exercise play will begin at 0900 with a situation update for each participating venue. Participating organizations/jurisdictions may choose their individual exercise start times. Play will proceed according to events outlined in the Master Scenario Events List, in accordance with established plans and procedures. The exercise will conclude after completion of operations and achievement of exercise objectives, as determined by the Exercise Director or Senior Controller. The California Department of Public Health and the California Emergency Medical Services Authority will activate and staff the Medical and Health Coordination Center to support exercise play, including messaging and resource requesting. In addition, the California Emergency Management Agency is anticipated to participate in the exercise through activation of Regional Emergency Operation Centers and the State Operations Center.

Exercise Rules

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.

- Exercise participants will comply with real-world response procedures, unless otherwise directed by the control staff.
- All communications (e.g., written, radio, telephone) during the exercise will begin and end with the statement **"This is an exercise or This is a drill"**
- Exercise participants who place telephone calls or initiate radio communication with the Simulation Cell must identify the organization, agency, office or individual with whom they wish to speak.

Safety Requirements

General

Exercise participant safety takes priority over exercise events. Although participants involved in the 2013 Statewide Medical and Health Exercise come from various response agencies, they share the basic responsibility for ensuring a safe environment for all personnel involved in the exercise. Due to the inherent danger associated with any emergency response activities, professional health and safety ethics should guide all participants to operate in their assigned roles in the safest manner possible. The following general requirements apply to the exercise:

- A Safety Officer will be designated and assigned responsibility for participant safety.
- All controllers, evaluators and exercise staff members will serve as safety observers while exercise activities are underway. Any safety concerns must be immediately reported to the Safety Officer.
- Participants will be responsible for their personal safety and the safety of others participating in the exercise. All persons associated with the exercise must stop play if, in their opinion, a real safety problem exists. After the problem is assessed exercise play will be resumed by the Exercise Director or Senior Controller.
- All organizations/agencies will comply with their respective environmental, health, and safety plans and procedures, as well as, appropriate Federal, State and local environmental health and safety regulations.

Exercise Setup

Exercise preparation involves pre-staging and dispersal of exercise materials, including registration materials, documentation, signage and other necessary equipment.

Electrical and Generating Device Hazards

All electrical and generating devices will be clearly marked to prevent inadvertent contact. All generating devices will be located in areas where exhaust gases will not pose any potential exposure to exercise participants (i.e., away from buildings to prevent buildup of carbon monoxide inside).

Accident Reporting and Real Emergencies

For an emergency that requires assistance, use the phrase **"real-world emergency."** The following procedures should be used in case of a real emergency during the exercise:

- Anyone observing a participant who is seriously ill or injured will first advise the nearest controller and then, if possible, render aid commensurate with their training.
- Any controller informed of a real emergency will initiate the "real-world emergency" broadcast using the process established for the exercise to provide the following information to the Senior Controller and Exercise Director:
  - Venue and function
  - Location within the venue and function
  - Condition
  - Requirements
- The Simulation Cell will be notified as soon as possible if a real emergency occurs.
- If the nature of the emergency requires suspension of the exercise at the venue or function, all exercise activities at that facility will immediately cease. Exercise play may resume at that venue or function after the situation has been addressed.
- Exercise play at other venues and functions should not cease if one venue or function has declared a real-world emergency unless they rely on the affected venue.
- If a real emergency affects the entire exercise the exercise may be suspended or terminated at the discretion of the Exercise Director and Senior Controller. Notification will be made from the Simulation Cell.

Site Access

Security

The Alameda County Sheriff will control entry to exercise venues and the Simulation Cell. Access to exercise sites and the Simulation Cell will be limited to exercise participants in order to prevent confusion and interruption of the exercise. Players should advise their venue's controller or evaluator if an unauthorized person is present. Each organization should follow its internal security procedures, augmented as necessary to comply with exercise requirements.

Observer Coordination

Each organization providing observers will coordinate Alameda County Public Health Emergency Preparedness staff for access to the exercise site. Observers will be

escorted to an observation area for orientation and conduct of the exercise. All observers must remain within the designated observation area during the exercise. Representatives and/or the observer controller will be present to explain the exercise program and answer questions for observers during the exercise.

Refreshments and Restroom Facilities

Refreshments and potable water will be provided for all exercise participants throughout the exercise. Restroom facilities will be available at each venue.

Exercise Identification

Identification hats, vests, and/or badges will be issued to exercise staff. All exercise personnel and observers will be identified by organization/jurisdiction uniforms or identification hats, vests and/or badges distributed by exercise staff. **Table 2.1** describes these identification items.

Table 2.1. Exercise Identification

Group	Hat Color
Exercise Director	White
Exercise Staff	Black
Controllers	Black
Evaluators	Black
Actors	None
Support Staff	None
Observers	None
Media Personnel	None
Players, Uniformed	Red
Players, Civilian Clothes	Red
Players-Planning	Blue
Players-Operation	Red
Players-Logistics	Yellow

Communications Plan

Exercise Start, Suspension, and Termination Instructions

The exercise is scheduled to run for [3 ½ hours or until the Exercise Director and Senior Controller determine that exercise objectives have been met. The Exercise Director will announce the start of the exercise and exercise suspension or termination through the controller communications network at the Simulation Cell.

