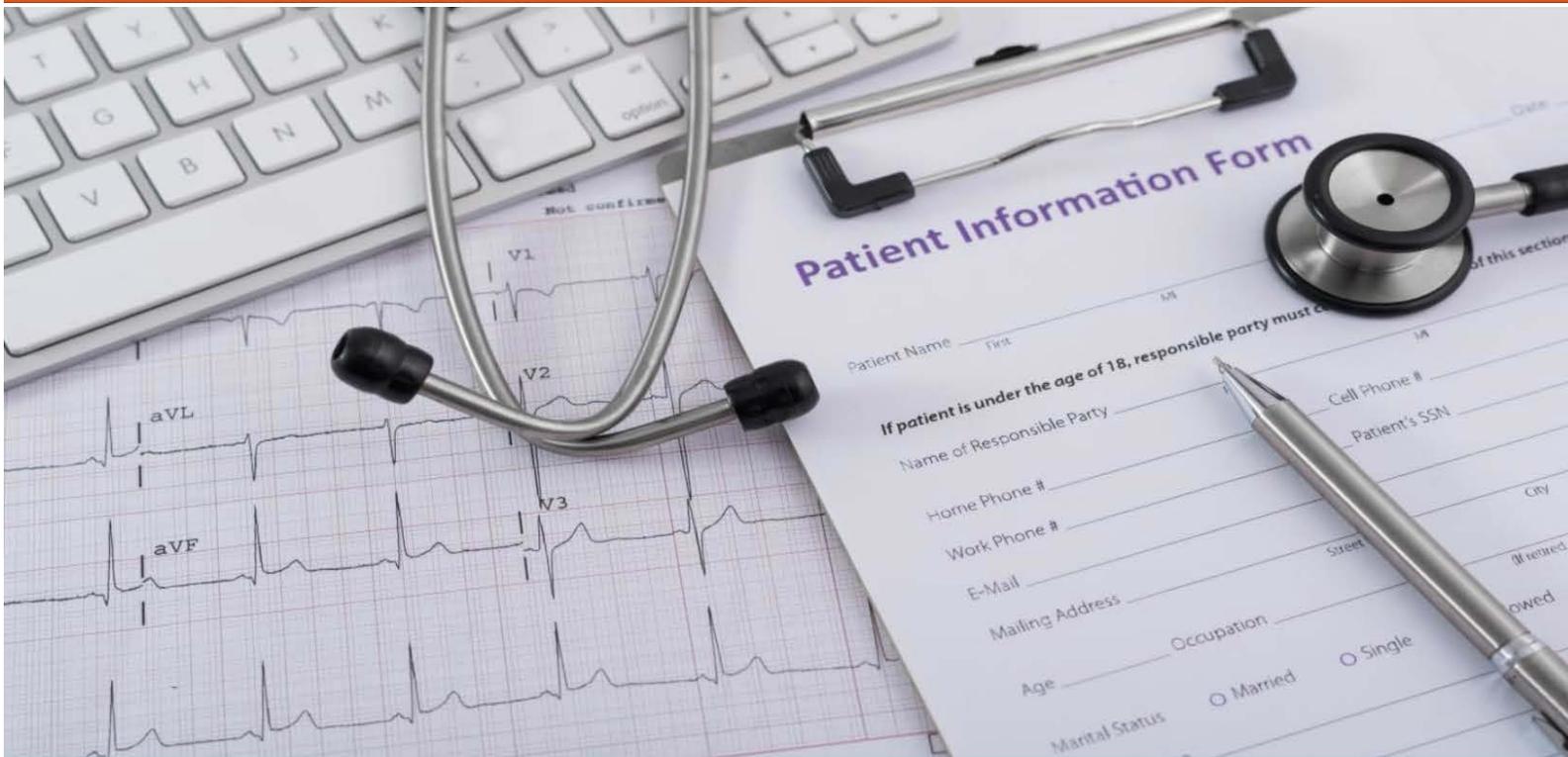


SHASTA MEDICAL AND HEALTH 2016 MASS CASUALTY INCIDENT TABLETOP EXERCISE



OCTOBER 25, 2016

STATEWIDE MEDICAL AND HEALTH EXERCISE

SITUATION MANUAL





PREFACE

The 2016 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 SWMHE Planning Workgroup, comprised of representatives from:

- California Association of Health Facilities (CAHF)
- California Department of Public Health (CDPH)
- California Emergency Medical Services Authority (EMSA)
- California Hospital Association (CHA)
- California Primary Care Association (CPCA)
- Emergency Medical Services Administrators Association of California (EMSAAC)
- Kaiser Permanente
- Los Angeles County Department of Public Health
- Orange County Health Care Agency
- Regional Disaster Medical Health Coordinator/Specialist Program
- Riverside County Emergency Management Department
- San Joaquin County EMS Agency
- San Mateo EMS Agency
- Sharp HealthCare
- Sutter County Public Health
- Watsonville Community Hospital

This SitMan follows guidelines set forth by the U.S. Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP). See Appendix C 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

1. The title of this document is the *California Statewide Medical and Health Exercise (SWMHE) Program Tabletop Exercise Situation Manual*.
2. The information included in this Situation Manual is designated as For Official Use Only (FOUO) and should be handled as sensitive information that is not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from Shasta County HHSA Public Health is prohibited. All exercise participants may view the SitMan.
3. For more information about the exercise, please consult the following points of contact (POCs):

