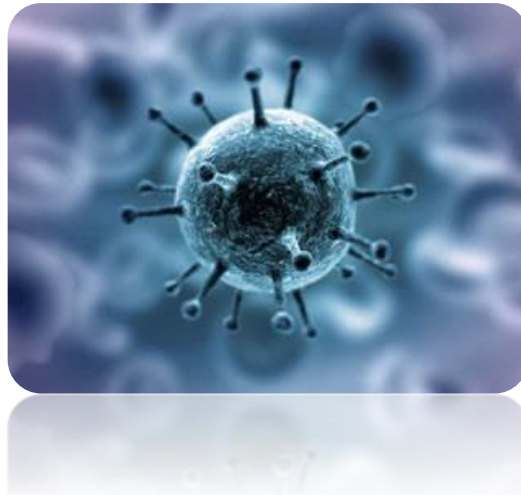


# 2018 Statewide Medical and Health Exercise



## ALAMEDA COUNTY



## Infectious Disease Scenario Functional Exercise

**Exercise Plan**  
**November 15, 2018**

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## BACKGROUND ON NOTIONAL NOVEL VIRUS

The novel virus used in this exercise scenario is notional, but based on symptoms and outcomes of other known pathogens. Key aspects of the notional virus that will aid exercise participants in infection control practices, healthcare worker/responder exposure and monitoring, patient treatment, laboratory sample testing, and public messaging are outlined below.

- Initially the cases impacting Alameda County are not attributed to the circulating South American virus (SoAm1018), but some of the scenario background and initial epidemiologic case investigation point to this as the infectious agent.
- At the time the exercise starts, it is assumed that assays have been developed and disseminated to public health laboratories to perform confirmation for the novel strain. The test methods include viral isolation and real-time polymerase chain reaction (RT-PCR) from throat and nasal swabs, cerebrospinal fluid, and blood.
- The novel virus has demonstrated significant human-to-human transmission via droplets and contact with body fluids including blisters that appear on the skin in many cases.
- The fatality rate for confirmed infections is 60-70%.
- The virus disproportionately infects children (< 14 years old) and those with compromised immune systems or co-morbidities.
- The 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.
- ***START EX ASSUMPTION: All hospital critical care areas are full, including NICUs, PICUs, and ICUs due to a severe influenza season.***

## EXERCISE PREPARATION

Prior to the start of the exercise, preparation is needed to maximize your participation. Several of the items listed below should be reviewed or addressed PRIOR to the start of the exercise.

Please consider the following:

### Pre-Exercise Preparation Considerations

- Be prepared to receive scenario information on November 6 along with pre-exercise tasks. You and your command group should address these tasks prior to the official start of the exercise on November 15.
- Secure space within your facility and be prepared to provide staff, equipment, and supplies to operationally setup and operate the following functions:
  - Command and Control: Ensure that your command center is setup
  - Receipt of suspected coronavirus patients at your Emergency Department (ED) and at Outpatient Clinics.
- Confirm that the appropriate individuals at your facility have access to ReddiNet as this system will be used throughout the exercise. Be sure that players in your Command Center (e.g., Liaison Officer) have access in addition to nursing supervisor/ED players.
- Your facility should be registered for the exercise to be part of the communications directory and receive necessary alerts during the exercise.
  - Please follow this link and register for each staff member who will play in the functional exercise and should be in the communications directory: <https://goo.gl/forms/OybEkJgp24V227Wi2>
- The following Hospital Incident Command System (HICS) or other ICS forms as necessary available for completion during the exercise (to be completed in the pre-exercise tasks):
  - Incident Action Plan (IAP) Quick Start (or a combination of the below)
  - HICS 201: Incident Briefing
  - HICS 202: Incident Objectives
  - HICS 203: Organization Assignment List
  - HICS 204: Assignment List
  - HICS 205: Incident Communications Plan
  - Resource Request Form/Situation Status Forms
- Review internal infection control policies and infectious disease plans at your facility