All spoken and written communications will start and end with the statement "*THIS IS AN EXERCISE*."

Player Communications

Players will use existing organization/jurisdiction communication systems. Additional communication resources may be made available as the exercise progresses. The need to maintain capability for a real-world response may preclude the use of certain communication channels or systems that would normally be available for an actual emergency. In no instance will exercise communications interfere with real-world emergency communications. Each venue will coordinate its own internal communication networks and channels.

The primary means of communication among the Simulation Cell, controllers and venues will be cell phones, FAX or email. A list of key telephone and fax numbers and radio call signs will be available as a Communications Directory before the exercise starts.

Communications Check

The Simulation Cell will conduct a communications check before the exercise starts using all interfacing communication means to ensure redundancy and uninterrupted flow of control information.

Player Briefing

Controllers may be required to read specific scenario details to participants at initiation of exercise play. Controllers may also provide technical handouts or other materials to players in order to orient them to the exercise environment.

Public Affairs

This exercise enables players to demonstrate increased readiness to dealing with a medical surge due to a foodborne disease. Any public safety exercise may be a newsworthy event. Special attention must be given to the needs of media representatives in order to provide a complete and accurate scenario; however, their activities must not compromise exercise realism, safety or objectives.

The California Department of Public Health and participating organizations/jurisdictions are responsible for disseminating public information before the 2013 Statewide Medical and Health Exercise.

CHAPTER 3: PLAYER INFORMATION AND GUIDANCE

Exercise Staff

Exercise Director

The *Exercise Director* has overall responsibility for planning, coordinating and overseeing all exercise functions. The Exercise Director also manages exercise activities and maintains close dialogue with the Senior Controller about the status of play and achievement of exercise objectives.

Senior Controller

The *Senior Controller* is responsible for overall organization of the exercise and takes direction from the Exercise Director. The Senior Controller monitors exercise progress and coordinates decisions regarding deviations or significant changes to the scenario caused by unexpected developments during play. The Senior Controller monitors actions by individual controllers and ensures that they implement all designated and modified actions including injects and activities identified in the Master Scenario Events List at the appropriate time. The Senior Controller debriefs controllers and evaluators after the exercise and oversees setup and takedown of the exercise.

Safety Officer

The *Safety Officer* is responsible for monitoring exercise safety during setup, conduct and cleanup of the exercise. All exercise participants will assist the Safety Officer by reporting any safety concerns.

Controllers

Individual *Controllers* issue exercise materials to players as required and monitor the exercise timeline and safety of all exercise participants. Controllers also provide injects to players as described in the Master Scenario Events List. Specific controller responsibilities are addressed in the *2013 Medical and Health Exercise Controller/Evaluator Handbook*.

Evaluators

Evaluators work as a team with controllers. Evaluators are subject matter experts who record events that take place in their assigned location and submit documentation for review and inclusion in the After Action Report. Evaluators should not have direct interaction with players. Specific evaluator responsibilities are addressed in the *2013 Statewide Medical and Health Exercise Controller/Evaluator Handbook*. Evaluators may ask questions during exercise play in order to clarify or understand a participant's actions but should not prompt participants in their actions.

Player Instructions

Before the Exercise

- Review appropriate emergency plans, policies, procedures and exercise support documents (e.g., surge plans, infection control plans, and risk communication templates.)
- If the exercise is designed as a "cold start" event participants should not arrive at the site until instructed to do so (e.g., CAHAN alert or other typical notification mechanism). If the exercise is designed as a "warm start" event participants should be at the site at least 30 minutes before the exercise starts wearing the appropriate uniform and/or identification item(s).
- Sign in when you arrive.
- If you gain knowledge of the scenario before the exercise notify a controller so that appropriate actions can be taken to ensure a valid evaluation.
- Read your Player Information Handout which includes information on exercise safety.

During the Exercise

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Controllers will provide only information they are specifically directed to disseminate. Players are expected to obtain other necessary information through existing emergency information channels.
- Do not engage in personal conversations with controllers, evaluators, observers or media personnel. If you are asked an exercise-related question give a short, concise answer. If you are busy and cannot immediately respond indicate that but report back with an answer as soon as possible.
- If you do not understand the scope of the exercise, or if you are uncertain about an organization or jurisdiction's participation in an exercise, ask a controller.
- Parts of the scenario may seem implausible. The exercise is designed to satisfy objectives, which may require incorporation of unrealistic aspects. Every effort has been made by the exercise's trusted agents to balance realism with safety and create an effective learning and evaluation environment.
- All exercise communications will begin and end with the statement **"This is an exercise or This is a drill."** This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.
- When you communicate with the Simulation Cell, identify the organization, agency, office or individual with whom you wish to speak.

- If an evaluator is present verbalize your actions directly related to your participation in the exercise. This will ensure that evaluators are aware of intentional actions as they occur.
- Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a controller or evaluator.

After the Exercise

- Participate in the Hot Wash at your facility with controllers and evaluators.
- Complete the *Participant Feedback Form*. This form allows you to comment candidly on emergency response activities and exercise effectiveness. Provide the completed form to a controller or evaluator. This form can be found in Appendix E.
- Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the after action report.

