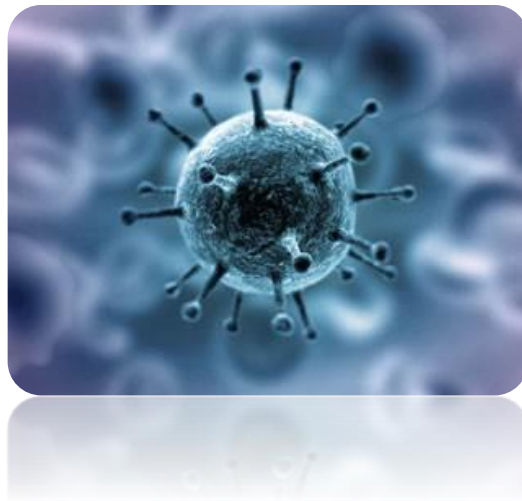


2018 STATEWIDE MEDICAL AND HEALTH EXERCISE



ALAMEDA COUNTY



Infectious Disease Scenario Tabletop Exercise

Situation Manual
October 2, 2018



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PREFACE

The 2018 California Statewide Medical and Health Exercise (SWMHE) is sponsored by the California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA). This Situation Manual (SitMan) was produced with input, advice, and assistance from the Alameda County SWMHE Planning Workgroup, comprised of representatives from:

- Alameda County Emergency Medical Services (EMS) – Healthcare Services Agency (HCSA)
- Alameda County Public Health Department (ACPHD)
- Alameda County Office of Homeland Security and Emergency Services (OHSES)
- California Department of Public Health (CDPH)
- Paramedics Plus
- Veteran’s Administration Hospital
- Sutter Health
- Kaiser Permanente, San Leandro/Fremont
- UCSF Benioff Children’s Hospital Oakland (CHO)
- Crestwood Manor
- Hayward Healthcare Center
- La Clinica
- Heritage PHF/Telecare
- PAKSN
- The Vineyards Health Care Center

A number of key informant interviews were also conducted with Alameda County healthcare system partners, to include additional hospitals, clinics, long term care facilities, dialysis centers, and transport providers.

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



ADMINISTRATIVE HANDLING INSTRUCTIONS

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GENERAL INFORMATION

Exercise Purpose

The purpose of this TTX is to provide an opportunity for public health and healthcare partners to address response functions to an emerging infectious disease. Specifically, this includes coordinated command and control, medical surge that includes pediatric and vulnerable populations, information sharing, and responder health and safety.

Exercise Structure

This exercise will be conducted in person with the target audience consisting of multiple Alameda County agencies, private ambulance partners, and representatives from various community healthcare systems (i.e., hospitals, clinics, long-term care facilities [LTCF] dialysis centers, home health, and mental/behavioral health centers). This exercise will take place at the:

California Endowment Oakland Regional Office
2000 Franklin Street
Oakland, CA

Participants are encouraged to arrive at **8:00 AM for a prompt exercise start at 8:30 AM.**

This exercise will consist of speaker panel presentations from subject matter experts in public health, infection control, pediatric medical surge, and coordinated regional response. This will be followed by a breakout session where all participants will address scenario-driven sets of questions within two modules.

Exercise Objectives and Capabilities

The following exercise objectives in the table below describe Alameda County's expected outcomes for this exercise. These objectives are linked to the Public Health Emergency Preparedness Program (PHEP) / Hospital Preparedness Program (HPP) Core Capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and capabilities are guided by elected and appointed officials and are selected by the Exercise Planning Team; a working group convened by Alameda County Public Health Department and the Alameda County Emergency Medical Services to plan this exercise.