Review appropriate plans and procedures found here: <http://www.acphd.org/phep/exercises.aspx>

## 2018 Alameda County Statewide Medical Health Functional Exercise

- These include:
  - Alameda County Level Healthcare Coalition Preparedness Plan
  - Alameda County Pediatric Surge Plan
  - Alameda County Public Health Risk Communication Plan
  - ReddiNet Policy
  - Senate Bill 432
  - CMS Title 42
  - Alameda County Disaster Forms (<http://ems.acgov.org>)

### Recommended Exercise Participants

- Infection Prevention/Control Specialists
- Bed Control Manager
- Hospitals – outpatient clinics (as appropriate) and Emergency Department
- Incident Command System positions to include but not limited to:
  - ✓ Incident Commander
  - ✓ All Section Chiefs
  - ✓ Safety Officer
  - ✓ Liaison Officer
  - ✓ Medical Branch Director
  - ✓ Medical-Technical Specialists as appropriate
  - ✓ Public Information Officer

### Recommended Equipment

- ✓ Computer to access ReddiNet and other resources as needed for your participation in the exercise.
- ✓ Computer and phone to participate in the GoToWebinar™ exercise control.

# ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is the *2018 Alameda County Statewide Medical Health Exercise (SWMHE) Infectious Disease Functional Exercise: Exercise Plan (ExPlan)*.
2. Reproduction or distribution of this document, in whole or in part, without prior approval from the Alameda County Public Health Department (ACPHD) is prohibited.
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## GENERAL INFORMATION

### ***Purpose and Scope***

The purpose of the Alameda County SWMHE functional exercise is to provide an opportunity for public health and healthcare partners to operationally address response functions related 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.

The scope is to provide a Homeland Security Exercise and Evaluation Program (HSEEP) compliant functional exercise demonstrating coordinated command and control across healthcare coalition partners. The scenario encompasses the presentation of suspect/symptomatic cases of a novel viral infection in various healthcare settings (i.e. hospitals, long-term care facilities [LTCFs], dialysis centers, federally qualified healthcare centers [FQHCs], and home health). Healthcare partners will participate from their own facilities using the Incident Command Structure and encourages participation from appropriate staff to meet the objectives.

### ***Exercise Capabilities & Objectives***

Five objectives have been developed for the hospitals, the County, and non-hospital Alameda County Healthcare Coalition partners participating in this exercise:

**Objective 1.** Health Care and Medical Response Coordination (HPP)/Emergency Operations Coordination (PHEP): Activate appropriate roles and understand responsibilities for an infectious disease response.

**Objective 2.** Health Care and Medical Response Coordination (HPP)/Information Sharing (PHEP): Maintain healthcare system situational awareness in coordination with the Medical Health Operational Area Coordinator (MHOAC) Program and healthcare coalition partners.

**Objective 3.** Continuity of Health Care Service Delivery (HPP)/Responder Safety and Health (PHEP)/Public Health Surveillance and Epidemiologic Investigation (PHEP): Implement infectious disease communication protocols related to healthcare worker/responder safety for transfer and receipt of infectious patients.

**Objective 4. Medical Surge (HPP/PHEP):** Activate medical surge critical care bed expansion protocols for an infectious disease event, to include a significant number of pediatric patients and the need to coordinate across the healthcare system to provide care.

**Objective 5. Health Care and Medical Response Coordination (HPP)/Information Sharing (PHEP):** Develop and disseminate information/guidance to the healthcare coalition and test coordinated public messaging with a Joint Information Center (JIC). Healthcare partners receive and respond/develop coordinated messages using the County guidance.

### ***Assumptions and Artificialities***

The scenario for this exercise will take place while hospitals and other healthcare organizations are impacted by a severe influenza season. There will be an eventual slow onset of a novel virus with cases and symptomatic patients presenting at all facilities. Exercise planners made the following scenario assumptions for this exercise:

- All elements of this scenario are plausible. Exercise participants are asked not to fight the details of the scenario.
- Although hospitals outside of Alameda County may be impacted by the scenario, the scope of the exercise is limited to those hospitals within the Alameda County limits.
- All hospitals and healthcare organizations are expected to encounter notional patients that are suspect for the novel virus. These encounters are intended to test healthcare organizations' abilities to screen, detect, isolate, report, and in some cases – provide medical care to high consequence infectious disease (HCID) patients.

