



Alameda County Disaster Preparedness Health Coalition

Tabletop Exercise - January 22, 2015

Situation Manual (SitMan)

PREFACE

The 2015 Alameda County Disaster Preparedness Health Coalition Tabletop Exercise is sponsored by the Alameda County HealthCare Services Agency (HCSA) and the Alameda County Disaster Preparedness Health Coalition (DPHC). This Situation Manual was produced with input, advice and assistance from the DPHC Steering Committee following guidance from the Homeland Security Exercise and Evaluation Program (HSEEP).

The 2015 Alameda County Disaster Preparedness Health Coalition Tabletop Exercise Situation Manual (SitMan) 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 2015 Alameda County Disaster Preparedness Health Coalition Table Top 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 SitMan.

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.

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EXERCISE OVERVIEW

This SitMan provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.

| | |
|--------------------------|--|
| Exercise Name | 2015 Disaster Preparedness Health Coalition Tabletop Exercise |
| Exercise Date | January 22, 2015 |
| Scope | This exercise is a tabletop exercise planned for Alameda County Disaster Preparedness Health Coalition. This exercise provides an overview of real recent events that tested our region's medical surge and communication capabilities and emphasizes the roles of Alameda County Healthcare providers, Public Health, EMS and County agencies that support disaster response activities. Specifically, organizations and agencies that may be called to provide medical care, public health, transportation, resource coordination and communications. |
| Mission Area(s) | Planning and Response |
| Core Capabilities | Medical Surge Intelligence and Information Sharing |
| Objectives | <p>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.</p> <p>Objective 1: Increase understanding of medical surge planning among healthcare partners.</p> <p>Objective 2: Increase understanding of medical surge response capabilities among healthcare partners.</p> <p>Objective 3: Increase understanding of roles and responsibilities of county response and coordination agencies.</p> <p>Objective 4: Describe how your agency/facility would communicate situation status and resource requests to the Alameda County Emergency Operations Center.</p> <p>Objective 5: Discuss coordinated patient care for the communities within the geographic hubs.</p> <p>Objective 6: Describe how your organization would identify and share resource</p> |

| | |
|---|---|
| | <p>needs and communicate them within your geographic hub.</p> <p>Objective 7: Identify medical surge and communication gaps.</p> |
| <p>Threat or Hazard</p> | <p>6.9 Hayward Fault Earthquake</p> |
| <p>Sponsor</p> | <p>The 2015 Alameda County Disaster Preparedness Health Coalition Tabletop Exercise is sponsored by Alameda County Health Care Service Agency as part of the Hospital Preparedness Grant Program.</p> |
| <p>Participating Organizations</p> | <p>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, emergency management, MHOAC Program, Regional Disaster Medical Health Coordination (RDMHC) program, private physicians, non-governmental organizations and other partners. Participating agencies are listed in Appendix B.</p> |
| <p>Points of Contact</p> | <p>Donata Nilsen, MPH, DrPH HPP Coordinator/Alameda County Disaster Preparedness Health Coalition and Division of Communicable Disease Control and Prevention Alameda County Public Health Department 1000 Broadway, Suite 500, Oakland, CA 94607 donata.nilsen@acgov.org, Phone: 510-208-5907 (office), 760-484-8449 (cell)</p> <p>Cynthia Frankel, RN, MN HPP LEMSA Coordinator Alameda County EMS Health Care Services Agency 1000 San Leandro Blvd., Suite 200, San Leandro, CA 94577 cynthia.frankel@acgov.org, Phone: 925-285-2403</p> <p>Zerlyn Ladua, RN, FNP, MSN Director, Public Health Emergency Preparedness Division of Communicable Disease Control and Prevention Alameda County Public Health Department 1000 Broadway, Suite 500, Oakland, CA 94607 zerlyn.ladua@acgov.org, Phone: 510-208-5962 (office), 510-589-0834(cell)</p> <p>Linda Cosgrove Plans and Training Consultant Retired Annuitant Division of Communicable Disease Control and Prevention Alameda County Public Health Department 1000 Broadway, Suite 500, Oakland, CA 94607 linda.cosgrove@acgov.org, Phone: 510-268-2449 (office), 510-461-0823 (cell)</p> |

GENERAL INFORMATION

Exercise Objectives and Core Capabilities

The exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

| Table 1. Exercise Objectives & Core Capabilities | |
|--|---|
| Exercise Objective | Core Capability |
| 1. Increase understanding of medical surge planning among healthcare partners. | Medical Surge |
| 2. Increase understanding of medical surge response capabilities among healthcare partners. | Medical Surge Intelligence and Information Sharing |
| 3. Increase understanding of roles and responsibilities of county response and coordination agencies. | Intelligence and Information Sharing |
| 4. Describe how your agency/facility would communicate situation status and resource requests to the Alameda County Emergency Operations Center. | Medical Surge |
| 5. Discuss coordinated patient care for the communities within the geographic hubs. | Intelligence and Information Sharing |
| 6. Describe how your organization would identify and share resource needs and communicate them within your geographic hub. | Medical Surge Intelligence and Information Sharing |
| 7. Identify medical surge and communication gaps. | Medical Surge Intelligence and Information Sharing |

Participant Roles and Responsibilities

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

- Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in

response to the simulated emergency. Players may include: Emergency Medical Services (EMS), hospitals, community health centers, skilled nursing care providers, the MHOAC Program, Public Health Departments, Regional Disaster Medical Health Specialists/Coordinators (RDMHS), Private Physicians, Regional Emergency Operations Centers (REOC), the Medical and Health Coordination Center (MHCC) and the State Operations Center (SOC).

- **Observers.** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
- **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts during the exercise.
- **Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, policies, and procedures.

Exercise Structure

This exercise will be a multi faceted exercise with three sections two of which are meant to provide real event scenarios during which participants will be provided questions to think about that lead to the breakout discussion sessions and report back.

Players will participate in the following three sections:

- **Section 1:** Introduction & Background
- **Section 2:** Medical Surge Definitions
- **Section 3:** 6.9 Hayward Fault Earthquake Scenario & Discussion

Exercise Guidelines

- This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve mitigation, response, and recovery efforts. Problem-solving efforts should be the focus.

Exercise Assumptions and Artificialities

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

Assumptions

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

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

Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned areas. Additionally, players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report.

TABLETOP SECTIONS & FLOW

The tabletop is organized into a series of sections meant to evoke thought about the topic(s) covered leading to discussions and breakout session. The exercise timeline is purposely flexible to allow productive conversations and discussions to continue at the discretion of the facilitator. The questions listed for each period are only a suggested guide to assist the flow of the exercise. Some questions may be added or deleted during the exercise as needed.

SECTION 1: INTRODUCTION/BACKGROUND

The purpose of Section 1 is to provide participants with the background information regarding recent California earthquakes and response activities in order to provide a realistic scenario of potential issues after a moderate bay area earthquake and to set the stage for the discussion portion of the exercise.

October 1989 Loma Prieta Earthquake

On October 17, 1989 a 7.1 magnitude earthquake struck the San Francisco Bay Area killing 63 people and injuring 3,800. Primarily as a result of direct damage to transmission substations, 1.4

million utility customers lost power following the Loma Prieta earthquake. Power was restored to most of San Francisco within seven hours. Direct damage to telecommunication, facilities and equipment was limited. Most difficulties resulted from failure of backup power systems or insufficient backup power capacity¹. In the areas of Watsonville and Santa Cruz, power loss lasted over a week.