Exercise Objective	Capability
Understand roles and responsibilities for an infectious disease response.	PHEP: Emergency Operations Coordination HPP/HCPRC: Health Care and Medical Response Coordination
Discuss healthcare system situational awareness and the use of communications platforms.	PHEP: Information Sharing HPP/HCPRC: Health Care and Medical Response Coordination
Evaluate infectious disease communication protocols to include internal/external reporting of infectious disease and healthcare worker/responder safety for transfer and receipt of infectious patients.	PHEP: Responder Health and Safety PHEP: Surveillance and Epidemiological Investigation HPP/HCPRC: Continuity of Health Care Service Delivery
Discuss medical surge critical care bed expansion (with specific emphasis on pediatric surge) protocols for a significant infectious disease event.	PHEP/HPP/HCPRC: Medical Surge
Describe the receipt of information and guidance disseminated by Public Health in coordination with the Joint Information Center (JIC).	PHEP: Information Sharing HPP/HCPRC: Health Care and Medical Response Coordination

Participant Roles and Responsibilities

Moderators: Serve to moderate the discussion and will be responsible for raising issues and questions, clarifying the conversations, identifying key points, and keeping the discussion focused on the topics outlined in the exercise schedule.

Evaluators: Evaluators will not participate in the discussions or interact with players. They will monitor exercise play, collect data, and record observations about the players’ actions and responses. Information gathered from the evaluators will be included in the After Action Report.

Panelists: Panelists are subject matter experts (SMEs) within various Alameda County agencies and organizations who will provide a briefing of their capabilities within the context of the exercise scenario.

Players: Players will respond to questions based on their domain knowledge of response protocols, current plans and procedures, and insights derived from training and experience.

Observers: Observers will listen to discussions, but will not participate in the discussion or tasking unless otherwise requested to do so.

Scribes: Responsible for recording conversations and taking notes for use in the After Action Report (AAR).



Player Instructions

This is intended to be a safe, open environment. The challenges explored through the scenario are real and there is no “textbook” solution. The following exercise ground rules have been developed to ensure that the TTX runs smoothly and to meet the desired goals and objectives within a reasonable amount of time:

- Keep the exercise’s objectives in mind throughout the exercise;
- Treat the scenario incidents as real events and play your appropriate role;
- Participate openly and focus discussions on appropriate topics – ask questions, share experiences, and offer forward looking thoughts. - problem solving suggestions are strongly encouraged;
- Keep your comments focused and consider time constraints;
- Respect the observations, opinions, and perspectives of others, as the discussions will explore a variety of policies, decisions, actions, and key relevant issues from different sources; and
- Respond to the tasks and discussion questions as directed by the facilitator.
- Utilize this opportunity to discuss or clarify areas of Alameda County Response Plans and/or your internal procedures that may require further development or consensus.

Following the exercise:

- Complete the Participant Feedback Survey. This brief survey will be provided to all participants to gather candid comments on exercise activities and effectiveness.

Exercise Guidelines, Assumptions, and Artificialities

Guidelines:

- This is an open, low-stress, no-fault environment.
- Respond based on your knowledge of current plans and capabilities.



- Decisions are not precedent setting and may not reflect your organization’s final position on a given issue. This 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 response and preparedness efforts. Problem-solving efforts should be the focus.
- It is possible that this exercise will raise more questions than answers. It is a tool to help assess and improve your current planning.

Assumptions and Artificialities:

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

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

- The exercise scenario is plausible, and events occur as they are presented.
- Time lapses may be artificially used to achieve the exercise objectives.
- All players receive information at the same time.
- Impacts are seen across the spectrum of the response community.
- 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.

Assumptions Specific to the Emerging Infectious Disease Scenario:

- Unidentified virus has demonstrated significant human-to-human transmission (droplet, contact with body fluids including blisters).
- Fatality rate of confirmed infections is 60-70%.



- Virus disproportionately infects children (< 14 years old) and those with compromised immune systems or co-morbidities.
- Incubation period is 3-5 days with infection to others possible 1 day before symptoms appear.
- No vaccine is available yet and supportive care is the only treatment option. Supportive care may include: ventilators, antiviral therapy, IV fluids, and for central nervous system effects – anticonvulsants for seizures, steroids for brain swelling.
- The average length of stay for hospitalized patients is 11 days.
- Travel or contacts to West Coast South America is associated with illness, at least initially.
- All hospital critical care areas are full, including NICUs, PICUs, and ICUs.