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TABLE OF CONTENTS

PREFACE 2

ADMINISTRATIVE HANDLING INSTRUCTIONS 3

TABLE OF CONTENTS 4

EXERCISE OVERVIEW..... 5

GENERAL INFORMATION 7

MODULE 1: NOTIFICATION AND ACTIVATION 10

SCENARIO PART I 10

SMALL GROUP QUESTIONS 11

LARGE GROUP QUESTIONS 13

MODULE 2: RESOURCE COORDINATION..... 14

SCENARIO PART II 14

SMALL GROUP QUESTIONS 15

LARGE GROUP QUESTIONS 18

MODULE 3: MAINTAINING SUPPORT 19

SCENARIO PART III 19

SMALL GROUP QUESTIONS 20

LARGE GROUP QUESTIONS 23

CONCLUSION OF DISCUSSION-BASED TABLETOP 23

PLANNING FOR THE FUNCTIONAL EXERCISE..... 24

EXERCISE LEVELS..... 24

EXERCISE TIMES/DURATION 24

SCENARIO DEVELOPMENT 24

PARTICIPATION 25

TESTING OF PLANS & PROCEDURES..... 25

ROLE OF STATE AGENCIES 25

APPENDIX A: EXERCISE SCHEDULE 26

APPENDIX B: EXERCISE PARTICIPANTS 27

APPENDIX C: ACRONYMS 28

APPENDIX D: EXERCISE SITE MAPS 30

APPENDIX E: CHLORINE BRIEFING 33

APPENDIX F: COMMUNICATION AND INFORMATION MANAGEMENT 36



EXERCISE OVERVIEW

Exercise Name	Shasta Medical and Health 2016 Mass Casualty Incident Tabletop Exercise 2016
Exercise Date	Tuesday, October 25, 2016
Scope	This is a Tabletop Exercise (TTX) planned for Shasta County Healthcare Preparedness Program to take place at October 25, 2016 from 9 am to 3 pm at City of Redding Library. The 2016 SWMHE Program is a progressive exercise program in a series of training exercises tied to a set of common program priorities. This year's exercise is a multiphase program culminating in the Functional Exercise (FE) on November 17, 2016. After Action Meetings will be conducted within 60 days of the FE.
Mission Area(s)	Mitigation, Response, and Recovery
Capabilities	<ul style="list-style-type: none"> • Community/Healthcare System Preparedness (PHEP, HPP) • Emergency Operations Coordination (PHEP, HPP) • Medical Surge (PHEP, HPP) • Emergency Public Information and Warning (PHEP) • Fatality Management (PHEP, HPP) • Information Sharing (PHEP, HPP) • Responder Safety and Health (HPP) • Volunteer Management (HPP)
Objectives	<ol style="list-style-type: none"> 1. Activate the Department Operations Center (DOC) within 60 minutes of Mass Casualty Incident (MCI) notification per activation guidelines found in the emergency operations plan (EOP). 2. Activate and support public health emergency operations. 3. Implement the resource request process for mutual aid resources through existing agreements to support an MCI 4. Issue incident-specific guidelines to healthcare agencies and the public as information becomes available and is verified. 5. Procedures are in place to assess resource requirements for mental/behavioral health support and to provide such support during medical surge incidents to staff, patients, and families.
Threat or Hazard	Mass Casualty Incident (MCI)
Scenario	Train Derailment

2016 STATEWIDE MEDICAL AND HEALTH EXERCISE
 AFTER ACTION REPORT
 TABLETOP EXERCISE



<p>Sponsor</p>	<p>The 2016 SWMHE Exercise is sponsored by CDPH and EMSA in collaboration with response partners representing local health departments, public safety and healthcare facilities across California.</p>
<p>Participating Organizations</p>	<ul style="list-style-type: none"> • American Red Cross • California Department of Public Health Emergency Preparedness Office • Hill Country Health and Wellness • Mayers Memorial Hospital District • Medical Home Care Professionals • Mercy Medical Center Redding • Mountain Valleys Health Centers • Patients' Hospital of Redding • Redding Fire Department & SCHMRT • Shasta Community Health Center • Shasta County Environmental Health • Shasta County Health and Human Services Agency – Public Health Branch • Shasta County Sheriff’s Office – Office of Emergency Services • Shasta County Sheriff’s Office – Coroner • Shasta Regional Medical Center • Shingletown Medical Center • Sierra-Sacramento Valley EMS Agency
<p>Planning Team</p>	<p>Shasta County Health and Human Services Agency, Public Health Heidi Vert, Public Health Program & Policy Analyst Katrisha Arambul, MATLT, Community Education Specialist II Maureen Robison, Senior Public Health Assistant Nicole Bonkrude, MPH, Public Health Emergency Preparedness Coordinator</p> <p>Shasta County Health and Human Services Agency Tim Mapes, Community Education Specialist II</p> <p>Redding Fire Department/SCHMRT Operations Director Gerry Gray, Fire Chief</p>



GENERAL INFORMATION

EXERCISE OBJECTIVES AND CAPABILITIES

The exercise objectives in Table 1 below, describe Shasta County Health and Human Services Agency (HHSA) Public Health expected outcomes for the exercise. The objectives are linked to Public Health Emergency Program (PHEP) Hospital Preparedness Program (HPP) capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team; a working group convened by Shasta County Health and Human Services Agency (HHSA) Public Health to plan this exercise.

Table 1. Exercise Objectives and Associated Capabilities

Exercise Objective	Capability
1. Discuss the activation process for a Mass Casualty Incident per activation guidelines found in the Emergency Operations Plan (EOP).	Emergency Operations Coordination Information Sharing
2. Discuss Activating and supporting Public Health emergency Operations.	Medical Surge Emergency Operations Coordination Information Sharing
3. Discuss the resource request process for mutual aid resources through existing agreements to support an MCI.	Medical Surge Emergency Operations Coordination Responder Safety and Health Volunteer Management
4. Discuss issuing incident-specific guidelines to healthcare agencies and the public as information becomes available and is verified.	Community Preparedness Emergency Operations Coordination Emergency Public Information and Warning Medical Surge
5. Discuss procedures to assess resource requirements for mental/behavioral health support and to provide such support during medical surge incidents to staff, patients and families.	Medical Surge Community/Healthcare Preparedness

EXERCISE STRUCTURE

The SitMan has four modules. Each module begins with a multimedia update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in-group discussions of issues.

After group discussions, participants will engage in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group's actions, based on the scenario presented.



The exercise facilitator is encouraged to invite subject matter experts to provide brief overviews of local policies and procedures for emergency response as well as specific information related to the scenario. The facilitator may also choose to use smaller functional or discipline-specific groups to identify issues to present to the group.

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 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 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 is conducted in a no fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and 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.
- Decisions are not precedent setting and may not reflect your organization's final position.
- Some time lapses may be artificially used to achieve the exercise objectives.
- Impacts are seen across the spectrum of the response community.
- 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.
- There are no "hidden agendas" or trick questions.
- All players receive information at the same time.



EXERCISE RULES

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

- 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 – asking questions, sharing thoughts, and offering forward looking, problem solving suggestions are strongly encouraged, as these will enhance the exercise experience;
- 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
- Participate in discussions on the issues and procedures flowing from each move presented.

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 (EEG). 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 (AAR).

The draft AAR will be reviewed with exercise stakeholders during the After Action Meeting (AAM). The purpose of the AAM is to review identified strengths and areas for improvement and to walk stakeholders through the AAR. Feedback collected during the AAM will be incorporated into the final draft of the AAR. The meeting as well as the AAR can be helpful in building the objectives, activities, and tasks to test during the Functional Exercise.



MODULE 1: NOTIFICATION AND ACTIVATION

SCENARIO PART I

A train is travelling through Shasta County with an estimated 100 cars of mixed freight (including hoppers and tank wagons). At a level crossing near a busy intersection, dozens of vehicles on either side of the tracks wait for the train to pass including two school buses carrying their maximum capacity of 60 K-8 children each. The grade crossing signal malfunctions, causing the gate to open early. While most vehicle drivers understand there has been a malfunction and that the train is still approaching, one impatient driver of a large van attempts to move across the tracks before the train comes through. The movement happens too quickly for the engineer to slow the train significantly.

At 0800 local time, the train strikes the van, instantly killing the driver and setting off a chain reaction that begins with a 23-car derailment. Multiple tank cars jump the tracks and strike idling vehicles on the road, including the two school buses. Several of the tank cars carrying chlorine overturn.

First responders arrive on the scene within minutes. Based on the size of the event and estimated numbers of casualties, the crash is declared a Mass Casualty Incident (MCI) and various agencies, including but not limited to law, fire, EMS, and healthcare facilities, are notified based upon local MCI policies and procedures. MCI triage standard operating procedures (SOP) are immediately implemented (e.g. START/Jump START) with victims at the site.