January 1994 Northridge Earthquake

On January 17, 1994 a 6.7 magnitude earthquake struck the San Fernando Valley about 20 miles northwest of downtown Los Angeles near the community of Northridge. There were more than 60 fatalities and 8,700 more injured including 1,600 that required hospitalization. Eight of ninety-one acute care hospitals were evacuated. Of these, six cited nonstructural damage, such as water damage and loss of electrical power as a major reason for evacuation.²

August 2014 South Napa Earthquake

On August 24, 2014 a 6.0 magnitude earthquake struck 5 miles south of Napa causing structural damage, 283 injuries Countywide and 2 fatalities. The Napa Earthquake was a 6.0 magnitude quake; the largest quake to hit the Bay Area since Loma Prieta in 1989. Napa County response agencies dealt with fires, structural damage to buildings, power outages, injuries and road damage. Napa County officials also dealt with red and yellow tagged buildings and displaced employees, but coordinated a response that provided mental health services to 1,335 residents, mobilized mutual aid request process and HPP assets, and opened an ARC shelter for several days.

SECTION 2: MEDICAL SURGE DEFINITIONS

The purpose of Section 2 is to provide participants with definitions of medical surge to allow for a common understanding. Additional options for medical surge are presented for Alameda County that may stimulate new discussion around facility capabilities and additional potential for resource sharing.

The Definition of Medical Surge

- Surge occurs when an emergency causes the demand for healthcare to significantly **exceed** the capacity of the health care system within a community (California Public Health and Medical EOM).
- Significant emergency or circumstances that affect the health care delivery system resulting in an **excess demand** over capacity in hospitals, long term care facilities, clinics, public health departments, primary and secondary care providers, resources, and/or EMS (CDPH Standards and Guidelines for Health Care Surge During Emergencies).

¹ www.drj.com/drworld/content/w1_113.htm

² www.nejm.org/doi/full/10.1056/NEJMsa021807

- The number of sick or injured people requiring medical care **overwhelms** the local and regional healthcare systems (Alameda County Disaster Plan).
- Surge capability is the **ability** of healthcare systems to treat the unusual or highly specialized medical needs produced as a result of surge capacity (ASPR-HPP).
- A healthcare system's **ability** to expand quickly beyond normal services to meet an increased demand for medical care in the event of a large scale public health emergency (AHRQ).
- **Ability** to provide adequate medical care during events that exceed the limits of the normal medical infrastructure (GlobalBiodefense.com).

Refining the Definition

- Medical (or health care) surge IS NOT considered to be:
 - Health care system components that operate at or above capacity during day-to-day operations
 - Typical ED overcrowding
 - The result of a local MCI that may stress nearby facilities but have little to no impact on the overall healthcare delivery system
- Medical surge IS expected to affect the full continuum of care including pre-hospital care, hospitals, skilled nursing facilities and home health agencies during a large-scale disaster

-CDPH Standards and Guidelines for Health Care Surge During Emergencies)

- The working definition for the State of California is:
A Surge Event is a significant event or circumstances that impact the healthcare delivery system resulting in excess demand over capacity and/or capability in hospitals, community care clinics, public health departments, other primary and secondary care providers, resources, and/or emergency medical services.

-California Hospital Association, 2013

SECTION 3 – 6.9 HAYWARD FAULT EARTHQUAKE TABLETOP DISCUSSION

Exercise Time: January 22, 2015 - 12:45 PM

Scenario

On Thursday, January 22, 2015 at 10:00 am a magnitude 6.9 Earthquake struck the Hayward Fault South of Fremont. Heavy shaking was felt for a long as 45 seconds in some areas. The Alameda County Emergency Operations Center and the Alameda County HCSA DOC have been activated. This Earthquake is more than 15 times larger than Napa Earthquake.

11:00am

Hospitals are quickly being overwhelmed with high acuity/critical adult and pediatric patients and will need to expand capacity and capability to take more critical patients. Some hospitals including at least one bay area pediatric referral center may be partially functional. Both acute care and critical care capacity and capability need to be maximized. You should expect approximately 150 patients requiring emergency care in the first two operational periods.

11:30am

Caldecott Tunnel is currently closed for assessment. The BART Rail Transit Tunnel has a train trapped in the side waiting for response crews to assist with evacuation and assess the need for medical care. Ambulance Transports are hindered by road conditions - field treatment sites will likely need to be established. Healthcare facilities are temporarily isolated due to road closures. Assume you are on your own for the first 24-48 hours. Do not expect mutual aid for up to 3 days.

Road Conditions – 11:30am

The 580/238 Interchange has been damaged and is currently impassible – the 580 East has severe congestion and Westbound is down to 2 lanes. The 580/980 Interchange and 880/580 Interchange are currently closed to traffic.

The earthquake has caused damage to many schools. Local CERTs have activated and are conducting SAR operations in their neighborhoods. They will report to the city as soon as they have any intelligence to share.

Relevant Statistics from the Alameda County Hazard Vulnerability Assessment

- 115 Immediate fatalities
- 541 EMS transports
- 9,186 Outpatients injuries
- 5,177 Expected ED Visits over the first week following the disaster
- 1181 Pediatric visits due to injuries over the first week following the disaster
- 37 Trauma Center (Levels 1&2) injuries
- 7 Pediatric trauma injuries
- Over 1/3 of the population is experiencing emotional injuries

- Over 275,000 expected psychopathologies are expected (e.g. PTSD, depression, anxiety)
- 11 General Acute Care Hospitals have sustained some damage
- 63 Skilled Nursing Facilities have sustained some damage

12:00pm

The EOC phone line is receiving damage reports from cities and other facilities and dispatch is receiving numerous calls of serious injuries and fatalities from all cities along the Hayward Fault. Although the true extent of the damage and casualties cannot be assessed for several more hours, images of damaged freeways, buildings and schools are already circulating on the internet.

City and special district EOCs are in the process of activating. Most impacts are in North, Central, & South County. Aftershocks have occurred & were felt throughout the Bay Area. Numerous fires & collapsed building responses are in progress.

The OES Coastal Region EOC has been activated. Sheriff has declared local emergency for all of Alameda County and is asking the Governor to declare a State of Emergency.

Community Impact

- Water Supply Contamination: days of mandatory boil water order affecting at least 25% of the population may be 7 days or longer.
- Water Supply Availability: days of disruption may be 7 days or longer.
- Population Displacement: approximately 73,000 residents may be displaced.
- Public Utilities: at least 24 – 72 hours of widespread electricity disruption affecting at least 25% of the population.
- Transportation: greater than 8 days of disruption.
- Mass Transit/BART: greater than 8 days of disruption

Scenario Assumptions:

- Hospital Command Centers (HCCs) are activated.
- Clinics and Long Term Care Facilities will implement an ICS structure to respond to command and control the incident and activate a command center as possible.
- Response agencies and facilities have activated their medical surge plans.
- Medical surge plan is activated.
- Your facility has several staff with minor injuries requiring first aid treatment.
- 10% of your staff has indicated they will not be able to report to work for their next shift.
- 15% of your staff indicates they will require childcare in order to report to work as many schools have had to close due to damaged facilities.
- 10% of your inpatients need to be evacuated and/or relocated internally due to damage.
- During Operational Period, aftershocks will be likely and building evacuation will need to be continuously considered.
- An initial assessment by facility engineers have verified 20% damage to your facility, but a final damage assessment will not be completed for 24-72 hours.

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- Transportation can only occur within the geographical hubs as indicated temporarily until roads and infrastructure can be restored.

