2016
STATEWIDE MEDICAL AND HEALTH EXERCISE

EXERCISE PLAN

FUNCTIONAL EXERCISE

CDPH California Department of PublicHealth

EMSA EMERGENCY MEDICAL SERVICES AUTHORITY CALIFORNIA

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 Exercise Plan (ExPlan) 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 Coordination/Specialist Program
- Riverside County Emergency Management Department
- San Joaquin County Emergency Medical Services (EMS) Agency
- San Mateo EMS Agency
- Sharp HealthCare
- Sutter County Public Health
- Watsonville Community Hospital

The ExPlan follows guidelines set forth by the U.S. Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP).

The ExPlan gives participating organizations the information necessary to take part in an operations-based functional exercise.

This ExPlan is meant to aid healthcare entities and their partners in developing and executing a functional exercise as part of the broader SWMHE. This ExPlan is a guidance document that can and should be modified by healthcare entities and their partners with the particulars of their exercise. The final ExPlan used by participating entities should be utilized by players, controllers, and evaluators as a blueprint for the successful execution of the functional exercise.

The ExPlan gives elected and appointed officials, observers, media personnel, and players from participating organizations information they need to observe or participate in the exercise. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the ExPlan.

TABLE OF CONTENTS[1]

PREFACE 2
TABLE OF CONTENTS 3
ADMINISTRATIVE HANDLING INSTRUCTIONS 4
EXERCISE OVERVIEW 5
GENERAL INFORMATION 7
- EXERCISE OBJECTIVES & CAPABILITIES 7
- PARTICIPANT ROLES AND RESPONSIBILITIES 8
- EXERCISE ASSUMPTIONS AND ARTIFICIALITIES 8
- FUNCTIONAL EXERCISE TOOLS 9

EXERCISE LOGISTICS 10
- SAFETY 10
- SECURITY 10
- MEDIA/OBSERVER COORDINATION 10

POST-EXERCISE AND EVALUATION ACTIVITIES 11
- DEBRIEFINGS 11
- EVALUATION 11
- IMPROVEMENT PLANNING 12

PARTICIPANT INFORMATION AND GUIDANCE 13
- EXERCISE RULES 13
- PLAYER INSTRUCTIONS 13

APPENDIX A: EXERCISE SCHEDULE 15
APPENDIX B: EXERCISE PARTICIPANTS 16
APPENDIX C: COMMUNICATIONS PLAN 17
- PLAYER COMMUNICATIONS 17
- CONTROLLER COMMUNICATIONS 17
- COMMUNICATIONS CHECK 17
- PLAYER BRIEFING 17

APPENDIX D: EXERCISE SITE MAPS 18
APPENDIX E: CHLORINE BRIEFING 21
APPENDIX F: COMMUNICATION AND INFORMATION MANAGEMENT 24
APPENDIX G: RESOURCE REQUEST MEDICAL AND HEALTH 31
APPENDIX H: ACRONYMS 35

[1] After tailoring the document to your jurisdiction/organization/facility, be sure to update the Table of Contents by right clicking on it and selecting “update field”.

ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is the *California Statewide Medical and Health Exercise (SWMHE) Exercise Plan (ExPlan).*
2. Reproduction of this document, in whole or in part, without prior approval from Shasta County HHSA Public Health is prohibited.
3. This ExPlan is meant to aid healthcare entities and their partners in developing and executing a functional exercise as part of the broader SWMHE. This ExPlan is a guidance document that can and should be modified by healthcare entities and their partners with the particulars of their exercise. The final ExPlan used by participating entities should be utilized by players, controllers, and evaluators as a blueprint for the successful execution of the functional exercise.
4. The Exercise Plan (ExPlan) gives elected and appointed officials, observers, media personnel, and players from participating organizations information they need to observe or participate in the exercise. Some exercise material is intended for the exclusive use of exercise planners, controllers, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the ExPlan.
5. The ExPlan gives participating organizations the information necessary to take part in an operations-based functional or full scale exercise.
6. For more information about the exercise, please consult the following points of contact (POCs):

Shasta County HHSA Public Health Exercise Planners:
Nicole Bonkrude, MPH
Public Health Emergency Preparedness Coordinator
nbonkrude@co.shasta.ca.us

Katrisha Arambul, MATLT
Community Education Specialist II
karambul@co.shasta.ca.us

Heidi Vert
Public Health Program & Policy Analyst / Hospital Preparedness Program Coordinator
hvert@co.shasta.ca.us

Shasta County Health and Human Services Agency, Public Health
2650 Breslauer Way
Redding, CA 96001
(530) 225-5591

EXERCISE OVERVIEW

Exercise Name	2016 California Statewide Medical and Health Exercise (SWMHE) – Functional Exercise (FE)
Exercise Date	Thursday, November 17, 2016
Scope	This is a FE planned for Shasta County Health and Human Services Agency to take place at November 17th at 2650 Breslaur Way. 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 designed to be conducted between May and November 2016, culminating in the FE on November 17, 2016. After Action Meeting (AAM) will be conducted within 60 days of the FE.
Mission Area(s)	Response and Recovery
Capabilities	• 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	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
Sponsor	The 2016 SWMHE is sponsored by CDPH and EMSA in collaboration with response partners representing local health departments, public safety and healthcare facilities across California.