Simulation Guidelines

Because the 2013 Statewide Medical and Health Exercise is of limited duration and scope, the physical description of what would fully occur at the incident sites and surrounding areas will be relayed to players by simulators or controllers.

CHAPTER 4: EVALUATION AND POST EXERCISE ACTIVITIES

Exercise Documentation

The goal of the 2013 Statewide Medical and Health Exercise is to comprehensively exercise and evaluate the Alameda County's plans and capabilities as they pertain a medical surge due to a foodborne diseases. After the exercise, data collected by controllers, evaluators, Simulation Cell personnel and players will be used to identify strengths and areas for improvement in the context of the exercise objectives.

Exercise Evaluation Guides

The Department of Homeland Security has developed *Exercise Evaluation Guides* that identify expected activities for evaluation, provide consistency across exercises and link individual tasks to disciplines and expected outcomes.

Exercise Evaluation Guides selected by the exercise's trusted agents are contained in the evaluator materials packet along with the *2013 Statewide Medical and Health Exercise Controller/Evaluator Handbook*. These *Exercise Evaluation Guides* have been selected because the activities they describe can be expected to be observed during the exercise. *The Exercise Evaluation Guides* will guide evaluation to match the exercise objectives.

Hot Wash

Immediately after completion of exercise play controllers will facilitate a Hot Wash with players from their assigned location. The Hot Wash is an opportunity for players to express their opinions about the exercise and their own performance. Evaluators may seek clarification during the Hot Wash regarding actions taken by the players during the exercise and what prompted players to take them. The Hot Wash should not last more than 30 minutes. Evaluators should take notes during the Hot Wash and include these observations in their analysis.

Controller and Evaluator Debriefing

Controllers, evaluators and selected exercise participants will attend a facilitated Controller and Evaluator Debriefing on [TBD at TBD location. During this debriefing controllers and evaluators will discuss their observations of the exercise in an open environment to clarify actions taken during the exercise. Evaluators should take this opportunity to complete their *Exercise Evaluation Guides* for submission to the Lead Evaluator and begin the analysis process outlining issues to be included in the After Action Report.

After Action Report

The After Action Report is the culmination of the 2013 Statewide Medical and Health Exercise. It is a written report that outlines strengths and areas for improvement identified during the exercise. The After Action Report will include the timeline, executive summary, scenario description, mission outcomes and capability analysis. The after action report will be drafted by a core group of individuals from the Exercise Planning Team.

After Action Conference and Improvement Plan

The improvement process represents a comprehensive, continuing preparedness effort of which the 2013 Statewide Medical and Health Exercise is a part. Lessons learned and recommendations from the After Action Report will be incorporated into an improvement plan.

After Action Conference

The After Action Conference is a forum for jurisdiction officials to hear the results of the evaluation analysis, validate findings and recommendations in the draft After Action Report and begin development of the improvement plan.

Improvement Plan

The improvement plan identifies how recommendations will be addressed including what actions will be taken, who is responsible and the timeline for completion. It is created by key stakeholders from the 2013 Statewide Medical and Health Exercise participating organizations/jurisdictions during the After Action Conference.

APPENDIX A: EXERCISE SCHEDULE

Time	Personnel	Activity
November 19, 2013		
0800	Controllers, evaluators, and Exercise Planning Team members	Controller and Evaluator Briefing
November 21, 2013		
0730	Selected controllers and exercise staff members	Exercise site setup
0800	Controllers and evaluators	Check-in
0800	Participants (players, observers, actors)	Registration
0815	Controllers and evaluators	Communications check
0830	Participants	Participant briefings
TBD	All	Report to various locations
0900	**All**	**Start of exercise**
1230	**All**	**End of exercise**
Immediately after the exercise	Participants, controllers, and evaluators	Hot Wash
Next HPP meeting		
Insert time	Controllers, evaluators, and Exercise Planning Team members	Controller and Evaluator Debriefing

APPENDIX B: EXERCISE SITE MAPS

Utilizing operational area specific information, threats and critical infrastructure information, Exercise Planners may insert area-specific maps for the exercise. These may include facility blueprints, perimeter locations, earthquake fault maps and others.

Figure B.1 [Map Title]

[Insert map]

Figure B.2 [Map Title]

[Insert map]

APPENDIX C: PARTICIPATING AGENCIES AND ORGANIZATIONS

Exercise Planners should customize the following table with organization/jurisdiction specific information.

Participating Agencies and Organizations
Federal
State
California Department of Public Health
California Emergency Medical Services Authority
California Emergency Management Agency
California Hospital Association
California Association of Health Facilities
California Primary Care Association
[Jurisdiction A]
[Jurisdiction B]

APPENDIX D: WEAPONS POLICY

[DELETE IF NOT APPLICABLE]

Weapons

Exercise planners and controllers plan for and promulgate control measures with regard to weapons, whether introduced as a simulated device during exercise play or used by law enforcement officers in their normal scope of duties. For the purpose of this policy a weapon includes all firearms, knives, less-than-lethal weapons, tools and devices; and any other object capable of causing bodily harm.