Additional Considerations for Exercise Play:

- Participants should use existing plans, policies, and procedures. If during the course of the TTX there is a disagreement with existing plans, policies, and procedures, this should be noted, and relevant stakeholders should assess the need to change documents after the TTX.
- Players do not need to call someone outside of the room during the exercise. If a player would normally contact an individual or department that is not represented at the TTX, they should tell the group what information they need, and who they would contact. This action should be noted.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.



EXERCISE AGENDA

Tuesday – October 2, 2018

- 8:00 - 8:30am Registration & Networking**
- 8:30 - 8:45am Welcome, Opening Remarks, & Administrative Items**
- 8:45 - 10:00am MODULE 1: Situation Briefing** Facilitator: Dr. Erica Pan
Initial Actions and Capabilities for Emerging High-Consequence Infectious Disease
- 10:00 - 10:15am Break**
- 10:15 - 11:15am MODULE 2: Health Care Coalition Response & Coordination**
Expanding coalition capabilities, communications, screening and infection control. Facilitated Group Discussion
- 11:15 - 11:25am Break – Move to Breakout Rooms**
- 11:25 – 12:05pm MODULE 3: Public Messaging, Patient Surge, Responder Safety**
Coordinated messaging, increasing pediatric capabilities, interfacility communications and notifications. Facilitated Breakout Discussions
- 12:05 – 12:25am Lunch Pick Up – Reconvene to Plenary**
- 12:25 - 1:00pm Working Lunch, Report Out & Hotwash**
Report Out from Breakout Groups on Key Actions, Strengths, Gaps
- 1:00 - 1:15pm 11/16/18 Functional Exercise Preparation & Registration**
- 1:15 - 1:30pm Closing Remarks & Participant Feedback**
- 1:30 - 2:00pm Facilitator Debriefing, Planning Group Check-In**

EXERCISE SCENARIO EXERPT

October 2018

There have been reports of illness and attributed deaths in small to medium size cities in Peru and Chile (South America).

Complaints begin with mild prodromal symptoms that rapidly progress to respiratory illness/distress, fever, severe headache, altered mental status, and in severe cases encephalitis and death.

- The causative agent has not been identified.

Transmission appears to be through exposure to infectious droplets and through direct contact with patients.

Concerns are rising as the illness has disproportionately affected children under the age of 14, and resulted in death for 60% of suspected cases.

There has not been much media attention in the United States; however the CDC has distributed awareness messages to public health departments nationwide. More information is expected to be disclosed in the near future.





EXERCISE DISCUSSION QUESTIONS

Module 2: Healthcare Coalition Response and Coordination

- What is the level (roles) of activation, internal communications, and key initial response actions at this time?
- At what point would the ACPHD Department Operations Center (DOC) activate? What are the triggers that would prompt the Operational Area Emergency Operations Center (OA EOC) Medical Health Branch to activate? Other Branches at the EOC? What would be the primary activities of the EOC?
- What type of information sharing or coordination would occur at the regional level?
- What resource/capability polling would be initiated? What role would the County have in assisting with vendor shortages or delayed delivery of supplies?

Communications

- Alameda County: What type of guidance/messaging would be sent to the Coalition? Via what mechanisms? How is this coordinated within/across agencies?
- Healthcare Partners: What communications mechanisms would your organization rely upon to receive and share information with the County? What are the key pieces of information exchanged?
- What role are PIOs playing at this time?

Healthcare Partners

- Would screening procedures be implemented at this time? If yes:
 - Describe what the process would be.
 - How is this communicated to staff? What other safety messages are communicated internally?
 - What resources would you leverage to develop screening protocols in this scenario?
 - How are you engaging infection control at this point?



- What internal resources would you assess given what you understand about the emerging disease? Do any raise concern as being in limited supply onsite? What actions would be taken if vendor shortages or delays are recognized?

Alameda County

- Describe surveillance activities given what you have learned from the BCHO and KP patients.
- What do you communicate to the Coalition based on this information?
- Are 1 or 2 facilities designated for treatment or triage (rule in/out)?
- What transport systems have the capability to transfer infectious patients?
- What is occurring with regards to public information and media messaging?