Participating Organizations

Participating Organizations here and in Appendix B:

- 2-1-1 Shasta
- 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 Health and Human Services Agency – Public Health Branch
- Shasta Regional Medical Center
- Shingletown Medical Center
- Sierra-Sacramento Valley EMS Agency

GENERAL INFORMATION

EXERCISE OBJECTIVES & CAPABILITIES

The following exercise objectives in Table 1 describe expected outcomes for the exercise. The objectives are linked to PHEP/HPP Core 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.

The objectives listed below are those tailored for this exercise. A set of example objectives tailored for different participating agencies and organizations (Ambulance, Behavioral Health, Community Clinics, EMS Agencies, Fire, Hospitals, Law Enforcement, Long Term Care Facilities, Medical Examiners, Offices of Emergency Management, and Public Health) is available at www.californiamedicalhealthexercise.com.

Table 1: Exercise Objectives and Associated Capabilities

Exercise Objective	Capability
1. Test the activation process for a Mass Casualty Incident per activation guidelines found in the Emergency Operations Plan (EOP).	Emergency Operations Coordination Information Sharing
2. Test activating and supporting Public Health emergency Operations.	Medical Surge Emergency Operations Coordination Information Sharing
3. Test 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. Test 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. Test 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

PARTICIPANT ROLES AND RESPONSIBILITIES

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

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
- **Simulators.** Simulators are control staff personnel who role play nonparticipating organizations or individuals. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.
- **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
- **Actors.** Actors simulate specific roles during exercise play, typically victims or other bystanders.
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.
- **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

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.

FUNCTIONAL EXERCISE TOOLS

In addition to this document, several tools have been developed by CDPH to aid healthcare entities and their partners in the development of their exercise. Other tools available on www.californiamedicalhealthexercise.com include:

- Save the Date Invitation Template
- EEG Template
- After Action Report (AAR) Template
- Survivor Cards Template
- Extent of Play Planning Template
- Feedback Forms
- Waiver Forms
- C/E Briefing Slide Deck Template
- Exercise Plan (ExPlan)
- Debriefing Slide Deck Template
- Incident Response Guide
- Objectives
- MSEL Template
- Certificate of Participation Template
- Player Handout
- Additional Resources

EXERCISE LOGISTICS

SAFETY

Exercise participant safety takes priority over exercise events. The following general requirements apply to the exercise:

- A Safety Controller is responsible for participant safety; any safety concerns must be immediately reported to the Safety Controller. The Safety Controller and Exercise Director will determine if a real-world emergency warrants a pause in exercise play and when exercise play can be resumed.
- For an emergency that requires assistance, use the phrase **[“real-world emergency.”]** The following procedures should be used in case of a real emergency during the exercise:
    - Anyone who observes a participant who is seriously ill or injured will immediately notify emergency services and the closest controller, and, within reason and training, render aid.
    - A controller aware of a real emergency will initiate the [“real-world emergency”] broadcast and provide the Safety Controller, Senior Controller, and Exercise Director with the location of the emergency and resources needed, if any.
    - If the nature of the real emergency requires a suspension or termination of the exercise at the exercise site or for the exercise function, all exercise activities at that facility/area will immediately cease. Exercise play may resume once the real world emergency situation has been addressed. Exercise play at other sites and for other functions should not cease if one site/function has declared a real world emergency unless they are reliant on the affected venue. The decision to suspend or terminate exercise activity and notification will be made by the Exercise Director or Senior Controller.

SECURITY

If entry control is required for the exercise venue(s), the sponsor organization is responsible for arranging appropriate security measures. Access to exercise sites is limited to exercise participants in order to prevent interruption of the exercise. Players should advise their venue’s controller or evaluator of the presence of any unauthorized persons at an exercise location.

MEDIA/OBSERVER COORDINATION

Each organization with media personnel and/or observers will coordinate with the sponsor organization for access to the exercise site. Media/Observers are escorted to designated areas and accompanied by an exercise controller at all times. Sponsor organization representatives and/or the observer controller may be present to explain exercise conduct and answer questions. Exercise participants should be advised of media and/or observer presence.

POST-EXERCISE AND EVALUATION ACTIVITIES

For a full exercise schedule, including the time and location of all post-exercise meetings, please see Appendix A.

DEBRIEFINGS

Post-exercise debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

Hot Wash

At the conclusion of exercise play, controllers facilitate a Hot Wash to allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The Hot Wash should not exceed 30 minutes.

Controller and Evaluator Debriefing

Controllers and evaluators attend a facilitated C/E debriefing immediately following the exercise. During this debriefing, controllers and evaluators provide an overview of their observed functional areas and discuss strengths and areas for improvement.

Participant Feedback Forms

Participant Feedback Forms provide players with the opportunity to comment candidly on exercise activities and exercise design. Participant Feedback Forms should be collected at the conclusion of the Hot Wash.

EVALUATION

Exercise Evaluation Guides

EEGs assist evaluators in collecting relevant exercise observations. EEGs document exercise objectives and aligned capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. The EEGs, coupled with Participant Feedback Forms and Hot Wash notes, are used to evaluate the exercise and compile the After-Action Report (AAR).

After-Action Report

The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of capabilities, including capability performance, strengths, and areas for improvement. AARs also include basic exercise information, including the exercise name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and Point of Contact (POC).