Qualified personnel who have legal authority to carry weapons (e.g., law enforcement, security, military) and who have an assigned exercise role (e.g., responder, tactical team) with the potential for interaction with other exercise participants (i.e., actor victims) will NOT carry a loaded weapon within the confines of the exercise play area. They may continue to carry their weapon only after it has been properly cleared and rendered safe (i.e., no ammunition in chamber, cylinder, breach, or magazines) and only after being marked or identified in a conspicuous manner (e.g., bright tape visible around the stock or holster). The use of an area clearly marked as “off limits” and with assigned armed personnel to secure weapons in a container, vehicle or other security area is acceptable and should be consistent with host jurisdiction weapons security policies.

Qualified personnel who have legal authority to carry weapons (e.g., law enforcement, security, military) who are used to provide real-world perimeter security for the exercise and have no assigned or direct interaction with exercise participants may continue to carry loaded weapons as part of their normal scope of duty.

Personnel without legal authority to carry weapons will not bring, introduce or have in their possession any weapon of any type in any area associated with the exercise. All exercise participants will be provided with a safety briefing that specifies provisions and policies regarding weapons before the exercise starts.

Explosives and Pyrotechnics

Simulated explosive devices, such as “flash bangs,” pyrotechnics, flares, smoke grenades and so forth, will be handled and/or detonated only by qualified exercise staff members or bomb technicians. Eye and ear protection should be worn by any persons in the area of explosive devices.

Aggressive Behavior

Aggressive behavior will not be tolerated during exercise conduct except in matters of self-defense. Examples of aggressive behavior may include excessive speeding; uncontrolled animals (e.g., canines, horses); use of defense products (e.g., mace,

pepper spray, stun guns, tasers, batons); and forceful use of operational response equipment or tools (e.g., pike poles, hose lines used at full stream on victims).

APPENDIX E: PARTICIPANT FEEDBACK FORM

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

Name: _____ **Title:** _____

Agency: _____

Role: Player ☐ Facilitator ☐ Observer ☐ Evaluator ☐

Part I: Recommendations and Corrective Actions

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

   1. _____
   2. _____
   3. _____

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

Corrective Action	Priority

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

Corrective Action	Recommended Assignment

Corrective Action	Recommended Assignment

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

Item for Review	Priority

Part II: Assessment of Exercise Design and Conduct

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

Assessment Factor	Strongly Disagree				Strongly Agree
The exercise was well structured and organized.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
The facilitator(s) was knowledgeable about the material, kept the exercise on target, and was sensitive to group dynamics.	1	2	3	4	5
The Exercise Plan was a valuable tool throughout the exercise.	1	2	3	4	5
The Controller/Evaluator Handbook was a valuable tool throughout the exercise.	1	2	4	4	5
Participation in the exercise was appropriate for someone in my position.	1	2	3	4	5
The participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5

Part III: Participant Feedback

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

Please give completed Participant Feedback Form to any Exercise Controller or Evaluator.

A. Evaluation

Evaluation is the cornerstone of exercises; it documents strengths and areas for improvement in an entity's preparedness. The analytical outputs of the evaluation phase feed improvement planning activities. Evaluation takes place using pre-developed Exercise Evaluation Guides, such as the standardized guides provided in the statewide medical and health exercise program.

The evaluation process for all exercises includes a formal exercise evaluation, integrated analysis and drafting of an After Action Report/Improvement Plan.

1. Hot Wash and Debrief

Both hot washes (for exercise players) and debriefs (for facilitators, or controllers and evaluators) follow discussion and operations-based exercises.

A hot wash is conducted in each functional area by that functional area's controller or evaluator immediately following an exercise and it allows players the opportunity to provide immediate feedback. A hot wash enables controllers and evaluators to capture events while they remain fresh in players' minds in order to ascertain players' level of satisfaction with the exercise and identify any issues, concerns or proposed improvements. The information gathered during a hot wash can be used during the After Action

Report/Improvement Plan process and exercise-specific suggestions can be used to improve future exercises. Hot washes also provide opportunities to distribute Participant Feedback Forms, which solicit suggestions and constructive criticism geared toward enhancing future exercises.

A debrief is a more formal forum for planners, facilitators, controllers and evaluators to review and provide feedback on the exercise. It may be held immediately after or within a few days following the exercise. The exercise planning team leader facilitates discussion and allows each person an opportunity to provide an overview of the functional area observed. Discussions are recorded, and identified strengths and areas for improvement are analyzed for inclusion in the After Action Report/Improvement Plan.

2. After Action Report/Improvement Plan

An After Action Report/Improvement Plan is used to provide feedback to participating entities on their performance during the exercise. The After Action Report/Improvement Plan summarizes exercise events and analyzes performance of the tasks identified as important during the planning process. It also evaluates achievement of the selected exercise objectives and demonstration of the overall capabilities being validated. The Improvement Plan portion of the After Action Report/Improvement Plan includes corrective actions for improvement along with timelines for their implementation and assignment to responsible parties.

To prepare the After Action Report/Improvement Plan, exercise evaluators analyze data collected from the hot wash, debrief, Participant Feedback Forms, Exercise Evaluation Guides and other sources (e.g., plans, procedures) and compare actual results with the intended outcome. The level of detail in an After Action Report/Improvement Plan is based on the exercise type and scope. The conclusions are discussed and validated at an After Action Conference that occurs within several weeks after the exercise is conducted.

