BRINGING THE PARTNERS TOGETHER

- California Department of Public Health
- Emergency Medical Services Authority
- California Hospital Association
- California Association of Health Facilities
- California Primary Care Association
- CalEMA
- Local health departments, emergency medical services, public safety and healthcare coalition and response partners
EXERCISE PURPOSE

This exercise will evaluate current response concepts, plans, and capabilities related to a medical surge of patients from an emerging infectious disease outbreak in the local community among community health care partners.
This progressive program is a series of exercises tied to a set of common program priorities. This multiphase program is designed to be exercised between May and November 2018, culminating in the Functional Exercise on November 15th.

Each organization/jurisdiction can tailor the exercise to their specific needs.
EXERCISE TARGET CAPABILITIES

- Emergency Public Information and Warning
- Public Health and Medical Services
- Operational Coordination and On-Site Incident Management
- On-Site Incident Management
- Responder Health and Safety
- Fatality Management
EXERCISE PHASES

- Phase I: Multimedia training
- Phase II: Self assessments
- Phase III: Tabletop exercise
- Phase IV: Functional exercise
LET’S GET STARTED
EXERCISE – 1 Month Prior

- Several reports of influenza-like illness (ILI) in South America. It is unclear, if it is a novel strain, a bad flu season, or something else.

- A 29-year-old female and her boyfriend report flu-like symptoms and are discharged the same day.

- In Brazil, the first fatality is reported.
EXERCISE 1 Week Prior

- More cases are identified as a novel virus
- Multiple fatalities across South America
- The State Department releases travel alerts for those areas
- Hospitals, Long Term Care, EMS, and clinics are reporting influenza-like illness
EXERCISE – Day Before

- A 41-year old man presents with a fever of 104 degrees after returning from Brazil. He also volunteered at his child’s elementary school one day earlier.
- An 8-year old girl has a fever of 101 degrees and a mild cough, who was at the pancake breakfast.
- Four additional third graders report similar symptoms. One was in the ER next to an 82-year old man with a hip replacement, from a local skilled nursing facility.
• The 41-year old’s elderly mother and two others from her nursing home (one, a dialysis patient) are being treated for similar symptoms
• Multiple staff members are calling in sick
• The 8-year old girl that presented 11/13 died. The media report on the fatality. The 41-year old’s mother also died, and the other two from her nursing home are in critical condition.
DAY OF EXERCISE

- The County opened a health screening station at the school for students, faculty, or family members, that also includes Behavioral Health.

- A joint press conference is held at the elementary school to update the public and media on recent developments.
EXAMPLE KEY ISSUES

1. Does your organization have an emergency preparedness plan to address incidents like this?

2. If so, does that plan address potential staff and supply shortages, including appropriate Personal Protective Equipment (PPE)?

3. What resources such as Incident Action Planning procedures and forms are used to document and guide the response and recovery process?
EXAMPLE KEY ISSUES (cont.)

4. What is your process for receiving and disseminating critical information (Situational Reports) internally and externally with government and non-government partners?

5. What is the process and format for submitting situation reports from the field or local level to the Medical and Health Operational Area Coordinator (MHOAC) Program?
6. How do you receive situation updates and other information from the Medical and Health Operational Area Coordinator (MHOAC)?

7. What redundant communication systems are in place for use in incidents like this? (e.g. CAHAN, ReddiNet, Web EOC, etc.) If these systems exist, how are they tested?
EXAMPLE KEY ISSUES (cont.)

8. What information should be released to the public?
   • How is information released?
   • How will you communicate with and address the requirements of persons with disabilities and other access and functional needs (i.e. non-English speaking, seniors, homeless, and homebound)?
   • How do you utilize local media, social media and other resources?
EXAMPLE KEY ISSUES (cont.)

9. How do you plan for, and respond to, an influx of patients and worried well during a medical surge?


11. How do you plan for, respond to, an influx of deceased at your facility?
   • Do you have a mass fatality plan that addresses this surge?
Exercise level of play – We started with the tabletop exercise, now we progress to the next step

- Examples for November 15th include:
  - Communications drill
  - Functional exercise
  - Full scale exercise
- Remember to check accreditation, CMS Emergency Preparedness Rule, and Hospital Preparedness Grant requirements
LOCAL PLANNING AND EXERCISE CUSTOMIZATION

- New, or updated policies and procedures
- Exercise identified capabilities
- New or existing equipment
- Education and training
- Issues identified in past exercises or actual events after action reports
- Accreditation, regulatory and grant requirements
AFTER ACTION REPORT AND IMPROVEMENT PLAN

After Action Report
- Outlines strengths and areas for improvement
- Includes the overview, mission outcomes and capability analysis

Improvement Plan
- Lessons learned and recommendations from the after action report are incorporated into an improvement plan
NEW WEB SITE CHANGES

Exercise materials may be found on the exercise program website:

https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe.aspx

(It is on the CDPH website, under EPO)
QUESTIONS?
THANK YOU

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