IMPROVEMENT PLANNING

Improvement planning is the process by which the observations recorded in the AAR are resolved through development of concrete corrective actions, which are prioritized and tracked as a part of a continuous corrective action program.

After-Action Meeting

The After-Action Meeting (AAM) is a meeting held among decision- and policy-makers from the exercising organizations, as well as the Lead Evaluator and members of the Exercise Planning Team, to debrief the exercise and to review and refine the draft AAR and Improvement Plan (IP). The AAM should be an interactive session, providing attendees the opportunity to discuss and validate the observations and corrective actions in the draft AAR/IP.

Improvement Plan

The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. It is created by elected and appointed officials from the organizations participating in the exercise, and discussed and validated during the AAM.

PARTICIPANT INFORMATION AND GUIDANCE

EXERCISE RULES

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
- All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement **[“This is an exercise.”]**
- Keep the exercise’s objectives in mind throughout the exercise.

PLAYER INSTRUCTIONS

Players should follow certain guidelines before, during, and after the exercise to ensure a safe and effective exercise.

Before the Exercise

- Review appropriate organizational plans, procedures, and exercise support documents.
- Be at the appropriate site at least 30 minutes before the exercise starts. Wear the appropriate uniform and/or identification item(s).
- Sign in when you arrive.
- If you gain knowledge of the scenario before the exercise, notify a controller so that appropriate actions can be taken to ensure a valid evaluation.
- Review all player materials.

During the Exercise

- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Controllers will give you only information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
- Do not engage in personal conversations with controllers, evaluators, observers, or media personnel. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.
- If you do not understand the scope of the exercise, or if you are uncertain about an organization’s participation in an exercise, ask a controller.
- Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made by the exercise’s

trusted agents to balance realism with safety and to create an effective learning and evaluation environment.

- All exercise communications will **begin and end** with the statement **["This is an exercise."]** This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.
- When you communicate with the SimCell, identify the organization or individual with whom you wish to speak.
- Speak when you take an action. This procedure will ensure that evaluators are aware of critical actions as they occur.
- Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a controller or evaluator.
-

After the Exercise

- Participate in the Hot Wash at your venue with controllers and evaluators.
- Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and exercise effectiveness. Provide the completed form to a controller or evaluator.
- Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.

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
2-1-1 Shasta
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 Health and Human Services Agency – Public Health Branch
Shasta Regional Medical Center
Shingletown Medical Center
Sierra-Sacramento Valley EMS Agency

APPENDIX C: COMMUNICATIONS PLAN

Jurisdictions, organizations, and facilities with established communications plans should use those pre-existing plans. For entities and organizations without an established communications plan, the plan below may be utilized instead.

All spoken and written communications will start and end with the statement ["THIS IS AN EXERCISE."]

PLAYER COMMUNICATIONS

Exercise communications do not interfere with real-world emergency communications. Players use routine organization communications systems. Additional communication assets may be made available as the exercise progresses. Each venue or organization coordinates its internal communication networks and channels.

CONTROLLER COMMUNICATIONS

The principal methods of information transfer for controllers during the exercise are face-to-face interaction. The controller communications network allows the Exercise Director or Senior Controller to make and announce universal changes in exercise documentation, such as changes to the MSEL.

The primary means of communication between the SimCell, controllers, and Players is landline telephone. A list of key telephone numbers will be available before the exercise starts.

COMMUNICATIONS CHECK

Before the exercise, the Controllers will conduct a communications check with all interfacing communications nodes to ensure redundancy and uninterrupted flow of control information.