B. Improvement Planning

During improvement planning corrective actions from the After Action Report/Improvement Plan —such as additional training, planning and/or

equipment acquisition—are assigned, with due dates, to responsible parties. They are then tracked to completion ensuring that exercises result in tangible benefits to preparedness.

1. Improvement Plan

The Improvement Plan portion of an After Action Report/Improvement Plan converts lessons learned from the exercise into concrete, measurable steps that result in improved response capabilities. It specifically details the actions that the participating entity will take to address each recommendation presented in the draft After Action Report/Improvement Plan, who or what agency will be responsible for taking the action and the timeline for completion.

2. Improvement Tracking and Planning

Once recommendations, corrective actions, responsibilities and due dates are clearly identified in the Improvement Plan, the exercising entity ensures that each corrective action is tracked to completion. Exercising entities review all exercise evaluation feedback and resulting Improvement Plans to assess progress on enhancing preparedness. This analysis and information is incorporated into the capabilities-based planning process because it may identify needs for additional equipment, training, exercises, coordination, plans and/or procedures that can be validated through future exercises. Continual tracking and implementation should be part of a corrective action program within each participating entity. A corrective action program ensures Improvement Plans are living, breathing documents that are continually monitored and implemented and that they are part of the larger cycle of improving preparedness.

APPENDIX F: RESOURCES

California Department of Public Health: Statewide Medical and Health Exercise Program: http://www.californiamedicalhealthexercise.com

California Hospital Association: Emergency Preparedness: www.calhospitalprepare.org

Emergency Management Institute: http://training.fema.gov

California Public Health and Medical Emergency Operations Manual (EOM): http://www.bepreparedcalifornia.ca.gov/ResourcesAndLinks/Documents/FinalEOM712011.pdf

Federal Emergency Management Agency: http://www.fema.gov

Homeland Security Exercise Evaluation Program: https://hseep.dhs.gov

Center for HICS Education and Training; Hospital Incident Command System: www.hicscenter.org

Lessons Learned Information System: https://www.llis.dhs.gov

NIMS Integration Center: http://www.fema.gov/emergency/nims

U.S. Department of Homeland Security: www.dhs.gov

APPENDIX G: ACRONYMS

CAHF	California Association of Health Facilities
Cal EMA	California Emergency Management Agency
CDPH	California Department of Public Health
CHA	California Hospital Association
CPCA	California Primary Care Association
DOC	Department Operations Center
EMSA	Emergency Medical Services Authority
EOC	Emergency Operations Center
EOM	California Public Health and Medical Emergency Operations Manual
HAVBED	Hospital Available Beds for Emergencies and Disasters
ICS	Incident Command System
JIS	Joint Information System
LEMSA	Local Emergency Medical Services Agency
LHD	Local Health Department
MHCC	Medical Health and Coordination Center (formerly the Joint Emergency Operation Center-JEOC
MHOAC/P	Medical Health Operational Area Coordinator/Program
NIMS	National Incident Management System
OA	Operational Area
RDMHS	Regional Disaster Medical and Health Specialist
SEMS	Standardized Emergency Management System

APPENDIX H: THE JOINT COMMISSION STANDARDS

Elements of performance under The Joint Commission standards may be demonstrated during the tabletop and/or functional exercise, dependent on level of exercise participation. Hospital planners should review the most current publications from The Joint Commission to look for opportunities to demonstrate additional performance elements. The following standards can be found in the Emergency Management, Environment of Care and Life Safety Chapters.

A. Emergency Management (EM)

A partial list of EM Standards as identified in The Joint Commission Chapter follows:

EM 02.02.01 As part of its Emergency Operations Plan, the health care facility/hospital prepared for how it will communicate during emergencies.

Elements of Performance for EM.02.02.01

The Emergency Operations Plan describes the following:

1. How staff will be notified that emergency response procedures have been initiated.

2. How the hospital will communicate information and instructions to its staff and Licensed Independent Practitioners during an emergency.

3. How the hospital will notify external authorities that emergency response measures have been initiated.

4. How the hospital will communicate with external authorities during an emergency.

5. How the hospital will communicate with patients and their families, including how it will notify families when patients are relocated to alternate care sites.

6. How the hospital will communicate with the community or the media during an emergency.

7. How the hospital will communicate with purveyors of essential supplies, services and equipment during an emergency.

8. How the hospital will communicate with other health care facilities in its contiguous geographic area regarding the essential elements of their respective command structures.

9. How the hospital will communicate with other health care facilities in its contiguous geographic area regarding the essential elements of their respective command centers.

10. How the hospital will communicate with other health care facilities in its contiguous geographic area regarding the resources and assets that can be shared in an emergency response.

14. The hospital establishes backup systems and technologies for the communication activities identified in EM 02.02.01, Elements of Performance 1-9.

EM.02.02.03 As part of its Emergency Operations Plan, the organization/hospital prepares for how it will manage resources and assets during an emergency.