Key Issues

1. Casualties and injuries countywide
2. Communication systems intermittent
3. Transportation capabilities reduced
4. Some loss of infrastructure

Hub Breakout Groups & Facilitators

Discussion groups will be broken into hubs based on geographic location. Each hub-discussion group has designated facilitators and one or more subject matter experts and scribes to report out for their groups. Each group should designate a spokesperson to report key highlights from the group discussion (up to 5 minutes per group) to share with the larger group.

| Room Location | Geographic Hub | Cities Agencies | Facilitators | SMEs/ Scribes | Evaluators |
|----------------------|---|---|------------------------------|---|-------------------|
| Laurel | County Transport General Services Agency EOC DOC ACHCSA (PH, EH, BH, EMS, Human Resources) | | Paul Hess Steve Mier | Fred Claridge Ron Seitz Caroline Judy | Cynthia Frankel |
| Lake Merritt | Berkeley Alta Bates Summit Berkeley UHS | Berkeley COB Albany Emeryville | Suzanne Ridel | Barbara Morita Kathy Smedley Rick Luna | Linda Cosgrove |
| Eastmont | Oakland-Alameda Alameda Hospital Highland CHO Kaiser Oakland Alta Bates Summit Oakland | Oakland Alameda Piedmont | Michelle Heckle Erica Pan | Sandra Williams City of Oakland Representative Rep. Elizabeth Smith | Lisa Goldberg |
| Elmhurst | South Kaiser San Leandro Washington San Leandro Campus St. Rose Willow Rock | San Leandro Union City Fremont Hayward Newark | Donata Nilsen | Dwight Williams Marla Blagg | Paula Scalingi |
| Uptown | East Eden Hospital ValleyCare | Castro Valley Dublin Pleasanton Livermore | Ann Hammer | Zerlyn Ladua | Terri Langdon |

Tabletop Discussion Questions

Questions for All Participants

1. Describe your top medical surge priorities and immediate action plans for this incident.
2. What is your organization's current surge capacity and capability for patient care?
 - a. How will you expand capability to take care of increasing numbers of patients?
 - b. How will you decompress and offload less critical patients?
 - c. Are you prepared to receive more patients, remain open and functional?
3. How can your organization be self-sufficient when mutual aid is not immediately available?
 - a. What resources needs do you think you will have?
 - b. What partner organizations might you rely upon?
4. What vital medical surge operational area (county) forms and communications systems do you need for this event?
5. How do you see ambulance companies, hospitals, clinics and long term care facilities supporting each other? Given the geographic restrictions in this scenario, how would you work together?
6. What internal/external (county) response plans will you be referencing and/or are relevant to this event?

Hospital Questions

1. Based on the scenario where you are isolated based on your geography, you will get a surge of patients, how will you expand your capacity to take more patients including critical care patients, pediatrics, neonatal and behavioral/mental health patients?
2. Given the scenario, inter-facility transport will be very difficult, how will you decompress your hospital to off load less acute patients?
3. What resources you will need to increase you capacity to take more patients, equipment and personnel.
4. What would be your incident objectives as it relates to medical surge in the 1st operational period? What about the 2nd and 3rd operational periods?
5. Describe the makeup of the various sections and branches you would activate in the 1st operational period. What about the 2nd and 3rd operational period?
6. What considerations should be made at your facility if you receive an immediate surge of the following types of victims (based on an earthquake scenario)?
 - a. Crush
 - b. Burn
 - c. Pediatric
7. For larger healthcare systems (e.g. Kaiser and Alameda) would you stay "in network" when accepting or transferring patients during a medical surge?
8. Describe how hospitals can/should operate under a "Hub" concept in the context of this scenario.

Clinic Questions

1. Are you planning on staying open?
2. What level of care will you be able to provide?

3. What does medical surge mean to you?
4. What is your surge capacity?
5. Are you willing/able to be a triage center?
6. Can you provide Mental Health support?
7. Can you sustain operational hours for extended periods of time? If so how long?
8. What resources do you think you will need to stay open?
9. If you stay open and high acuity patients show at your facility that exceed your capabilities, what would be done to get them transferred to a facility that can provide a higher level of care?
10. Describe how hospitals can/should operate under a “Hub” concept in the context of this scenario.

Long Term Care Facility Questions

1. What does medical surge mean to you?
2. Do you feel you have any surge capacity?
3. What level of care can you provide if any to the community?
4. What kind of patients can you take? What level of acuity can you take?
5. Would you be able to care for a new patient 1/day 4/day?
6. What skills can your LTCF provide that cannot be provided by homecare? E.g., can you provide suctioning, feeding tube assistance, IVs, dialysis, catheterizations?
7. Would you be able to accommodate patients from other LTCFs in the area? Do you have any MOUs or Transfer Agreements in place?
8. Describe how hospitals can/should operate under a “Hub” concept in the context of this scenario.

Ambulance/Transport Companies

1. How will you coordinate transport between clinics and hospitals, hospitals and LTCFs, hospitals and home?
2. How will patients be directed to treatment facilities that can take specific patients?
3. How will you deal with MCIs in multiple scattered locations?
4. How will you assist in off-loading patients from hospital to less acute hospitals/facilities?
5. Given the scenario and the likelihood of operating Field Treatment Sites, what is your surge plan how will you get more ambulances?
6. How will you sustain operations and what will you need from the county?

County Questions (HCSA, OES, GSA)

- **Public Health**
 1. Describe what branches and teams will be staffed at the DOC immediately after the earthquake?
- **Environmental Health**
 1. What activities will be coordinated with other county agencies?
- **Behavioral Health**
 1. How will you handle Mental Health surge?

2. Do you have Mobile Mental Health Teams?
 - a. Describe the composition of these teams.
 - b. How would they be notified and activated in a scenario such as this?
- **Emergency Medical Services**
 1. What kind of ReddiNet polling questions will be asked first to get an accurate assessment of the situation?
- **Human Resources**
 1. What plans do you have in place to address the reduction in staff for the overall county response?
- **Alameda County Office of Emergency Services**
 1. What activities will be coordinated with other county agencies?
- **General Services Agency**
 1. What activities will be coordinated with other county agencies?

**Questions for All Participants (If Time Permits) – Communication Coordination/
Intelligence and Information Sharing**

1. What are your redundant communications? How often do you practice using these communications?
2. What kind of information will you send to the county in the situation reports?
3. What kind of resources do you think you will be requesting from the cities and the county to sustain your operations?
4. What are your redundant communications if cell phone service and/or power are interrupted?

Discussion Group Report-out Structure

Hub-discussion group facilitators, subject matter experts and scribes will work together to bring the discussion group to the point where they can report out as a group. Each group should designate a spokesperson that may or may not be one of the aforementioned. After the breakout session the spokesperson will report key highlights from the group discussion (up to 5 minutes per group) to share with the large group.

To ensure information from each breakout session is documented, each facilitator will prepare final summary notes of their breakout session. A group member shall be designate to track information on a flipchart board, laptop and/or recorder. Back-up note takers will be assigned to each session. All Documents from each breakout session needs to be labeled with the name of the group and facilitator(s).

Report-outs shall cover the following basic information from the discussion for each group/hub:

1. What were your three top medical surge priorities?
2. What was the overall immediate action plan for this incident?
3. How did your group increase surge capability and capacity for patient care?
4. What facilities in your hub can you work with to decompress/off-load patients?
5. What were the main resources needs for your hub?
6. What vital medical surge operational area (county) forms & communications systems did you need?
7. Given the geographic restrictions in this scenario, how did you see ambulance companies, hospitals, clinics and long term care facilities supporting each other?
8. Did your group refer to any internal or external (county) response plans for this event?

Exercise Evaluation Guide (EEG)

The Exercise Evaluation Guide is the tool used by evaluators to record information during participant discussions. The guide is aligned with the exercise objectives and core capabilities and list relevant capability targets and tasks. Data collected in EEGs by each evaluator will be used to evaluate capabilities in the After Action Report (AAR).

Evaluators are provided with a EEG to be completed during their assigned breakout session and must be turned in to the lead evaluator, Linda Cosgrove, at the conclusion of the exercise. Additional notes may be submitted by evaluators retroactively if needed. The lead evaluator compiles all evaluator submissions into the first working draft of the AAR.