PLAYER BRIEFING

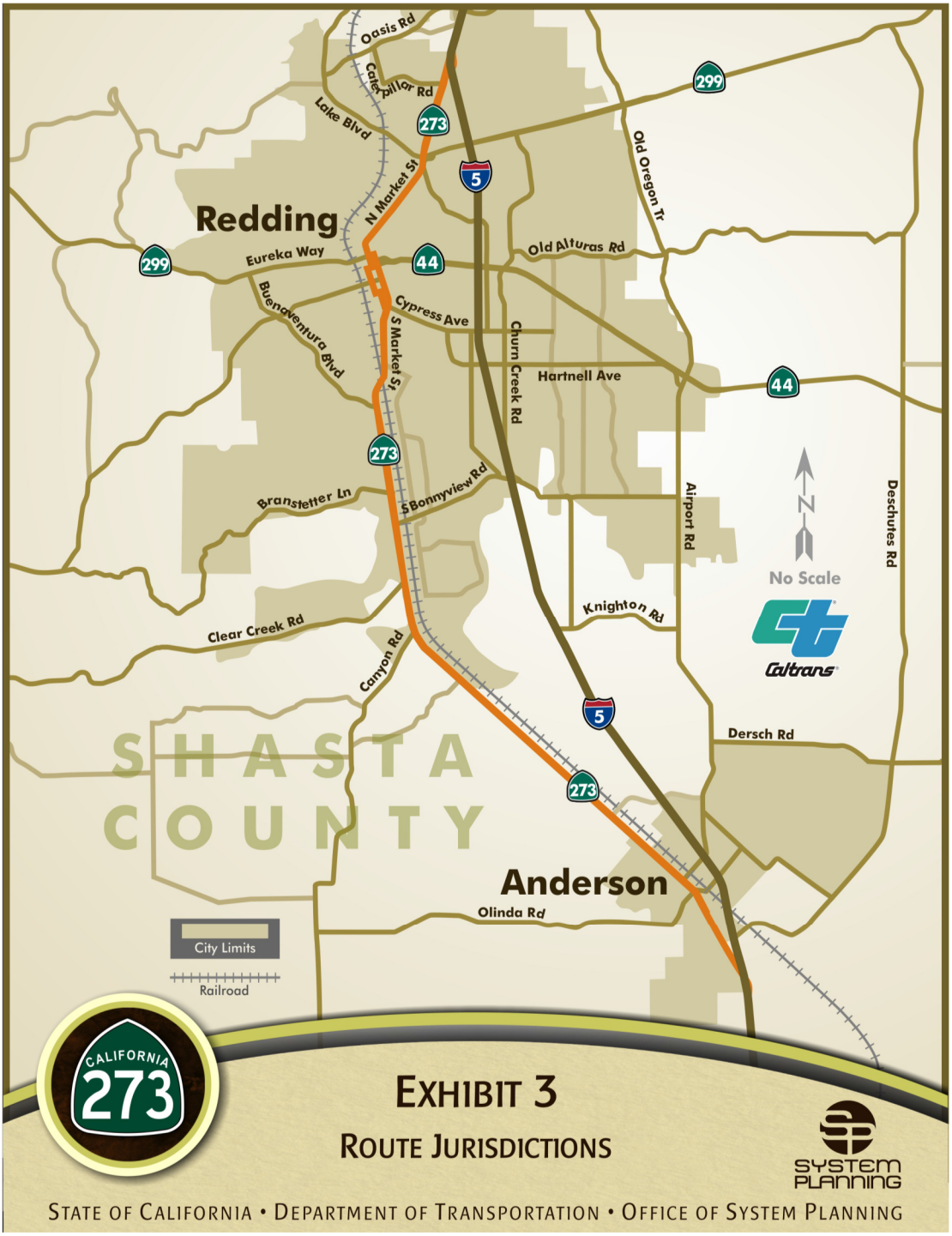
Controllers may be required to provide scenario details to participants to begin exercise play. Technical handouts or other materials also may be provided to orient players with the exercise.

APPENDIX D: EXERCISE SITE MAPS

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

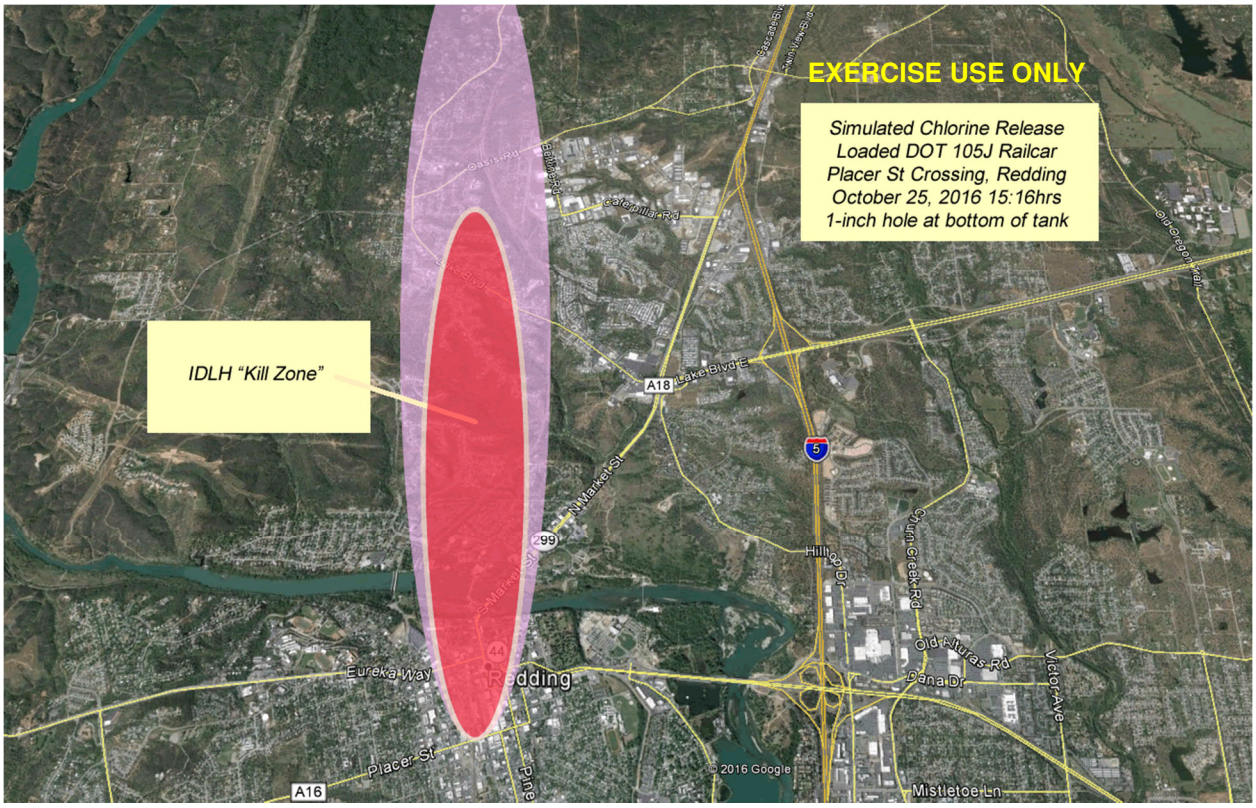
Map from Transportation Concept Report State Route 273, June 2013, California Department of Transportation, District 2