Elements of Performance for EM.02.02.03

The Emergency Operations Plan describes the following:

1. How the hospital will obtain and replenish medications and related supplies that will be required throughout the response and recovery phases of an emergency, including access to and distribution of caches that may be stockpiled by the hospital, its affiliates or local, state or federal sources.

2. How the hospital will obtain and replenish medical supplies that will be required throughout the response and recovery phases of an emergency, including personal protective equipment where required.

3. How the hospital will obtain and replenish non-medical supplies that will be required throughout the response and recovery phases of an emergency.

4. How the hospital will share resources and assets with other health care facilities within the community if necessary.

5. How the hospital will share resources and assets with other health care facilities outside the community, if necessary, in the event of a regional or prolonged disaster.

6. How the hospital will monitor quantities of its resources and assets during an emergency.

9. The hospital's arrangements for transporting some or all patients, their medications, supplies, equipment and staff to an alternative care site when the environment cannot support care, treatment and services.

EM.02.02.05 As part of its Emergency Operations Plan, the organization/hospital prepares for how it will manage security and safety during an emergency

Elements of Performance for EM.02.02.05

The Emergency Operations Plan describes the following:

1. The hospital's arrangements for internal security and safety.

2. The roles that community security agencies (e.g., police, sheriff, National Guard) will have in the event of an emergency.

7. How the hospital will control entrance into and out of the health care facility during an emergency.

EM 02.02.09 As part of its Emergency Operations Plan, the hospital prepares for how it will manage utilities during an emergency.

Elements of Performance for EM 02.02.09

The Emergency Operations Plan describes the following:

2. As part of its Emergency Operations Plan, the hospital identifies alternative means of providing the following: electricity.

3. As part of its Emergency Operations Plan, the hospital identifies alternatives means for providing the following: water needed for consumption and essential care services.

4. As part of its Emergency Operations Plan, the hospital identifies alternatives means for providing the following: water needed for equipment and sanitary services.

5. As part of its Emergency Operations Plan, the hospital identifies alternatives means for providing the following: fuel required for building operations, generators, and essential transport services that the hospital would typically provide.

6. EP6 As part of its Emergency Operations Plan, the hospital identifies alternatives means for providing the following: Medical gases/vacuum systems.

7. As part of its Emergency Operations Plan, the hospital identifies alternatives means for providing the following: utility systems that the hospital defines as essential (for example, vertical and horizontal transport, heating and cooling systems and steam for sterilization).

8. The hospital implements the components of its Emergency Operations Plan that require advance preparation to provide for utilities during an emergency.

EM.02.02.11 As part of its Emergency Operations Plan, the organization/hospital prepares for how it will manage patients during emergencies.

Elements of Performance for EM.02.02.11

The Emergency Operations Plan describes the following:

4. How the hospital will manage a potential increase in demand for clinical services for vulnerable populations served by the hospital, such as patients who are pediatric, geriatric, disabled or have serious chronic conditions or addictions.

7. How the hospital will manage mortuary services.

EM.03.01.03 The organization/hospital evaluates the effectiveness of its Emergency Operations Plan.

Elements of Performance for EM.03.01.03

The Emergency Operations Plan describes the following:

1. As an emergency response exercise, the hospital activated its EOP twice a year at each site included in the plan.

2. For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital's two emergency response exercises includes an influx of simulated patients.

3. For each site of the hospital that offers emergency services or is a community-designated disaster receiving station, at least one of the hospital's two emergency response exercises includes an escalating event in which the local community is unable to support the hospital.

4. For each site of the hospital with a defined role in its community's response plan, at least one of the two exercises includes participation in the community-wide exercise.

5. Emergency response exercises incorporate likely disaster scenarios that allow the hospital to evaluate its handling of communications, resources and assets, security, staff, utilities and patients.

6. The hospital designates an individual(s) whose sole responsibility during emergency exercises is to monitor performance and document opportunities for improvement.

7. During the emergency response exercises, the hospital monitors the effectiveness of internal communication and the effectiveness of communication with outside entities such as local government leadership, police, fire, public health officials and other health care facilities.

8. During emergency response exercises, the hospital monitors resource mobilization and asset allocation, including equipment, supplies, personal protective equipment and transportation.

9. During emergency response exercises, the hospital monitors its management of the following: safety and security.

10. During emergency response exercises, the hospital monitors the following: staff roles and responsibilities.

14. The evaluation all emergency response exercises and all response to actual emergencies includes the identification of deficiencies and opportunities for improvement. This evaluation is documented.

B. Environment of Care (EC)

A partial list of EC Standards as identified in The Joint Commission Chapter follows:

EC 02.05.01 The hospital manages risks associated with its utility systems

Elements of Performance for 02.05.01

7. The hospital maps the distribution of its utility systems

8. The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.

9. The hospital has written procedures for responding to utility systems disruptions.

10. The hospital procedures address shutting off the malfunctioning system and notifying staff in affected areas.

11. The hospital's procedures address performing emergency clinical interventions during utility system disruptions.

13. The hospital responds to utility system disruptions as described in its procedures.

EC02.05.03 The hospital has a reliable emergency electrical power source.

Elements of Performance for 02.05.03

1. The hospital provides emergency power for the following: alarm systems, as required by the Life Safety Code.[1]

2. The hospital provides emergency power for the following: Exit route and exit sign illumination as required by the Life Safety Code.