Conclusion of Discussion-Based Tabletop Debrief

The lead facilitator and/or designate will lead the tabletop exercise debrief to capture participant feedback regarding the exercise. The facilitator may use, but is not limited to the following:

1. What went well?
2. What needs improvement?
3. Did the exercise structure provide sufficient stimulation for discussion?

Participant Feedback

A Participant Feedback Form (Appendix C) is passed out to all participants for the conference that includes specific questions for the tabletop exercise. The participant feedback form may be used to gather additional comments and report issues from the exercise.

APPENDIX A: EXERCISE SCHEDULE

| Time | Activity |
|-------------------------|---|
| January 22, 2015 | |
| 8:00 - 8:30 am | Registration |
| 10:15 - 11:35 am | Section 1: Introduction & Background |
| 11:35 – 12:15 am | Section 2: Medical Surge Definitions |
| 12:15 – 12:45 pm | Break |
| 12:45 – 1:00 pm | Section 3: 6.9 Hayward Fault Earthquake Scenario |
| 1:00 – 1:50 pm | Break-out Discussions |
| 1:50 – 2:30 pm | Report-back |
| 2:30 – 2:45 pm | Hot Wash, Debriefing, Closing Comments / End Exercise |

All participants are required to report back on the first set of questions. The second set of question should be answered based on the “**Hub-and-Spoke**” Concept. Facilitators and SME are responsible for recording information on a presentation board for report-back and to make sure the exercise controller receives the final copy.

APPENDIX B: EXERCISE PARTICIPANTS

| Participating Organizations |
|--|
| Alameda County Health Care Services Agency |
| Alameda County Public Health Department |
| Alameda County Public Health Department, Public Health Emergency Preparedness |
| Alameda County Public Health Department, Division of Communicable Disease Control and Prevention |
| AHS-ALCO EMS |
| Alameda County |
| Alameda County Behavioral Health Services Agency |
| Alameda County Emergency Medical Services |
| Alameda County Environmental Health Department |
| Alameda County General Services Agency |
| Alameda County Sheriff's Office |
| Alameda Fire Department |
| Alameda Health Consortium |
| Alameda Health System |
| Alta Bates Summit Medical Center |
| American Medical Response |
| Arcadia Ambulance |
| Axis Community Health |
| Bay Area Center for Regional Disaster Resilience |
| Bay Area Rapid Transit |
| Bay Area UASI |
| Berkeley Fire OES |
| Berkeley Mental Health |
| Berkeley Pines Care Center, inc. |
| California Department of Public Health |
| Chaparral House |
| City of Alameda Fire Department |
| City of Berkeley |
| City of Berkeley Public Health Department |
| City of Union City |
| Contra Costa County EMS |
| Crestwood Manor |
| East Bay Newborn Specialists |
| Hayward Healthcare and Wellness Center |
| Hillside Senior Care |
| Hospital Council |
| John Muir Medical Center, Walnut Creek |

| |
|--|
| Kaiser Permanente Post-Acute Care Center |
| Kaiser San Leandro/Fremont |
| Kindred Healthcare |
| La Clinica de la Raza |
| Lady of Merced Care Home |
| Lawrence Berkeley National Lab |
| LifeLong Medical Care |
| Livermore-Pleasanton Fire Department |
| Mercy Retirement and Care Center |
| Mier Consulting Group, Inc. |
| Napa County EMS |
| Napa County Health and Human Services Agency; Public Health Division - Emergency |
| Napa County Mental Health |
| Napa County Public Health |
| Native American Health Center |
| NORCAL Ambulance |
| Oakland Fire Department |
| Paramedics Plus |
| Port of Oakland |
| Queen of the Valley Medical Center |
| ReddiNet |
| Rehabilitation Center of Oakland |
| Royal Ambulance |
| Rural/Metro Ambulance |
| San Mateo County EMS |
| St. Anthony Care Center, Inc. |
| St. Christopher Care Center Inc. |
| Sutter Health |
| Tri City Health Center |
| UCSF Benioff Children's Hospital Oakland |
| University Health Services |
| VA Palo Alto Health Care System |
| VHA/OEM |
| Washington Hospital Healthcare System |
| Westmed Ambulance Service |
| Windsor Country Drive Care Center |
| Windsor Gardens |

APPENDIX C: PARTICIPANT FEEDBACK FORM

Alameda County Disaster Preparedness Health Coalition (DPHC) Conference One Disaster - One Community - One Response Strengthening Emergency Preparedness, Response Capability, And Plan Implementation

A. CONFERENCE COORDINATORS

Cynthia Frankel, HPP EMSA Coordinator, and Donata Nilsen, HPP Partnership Coordinator, Alameda County

B. PARTICIPANT / CIRCLE ORGANIZATION

Hospital Clinic SNF Prehospital Provider EMS Agency Public Health Department
 Environmental Health Behavioral Health Agency County OES Local Jurisdiction Other _____

Optional (Required for CE)

Name: _____ RN license #: _____
Address: _____
Phone: (____) _____ E-mail: _____

C. EVALUATION

| | Excellent Needs Improvement | | | | |
|---|--|---|-----------------|---|---|
| | 5 | 4 | 3 | 2 | 1 |
| 1. The overall rating of the conference. | 5 | 4 | 3 | 2 | 1 |
| 2. The extent to which the course met the objectives. | 5 | 4 | 3 | 2 | 1 |
| 3. The applicability or usability of new information. | 5 | 4 | 3 | 2 | 1 |
| 4. The adequacy of the instructor's mastery of the subjects | 5 | 4 | 3 | 2 | 1 |
| 5. The appropriateness of teaching methods used. | 5 | 4 | 3 | 2 | 1 |
| 6. Efficiency of course mechanics (room, space, lighting, acoustics, and AV) | 5 | 4 | 3 | 2 | 1 |
| RATE SPEAKERS / FACILITATORS BELOW: Vital Information; Depth of Material, Practicality, and Engaging | | | | | |
| 7. Alex Briscoe, "INTRODUCTION "KICK OFF" VISION – Moving Into Action" | 5 | 4 | 3 | 2 | 1 |
| 8. Erica Pan, MD, "INTRODUCTION "KICK OFF" VISION – Moving Into Action" | 5 | 4 | 3 | 2 | 1 |
| 9. Kevin Rose, "COMPELLING ASIANA AIR CRASH REALITY" | 5 | 4 | 3 | 2 | 1 |
| 10. Karen Smith, MD, "NAPA EARTHQUAKE - Near Miss & Medical Surge"- Panel | 5 | 4 | 3 | 2 | 1 |
| 11. Todd Pelltier, AMR, "NAPA EARTHQUAKE - Near Miss & Medical Surge" - Panel | 5 | 4 | 3 | 2 | 1 |
| 12. Jason Bond, AMR, "NAPA EARTHQUAKE - Near Miss & Medical Surge" - Panel | 5 | 4 | 3 | 2 | 1 |
| 13. Cori Carlson, RN, "NAPA EARTHQUAKE - Near Miss & Medical Surge" - Panel | 5 | 4 | 3 | 2 | 1 |
| 12. Jennifer Selby, "NAPA EARTHQUAKE - Near Miss & Medical Surge"- Panel | 5 | 4 | 3 | 2 | 1 |
| 13. William Carter, "NAPA EARTHQUAKE - Near Miss & Medical Surge"- Panel | 5 | 4 | 3 | 2 | 1 |
| 14. Kelly Coleman, "NAPA EARTHQUAKE - Near Miss & Medical Surge"- Panel | 5 | 4 | 3 | 2 | 1 |
| 15. Steve Mier, "MEDICAL SURGE CONTRACTOR – WORKPLAN BENCHMARKS" | 5 | 4 | 3 | 2 | 1 |
| BREAKOUT TRAINING SESSIONS | | | | | |
| 16. Overall – Training Session Group Facilitator and Process | 5 | 4 | 3 | 2 | 1 |
| 17. Provide Training Breakout Group Session Title and Presenter Names: | | | | | |
| Training Breakout Session Title: | | | Presenter Name: | | |