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
CDC 24/7: Saving lives, protecting people, reducing health costs

Emergency Preparedness and Response

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 as 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. Thesemay 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

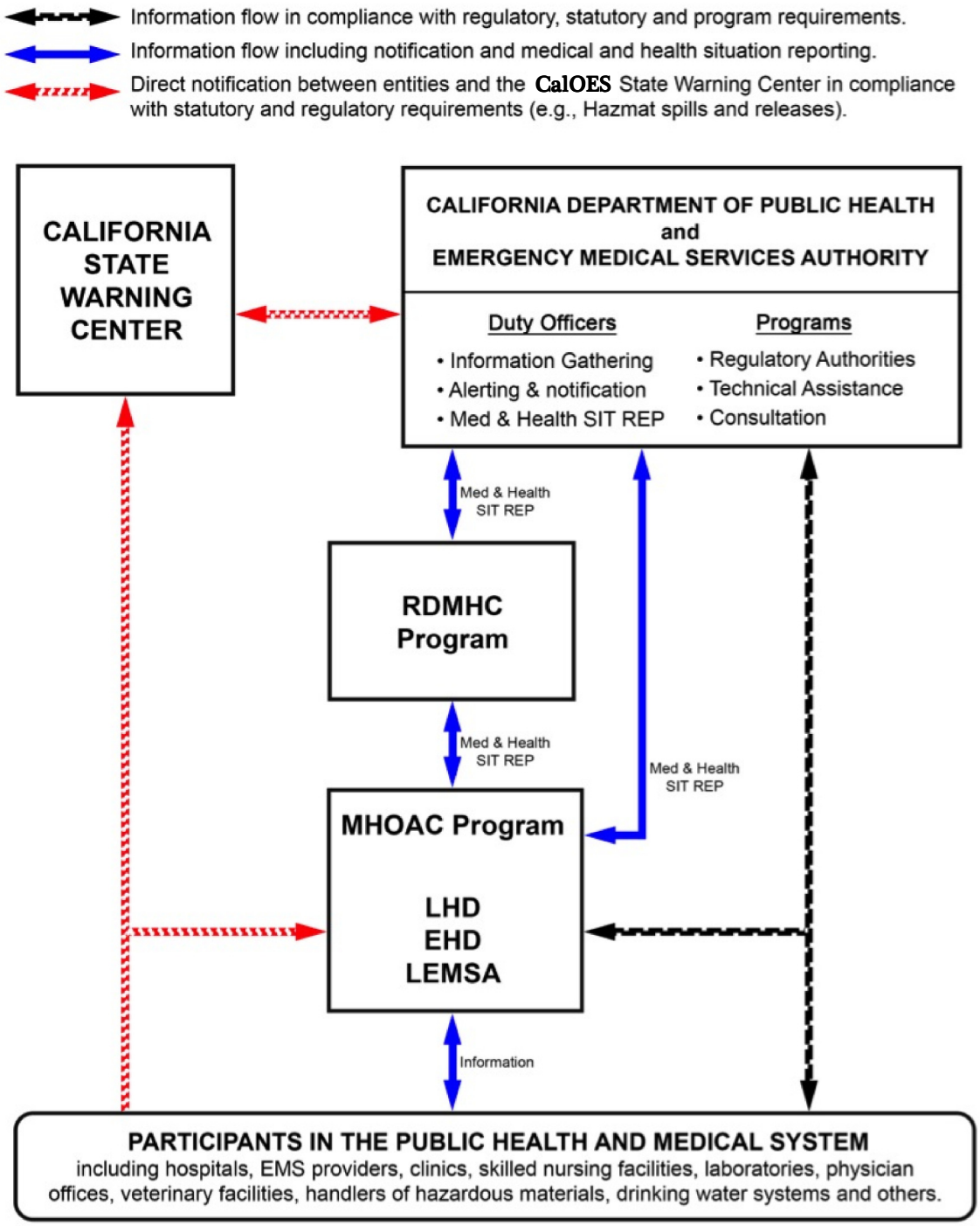
No antidote exists for chlorine exposure. Treatment consists of removing the chlorine from the body as soon as possible and providing supportive medical care such as inhaled breathing treatments for wheezing in a hospital setting.