The fire department weighs the possibility of an evacuation or shelter-in-place order due to initial concerns regarding a potential breach of the train cars carrying chlorine. There is discussion that the evacuation area might be as large as a one-mile radius from the train derailment site. The fire department also confirms that there is no risk of contamination to victims. The area being considered for evacuation/shelter-in-place includes many businesses, healthcare facilities (skilled nursing facilities, long-term care facilities), and residences. Law enforcement closes surrounding roads to through traffic. The underlying motivation of the driver who crossed the tracks has not been ascertained so the area is being treated as a possible crime scene.

KEY ISSUES

- Train collision and derailment in a crowded, busy intersection
- Two school buses, carrying 60 K-8th students are hit
- Tank cars carrying Chlorine overturn and are leaking
- Accident happens at 0800
- Local first responders arrive on-scene within minutes
- Fire arrives on-scene and declares the area potentially unsafe
- Shelter-in-place order is considered for a radius of one mile from the train
- The area that may be evacuated includes businesses, healthcare facilities, and residences



SMALL GROUP QUESTIONS

Based on the information provided, exercise partners are directed to participate in a discussion concerning the key issues raised above. Identify any additional requirements, critical issues, decisions, key participants or questions that should be addressed at this time.

The following questions are provided as suggested general subjects that exercise partners may wish to address as the discussion progresses. **These questions are not a definitive list of concerns to be addressed nor is there a requirement to address every question.** Questions aimed at a variety of organizations and facilities are included below.

Fire Department Questions:

1. What is the fire department's role in an MCI response?
2. What first steps would your department take upon notification of an MCI?
3. What are the specific needs for your agency should a confirmed MCI be identified in your area? (staff/equipment/supplies/medications, etc.)
4. What additional resources and guidance would you need to provide to first responders?
5. What are your priorities when arriving at the scene of the MCI?
6. What internal and external notifications would be made if there is a suspected HAZMAT component, such as the potentially leaking chlorine on the train?

Ambulance Services Questions:

1. How would your organization work with local EMS, public health and emergency management departments to identify the needs of other agencies during an MCI?

Hospitals:

1. How will you ensure real-time situational awareness of patient visits, hospital bed availability, intensive care needs, medical supply and staffing needs during an MCI?
 - a) What are your hospital's procedures for assessing these indicators?

Community Clinic Questions:

1. During an above MCI, how many patients would you expect to see presenting at your clinic?



- a) In the event that your facility capacity is already exceeded, would you be referring these cases to a larger hospital?
2. Where do you look for guidance in dealing with an MCI?
 - b) Do you routinely receive notifications of an MCI?

EMS Agency Questions:

1. During an MCI, what services can be safely curtailed or downgraded if 9-1-1 and other emergency services are overwhelmed?
 - a) What would trigger these steps?
 - b) Who would need to be informed?
 - c) How would they be informed?
2. How would your agency work with local public health and local emergency management departments to identify the needs of the healthcare sector during this event?
3. What is the process for gathering and developing updated MCI information, including number of patients, any decontamination needs, etc. for EMS, first responders, and healthcare providers?
4. Does your response plan achieve a unified approach to an MCI in your jurisdiction with partner agencies?
 - a) What are the gaps in the plan?

Office of Emergency Management Questions:

1. How would your agency integrate local public health and local EMS into your emergency management structure?
 - a) Would they participate in your county EOC?
2. What are the triggers for EOC activation?
 - a) How are partner agencies notified of the activation?
3. What is the process for gathering and developing updated situation status information, including number of victims, decedents, responding agencies, and requests for resources?



Coroner/Medical Examiner Questions:

1. Media interest will quickly spike. Does your department have a media communications plan?
 - a) How will your department handle inquiries from the media? Would you send a representative to the Joint Information Center (JIC)?
2. Would you activate the Coroners' Mutual Aid Plan at this point?
3. Communication may be a challenge especially when coroner/medical examiner (C/ME) staff are at several functional locations such as the on-scene incident site, morgue(s), Family Assistance Center (FAC), etc. How does your incident communication plan outline a strategy on internal communication for C/ME staff as well as cross-disciplinary communications with partner local and State agencies?

Behavioral Health Questions:

1. What resources and supplies would your facility need to handle a large number of individuals experiencing psychological stress due to an MCI? (staff/equipment/supplies/medications, etc.)
 - a) What external agencies and partners would help you to identify an MCI?

LARGE GROUP QUESTIONS

Tabletop Exercise (TTX) slides will contain large group questions from local objectives identified key areas identified to address.



MODULE 2: RESOURCE COORDINATION

SCENARIO PART II

Seventeen people have been killed and 113 have been injured, including many of the children that were on the school buses. The scale and nature of the incident, especially the involvement of injured and deceased children, is proving to be psychologically challenging even for veteran first responders.

Law enforcement begins the process of securing the area and enforcing the one-mile radius evacuation zone and/or shelter-in-place orders, in coordination with the fire department. Parents and family members of children from the school buses begin showing up at the scene and at local hospitals, trying to find out whether or not their children were involved in the crash. Many others are calling local hospitals, public health, or even city councilmembers to find out where victims are being transported. First responders on-scene are requesting additional mental health professionals with experience treating pediatric victims and their families.

Meanwhile, EMS has identified at least one long-term care facility near the scene of the derailment that needs to be evacuated. EMS requests additional bed availability information from local hospitals and healthcare facilities. Additional transport vehicles are being requested through mutual aid, and the long-term care facility is requesting ground transport for some of their patients. Media have swarmed the scene of the derailment, as well as the local EMS, hospitals, public health, and emergency management department offices, looking for interviews. Patients continue to arrive at area hospital emergency departments, and are sometimes bombarded by the media.

KEY ISSUES

- Law Enforcement begins securing the evacuation zone/communicating the shelter-in-place order
- Parents and family members of children from the buses are requesting information
- First responders on scene are requesting additional mental health support at the scene of the crash
- EMS identifies at least one long term care facility that needs to be evacuated
- EMS requests additional bed availability information
- Additional transport vehicles are being requested through mutual aid
- Media have swarmed the scene of the derailment, and local agencies



SMALL GROUP QUESTIONS

Based on the information provided, exercise partners are directed to participate in a discussion concerning the key issues raised above. Identify any additional requirements, critical issues, decisions, key participants or questions that should be addressed at this time.

The following questions are provided as suggested general subjects that exercise partners may wish to address as the discussion progresses. **These questions are not a definitive list of concerns to be addressed, nor is there a requirement to address every question in this section.**

Fire Department Questions:

1. What resources are needed from other agencies or organizations at this point?
 - a) What information does your department need?
2. How will your department make the decision on whether or not an evacuation or shelter-in-place order is necessary?
 - a) What procedures and response protocols are in place once that decision has been made?
3. If a decision to evacuate is made, how will your department handle the evacuation of the one mile radius evacuation zone?
 - a) If a decision to order shelter-in-place is made, how will your department communicate and enforce the order?

Law Enforcement Questions:

1. What role does law enforcement (LE) have in the evacuation of a one mile radius evacuation zone? With the shelter-in-place order?
2. How will your department coordinate with EMS, fire, coroner/medical examiner, and emergency management to enforce evacuation/shelter-in-place orders, provide security for the transportation of critical supplies, ensure the care of detained individuals and protect traffic flow?
3. What additional actions would your department take at this point in the scenario to ensure rapid response and resource management of the emergency?