### ***Additional Considerations***

- Participants are asked to accept the details of the scenario, even if they believe that events would not necessarily unfold as outlined. The scenario is merely a tool to facilitate achievement of the exercise objectives by the group.
- The exact timing of the exercise may not correspond to the timing of events as they would actually occur.
- The exercise is conducted in a no fault, learning environment wherein capabilities, plans, systems, and processes (rather than individuals) will be evaluated.



- Decisions/actions are not precedent setting and may not represent an organization's final position.
- Participating agencies may need to balance exercise play with real world emergencies. Real world emergencies take priority.

### ***Roles and Responsibilities***

**Master Control Cell (MCC):** The MCC will be located at the HCSA (Health Care Services Agency) Department Operations Center (DOC) (1000 Broadway, Oakland, CA) and will be staffed by Mier Consulting Group (MCG). Overall exercise control will be facilitated using the GoToWebinar™ exercise platform broadcast to all participating organizations via internet and conference phone. The use of the webinar platform should not stop hospitals and non-hospital healthcare organizations from coordinating with one another, the HCSA DOC, and/or the Operational Area Emergency Operations Center (OA EOC) (e.g., Medical Health Branch [MHB]) using real world communications platforms. Regardless of how your organization receives the information, you should still coordinate as you would in a real event. The controller will monitor feedback through the chat; manage the discussion to ensure that participants do not speak over each other; execute polls; and advance the exercise scenario injects and tasks.

**Healthcare Coalition Member Controllers:** Each participating Coalition member (hospital and healthcare partner) must provide an exercise controller. Each controller will oversee their hospital's exercise progress (e.g., deliver injects in accordance with the GoToWebinar™ and other exercise documents) **and ensure all materials requested are submitted to the HCSA DOC/OA EOC MHB during the exercise using the requested communication platform (phone, email, ReddiNet).** Each hospital's completed exercise tasks contribute to the ability of the activated Alameda County Command Staff to provide an accurate assessment of the Coalition's member capabilities to provide healthcare within framework of this scenario.

**Healthcare Coalition Member Evaluators:** Each participating Coalition member (hospital and non-hospital) must provide at least one exercise evaluator, who will assess and record exercise play and discussion as instructed on the exercise evaluation guides. Evaluators will not participate in the discussions or interact with players. They will monitor exercise play in areas identified by their assigned (internal) facility controller including the command centers, emergency department/triage areas, and on GoToWebinar™ as needed for the duration of the exercise. A controller and evaluator training is scheduled for Thursday, November 1 from 2:00 – 3:30 PM. If your controllers or evaluators have not registered for this training, they can register at the following link: <https://attendee.gotowebinar.com/register/5129837864004133377>

Evaluators must electronically submit their Exercise Evaluation Guides (EEG) within four business days following the exercise (by close of business on November 21). *It is important to note, that if evaluations for your organization are not submitted timely, they will not be reflected in the after action report.*

- Hospital Evaluators will submit their evaluations at:  
<https://www.surveymonkey.com/r/ALCOHOSPITALS>
- New Healthcare Partners (non-hospital organizations) will submit their evaluations at:  
<https://www.surveymonkey.com/r/NONHOSP>

**Players:** Players will respond to exercise tasks as instructed by their exercise controller using expert knowledge of response procedures, current plans and procedures, and insights derived from training and experience. In addition, command group players will respond to questions, injects, and polls delivered via GoToWebinar™. Players will need to ensure that requests for information (e.g., resource needs, Incident Action Plan [IAP] forms, response within ReddiNet) are addressed in a timely manner.

**Observers:** Observers may be invited to this exercise, but will not participate unless directly asked to do so by exercise participants or the exercise controller.