3. The hospital provides emergency power for the following: emergency communication systems, as required by the Life Safety Code.

4. The hospital provides emergency power for the following: Elevators (at least for non-ambulatory patients).

[1] For guidance in establishing a reliable emergency power system, see NFPA 99, 1999 edition (Section 12-3.3)

5. The hospital provides emergency power for the following: equipment that could cause patient harm when it fails; including life-support systems, blood, bone and tissue storage systems, medical air compressors and medical and surgical vacuum systems.

6. The hospital provides emergency power for the following: areas in which loss of power could result in patient harm, including operating rooms, recovery rooms, obstetrical delivery rooms, nurseries and urgent care areas.

7. The hospital maps the distribution of its utility systems.

9. The hospital has written procedures for responding to utility systems disruptions.

10. The hospital's procedures address shutting off the malfunctioning systems and notifying staff in affected area.

13. The hospital responds to utility system disruptions as described in its procedures.

C. Life Safety (LS)

A partial list of LS Standards as identified in The Joint Commission Chapter follows:

LS.01.02.01 The hospital protects occupants during periods when the Life Safety Code is not met or during periods of construction.

Elements of Performance for LS.01.02.01

1. The hospital notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm or sprinkler system is out of service more than 4 hours in a 24-hour period in an occupied building. Notification and fire watch times are documented (refer to NFPA 101-2000:9.6.1.8 and 9.7.6.1).

3. The hospital has a written interim life safety measure (ILSM) policy that covers situations when Life Safety Code deficiencies cannot be immediately corrected or during periods of construction. The policy includes criteria for evaluating when and to what extent the hospital follows special measures to compensate for increased life safety risk.

6. When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction the hospital does the following: Provides additional firefighting equipment. The need for this equipment is based on criteria in the hospital's ILSM policy.

10. When the hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction the hospital does the following: Provides additional training to those who work in the hospital on the use of firefighting equipment. The need for additional training is based on criteria in the hospital's ILSM policy.

APPENDIX I: LONG TERM CARE GUIDANCE

The following is a partial list of references that long term care organizations may find useful to incorporate into their exercise planning.

1. The Emergency Operation Plan must provide for sources of emergency utilities and supplies, including gas, water, food and essential medial supportive material. [CCR T22 subsection 72551 (b)(1), subsection 76563 (b)(1), subsection 76928 (b)(1), subsection 73549 (b)(1)]

2. Recommendations from the American Red Cross, the Federal Emergency Management Agency and the Center for Communicable Diseases state that individuals should plan to be self-sufficient for a minimum of 72 hours in the event of a wide spread disaster. Health facilities' external disaster plans should include provisions to independently mange the essential health, safety and personal needs of the individuals in their care during an emergency. These provisions include:

    a. Enough food and water for residents of the facility, and for the staff who will be required to stay and care for them. You also need to plan food and water for individuals you have agreed to shelter such as staff's family members or other facility or community members.

    b. Systems and supplies for the use of alternative water sources including the purification of water if potable water is lost and a method to transport water from its source to the resident care areas [CFR subsection 483.70 (h)91)].

APPENDIX J: NATIONAL INCIDENT MANAGEMENT SYSTEM IMPLEMENTATION OBJECTIVES FOR HEALTHCARE

Adoption

1. Adopt NIMS throughout the healthcare organization to include appropriate departments and business units.
2. Ensure Federal Preparedness grants and cooperative agreements support NIMS Implementation (in accordance with the eligibility and allowable uses of the awards).

Preparedness: Planning

3. Revise and update emergency operations plans (EOPs), standard operating procedures (SOPs) and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF) components, principles and policies, to include planning, training, response, exercises, equipment, evaluation and corrective actions.
4. Participate in interagency mutual aid and/or assistance agreements to include agreements with public and private sector and nongovernmental organizations.

Preparedness: Training and Exercises

5. Implement ICS-700, NIMS, An Introduction, ICS-100, Introduction to ICS, and ICS-200 and ICS For Single Resources training to appropriate personnel
6. Implement ICS-800 National Response Framework (NRF): An Introduction training to appropriate personnel
7. Promote and integrate, as appropriate, NIMS concepts and principles (i.e. the Incident Command System). Promote and ensure that hospital processes, equipment, communication and data interoperability facilitates the collection and distribution of consistent and accurate information with local and state partners during an incident or event.

Communications and Information Management

8. Apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communications standards.

9. Apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communications standards.

Command and Management

10. Manage all emergency incidents, exercises and preplanned (recurring/special) events with consistent application of ICS organizational structures, doctrine, processes and procedures.

11. Adopt the principle of Public Information, facilitated by the use of the Joint Information System and Joint Information Center (JIC), ensuring that Public Information procedures and processes gather, verify, coordinate and disseminate information during an incident or event.

APPENDIX K: EXERCISE EVALUATION AND IMPROVEMENT PLANNING

The 2013 Statewide Medical and Health Functional Exercise follows the principles of exercise design and execution as outlined in Homeland Security Exercise and Evaluation Program. As previously discussed, the exercise has been designed based on the Target Capabilities:

- Communications
- Medical Surge
- Emergency Operations Center Management
- Emergency Public Information and Warning
- Epidemiological Surveillance and Investigation

Each Target Capability is developed into an Exercise Evaluation Guide. Within each of the Target Capabilities are associated activities and tasks that gauge successful outcomes.