EMS Agency Questions:

1. What emergency medical services can be safely curtailed in your agency during a large MCI event?



2. What mass fatality management activities should be taking place?
 - a) Who is your contact with the coroner regarding mass fatality management?
 - b) At what point would you contact them?
3. How would you ensure the safety and security of first responders and emergency medical personnel during an MCI event?
4. If an evacuation or shelter-in-place order is given for the area around the derailment, and healthcare facilities are affected, how would your agency support those facilities?

Ambulance Services Questions:

1. Given the events outlined in Module 2, would your treatment and triage protocols change?
 - a) What additional information might you need to provide to emergency medical personnel?
 - b) What might the protocols change to?
2. What medical materials or medications would your organization need for a surge of patients?
 - a) How would you obtain these additional resources?

Hospital Questions:

1. How is your Hospital Command Center (HCC) activated?
 - a) Does the activation process refer to a written plan?
2. How will status updates and situation reports be provided?
 - a) Who will they be provided to?
 - b) How often?
3. How would you ensure hospital safety and security during an MCI?
4. If an evacuation or shelter-in-place order is given for your facility, how would your staff communicate and enforce the order to your patients?
 - a) Staff?
 - b) Other agencies?



Community Clinic Questions:

1. What services can be safely curtailed or downgraded at your clinic during a medical surge?
 - a) What operational considerations need to be addressed during a surge?
2. If an evacuation or shelter-in-place order is given for your clinic, how would your staff communicate and enforce the order to your patients?
 - a) Staff?
 - b) Other agencies?

Long-Term Care Facilities:

1. Does your facility EOP use the Nursing Home Incident Command System (NHICS)?
 - a) How are facility staff trained to implement NHICS to organize and guide response and recovery operations in an emergency?
2. Does your facility use a written plan that outlines when NHICS should be activated?
 - a) When does this activation occur?
3. How would your facility request additional resources?
 - a) What medical materials or medications would your facility need for a surge of patients?
 - b) How would you obtain these additional resources?
4. What are your facility's family notification protocols?

Office of Emergency Management Questions:

1. Do you anticipate making resource requests? How do you request mutual aid?
 - a) If you have exceeded local capability to respond to the MCI, how do you request regional or state resources?
2. Given the events outlined in Module 2, would your public information or media messaging strategy change?



- a) What additional information might you need to provide?
- b) How is your messaging inclusive of at-risk populations¹?
- c) How would you coordinate messaging with EMS, law enforcement, or the coroner/medical examiner?

Public Health Questions:

1. How is your Department Operations Center (DOC) activated to support ICS operations?
 - a) How would your DOC coordinate operations with the local EOC?
 - b) How will public health support the Medical and Health Operational Area Coordinator (MHOAC)?
2. What mass fatality management activities should be taking place?
 - a) Who is your contact with the coroner regarding mass fatality management?
 - b) At what point should you contact them?

LARGE GROUP QUESTIONS

Tabletop Exercise (TTX) slides will contain large group questions from local objectives identified key areas identified to address.

¹ HPP/PHEP defines “at-risk individuals” as those who have needs in one or more of the following access or functional areas: communication, maintaining health, independence, services/support/self-determination, and transportation (CMIST Framework). At-risk groups may include children, senior citizens, and pregnant women as well as people who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, or have pharmacological dependency.



MODULE 3: MAINTAINING SUPPORT

SCENARIO PART III

Law enforcement is having difficulty communicating and enforcing the shelter-in-place order in the local neighborhood. Law enforcement is requesting additional staff to assist. A press conference has been scheduled for 1100, and each agency involved in the response is being asked to provide a representative. Public health and EMS are coordinating the secure transport of additional medical material and Personal Protective Equipment (PPE) supplies to local hospitals, clinics, long-term care facilities, and first responders. The local school from which the school buses came from is requesting information about the status of their students.

Many disgruntled residents are calling local city and county representatives. Some are angry about the shelter-in-place orders, and some are concerned that they have been exposed to something and nobody is telling them anything. Some are appearing at local area hospitals asking to be tested for exposure. A local media channel is reporting that an incident occurred at a local hospital, which released a child to someone who was not the legal guardian. The distraught mother is being interviewed all over the media, advising parents not to trust hospital staff.

KEY ISSUES

- Law Enforcement is having difficulty communicating and enforcing the evacuation/shelter-in-place orders, and requesting additional staff to assist
- A press conference has been scheduled for 1100
- Public Health and EMS are coordinating transport of additional supplies
- The local school from which the buses came from is requesting information about the status of their students
- Disgruntled residents near the crash are contacting local city representatives
- A local media channel is reporting an incident at a local hospital in which a child was released to someone who was not their legal guardian



SMALL GROUP QUESTIONS

Based on the information provided, participate in a discussion concerning the key issues raised above. Identify any additional requirements, critical issues, decisions, key participants or questions that should be addressed at this time.

The following questions are provided as suggested general subjects that exercise partners may wish to address as the discussion progresses. **These questions are not a definitive list of concerns to be addressed, nor is there a requirement to address every question in this section.**

Public Health Questions:

1. How would your department inform the public that there is no longer any danger at the site, despite initial concerns over chlorine?
 - a) How do you reassure those worried that they might have been exposed to hazardous materials?
 - b) What guidance would you release for the public and for responding agencies?
2. How will your facility maintain situational awareness regarding the severity of the MCI in your area?
 - a) How is this information used, communicated and updated?

Hospital Questions:

1. If alternative care sites or overflow emergency care facilities are needed to manage surge capacity, how will those be activated?
 - a) Where will they be located and how will they be staffed?
2. Does your hospital have practiced procedures in place regarding continuity of operations?
 - a) When should you begin planning for recovery?

EMS Agency Questions:

1. How will the DOC maintain situational awareness regarding the severity of the MCI in your area? What monitoring systems are in place to track media reports, transports and bed availability?
 - a) How is this information used to manage the response to the MCI?
 - b) How is the information used, communicated, updated and disseminated to response partners?



2. If alternative care sites or overflow emergency care facilities are needed to manage surge capacity, how will those be activated?
 - a) Where will they be located and how will they be staffed?
 - b) How will information about those sites be disseminated?
3. How does the DOC release information to the public?
 - a) Who is responsible for the release of information?
 - b) How will your department help ensure that the messages that are released to the public are through a coordinated effort?
 - c) What messages will the DOC disseminate at this point?

Ambulance Services Questions:

1. If alternative care sites or overflow emergency care facilities were needed to manage surge capacity, how will those be activated?
 - a) How will your organization obtain information about where and when those sites are created?

Office of Emergency Services Questions:

1. How will the EOC maintain situational awareness regarding the severity of the MCI?
 - a) What monitoring systems are in place to track media reports, victim reports and situational status?
 - b) How is this information used to manage the response to the MCI?
 - c) How is the information used, communicated, updated and disseminated to response partners?
2. Does the EOC get updates on the availability of alternative care sites, overflow emergency care facilities, or family reunification centers?
 - a) How would your EOC disseminate information about those sites?
3. What resources are available to support staff who are responding to the incident?



Coroner/Medical Examiner Questions:

1. Tracking and identification of deceased victims who are outside of the efforts for the MCI may become disjointed and complicated.
 - a) How will you provide support for normal and mandatory caseload on top of the MCI?
2. Public emotions and expectations will be high during an MCI.
 - a) What processes and procedures do you have to accommodate cultural and religious needs for final disposition in a sensitive manner?