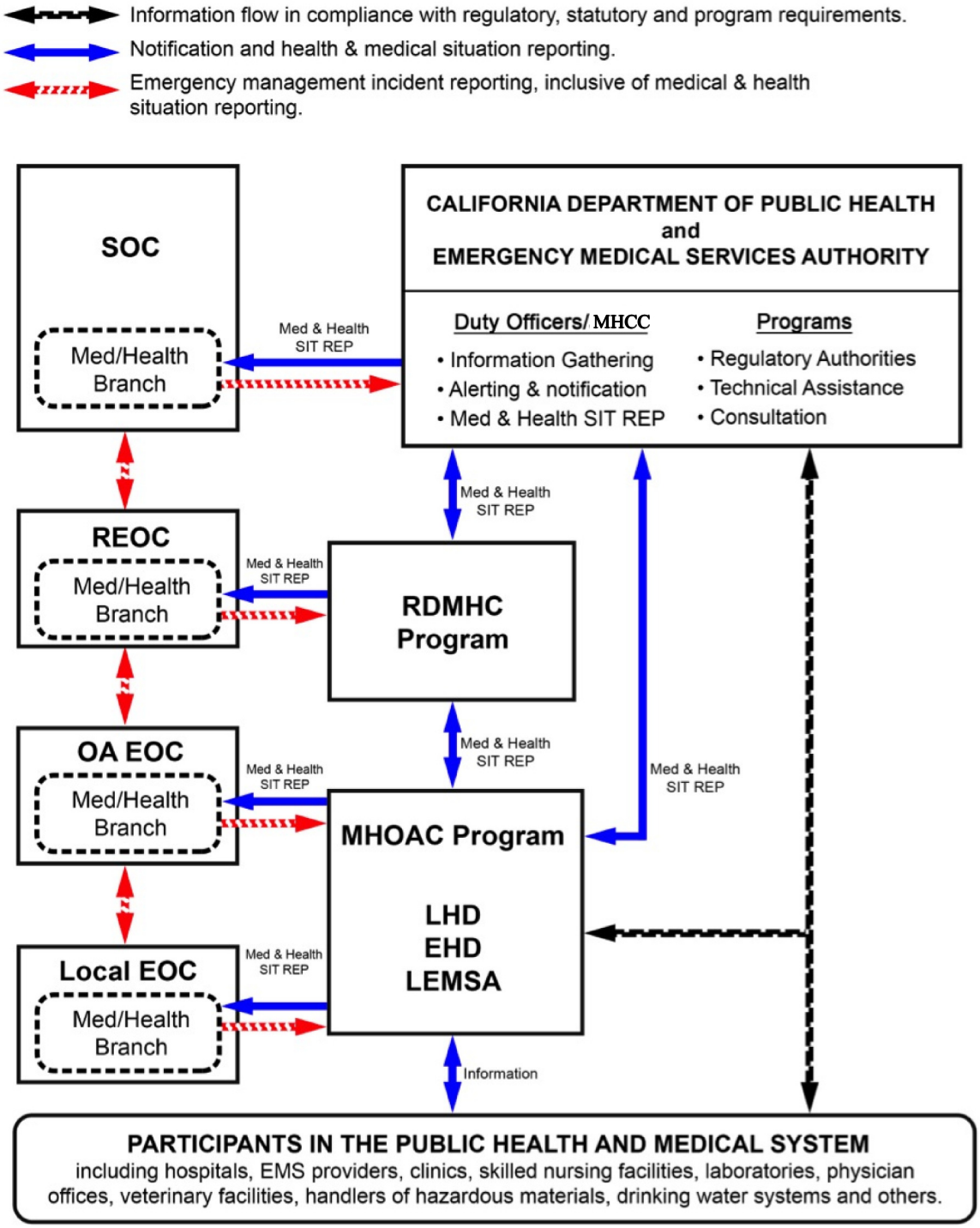
How people can get more information about chlorine

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.
Notification and health & medical situation reporting.
Emergency management incident reporting, inclusive of medical & health situation reporting.
SOC
Med/Health Branch
Med & Health SIT REP
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH and EMERGENCY MEDICAL SERVICES AUTHORITY
Duty Officers/ MHCC
• Information Gathering
• Alerting & notification
• Med & Health SIT REP
Programs
• Regulatory Authorities
• Technical Assistance
• Consultation
Med & Health SIT REP
REOC
Med/Health Branch
Med & Health SIT REP
RDMHC Program
OA EOC
Med/Health Branch
Med & Health SIT REP
Med & Health SIT REP
Med & Health SIT REP
MHOAC Program
LHD
EHD
LEMSA
Local EOC
Med/Health Branch
Med & Health SIT REP
Information
PARTICIPANTS IN THE PUBLIC HEALTH AND MEDICAL SYSTEM
including hospitals, EMS providers, clinics, skilled nursing facilities, laboratories, physician offices, veterinary facilities, handlers of hazardous materials, drinking water systems and others.

NOTIFICATION PROCESS FOR UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION FIELD TO STATE[2]		
SEMS[3] LEVEL	**ENTITY**	**INITIAL NOTIFICATION**
Field	**Field-Level Participants in the Public Health and Medical System, e.g.,** **Hospitals** **EMS Providers** **Community Clinics** **Skilled Nursing Facilities** **Public Water Systems** **Public Health Laboratories**	Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures.
Local Gov't	**Public Health and Medical Agencies:** **LHD EHD LEMSA[4]**	Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures. Notify the Medical Health Operational Area Coordinator Program (MHOAC) Program. Local Health Department (LHD)/Environmental Health Departments (EHDs): Notify the CDPH Duty Officer Program (either directly or via the MHOAC Program) or Medical and Health Coordination Center (MHCC) if activated.
OA	**MHOAC Program**	Notify the Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) Program in affected region. Notify the local emergency management agency in accordance with local policies and procedures. Notify the CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC/S Program).
Region	**RDMHC/S Program**	Notify the CDPH and/or EMSA Duty Officer Programs. Notify the local emergency management agency in accordance with local policies and procedures. Notify the MHOAC Program(s) in unaffected Operational Areas (OA) within the Mutual Aid Region to inform and provide advance warning if requests for assistance are anticipated.