Hospitals

- What actions are being implemented for decompression/expansion in anticipation of a surge of patients to the hospital (specifically for the receipt of patients with a novel virus with high infection rates)?
- How would patients be triaged for care at hospitals other than BCHO?
- In this scenario, what are the realistic capabilities and limitations for other hospitals to accept pediatrics?
- What questions would you have about laboratory specimen collection?

Non-Hospital Healthcare Partners

- Do you have the ability to temporarily isolate those that are symptomatic/screen positive? If so, describe the procedure, location, length of time, and capacity.
- LTCFs: Do you have any capacity to accept pediatric patients (not infected with novel virus)?
- Clinics: What level of outpatient care can you provide to pediatric patients with less critical infection?



Module 3: Patient Surge, Healthcare Responder Safety, Public Messaging

Note: This module will take place in breakout groups with injects and scenario advancements delivered that are specific for each of the healthcare partner types to respond.

Alameda County

- What are the actions taken in response to the transport provider exposure?
 - **TRANSPORT PROVIDERS:** What are your internal processes to communicate with and monitor potentially exposed staff?
- What actions are taken by the Medical Health Branch with regards to transport assets?
- Describe laboratory guidance development, content, and dissemination. Would there be a point where laboratory testing of all patients would be curtailed?
- What guidance has been provided to handle infectious medical waste?
- What are the key actions and coordination with the County Coroner at this time?
- How is public messaging being coordinated at this point in the scenario?

Hospitals

- What is your process upon recognition that transport providers may have been exposed?
- How are you coordinating internally, with the county, and other facilities to accommodate the increasing patient surge (especially given extended length of stay)? What are your biggest challenges?
- Describe healthcare worker monitoring protocols.
- How does your PIO coordinate with the County to develop messages? Who else must they coordinate with before a press release? What is the key content in messages?

LTCFs/HHAs

- What would be your capacity to accept discharged low acuity hospital patients? What are the limitations on the type of care that you could provide?



Non-Hospital Healthcare Partners

- Describe actions/notifications after a patient/resident screens positive.
- Describe the process for coordinating transport to a hospital for a severely ill patient/resident (e.g., notifications, paperwork).
- Describe healthcare worker monitoring protocols.
- How are staff stress/mental health concerns addressed?
- How would patient inquiries about safety of visiting your facility or with worried well questions be handled?
- What is the process for releasing media statements if requested from your organization?



Preparing for the Functional Exercise

Functional Exercise Planning Questions

- Based on today's discussion, what do we need to emphasize on the functional exercise?
- To what extent can your organization address elements discussed in the TTX during the functional?

Functional Exercise Expectations

- Register and provide updated contact information to the County
- Engage Infection Control Practitioners
- Receive communications from the County via established mechanisms
- Report resource/capability status using ReddiNet polling tool
- (Preferred) Register and log into the GoToWebinar™ platform to support your exercise controller in delivering exercise injects and communicating with the master control cell.



APPENDIX A – ACRONYMS

AAR	After Action Report
ACPHD	Alameda County Public Health Department
CDPH	California Department of Public Health
CHO	Children’s Hospital Oakland (BCHO – Benioff Children’s Hospital Oakland)
DOC	Department Operations Center
EMS	Emergency Medical Service
EMSA	Emergency Medical Services Authority (State of California)
EOC	Emergency Operations Center
FEMA	Federal Emergency Management Agency
HCPRC	Healthcare Preparedness and Response Capability
HCSA	Healthcare Services Agency
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
ICU	Intensive Care Unit
JIC	Joint Information Center
LTCF	Long Term Care Facility
NICU	Neonatal Intensive Care Unit
OA	Operational Area
OHSES	Office of Homeland Security and Emergency Services
PHEP	Public Health Emergency Preparedness Program
PICU	Pediatric Intensive Care Unit
SME	Subject Matter Expert
SWMHE	Statewide Medical Health Exercise
TTX	Tabletop Exercise
UCSF	University of California – San Francisco



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