Fire Department Questions:

1. How will the department maintain situational awareness regarding the severity of the MCI in your area?
 - a) How is this information used, communicated, updated and disseminated to key response partners?

Law Enforcement Questions:

1. What would trigger requesting mutual aid from surrounding communities?
 - a) Where would those resources be staged?
 - b) How are those resources demobilized if they are not needed?
2. What is your role in assisting with the family reunification center?
 - a) With victim identification?
3. What issues do you anticipate with continued scene security?



LARGE GROUP QUESTIONS

Tabletop Exercise (TTX) slides will contain large group questions from local objectives identified key areas identified to address.

CONCLUSION OF DISCUSSION-BASED TABLETOP

There is a Participant Feedback Form available at www.californiamedicalhealthexercise.com, which the exercise facilitator may use to gather and record comments on the exercise and issues presented.



PLANNING FOR THE FUNCTIONAL EXERCISE

Exercise facilitators and planners may use the following to launch or continue planning for the November 17, 2016 Functional Exercise objectives and activities.

Issues for discussion may include:

EXERCISE LEVELS

- What level of exercise play do the organizations/agencies represented today anticipate for the November 17, 2016 exercise? Examples include communications drills, functional and full scale exercises²; level of play may include use of simulated patients, movement of patients to healthcare facilities, perimeter lockdown, activation of the JIC, provision of mutual aid to affected areas, etc.
- Will your organization/agency activate its Command Center or EOC?

EXERCISE TIMES/DURATION

- Exercise play is being developed to include a message to begin the exercise. Participants may begin exercise play at their discretion, but are strongly encouraged to collaborate with local or OA partners and exercise planners.
- Participants may estimate their hours of exercise play at this time.
- Exercise planners should lead a discussion on exercise start and end times.

SCENARIO DEVELOPMENT

Exercise planners should work with participants, especially healthcare groups and public health authorities to customize the scenarios for their organizations and agencies' roles. The issues below may be used in support of the local scenario or, may be used in the development of a scenario customized for the organization/jurisdiction. Within your OA, individual participants should determine the level of medical surge that will be simulated during the exercise.

² HSEEP: hseep.preptoolkit.org



PARTICIPATION

Review the various organizations/agencies in attendance today. In the event of an MCI, are there additional organizations that will be impacted which are not in attendance today? Are there additional organizations/agencies or departments that will be impacted at your facility?

TESTING OF PLANS & PROCEDURES

Are there any plans, policies or procedures, which individual departments of agencies would like to test? Examples include: medical surge, evacuation/shelter-in-place protocols, etc.

ROLE OF STATE AGENCIES

- On November 17, 2016, CDPH and EMSA will activate their emergency operations center. The California Governor's Office of Emergency Services is anticipated to participate by opening the State Operations Center (SOC) and REOC in support of local and regional exercise play. This will provide the opportunity for local participants to request additional resources, submit and receive situation status reports, respond to California Health Alert Network (or other notification systems) messages and receive further direction.
- The exercise planner is encouraged to invite discussion on local and OA resource requesting and the projected level of requesting for November 17, 2016.



APPENDIX A: EXERCISE SCHEDULE

Time	Activity
Wednesday, November 9, 2016	
10:00 am to 12:00 pm	Controller and Evaluator Briefing HPP/Exercise Planning Meeting
Thursday, November 17, 2016	
Prior to Exercise	Public Health Initial Threat Assessment Meeting (ITAM)
8:00 am	Communication Checks
9:00 am	Start Ex CAHAN Alert
9:30 am	Public Health DOC Planning Meeting
11:00 am	SITREP and Resource Request Submission to State
1:00 pm	End Ex CAHAN Alert
Immediately after the exercise	Internal Hot Wash at Various Sites
3:00 pm	HPP Conference Call Hot Wash
Tuesday, December 13, 2016	
10:00 am to 12:00 pm	HPP Medical Health Exercise After Action Conference



APPENDIX B: EXERCISE PARTICIPANTS

Agency Name
American Red Cross
California Department of Public Health Emergency Preparedness Office
Hill Country Health and Wellness
Mayers Memorial Hospital District
Medical Home Care Professionals
Mercy Medical Center Redding
Mountain Valleys Health Centers
Patients' Hospital of Redding
Redding Fire Department & Shasta Cascade Hazardous Materials Response Team (SCHMRT)
Shasta Community Health Center
Shasta County Environmental Health
Shasta County Health and Human Services Agency – Public Health Branch
Shasta County Sheriff's Office – Office of Emergency Services
Shasta County Sheriff's Office – Coroner
Shasta Regional Medical Center
Shingletown Medical Center
Sierra-Sacramento Valley EMS Agency



APPENDIX C: ACRONYMS

AAM	After Action Meeting
AAR	After Action Report
AAR/IP	After Action Report/Improvement Plan
CAHF	California Association of Health Facilities
Cal OES	Governor's Office of Emergency Services
CDPH	California Department of Public Health
C/E	Controller/Evaluator
CHA	California Hospital Association
C/ME	Coroner/Medical Examiner
CPCA	California Primary Care Association
DMORT	Disaster Mortuary Operational Response Team
DOC	Department Operations Center
ED	Emergency Department
EEG	Exercise Evaluation Guide
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EMSAAC	Emergency Medical Services Administrators Association of California
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
FE	Functional Exercise
FEMA	Federal Emergency Management Agency
FOUO	For Official Use Only
FSE	Full Scale Exercise
HCC	Hospital Command Center
HICS	Hospital Incident Command System
HIPAA	Health Insurance Portability and Accountability Act
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
ICS	Incident Command System
IP	Improvement Plan
JIC	Joint Information Center
MCI	Mass Casualty Incident
MHOAC	Medical and Health Operational Area Coordinator Program
MOU	Memorandum of Understanding
MSEL	Master Scenario Events List
NHICS	Nursing Home Incident Command System
OA	Operational Area
PHEP	Public Health Emergency Preparedness

2016 STATEWIDE MEDICAL AND HEALTH EXERCISE
SITUATION MANUAL
TABLETOP EXERCISE



PPE	Personal Protective Equipment
RDMHC	Regional Disaster Medical Health Coordinator
RDMHS	Regional Disaster Medical Health Specialist
REOC	Regional Emergency Operation Center
SitMan	Situation Manual
SOC	State Operations Center
TTX	Tabletop Exercise
UC	Unified Command