A. Using the Exercise Evaluation Guides

NOTE: THE Exercise Evaluation Guides ARE TO BE USED FOR BOTH THE TABLETOP EXERCISE AND FUNCTIONAL EXERCISE

The purpose of the Homeland Security Exercise and Evaluation Program is to provide common exercise policy and program guidance that constitutes a national standard for tabletop and/or functional exercises. Exercise Evaluation Guides assist in evaluation of the performance of the tasks, activities and capabilities necessary for exercise evaluation, improvement plans and corrective actions by providing evaluators with consistent standards and guidelines for observation, data collection, analysis and report writing.

Exercise Evaluation Guides are the primary reference to ensure all jurisdictions/organizations evaluate exercises against the same measurable baseline. This method of evaluation helps to identify significant gaps in preparedness capabilities across the nation and serves as a tool to develop a stronger and more consistent After Action Report and Improvement Plan. Exercise Evaluation Guides provide exercise evaluators with a manageable tool with which they can collect data during an exercise, in a format allowing the easy transfer of information to the After Action Report/Improvement Plan.

The Exercise Evaluation Guides can be customized with organization/jurisdiction specific tasks and performance measures that may be added to the list of Tasks and Performance Measures to be exercised.

Please refer to the following website for more information on Homeland Security Exercise training, tools and samples: https://hseep.dhs.gov/.

Evaluators should familiarize themselves with the Exercise Evaluation Guides, including the list of activities and tasks. During an exercise each guide is intended as a viewing guide pointing evaluators in the direction of specific actions in order to assist in their evaluation focus and to support root-cause analysis and after action report development. While observing the Evaluator is expected to:

1. Record the completion of tasks on the Exercise Evaluation Guide

   For each task, Evaluators should check the box corresponding to the exercise participants' actions. Was the task "fully completed," "partially completed," "not completed" or "not applicable"? Most importantly, supplemental notes should be included to support the level of task completion identified. Each task line includes space to record the time at which a particular task was completed. The checked boxes and timekeeping functions of the Exercise Evaluation Guide format do not produce a report card or score sheet, but provides an objective record of task completion and support post-exercise analysis.

2. Record the demonstration of Performance Measures on the Exercise Evaluation Guide itself

   Performance measures are associated with many tasks and provide the Evaluator the ability to record quantitative, observable indicators of performance. Each performance measure is followed by a target indicator as well as a location to input the actual, observed figure. For example, the Medical Surge Target Capability lists Activity 3: Increase Bed Surge Capacity. The associated task is: maximize utilization of available beds. The Evaluator can record observations on the actions taken to maximize utilization of available beds.

3. Record supplemental notes on exercise events and observations

   While the Exercise Evaluation Guides contain an extensive list of activities and tasks designed to help guide Evaluators' observations, it is also necessary for evaluators to record supplemental notes during exercise play. Notes might include observations on areas of strength and areas needing improvement area, times for completed actions and exercise events. Supplemental notes may also include initial analyses of root-causes for problems and recommendations for improvement.

4. Develop After Action Report/Improvement Plan

To maximize lessons learned from the experience, the evaluation materials should be used to draft an exercise After Action Report. Much of the information provided in the Exercise Evaluation Guide Analysis Sheets will directly feed into the After Action Report.

B. Completing the Analysis Sheet

The following structure is used to complete the Analysis Sheet:

Capability 1: Insert name of Target Capability (i.e., Communication, Intelligence and Information Sharing and Dissemination or Medical Surge.)

For example: Capability 1: Emergency Operations Center Management

Activity 1.1: Identify the activity from the Exercise Evaluation Guide that is being observed.

For example: Activity 1.3: Activate Command Center

Observation 1.1: First label as "Strength" or an "Area for Improvement." A strength is an observed action, behavior, procedure and/or practice that is worthy of recognition and special notice. Areas for improvement are those areas in which the Evaluator observed that a necessary task was not performed or that a task was performed with notable problems. Following this heading insert a short, complete sentence that describes the general observation.

For example: Strength

References: List relevant plans, policies, procedures, laws and/or regulations, or sections of these plans, policies, procedures, laws and/or regulations and Exercise Objective to which the observation relates.

Include the name of the task and the applicable plans, policies, procedures, laws, and/or regulations, and one to two sentences describing their relation to the task.

For example: References:

- St. Elsewhere Emergency Operations Plan
- Objective 2. Activate the Hospital Command Center

Analysis: Include a description of the behavior or actions at the core of the observation, as well as, a brief description of what happened and the positive and/or negative consequence(s) of the action or behavior. If an action was performed successfully, include any relevant innovative approaches utilized by

the exercise participants. If an action was not performed successfully, the root causes contributing to the shortcoming must be identified.

> *For example*: The Hospital Command Center was activated within fifteen minutes of notification from the local health department of a disruption in the public water system.

Recommendations: Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as strength, without corresponding recommendations, insert "none."

> *For example*: Recommendations: None