| DISCUSSION BASED EXERCISE | Excellent | | Needs Improvement | | |
|---|-----------|---|-------------------|---|---|
| | 5 | 4 | 3 | 2 | 1 |
| 18. Exercise Vital Information; Depth of Technical Experts, Practicality, and Engaging | 5 | 4 | 3 | 2 | 1 |
| 19. Overall - Break out Session Group Exercise Facilitator and Process | 5 | 4 | 3 | 2 | 1 |
| 20. Provide Exercise Breakout Group Session Title and Table Facilitator Names: | | | | | |
| Exercise Breakout Session Title: | | | Facilitator Name: | | |
| Exercise Participant Feedback and CE Questions Below (21-24): ** | | | | | |
| 21. Identify <u>medical surge activities and/or operations</u> to strengthen your organizations surge readiness which were discussed at the conference and/or exercise. How can they be utilized and/or adapted in your organization. . | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| 22. Identify <u>disaster/surge plans, tools, and resources</u> shared at the exercise and/or training sessions. How can they be utilized and/or adapted in your organization. | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| 23. What are your <u>identified gaps, next steps and corrective actions</u> your organization needs to take to become more prepared and resilient for a medical surge event? | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| 24. List <u>three things you learned today</u> . How will you apply the information at work? | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |

25. What did you find **most useful** in the conference training and breakout sessions? _____

25. What did you find **least useful** in the conference? _____

26. Was there anything in the conference, exercise and training breakout sessions you would like to see improved? _____

27. Provide **recommendations for future training**. _____

THANK YOU FOR YOUR FEEDBACK.

Please return to: Cynthia Frankel, RN, HPP EMSA Coordinator, Alameda County EMS
Cynthia.Frankel@acgov.org; (510) 618-2031 (office) ; FAX : (510) 618-2099

APPENDIX D: RESOURCES & REFERENCES

1. The Alameda County Medical/Health Situation Status Report Form.
http://www.acphd.org/media/109759/medhealthstatreport_120831_lcontext.pdf
2. The Alameda County Medical/Health Resource Request Form.
http://www.acphd.org/media/109756/med_ops_req_generic_v1_distributed.pdf
3. The manual for the Homeland Security Exercise and Evaluation Plan provides a look at a set of guiding principles to consider when planning an exercise.
http://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13_.pdf
4. Incident Command System Independent Study courses explained. ICS 200 provides a look at how resource management is handled within the ICS Framework.
<http://training.fema.gov/EMIWeb/IS/ICSResource/TrainingMaterials.htm>
5. Alameda County Disaster Medical Operations Plan DMOP
6. Alameda County Mass Evac for Health Facilities FINAL – w appendices 201106.dn
7. Alameda Hazard Risk Assessment, April 2013
8. Alternate_Care_Site_ACS_Plan_CONFIDENTIAL_Alameda_County_8 17 11x.dn
9. BT Response Plan_00_Plan in PDF Format_PLN_PHD_20070901_PHEP
10. Emergency Operations Plan
11. Field_Treatment_Site_FTS_Plan_CONFIDENTIAL_Alameda_County_3.15.13.dn.x
12. Mass Fatality Plan Version FINAL w appendices 201106.dn
13. Medical_Surge_Plan_Alameda_County_CONFIDENTIAL_Draft_3.15.13.dn.x
14. Risk Communications Plan Rev. Feb. 2013

APPENDIX E: FACILITATOR'S GUIDE

The tabletop discussion is organized into a series of discussion periods. The exercise timeline is purposely flexible to allow productive conversations and discussions to continue at the discretion of the facilitator. The questions listed for each period are only a suggested guide to assist the flow of the exercise. Some questions may be added or deleted during the exercise as needed.

Exercise Facilitator's Guide

Alameda County Disaster Preparedness Health Coalition Earthquake Tabletop Exercise

Thursday, January 22, 2015

Didactic (10:15-12:15pm); Discussion Groups (12:45-2:45pm)

California Endowment Center, 1111 Broadway, Oakland, CA

Overview - Definitions of Medical Surge

- Surge occurs when an emergency causes the **demand for healthcare** to significantly **exceed the capacity** of the health care system within a community (*California Public Health and Medical EOM*)
- Significant emergency or circumstances that affect the health care delivery system resulting in **an excess demand over capacity** in hospitals, long term care facilities, clinics, public health departments, primary and secondary care providers, resources, and/or EMS (*CDPH Standards and Guidelines for Health Care Surge During Emergencies*)
- The number of sick or injured people requiring **medical care overwhelms the local and regional healthcare systems** (*Alameda County Medical Surge Plan*).
- Medical (or health care) surge IS NOT considered to be:
 - Health care system components that operate at or above capacity during day-to-day operations
 - Typical ED overcrowding
 - The result of a local MCI that may stress nearby facilities but have little to no impact on overall healthcare delivery system
- Medical surge IS expected to affect the full continuum of care including pre-hospital care, hospitals, skilled nursing facilities and home health agencies during a large-scale disaster (*CDPH Standards and Guidelines for Health Care Surge During Emergencies*).

Surge Capability

- **Surge Capability** is the ability of healthcare systems to treat the unusual or highly specialized medical needs produced as a result of surge capacity disaster (U.S. Department of Health and Human Services (*Office of the Assistant Secretary for Preparedness and Response Healthcare Preparedness, ASPR-HPP*)).
- A healthcare system's **ability to expand quickly beyond normal** services to meet an increased demand for medical care in the event of a large scale public health emergency (*AHRQ*).
- Ability to provide adequate medical care during events that exceed the limits of the normal medical infrastructure (*GlobalBiodefense.com*).

Surge Event

- The working definition for the State of California is: “A Surge Event is a significant event or circumstances that impact the healthcare delivery system resulting in excess demand over capacity and/or capability in hospitals, community care clinics, public health departments, other primary and secondary care providers, resources, and/or emergency medical services. (*California Hospital Association, 2013*).

Decompression (Clear) of Critical Beds:

- Develop, refine, sustain, and implement processes that assist healthcare organizations with daily, continuous, triage of admitted patients and discharge planning to permit the safe discharge of less acute patients, ensuring twenty percent acute bed availability in the event of a disaster (*ASPR-HPP*).

Pediatric Surge Plan

- Given the variability in pediatric care on a daily basis, all hospitals are requested to plan for an event resulting in a surge of pediatric patients - includes using existing PICU capacity and expanding that PICU capacity as much as possible during a surge situation. All facilities with existing **PICUs need to surge for additional PICU patients**.
- The adult trauma centers and their ICUs would also need to expand capacity and their capability to meet the PICU need. Hence, this plan is based on **caring for more critically ill children in facilities that are accustomed to caring for children** and allowing them to decompress less critically ill children to other facilities (*Alameda County Medical Surge Plan*).

4s's - Surge Capacity

- Effective health systems' response to a disaster-induced surge: “It is **not simply beds or ventilators**, but appropriately trained personnel (**staff**), comprehensive supplies and equipment (**stuff**), facilities (**structure**), &, of imperative importance, integrated policies and procedures (**systems**) to develop optimized sustainable surge capacity” (*Barbisch D, Koenig K. Understanding Surge Capacity: Essential Elements. Academic Emergency Medicine. 2006;13:1098–1102*).