**Actors:** If participating organizations choose to utilize live volunteers to act out the role of suspect HCID patients, they must identify these volunteers in advance of the exercise and assign a controller to manage their participation. Actors participate by going through triage and treatment with patient profiles that provide relevant information to the players.

# EXERCISE LOGISTICS

## **Exercise Format**

The exercise theater of play is primarily at each participating Coalition member’s facility as well as the HCSA DOC and OA EOC. **It is assumed that healthcare partners at a minimum, will activate their respective incident command groups in their command centers** in addition to any other personnel who will be participating in information sharing, infection control, patient surge, and ReddiNet communications.

Healthcare facility command groups should follow the exercise via the MCC/GoToWebinar™. All playing facilities are expected to login and call into the webcast and leave it running in their command center throughout the exercise.

A simulation cell (SimCell) will also be operational and will serve as a resource that simulates the actions of non-playing agencies. Some agencies that may be simulated include: emergency management agencies, and other state and federal agencies as needed. If you have a question for the SimCell, please enter it on the GoToWebinar™ Questions Board.

A summary of the pertinent exercise play contact information follows:

### **HCSA DOC Phone Numbers and Email Addresses**

<b>DOC Positions</b>	<b>Phone Number</b>	<b>Email Address</b>
Command	510-268-7280/ 510-268-7283	<a href="mailto:phepic@acgov.org">phepic@acgov.org</a>
Logistics Section	510-268-7326	<a href="mailto:pheplsc@acgov.org">pheplsc@acgov.org</a>
Operations Section	510-268-7279	<a href="mailto:pheposc@acgov.org">pheposc@acgov.org</a>
Ops Information & Guidance	510-915-8479	<a href="mailto:phepI&amp;G@acgov.org">phepI&amp;G@acgov.org</a>
Plans Section	510-268-7281	<a href="mailto:pheppsc@acgov.org">pheppsc@acgov.org</a>
Finance Section	510-268-7298	<a href="mailto:phepfsc@acgov.org">phepfsc@acgov.org</a>
Public Information Officer	510-915-8388	<a href="mailto:phpio@acgov.org">phpio@acgov.org</a>

**OA EOC Medical/Health\***                      [Med1@acgov.org](mailto:Med1@acgov.org) (organization name on subject line)  
**EOC/DOC Controller**                              (Ann Hammer) 612-309-5941  
**Healthcare Webinar Controller**              (Steve Mier) 773-354-2136  
**SimCell**    GoToWebinar™ Questions Board

**\*\*Note: OA EOC Medical/Health Branch will only be activated on November 15**

There are several important items for participation in the online exercise component:

- Log onto the GoToWebinar™ webcast promptly and assemble controllers and evaluators at 8:30 AM on November 15.
- Assemble Incident Command from 9:00 AM – 1:00 PM as appropriate to respond to this type of event.
- Obtain at least two computers with Internet connectivity with capability to automatically connect to GoToWebinar™ as well as access ReddiNet, email, and other online communications mechanisms.
- Ensure that a conference phone is available in the command center for the GoToWebinar™ broadcast as well as a separate phone to participate in Coalition conference calls and other necessary phone communications.

### ***Exercise Rules***

The following are the general rules that govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise participants will comply with real-world response procedures, unless otherwise directed by the controller.
- All communications (including written, radio, telephone, and e-mail) during the FE will begin and end with the statement “THIS IS AN EXERCISE” or “THIS IS A DRILL”

### ***Player Instructions***

**Before the exercise:**

- **Respond to all pre-exercise tasking that will begin to be distributed by November 6. You will need to assemble your command team to complete these tasks before the exercise start on November 15.**
- Register on GoToWebinar™ prior to the start of the exercise.
- Confirm access to ReddiNet (update HCC contact list), CAHAN, and other designated County communications platforms, along with provided system training materials.
- Review the appropriate emergency plans, procedures, and exercise support documents.
- Access Disaster Forms (SitStat reporting, resource requests) – <http://ems.acgov.org>

- Identify a conference room or use your command center for participants to assemble. Ensure that there is internet access, computer with projector, speaker phone and an additional computer and telephone.