[2] From FEMA's Emergency Management Institute Exercise Design Guidelines, in "Unit 4: Exercise Design Steps."

[3] Standardized Emergency Management System

[4] Local Emergency Medical Services Authority

NOTIFICATION PROCESS FOR UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION FIELD TO STATE[2]		
SEMS[3] LEVEL	**ENTITY**	**INITIAL NOTIFICATION**
State	**CDPH and EMSA Duty Officer Programs**	Notify State agencies in accordance with policies and procedures. Notify the RDMHC/S Programs in other Mutual Aid Regions if assistance is required or anticipated.
	Cal OES State Warning Center	Notify State agencies, including Cal OES, in accordance with policies and procedures.

NOTIFICATION PROCESS FOR UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION STATE TO FIELD		
SEMS LEVEL	**ENTITY**	**INITIAL NOTIFICATION**
State	**Cal OES State Warning Center**	Notify the CDPH and EMSA Duty Officer Programs.
	CDPH and EMSA Duty Officer Programs	Notify State agencies in accordance with policies and procedures. Notify the RDMHC/S Program in accordance with policies and procedures: request acknowledgement of notification if a Medical and Health Situation Report is expected; escalate to the MHOAC Program if acknowledgement of notification is not received from the RDMHC/S Program within 15 minutes. Notify the RDMHC/S Program by email if no Medical and Health Situation Report is expected by CDPH and/or EMSA. Notify LHD/EHDs in accordance with policies and procedures and field-level entities in accordance with statutory and regulatory requirements for specific functions.
Region	**RDMHC Program**	Notify the MHOAC Program immediately if the State has requested a Medical and Health Situation Report. Otherwise, notify the MHOAC Program in accordance with policies and procedures. Notify emergency management agencies in accordance with policies and procedures, including the Cal OES Regional Duty Officer (or REOC[5] if activated).
OA	**MHOAC Program**	Notify local agencies (LHD, EHD, LEMSA, emergency management) in accordance with local policies and procedures.
Local Gov't	**Public Health and Medical Agencies:** **LHD EHD LEMSA**	Notify appropriate field-level entities in accordance with local policies and procedures.

[5] Regional Emergency Operation Center

MEDICAL AND HEALTH SITUATION REPORT UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION		
SEMS LEVEL	**ENTITY**	**ACTIVITY**
Field	**Field-Level Participants in the Public Health and Medical System, e.g., Hospitals EMS Providers Community Clinics Skilled Nursing Facilities Public Water Systems Public Health Laboratories**	Provide situational information to the appropriate local agency (e.g., LHD, EHD, LEMSA or MHOAC Program) in accordance with local policies and procedures.
Local Gov't	**Public Health and Medical Agencies: LHD, EHD, LEMSA**	Provide situational information to the MHOAC Program in accordance with local policies and procedures.
OA	**MHOAC Program**	Within two hours of incident recognition, prepare and submit initial Medical and Health Situation Report to: (1) RDMHC/S Program; (2) CDPH and/or EMSA Duty Officer Programs (or MHCC if activated); and (3) emergency management agency for the OA (or OA EOC[6] if activated) in accordance with local policies and procedures. Under pressing circumstances, the initial Situation Report may be verbally delivered. Update as agreed or pursuant to change in status but no less than once per operational period.
Region	**RDMHC/S Program**	Confirm that the MHOAC Program submitted the Medical and Health Situation Report to CDPH and/or EMSA Duty Officer Programs and the emergency management agency for the OA (or OA EOC if activated) in accordance with policies and procedures. Confirm that the Cal OES Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report in accordance with policies and procedures.
State	**CDPH and EMSA Duty Officer Programs (or MHCC if activated)**	Share information with State agencies in accordance with policies and procedures. Incorporate relevant information from Medical and Health Situation Reports into the statewide Public Health and Medical Daily Situation Report and share with Cal OES, California Health and Human Services (CHHS), RDMHC/S Programs, MHOAC Programs and other stakeholders at least once per operational period.

[6] Emergency Operation Center

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.

APPENDIX G: RESOURCE REQUEST MEDICAL AND HEALTH

Page 1 of _____

Resource Request: Medical and Health Op Area (MHOAC) to Region/State RR MH (5/2011)

REQUESTOR TO COMPLETE	1. Incident Name:				2a. DATE:	2b. TIME:	
	3. Requestor Name, Agency, Position, Phone / Email:				2c. Requestor Tracking #: (Assigned by Requesting Entity)		
	MISSION / TASK DESCRIPTION						
	5. ORDER SHEETS - USE ATTACHED	☐	SUPPLIES/EQUIPMENT	☐	PERSONNEL	☐	OTHER:
MHOAC	7. Requesting entity must confirm that the verification questions in the PH&M EOM have been reviewed and answered.						
	☐ This request meet the criteria for submission based upon EOM guidelines.						
	☐ The creation of this request was in consulation with the RDMHC program						
	8. MHOAC / EOC Review: (NAME, POSITION , AND SIGNATURE) [SIGNING INDICATES: 1) THE NEED HAS BEEN VERIFIED; 2) RESOURCES ARE NOT AVAILABLE AT THIS LEVEL; 3) THE REQUEST IS COMPLETE)				9. Describing the actions taken on this request so far.		
LOGISTICS	NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).				12. Resource Tracking:		
	10. Additional Order Fullfillment Information:	11. Likely Supplier Name/Phone/Email:			☐ Entered into Resource Tracking System (Plans)		
					☐ Demob Expected:		
					☐ Demob Completed (if known):		
	13. Notes:				14. ORDER FILLED AT (check box)		
					☐ Operational Area:		
					☐ OA within Mutual Aid Region:		
					☐ Outside of Region:		
FINANCE	15. Reply / Comments from Finance:				16. Finance Section Signature & Date/Time: (Name, Position & Verification)		