Exercise Objectives

1. Increase understanding of medical surge planning among healthcare partners.
2. Increase understanding of medical surge response capabilities among healthcare partners.
3. Increase understanding of roles and responsibilities of county response and coordination agencies.
4. Describe how your agency/facility would communicate situation status and resource requests to the Alameda County Emergency Operations Center.
5. Discuss coordinated patient care for the communities within the geographic hubs.
6. Describe how your organization would identify & share resource needs & communicate them within your geographic hub.
7. Identify medical surge and communication gaps

The breakout session exercise is designed to “spark” discussion on effective medical surge local / county plans, resources, and guidelines which will strengthen disaster preparedness and response capability.

- To **inspire sharing** of county-wide “best practice” medical surge, disaster solutions and strategies.
- To **identify organization specific priorities, concept of operations for disaster surge strategies**, guidelines, assets, tools, and plans with may expedite effective, decisions, resources for surge planning and response.

- To share and compile resources / strategies to strengthen **the existing county emergency plans and guidelines.**
- After the conference, revisit county-wide emergency plans & **integrate recommendations into medical surge plans.**
- Encourage **replication / adaptation of discussion based table-top exercise in each organization** after conference.

The recommended medical surge plans will be practical, adaptable, and contribute to a logical progression of priority actions. Technical experts will offer suggestions on the priority actions, CONOPs, and/or relevant tools.

Exercise Facilitator Requirements

Before Exercise

1. Identify your assigned session breakout group and review instructions
2. Each Breakout Group Facilitator/Technical Expert (assigned to a breakout session) has specific customized instructions as follows: 1) discussion questions; 2) references and links to tools / resources, and 3) the list of their group facilitators and experts.
3. Review 6.9 Hayward fault earthquake scenario, workgroup questions, breakout session team, & room location.
4. Identify tools and resources such as job action sheets, cache supply lists, and reference material which could help your group discussion. Each breakout group may consider handouts with recommended tools and guidelines.
5. If possible, answer the questions, before the conference exercise.
6. Refer to specific links to the Alameda County DPHC, Public Health, EMS website and/or CA Neonatal/Pediatric Disaster Coalition Google List Serve for additional resources below:
 - a. <http://www.acphd.org/emsemergprepresp/emergplanners/exercises.aspx>
 - b. <http://www.acphd.org/dphc.aspx>
 - c. <https://sites.google.com/site/pedineonetwork/>
7. If possible, review the California State Medical/Health EOM and the DMOP plan
 - a. <http://www.cdph.ca.gov/programs/aids/Documents/FinalEOM712011.pdf>

During Exercise Breakout Sessions – Group Process

1. Each breakout group will begin to address the objectives listed above with questions driven by the scenario.
2. Each facilitator will **give the breakout groups 45-50 minutes** to discuss the questions and identify solutions to the identified issues. Share available resources with your workgroup if needed.
3. Expect 20 attendees in your group. Some groups may be small do to the attendee representation and may combine as needed. Each group is vital regardless of size.

4. Facilitators and technical experts have been assigned to each breakout group. Please assign a recorder and identify a person to report back after the breakout session.
5. Have the group discuss each question. Allow time for introduction and summary comments
6. After the breakout session, each facilitator and/or content expert will report key highlights from the group discussion (up to 5 minutes per group) and share with the large group.
7. All facilitators will **prepare final summary notes** of their breakout session. Ensure information is documented. Ensure a group member tracks information on a flipchart board, laptop and/or recorder.
8. **Label name of your group on all documents/tapes** with group names with contact information. Several flipcharts will be available. Circulate breakout session sign-in sheet.

Exercise Scenario

On Thursday, January 22, 2015 at 10:00 am a magnitude 6.9 Earthquake struck the Hayward Fault South of Fremont. Heavy shaking was felt for a long as 45 seconds in some areas. The Alameda County Emergency Operations Center and the Alameda County Health Care Services Agency Department Operations Center (HCSA DOC) have been activated. This Earthquake is more than 15 times larger than Napa Earthquake.

- Hospitals are quickly being overwhelmed with high acuity/critical adult and pediatric patients and will need to expand capacity and capability to take more critical patients.
- You should expect approximately 150 patients requiring emergency care in the first two operational periods. Each health care facility and prehospital provider has been instructed to increase their capacity in an overburdened health care system. Maximize both acute care and critical bed capacity and capability.
- Schools, Day Care Centers are full and shopping malls are busy. Hospitals will be full to capacity.
- Infra-structure communications and transportation are likely to become compromised. Caldecott Tunnel is not accessible. Some hospitals including at least one bay area pediatric referral center may be partially functional.
- Transports cannot occur immediately and field treatment sites will likely need to be established.
- Assume you are on your own for the first 24-48 hours. Do not expect mutual aid for up to 3 days.

Tabletop Discussion Breakout Group Questions

(Required Questions for All Participants)

1. Describe your top medical surge priorities and immediate action plans for this incident.
2. What is your organization's current surge capacity and capability for patient care?
 - a. How will you expand capability to take care of increasing numbers of patients?
 - b. How will you decompress and offload less critical patients?
 - c. Are you prepared to receive more patients, remain open and functional?
3. How can your organization be self-sufficient when mutual aid is not immediately available?
 - a. What resources needs do you think you will have?
 - b. What partner organizations might you rely upon?
4. What vital medical surge operational area (county) forms & communications systems do you need for this event?

5. How do you see ambulance companies, hospitals, clinics and long term care facilities supporting each other? Given the geographic restrictions in this scenario, how would you work together?
6. What internal/external (county) response plans will you be referencing and/or are relevant to this event?

Supplemental Questions for Alameda County (HCSA, OES, GSA, BHCSA) (Laurel Room)

Alameda County Office of Emergency Services

1. What activities will be coordinated with other county agencies?

General Services Agency

1. What activities will be coordinated with other county agencies?

Emergency Medical Services

1. What kind of ReddiNet polling questions may be asked first to get an accurate assessment of the situation?

Public Health

1. Describe what branches and teams may be staffed at the DOC immediately after the earthquake?

Environmental Health

1. What activities will be coordinated with other county agencies?

Behavioral Health

1. How will you handle Mental Health surge?
2. Do you have Mobile Mental Health Teams?
 - a. Describe the composition of these teams.
 - b. How would they be notified and activated in a scenario such as this?

Human Resources

1. What plans do you have in place to address the reduction in staff for the overall county response?

Prehospital Providers - Ambulance/Transport Companies

1. How will you deal with MCIs in multiple scattered locations?
2. How will you assist in off-loading patients from hospital to less acute hospitals/facilities?
3. Given the scenario and the likelihood of operating Field Treatment Sites, what is your surge plan? How will you get more ambulances?
4. How will you sustain operations and what will you need from the county?
5. How will you coordinate transport between hospitals and other destinations? Consider clinics, LTCFs, FTSs and community.
6. How will patients be directed to treatment facilities that can take specific patients?

Demographic Hub Breakout Session Questions (non Laurel Rooms)

Hospitals

1. Based on the scenario where you are isolated based on your geography, you will get a surge of patients, how will you expand your capacity to take more patients including critical care patients, pediatrics, neonatal and behavioral/mental health patients?
2. Given the scenario, inter-facility transport will be very difficult, how will you decompress your hospital to off load less acute patients?

3. What resources you will need to increase you capacity to take more patients, equipment and personnel.
4. What would be your incident objectives as it relates to medical surge in the 1st operational period? What about the 2nd and 3rd operational periods?
5. Describe the makeup of the various sections and branches you would activate in the 1st operational period. What about the 2nd and 3rd operational period?
6. What considerations should be made at your facility if you receive an immediate surge of the following types of victims (based on an earthquake scenario)?
 - a. Crush
 - b. Burn
 - c. Pediatric
7. For larger healthcare systems (e.g. Kaiser and Alameda) would you stay “in network” when accepting or transferring patients during a medical surge?
8. Describe how hospitals can/should operate under a “Hub” concept in the context of this scenario.