**During the exercise:**

- **Log on to GoToWebinar™ at 8:30 AM on the day of the exercise (November 15) and assemble your controller and evaluators. **The exercise will start promptly at 9:00 AM.****
- Respond to the exercise events and information as if the response were real unless otherwise directed by the exercise facilitator.
- Obtain other necessary information through existing emergency information channels.
- Recognize this exercise has objectives to meet and may require incorporation of unrealistic aspects (i.e., portions of the scenario may seem implausible). Note that every effort has been made by the Exercise Planning Team to balance realism with an effective learning and evaluation environment.
- Utilize the Question and Chat Boards on GoToWebinar™ to interject questions or comments or responses to tasks in writing that will be incorporated into the exercise discussion and the after action report (AAR). As stated previously, the Question Board should also be used as the SimCell when additional information is needed to inform exercise play.
- Respond to poll questions posed to your organization type (e.g., hospital, Dialysis, Home Health, LTCF, FQHC) using the GoToWebinar™ platform.
- Document all exercise participants on the **sign-in sheet provided** at your location. Please print or type all information into the sign in sheet.

**Following the exercise:**

- Complete the Participant Feedback Online Survey. An online survey link will be sent to all participants to gather candid comments on response activities and effectiveness of the exercise.
- Conduct an internal hot wash for your facility, which is recommended to occur immediately following the conclusion of the GoToWebinar™ broadcast and be arranged by your facility's exercise controller.

- Email or Fax the sign in sheet in accordance with the instructions on that form.

### ***Safety Considerations***

**General.** Exercise participant safety takes priority over exercise events. All participating entities share the basic responsibility for ensuring a safe environment for all personnel involved in the exercise. Professional health and safety ethics should guide all participants to operate in their assigned roles in the safest manner possible. The following requirements apply to the exercise:

- All exercise controllers and evaluators will serve as safety observers while the exercise activities are underway.
- Participants are responsible for their own and each other's safety during the exercise. It is the responsibility of all persons associated with the exercise to stop play if, in their opinion, a real safety problem exists. Once the problem has been corrected, exercise play will resume.
- All participating entities and ACPHD will comply with their respective environmental, health, and safety plans and procedures, as well as the appropriate Federal, State, and local environmental health and safety regulations.

**Real Emergency Procedures.** For an emergency that requires assistance, the phrase will be "*Real-World Emergency*" and appropriate actions according to the rules, regulations, and policies of that facility apply and will be taken. If the nature of the emergency requires a suspension of the exercise, the on-site controller will immediately halt all exercise activities. Exercise play may resume once the "*Real-World Emergency*" situation has been addressed. Exercise play at other participating hospitals and facilities should not cease if one facility has declared a "*Real-World Emergency*" unless they are reliant on the affected facility. If a real emergency occurs that affects the entire exercise, the exercise may be suspended or terminated at the discretion of the exercise planning team and all controllers will be notified to suspend or terminate exercise play.