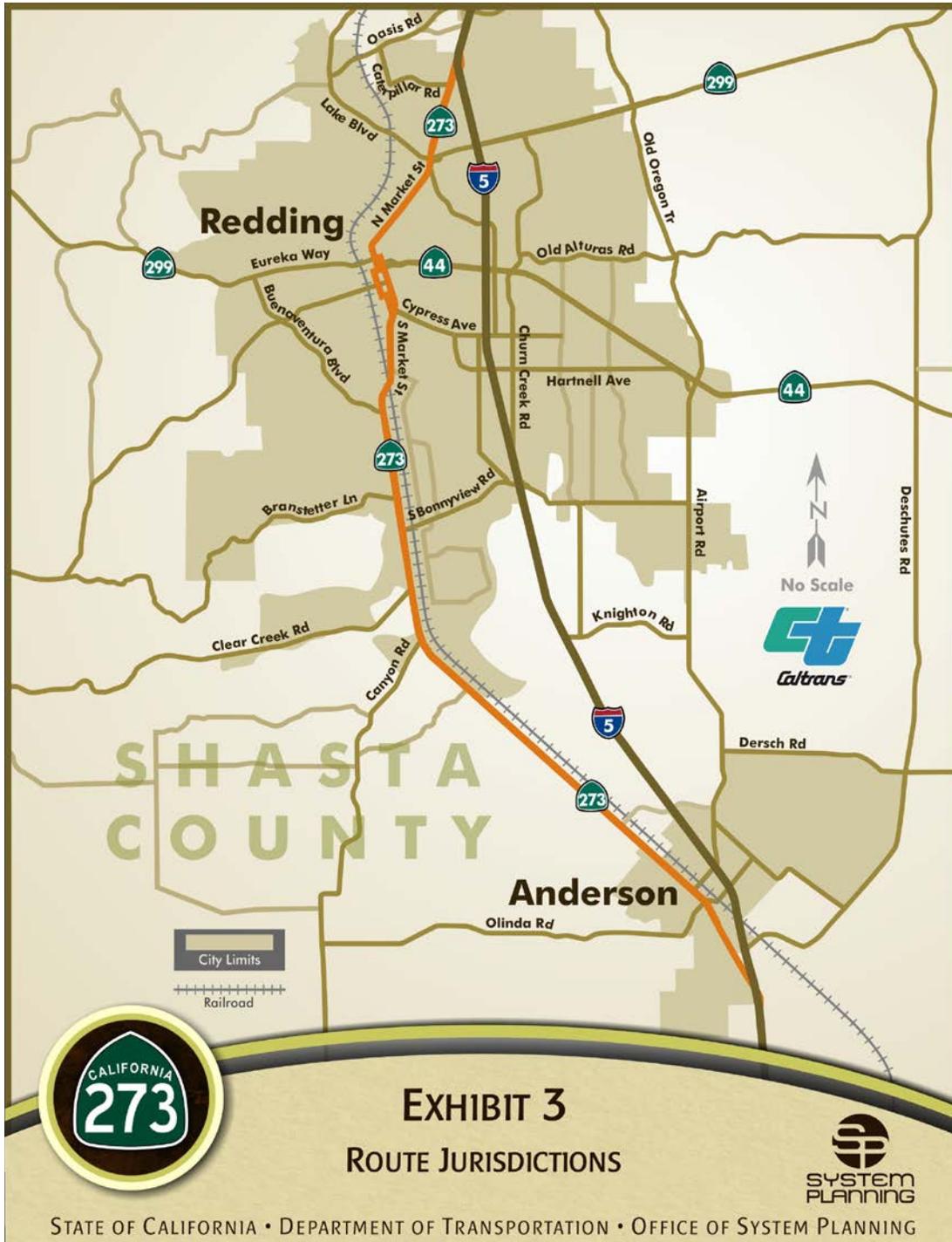
APPENDIX D: EXERCISE SITE MAPS

Map 1: State Route 44 and 299 in Downtown Redding, CA



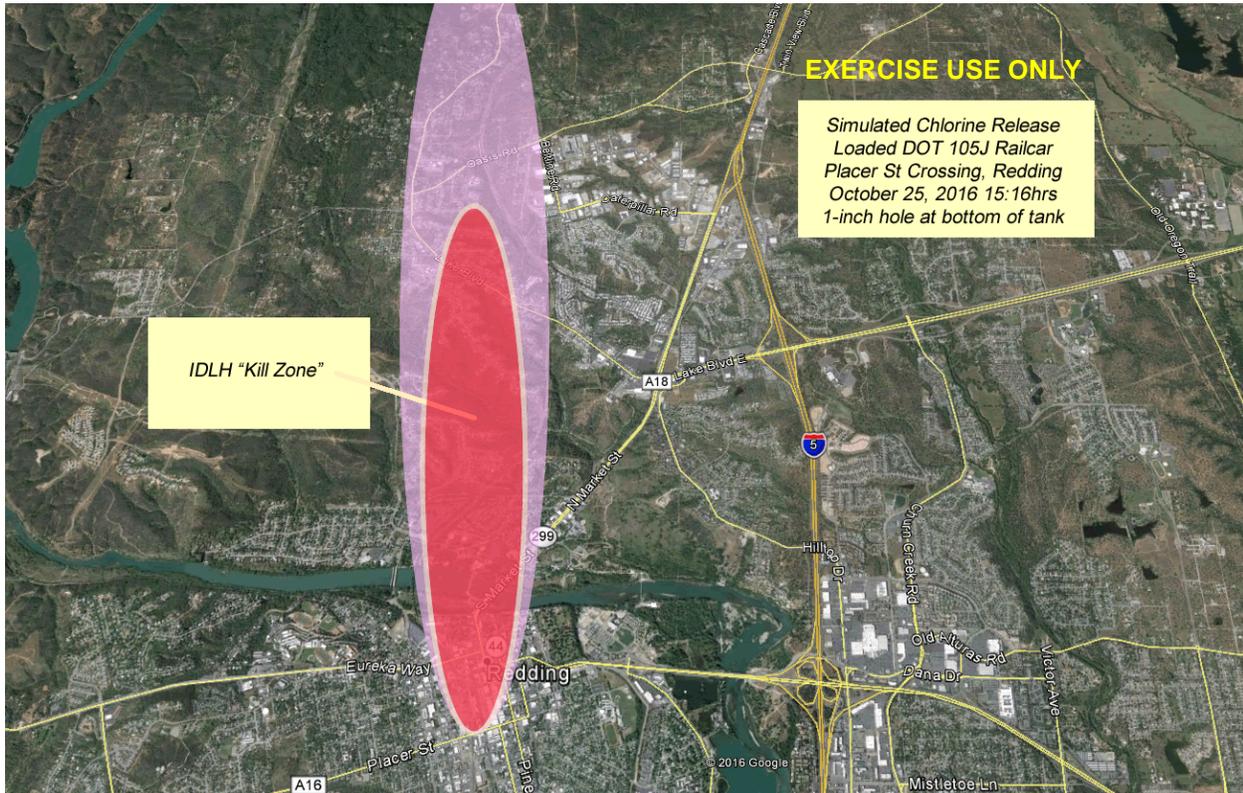
Map from Transportation Concept Report State Route 273, June 2013, California Department of Transportation, District 2

Map 2: SR 273 and Union Pacific Railroad (UPRR) with Jurisdictional Boundaries



Map from Transportation Concept Report State Route 273, June 2013, California Department of Transportation, District 2

Map 3: Simulated Chlorine Release in Redding, CA





APPENDIX E: CHLORINE BRIEFING



Centers for Disease Control and Prevention Emergency Preparedness and Response
CDC 24/7: Saving lives, protecting people, reducing health costs

Facts about Chlorine

What chlorine is

- Chlorine is an element used in industry and found in some household products.
- Chlorine is sometimes in the form of a poisonous gas. Chlorine gas can be pressurized and cooled to change it into a liquid so that it can be shipped and stored. When liquid chlorine is released, it quickly turns into a gas that stays close to the ground and spreads rapidly.
- Chlorine gas can be recognized by its pungent, irritating odor, which is like the odor of bleach. The strong smell may provide adequate warning to people that they are exposed.
- Chlorine gas appears to be yellow-green in color.
- Chlorine itself is not flammable, but it can react explosively or form explosive compounds with other chemicals such as turpentine and ammonia.