Clinics

1. Are you planning on staying open?
2. What level of care will you be able to provide?
3. What does medical surge mean to you?
4. What is your surge capacity?
5. Are you willing / able to be a triage center?
6. Can you provide Mental Health support?
7. Can you sustain operational hours for extended periods of time? If so how long?
8. What resources do you think you will need to stay open?
9. If you stay open and high acuity patients show at your facility that exceed your capabilities, what would be done to get them transferred to a facility that can provide a higher level of care?
10. Describe how hospitals can/should operate under a “Hub” concept in the context of this scenario.

Long Term Care Facilities

1. What does medical surge mean to you?
2. Do you feel you have any surge capacity?
3. What level of care can you provide if any to the community?
4. What kind of patients can you take? What level of acuity can you take?
5. Would you be able to care for a new patient 1/day 4/day?
6. What skills can your LTCF provide that cannot be provided by homecare? E.g., can you provide suctioning, feeding tube assistance, IVs, dialysis, catheterizations?
7. Would you be able to accommodate patients from other LTCFs in the area? Do you have any MOUs or Transfer Agreements in place?
8. Describe how hospitals can/should operate under a “Hub” concept in the context of this scenario.

Questions for All Participants (If Time Permits)

Communication Coordination/ Intelligence and Information Sharing

1. What are your redundant communications? How often do you practice using these communications?
2. What kind of information will you send to the county in the situation reports?
3. What kind of resources do you think you will be requesting from the cities and the county to sustain your operations?
4. What are you redundant communications if cell phone service and/or power are interrupted?

HUB BREAKOUT GROUPS & FACILITATORS

| Room Location | Geographic Hub | Cities Agencies | Facilitators | SMEs/ Scribes | Evaluators |
|----------------------|---|---|------------------------------|---|-------------------|
| Laurel | County Transport General Services Agency EOC DOC ACHCSA (PH, EH, BH, EMS, Human Resources) | | Paul Hess Steve Mier | Fred Claridge Ron Seitz Caroline Judy | Cynthia Frankel |
| Lake Merritt | Berkeley Alta Bates Summit Berkeley UHS | Berkeley COB Albany Emeryville | Suzanne Ridel | Barbara Morita Kathy Smedley Rick Luna | Linda Cosgrove |
| Eastmont | Oakland-Alameda Alameda Hospital Highland CHO Kaiser Oakland Alta Bates Summit Oakland | Oakland Alameda Piedmont | Michelle Heckle Erica Pan | Sandra Williams City of Oakland Representative Rep. Elizabeth Smith | Lisa Goldberg |
| Elmhurst | South Kaiser San Leandro Washington San Leandro Campus St. Rose Willow Rock | San Leandro Union City Fremont Hayward Newark | Donata Nilsen | Dwight Williams Marla Blagg | Paula Scalingi |
| Uptown | East Eden Hospital ValleyCare | Castro Valley Dublin Pleasanton Livermore | Ann Hammer | Zerlyn Ladua | Terri Langdon |

APPENDIX F: ACRONYMS

| | |
|----------|---|
| AAM | After Action Meeting |
| AAP | American Academy of Pediatrics |
| AAR | After Action Report |
| AAR/IP | After Action Report/Improvement Plan |
| ARI | Acute Respiratory Infection |
| AST | Ambulance Strike Team |
| ASTL | Ambulance Strike Team Leader |
| BHPP | Building Healthy Public Policy |
| C/E | Controller/Evaluator |
| CAHF | California Association Health Facilities |
| Cal OES | Governor's Office of Emergency Services |
| Cal OSHA | California Division of Occupational Safety and Health |
| CBO | Community Based Organizations |
| CCLHO | California Conference of Local Health Officers |
| CDC | Centers for Disease Control and Prevention |
| CDPH | California Department of Public Health |
| CE | Continuing Education |
| CHA | California Health Association |
| CID | Clinical Infectious Disease |
| CPCA | California Primary Care Association |
| DCDC | Division of Communicable Disease |
| DHS | Department of Homeland Security |
| DOC | Department Operations Center |
| ED | Emergency Department |
| EEGs | Exercise Evaluation Guides |
| EMS | Emergency Medical Services |
| EMSA | Emergency Medical Services Authority |
| EMSC | Emergency Medical Services for Children |
| EOC | Emergency Operation Center |
| EOM | Emergency Operations Manual |
| EPO | Emergency Preparedness Office |
| FEMA | Federal Emergency Management Agency |
| FTS | Field Treatment Sites |
| GETS | Government Emergency Telecommunications Service |
| HCC | Hospital Command Center |
| HICS | Hospital Incident Command System |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| IAP | Incident Action Plan |
| ICS | Incident Command System |
| ICU | Intensive Care Unit |
| ILI | Influenza-like Illness |

| | |
|----------|---|
| IP | Improvement Plan |
| JIC | Joint Information Center |
| JIS | Joint Information System |
| LEMSA | Local Emergency Medical Services Authority |
| LHD | Local Health Department |
| MERS-CoV | Middle East Respiratory Syndrome - Coronavirus |
| MHCC | Medical and Health Coordination Center |
| MHOAC | Medical Health Operational Area Coordination Program |
| MRC | Medical Reserve Corps |
| MSEL | Master Scenario Events List |
| NGO | Non-governmental organizations |
| NHICS | Nursing Home Incident Command System |
| NICU | Neonatal Intensive Care Unit |
| NIMS | National Incident Management System |
| OA | Operational Area |
| PAHPRA | Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 |
| POD | Point of Distribution |
| PPE | Personal Protective Equipment |
| RDMHC | Regional Disaster Medical Health Coordination |
| REOC | Regional Emergency Operation Center |
| SEMS | Standardized Emergency Management System |
| SimCell | Simulation Cell |
| SitMan | Situation Manual |
| SME | Subject Matter Expert |
| SOC | State Operational Center |
| UC | Unified Command |

APPENDIX G: EVALUATOR INFORMATION & GUIDANCE

General Information

The goal of exercise evaluation is to validate strengths and identify improvement opportunities for the participating organization(s). In the Alameda County Disaster Preparedness Health Coalition Tabletop Exercise, the evaluation will attempt to determine the level of capability demonstrated with regard to the 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.

This validation is accomplished by the following means:

- Observing the event and collecting supporting data
- Analyzing the data to compare performance against expected outcomes
- Determining what changes need to be made to procedures, plans, staffing, equipment, communications, organizations, and interagency coordination to ensure expected outcomes

The evaluation results will provide an opportunity to identify ways to build on strengths and improve capabilities. Because jurisdictions are testing new and emerging plans, skills, resources, and relationships in response to a changed homeland security environment, every exercise or event can be expected to result in multiple findings and recommendations for improvement.

Exercise Objectives

The following exercise objectives have been developed for the Alameda County Disaster Preparedness Health Coalition Tabletop Exercise:

Objective 1: Increase understanding of medical surge planning among healthcare partners.

Objective 2: Increase understanding of medical surge response capabilities among healthcare partners.

Objective 3: Increase understanding of roles and responsibilities of county response and coordination agencies.

Objective 4: Describe how your agency/facility would communicate situation status and resource requests to the Alameda County Emergency Operations Center.

Objective 5: Discuss coordinated patient care for the communities within the geographic hubs.

Objective 6: Describe how your organization would identify and share resource needs and communicate them within your geographic hub.

Objective 7: Identify medical surge and communication gaps.

Exercise Evaluation

The Alameda County Disaster Preparedness Health Coalition Tabletop Exercise uses Exercise Evaluation Guides (EEGs) formulated by the DHS and evaluation methodologies established in the HSEEP as the guide for conducting all exercise evaluation. The After Action Report/Improvement Plan (AAR/IP) will be formatted so that it conforms to current DHS guidance.