# EXERCISE SCHEDULE

Time	Personnel	Activity	Location
<b>Pre-Exercise</b>			
November 1 2:00 PM – 3:30 PM	Exercise Controllers, Evaluators, and Staff	<ul style="list-style-type: none"> <li>• Controller and Evaluator Orientation Briefing</li> </ul>	Online Platform
<b>Pre-Exercise Tasks</b>			
November 6-14	All	<ul style="list-style-type: none"> <li>• Pre-Exercise Tasks                             <ul style="list-style-type: none"> <li>○ Assemble Command</li> <li>○ Develop Incident Action Plans/Objectives</li> <li>○ Public Health and Internal Messaging</li> </ul> </li> </ul>	Individual Locations
<b>November 15, 2018</b>			
8:00-8:30 AM	Controllers and Exercise Staff	<ul style="list-style-type: none"> <li>• Check-in for Final Instructions and communications check</li> <li>• Establish GoToWebinar functionality</li> </ul>	HCSA DOC, 1000 Broadway
8:30-9:00 AM	All	<ul style="list-style-type: none"> <li>• Controllers give player briefs</li> </ul>	OA EOC Dublin
9:00 AM	<b>All</b>	<ul style="list-style-type: none"> <li>• <b>Exercise Starts (STARTEX)</b></li> </ul>	
9:00 AM	All	<ul style="list-style-type: none"> <li>• Screening, Expansion and Decompression                             <ul style="list-style-type: none"> <li>○ Brief command on current incident objectives</li> <li>○ Establish HCID screening and isolation procedures</li> <li>○ Implement surge plans</li> </ul> </li> </ul>	Individual Healthcare Facilities
9:30 AM	All	<ul style="list-style-type: none"> <li>• Regional ABAHO Conference Call <i>888-808-6929, Participant Code: 9445482</i></li> </ul>	Online Platform
10:00 AM	All Health Care Partners	<ul style="list-style-type: none"> <li>• Health Officer /MHOAC Call <i>888-808-6929, Participant Code: 9445482</i></li> </ul>	
10:00 AM	All	<ul style="list-style-type: none"> <li>• Receipt of Patients Receipt of Cases/Worried Well Patient Transfer Considerations</li> </ul>	
10:15 AM	JIC, Hospital PIOs, HCF PIOs	<ul style="list-style-type: none"> <li>• JIC Call <i>925-803-2732, No Participant Code Needed</i></li> </ul>	
10:30 AM	Hospital Command Centers	<ul style="list-style-type: none"> <li>• EMS Radio Check <i>EMS TAC14</i></li> </ul>	
11:30 PM	All	<ul style="list-style-type: none"> <li>• Resources and Worker Health                             <ul style="list-style-type: none"> <li>○ Mental Health Resources</li> <li>○ Healthcare Worker Monitoring</li> <li>○ Resource Shortages</li> </ul> </li> </ul>	
12:30 PM	<b>All</b>	<ul style="list-style-type: none"> <li>• <b>Exercise Ends (ENDEX)</b></li> </ul>	
12:30-1:30 PM	All	<ul style="list-style-type: none"> <li>• Venue Hot Washes</li> </ul>	
<b>By November 21, 2018</b>			
	Evaluators	<ul style="list-style-type: none"> <li>• Evaluators complete EEGs and submit</li> </ul>	Online
	All	<ul style="list-style-type: none"> <li>• Complete Participant Feedback Survey</li> </ul>	Online

## APPENDIX A – ACRONYMS

AAR	After Action Report
ACPHD	Alameda County Public Health Department
BCHO	UCSF – Benioff Children’s Hospital Oakland
CAHAN	California Health Alert Network
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
DOC	Department Operations Center
EAP	Employee Assistance Program
ED	Emergency Department
EEG	Exercise Evaluation Guide
EMS	Emergency Medical Service
EOC	Emergency Operations Center
ExPlan	Exercise Plan
FQHC	Federally Qualified Healthcare Center
HCID	High Consequence Infectious Disease
HCSA	Health Care Services Agency
HHA	Home Health Agency
HICS	Hospital Incident Command System
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
ICS	Incident Command System
ICU	Intensive Care Unit
ILI	Influenza-Like Illness
JIC	Joint Information Center
LTCF	Long Term Care Facility
MERS	Middle East Respiratory Syndrome
MCC	Master Control Cell
MHB	Medical Health Branch (OA EOC)
MHOAC	Medical Health Operational Area Coordinator
NICU	Neonatal Intensive Care Unit
NYC	New York City
OA	Operational Area
PHEP	Public Health Emergency Preparedness
PHL	Public Health Laboratory
PICU	Pediatric Intensive Care Unit
PPE	Personal Protective Equipment
RDMHS	Regional Disaster Medical Health Specialist
SimCell	Simulation Cell
SME	Subject Matter Expert
SWMHE	Statewide Medical Health Exercise