ORDER SHEET

Page 1 of _____

5. ORDER **GENERAL: SUPPLY/EQUIPMENT REQUEST DETAILS**							17. Logistics Section: Fulfillment NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).					
Item #	Priority [3]	**Detailed Specific Item Description:** Vital characteristics, brand, specs, diagrams, and other info (Type of Equipment, name, capabilities, output, capacity, Type of Supplies, name, size, capacity, etc.)	Product Class (Ea, Box, Cs, Pack)	Items per Product Class	Quantity [2] Requested	Expected Duration of Use:	Quantity			Tracking #	ETA	COST
							Approved	Filled	Back-Ordered		(Date & Time)	
6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):							7. Deliver to/Report to POC (Name, Title, Location, Tele#, Email, Radio, etc.)					

[2] QUANTITY: Number of individual pieces of equipment or boxes, cases, or packages of supplies needed .

[3] PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)

2011MAY18

ORDER SHEET

Page _____of_____

5. ORDER **PERSONNEL REQUEST DETAILS** ❒ PAID ❒ NON-PAID

17. Logistics Section: Fulfillment

ITEM #	Priority[3]	Personnel Type & Probable Duties Indicate required license types (see list below) RN, MD, EMT-I, Pharmacist, LVN, EMT-P, NP, DVM, PA, RCP, MFT, DDS, LCSW, etc.	Number Needed	*Minimum* Required Clinical Experience (1=current hospital, 2=current clinical, 3=current license, 4=clinical education)	*Required* Skills, Training, Certs (e.g., PALS, current ICU experience, languages, ICS training, 2nd license such as PHN, etc.)	*Preferred* Skills, Training, Certs	Date/Time Required Indicate anticipated mobilization or duty date.	Anticipated Length of Service Indicate days or hours.	Quantity Approved	Quantity Filled	Tracking # or DHV Mission Number

6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):

7. Deliver to/Report to POC (Name, Title, Location, Tele#, Email, Radio, etc.)

Staging & Deployment Details (Parking/staging location? Food/water provided? Housing Provided? Items personnel should bring? Etc.) Provide Additional on Separate Page, if needed.

[3] PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)

2011MAY18

ORDER SHEET

Page 1 of _____

5. ORDER ***OTHER***						17. Logistics Section: Fulfillment NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).					
Item #	Priority [3]	**Detailed Specific Description** (Facility: Type, Tent, Trailer Size etc.) (Mobile Resources: Alternate Care Supply Cache, Mobile Field Hospital, Ambulance Strike Team)	Product (Ea, Cache, Team)	Quantity [2] Requested	Expected Duration of Use:	Quantity			Tracking #	ETA (Date & Time)	COST
						Approved	Filled	Back-Ordered			
6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):						7. Deliver to/Report to POC (Name, Title, Location, Tele#, Email, Radio, etc.)					

[2] QUANTITY: Number of individual items, caches, strike teams, or resources needed .

[3] PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW) 2011MAY18

APPENDIX H: ACRONYMS

AAM	After Action Meeting
AAR	After Action Report
AAR/IP	After Action Report/Improvement Plan
C/E	Controller / Evaluator
CAHF	California Association of Health Facilities
Cal OES	California Governor's Office of Emergency Services
CDPH	California Department of Public Health
CPCA	California Primary Care Association
CHHS	California Health and Human Services
EEG	Exercise Evaluation Guide
EHD	Environmental Health Department
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EMSAAC	Emergency Medical Services Administrators Association of California
EMSC	Emergency Medical Services for Children
EOC	Emergency Operation Center
EOM	California Public Health and Medical Emergency Operations Manual
ExPlan	Exercise Plan
FEMA	Federal Emergency Management Agency
FOUO	For Official Use Only
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
IP	Improvement Plan
LEMSA	Local Emergency Medical Services Authority
LHD	Local Health Department
MCI	Mass Casualty Incident
MHCC	Medical and Health Coordination Center
MHOAC	Medical and Health Operational Area Coordinator Program
MSEL	Master Scenario Events List
OA	Operational Area
OES	Office of Emergency Services
PHEP	Public Health Emergency Preparedness
POC	Point of Contact
RDMHC	Regional Disaster Medical Health Coordinator
RDMHS	Regional Disaster Medical Health Specialist
REOC	Regional Emergency Operation Center
SEMS	Standardized Emergency Management System
SimCell	Simulation Cell
SitMan	Situation Manual

SitRep	Situation Report
SME	Subject Matter Expert
SOC	State Operations Center
SWMHE	Statewide Medical and Health Exercise
TTX	Tabletop Exercise
VIP	Very Important Person