Exercise Evaluation Guides (EEGs)

The content for the AAR/IP will be drawn from the EEGs. Each evaluator will be provided with an EEG document which lists each capability and Critical Tasks which make up each capability. Critical Tasks are tasks that players are expected to perform during the exercise to demonstrate the specified capability. These tasks are drawn primarily from the UTL and the TCL. Critical Tasks may have additional supporting tasks (tasks that enhance performance but are not required). Participants may identify additional sub-tasks which may not be listed under the Critical Task.

Evaluators should: 1) identify the group(s) being evaluated; 2) record their observations (strengths and areas for improvement); (Note that DSNS Performance Metric is not being collected for this exercise); and 3) After the exercise evaluators should go back and rate each capability and critical task according to the rating key at the end of the EEG. This exercise will bring together diverse agencies from across the county, each with their own roles and responsibilities. It will be important to evaluate each agency based on their role and responsibility. Also, **the ability of agencies to work together and problem solve on a regional level is an important aspect of this exercise and evaluators should make an effort to evaluate this component.** It may be possible to give different sub-groups different ratings, e.g., hospitals may have a different score than skilled nursing facilities for a specific capability.

Evaluators' observations regarding the level of performance of these tasks will inform the performance ratings assigned by the Lead Evaluator in the AAR/IP.

Evaluators will also be given an Evaluation Summary List. This document is a tool which evaluators may use to ensure that all objectives are evaluated. The use of this form is optional.

Evaluator Responsibilities

Evaluators document player performance by using EEGs during the exercise and information obtained during the Hot Wash. The evaluations, documentation, Hot Wash, and debriefing discussion(s) provide important information that substantiates exercise conduct and performance. The AAR/IP will summarize the overall results of the exercise and provide a comprehensive assessment of capabilities and plans that were demonstrated. Specific evaluator activities include the following.

Before the Exercise

- Attend required evaluator and other briefings.
- Review appropriate exercise materials, including the exercise schedule and evaluator instructions.
- Review the EEGs and other supporting materials for your area of responsibility.

- Report to the exercise check-in location at the time designated in the exercise schedule, and meet with the exercise staff.

During the Exercise

- Avoid personal conversations with exercise players.
- Do not prompt players with specific responses or interfere with player performance in any way.
- Your primary duty is to document player performance. After the exercise, that information will be used to determine whether the exercised capabilities were effectively implemented or demonstrated and to identify strengths and improvement items.

After the Exercise

- Participate in the Hot Wash, and take notes on findings identified by players. Before the Hot Wash, do not discuss specific issues or problems with participants. After the Hot Wash, summarize your notes and submit to the Lead Evaluator.

Documenting the Event

Evaluators will document the exercise by using the appropriate EEGs for actions in their area. Evaluators should document key activities and those activities that require a timely response for later evaluation.

Evaluators should review their forms and notes immediately after the exercise to ensure an accurate reconstruction of events and activities. Evaluation materials, including notes and forms, become part of the exercise documentation. Checklists and evaluation forms must be completed as thoroughly and accurately as possible.

Evaluator Package

Evaluators will receive their materials for review prior to the Evaluator Briefing. The evaluator package contains Evaluator Instructions, the ExPlan, EEGs, and other items as necessary. Evaluators should bring the package to the exercise. Evaluators may bring additional professional materials specific to their assigned activities.

Evaluator Briefing

The Evaluator Briefing will be held at 12:30 at the Business Center the day of the exercise. This briefing is the time for evaluators to ask questions and ensure that they completely understand their roles and responsibilities. Evaluator questions should be addressed and information clarified so that evaluators feel confident that they can perform their assignments effectively.

Evaluator Instructions and Guidelines

General

Evaluators should avoid personal conversations with players. Evaluators should not give information to players about event progress or other participants' methods of problem resolution. Players are expected to obtain information through their own resources.

Evaluation Basics

Remember, your experience and expertise are your most important tools. Experienced evaluators use the following techniques for effective evaluation:

- Use EEGs to confirm that evaluation objectives are met.
- Take detailed notes concerning significant activities observed, including the time they were initiated or completed.
- When more than one evaluator is assigned to an area, divide responsibilities to ensure detailed evaluation of player activities.
- Stay in proximity to player decision makers.
- Focus on critical tasks, as specified in the EEGs.

Recording Important Events

Although numerous events may occur simultaneously, evaluators do not need to record all the action. Knowing which events are important helps evaluators eliminate superfluous data and provide the kind of information that is most useful for evaluation. Important events that evaluators should record include the following:

- Initiating scenario events
- Actions of players in relation to the event
- Key decisions made by managers and the times these decisions are made
- Deviations from plans and implementation procedures
- Times when significant actions are completed

What to Look For

Individuals preparing the exercise report will analyze the results provided by all evaluators to achieve an integrated evaluation of exercised plans and capabilities. Their analysis will focus on the timing of key events, decisions made, and actions taken. To assist in that analysis, you should focus on the following areas:

- Timeliness in actions
- Communication among players and organizations
- Direction and coordination of field activities
- Monitoring and assessing events
- Command and control
- Creative player problem-solving and collaboration, potentially beyond current plans and implementation procedures

- Plans or procedures that affect player efforts
- Equipment issues in relation to player efforts

Placement and Monitoring

Evaluators should be located so they can observe player actions and hear conversations without interfering with those activities. In certain conditions, more than one evaluator may be needed in a particular setting or area. Specific evaluator assignment and an exercise site map will be provided at the Evaluator Briefing.

Post-exercise Activities

The Lead Evaluator will notify you when evaluation of the event has been suspended or terminated. The evaluation will be terminated when the Exercise Director determines that all exercise objectives have been met or enough time has elapsed for exercise objectives to have been demonstrated.

All evaluators are expected to participate in the Report Back Session and Hot Wash and take notes on findings identified by players. Before the Hot Wash, evaluators should not discuss specific issues or problems with participants. After the Hot Wash, evaluators should summarize their notes and submit them to the Lead Evaluator.

Assessment, Review, and Analysis of Exercise

Hot Wash

Immediately after completion of exercise play, controllers will facilitate a Hot Wash with players from their assigned location. This meeting is geared primarily toward participants and their supervisors. The Hot Wash is an opportunity for players to voice their opinions regarding the exercise and their own performance while the events are still fresh in their minds. At this time, evaluators can seek clarification regarding certain actions and what prompted players to take them. All participants may attend; observers are not encouraged to attend this meeting, however. 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.

Evaluations

All evaluations are preliminary and may be revised on the basis of information from other controllers, evaluators, or players. If a controller or evaluator did not observe specific aspects of an organization's performance, exercise players may be asked to comment. The evaluation should indicate that this information was provided by players.

Participant Feedback Forms

Participant Feedback Forms will be used to document participant information about the exercise. A controller will distribute these forms during the Hot Wash. These forms will be collected afterward, along with attendance or participation rosters

After Action Report and Improvement Plan (AAR/IP)

An exercise AAR/IP will be prepared to document the evaluation of overall exercise performance. This AAR/IP will cover the exercise schedule, scenario, players' activities, evaluations, issues, opportunities, and best practices.

The AAR/IP will be organized by capability, with a section of the AAR/IP devoted to each of the exercised capabilities. For each capability and subordinate activity, the Lead Evaluator will provide an assessment of how well the participating agencies or personnel performed, including best practices and areas for improvement. Specific issues and observations will be identified for each capability and activity, and recommendations for resolving issues will be provided, based on input from controllers, evaluators, exercise planners and participants.

Finally, the Lead Evaluator will assign a performance rating for each capability (or activity) on the basis of standard criteria. These ratings represent various degrees of capability. Definitions of performance ratings for each capability or activity will be provided.