Where chlorine is found and how it is used

- Chlorine is one of the most commonly manufactured chemicals in the United States. Its most important use is as a bleach in the manufacture of paper and cloth, but it is also used to make pesticides (insect killers), rubber, and solvents.
- Chlorine is used in drinking water and swimming pool water to kill harmful bacteria. It is also used as part of the sanitation process for industrial waste and sewage.
- Household chlorine bleach can release chlorine gas if it is mixed with certain other cleaning agents.
- Chlorine was used during World War I as a choking (pulmonary) agent.

How people can be exposed to chlorine

- People's risk for exposure depends on how close they are to the place where the chlorine was released.
- If chlorine gas is released into the air, people may be exposed through skin contact or eye contact. They also may be exposed by breathing air that contains chlorine.
- If chlorine liquid is released into water, people may be exposed by touching or drinking water that contains chlorine.
- If chlorine liquid comes into contact with food, people may be exposed by eating the contaminated food.
- Chlorine gas is heavier than air, so it would settle in low-lying areas.



How chlorine works

- The extent of poisoning caused by chlorine depends on the amount of chlorine a person is exposed to, how the person was exposed, and the length of time of the exposure.
- When chlorine gas comes into contact with moist tissues such as the eyes, throat, and lungs, an acid is produced that can damage these tissues.

Immediate signs and symptoms of chlorine exposure

- During or immediately after exposure to dangerous concentrations of chlorine, the following signs and symptoms may develop:
 - Blurred vision
 - Burning pain, redness, and blisters on the skin if exposed to gas. Skin injuries similar to frostbite can occur if it is exposed to liquid chlorine
 - Burning sensation in the nose, throat, and eyes
 - Coughing
 - Chest tightness
 - Difficulty breathing or shortness of breath. These may appear immediately if high concentrations of chlorine gas are inhaled, or they may be delayed if low concentrations of chlorine gas are inhaled.
 - Fluid in the lungs (pulmonary edema) that may be delayed for a few hours
 - Nausea and vomiting
 - Watery eyes
 - Wheezing
- Showing these signs or symptoms does not necessarily mean that a person has been exposed to chlorine.

What the long-term health effects are

- Long-term complications may occur after breathing in high concentrations of chlorine. Complications are more likely to be seen in people who develop severe health problems such as fluid in the lungs (pulmonary edema) following the initial exposure.

How people can protect themselves, and what they should do if they are exposed to chlorine

- Leave the area where the chlorine was released and get to fresh air. Quickly moving to an area where fresh air is available is highly effective in reducing exposure to chlorine.
 - If the chlorine release was outdoors, move away from the area where the chlorine was released. Go to the highest ground possible, because chlorine is heavier than air and will sink to low-lying areas.
 - If the chlorine release was indoors, get out of the building.
- If you think you may have been exposed, remove your clothing, rapidly wash your entire body with soap and water, and get medical care as quickly as possible.
- *Removing and disposing of clothing:*



- Quickly take off clothing that has liquid chlorine on it. Any clothing that has to be pulled over the head should be cut off the body instead of pulled over the head. If possible, seal the clothing in a plastic bag. Then seal the first plastic bag in a second plastic bag. Removing and sealing the clothing in this way will help protect you and other people from any chemicals that might be on your clothes.
- If you placed your clothes in plastic bags, inform either the local or state health department or emergency personnel upon their arrival. Do not handle the plastic bags.
- If you are helping other people remove their clothing, try to avoid touching any contaminated areas, and remove the clothing as quickly as possible.
- *Washing the body:*
 - As quickly as possible, wash your entire body with large amounts of soap and water. Washing with soap and water will help protect people from any chemicals on their bodies.
 - If your eyes are burning or your vision is blurred, rinse your eyes with plain water for 10 to 15 minutes. If you wear contacts, remove them before rinsing your eyes, and place them in the bags with the contaminated clothing. Do not put the contacts back in your eyes. You should dispose of them even if you do not wear disposable contacts. If you wear eyeglasses, wash them with soap and water. You can put the eyeglasses back on after you wash them.
- If you have swallowed (ingested) chlorine, do not induce vomiting or drink fluids.
- Seek medical attention right away. Consider dialing 911 and explaining what has happened.

How chlorine exposure is treated

No antidote exists for chlorine exposure. Treatment consists of removing the chlorine from the body as soon as possible and providing supportive medical care such as inhaled breathing treatments for wheezing in a hospital setting.

How people can get more information about chlorine

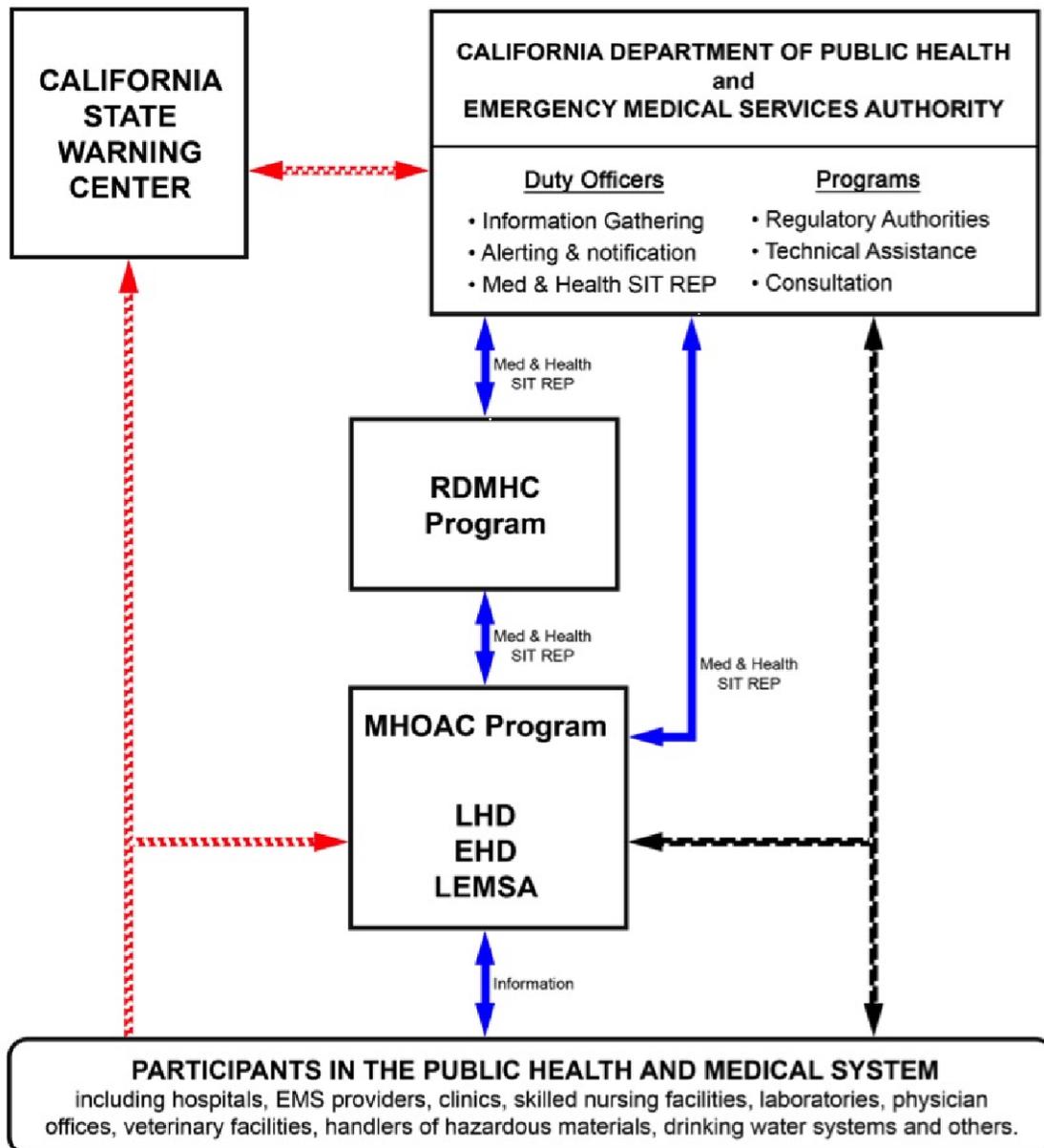
People can contact one of the following:

- Regional poison control center: 1-800-222-1222
- Centers for Disease Control and Prevention
 - Public Response Hotline (CDC)
 - 800-CDC-INFO
 - 888-232-6348 (TTY)
 - E-mail inquiries: cdcinfo@cdc.gov
- Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH), Pocket Guide to Chemical Hazards



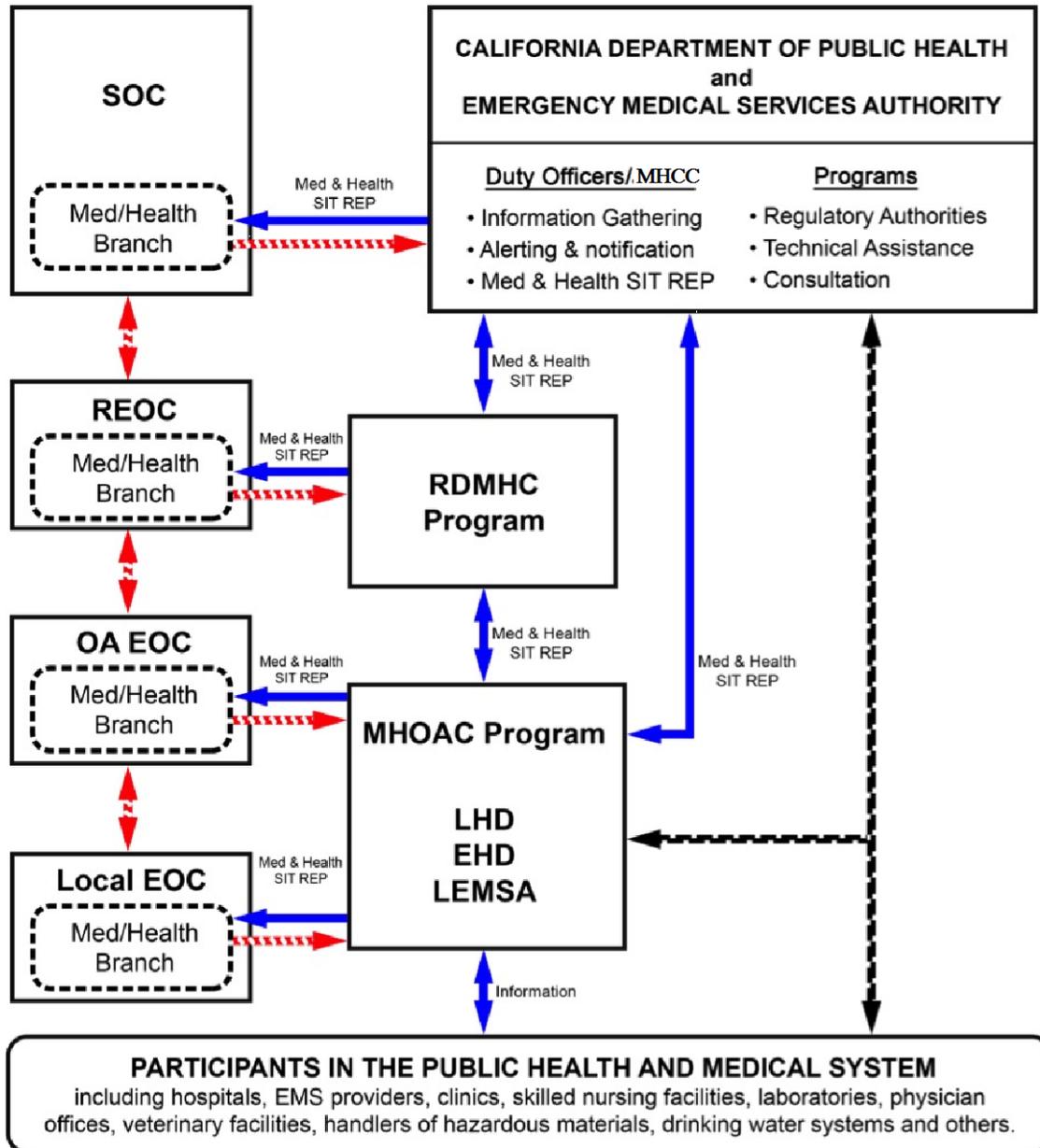
APPENDIX F: COMMUNICATION AND INFORMATION MANAGEMENT

- Information flow in compliance with regulatory, statutory and program requirements.
- Information flow including notification and medical and health situation reporting.
- Direct notification between entities and the CaIOES State Warning Center in compliance with statutory and regulatory requirements (e.g., Hazmat spills and releases).





- Information flow in compliance with regulatory, statutory and program requirements.
- Notification and health & medical situation reporting.
- Emergency management incident reporting, inclusive of medical & health situation reporting.





The designation of Public Health and Medical Incident Level 1, 2, or 3 describes the need for resources. It is also important to assess and report the operational status of the Public Health and Medical System within the Operational Area. Public Health and Medical System Status is assessed using a color-coded system that describes conditions along a continuum from normal daily operations to major disaster. This system is general modeled after the system developed to assess and report Health Care Surge Level described in CDPH's Standards and Guidelines for Healthcare Surge During Emergencies.

PUBLIC HEALTH AND MEDICAL SYSTEM STATUS	
Color	Condition
Green	The Public Health and Medical System is in usual day-to-day status. Situation resolved; no assistance is required.
Yellow	The Public Health and Medical System is managing the incident using local resources or existing agreements. No assistance is required.
Orange	The Public Health and Medical System requires assistance from within the local jurisdiction/Operational Area.
Red	The Public Health and Medical System requires assistance from outside the local jurisdiction/Operational Area.
Black	The Public Health and Medical System requires significant assistance from outside the local jurisdiction/Operational Area.
Grey	Unknown.