

# 2018 Statewide Medical and Health Exercise



## Infectious Disease Scenario



# FUNCTIONAL EXERCISE



## Exercise Plan (ExPlan)



This page intentionally left blank.

## TABLE OF CONTENTS

Table of Contents .....	i
Exercise Overview .....	1
General Information .....	Error! Bookmark not defined.
Exercise Logistics .....	11
Post-exercise and Evaluation Activities .....	13
Participant Information and Guidance .....	15
Appendix A: Exercise Schedule .....	A-Error! Bookmark not defined.
Appendix B: Exercise Participants .....	B-Error! Bookmark not defined.
Appendix C: Communications Plan .....	C-1
Appendix D: Acronyms .....	D-1

This page intentionally left blank.

## EXERCISE OVERVIEW

<b>Exercise Name</b>	2018 California Statewide Medical and Health Exercise (SWMHE) – Functional Exercise (FE)
<b>Exercise Dates</b>	November 15, 2018
<b>Scope</b>	This Functional Exercise is planned for four hours at multiple sites throughout the Operational Area (OA). Participants will include representation from OCHCA, Ambulance Providers, Hospitals, Clinics, Skilled Nursing Facilities, Long Term Care Facilities, Dialysis Centers, and other healthcare facilities, as well as the Hospital Disaster Support Communications System.
<b>Mission Area(s)</b>	Response
<b>Core Capabilities</b>	Health Care and Medical Response and Recovery Continuity of Health Care Service Delivery Medical Surge
<b>Objectives</b>	Refer to Tables in General Information Section for a complete list of exercise objectives by discipline.
<b>Threat or Hazard</b>	Medical Surge, Pandemic
<b>Scenario</b>	<p>Over the past few months, several reports have surfaced detailing a large number of cases of an influenza-like illness (ILI) in South America. The first reports came from Guyana, and then shortly after there were reports from Suriname and Brazil. It was unclear, at that time, whether the symptoms were indicative of a novel influenza strain, part of a particularly bad flu season, or something else. In Brazil, the first fatality was reported last month in a 47-year old female who was admitted to the hospital with the symptoms, including high fever, headache, and pneumonia.</p> <p>As more cases of the ILI were reported across South and Central America, health officials initially ruled out influenza and began to test specimens for a variety of illnesses, including the SARS-associated coronavirus (SARS), and the Middle East Respiratory Syndrome coronavirus (MERS-CoV). However, sequencing at the Centers of Disease Control and Prevention (CDC) has been able to identify a novel virus, very similar to influenza virus but with mutations in the areas that are targeted by available testing,</p>

	<p>including that at CDC and state/local public health laboratories. CDC is working on an assay to test for this novel virus.</p> <p>Based on preliminary analysis, spread of the virus appears to be occurring from person-person through the respiratory route. In South America, health officials have released a statement warning the public about the illness and reminding them to wash their hands frequently and cover their mouth and nose when they sneeze or cough. High hospitalization rates and multiple fatalities have been reported across Brazil, Guyana, and Suriname. CDC has issued travel alerts for those traveling to and from Brazil, Guyana, and Suriname. Based on CDC and the California Department of Public Health (CDPH) guidance, OCHCA Epidemiology disseminated initial recommendations for enhanced surveillance, testing, and infection control to Orange County health care partners.</p> <p>By November, the local U.S. media are reporting widely on the “pandemic” sweeping South America. Suspect PUIs (patients under investigation) for this novel virus have been reported in travelers returning from South or Central America to the U.S., including California.</p>
<p><b>Sponsor</b></p>	<p>Orange County Health Care Agency</p>
<p><b>Participating Organizations</b></p>	<p>Participants will include representation from OCHCA, Ambulance Providers, Hospitals, Clinics, Skilled Nursing Facilities, Long Term Care Facilities, Dialysis Centers, and other healthcare facilities.</p> <p><i>Please refer to Appendix B for a full list of participating organizations.</i></p>
<p><b>Exercise Name</b></p>	<p>2018 California Statewide Medical and Health Exercise (SWMHE) – Functional Exercise (FE)</p>

## GENERAL INFORMATION

### Exercise Objectives and Core Capabilities

The following exercise objectives describe the expected outcomes for the exercise. The objectives are linked to HSEEP Core Capabilities, CDC Public Health Preparedness (PHEP) Capabilities, and the United States Department of Health and Human Services (HHS) Hospital Preparedness Program (HPP) Capabilities. The objectives and aligned capabilities are guided by elected and appointed officials and selected by the OCHCA 2018 SWMHE Planning Team.

Objectives are separated by participating discipline.

### Ambulance Providers

Exercise Objective	Core Capability
Activate the Incident Command System (ICS) per scenario or hazard-specific plan and/or local policies and procedures within 45 minutes of notification of incident and incorporate responding ambulance units into on-scene ICS structure.	<i>Health Care Preparedness and Response Capability (HCPRC) 2: Health Care and Medical Response and Recovery Coordination</i>
Maintain continuous on-scene resource needs and request necessary resources through proper channels as established locally or through the Operational Area via local policies and procedures.	<i>Health Care Preparedness and Response Capability (HCPRC) 2: Health Care and Medical Response and Recovery Coordination</i>
Prepare the organization for continuous provision of essential services to clients and staff (and affected family members, whenever possible) during and after the disaster.	<i>Health Care Preparedness and Response Capability (HCPRC) 3: Continuity of Health Care Service Delivery</i>
Per local policies and procedures, provide situational awareness to the Local Emergency Medical Services Agency (LEMSA) and/or Medical and Health Operational Area Coordinator (MHOAC) Program for inclusion in the Public Health & Medical Emergency Operations Manual Situation Report within 60 minutes of activation.	<i>Health Care Preparedness and Response Capability (HCPRC) 2: Health Care and Medical Response and Recovery Coordination</i>

### Clinics, Dialysis & Surgery Center Providers

Exercise Objective	Core Capability
Determine the center’s priorities for ensuring key functions are maintained throughout the emergency, including the provision of care to existing and new patients within 30 minutes.	<i>Health Care Preparedness and Response Capability (HCPRC) 3: Continuity of Health Care Service Delivery</i>

Exercise Objective	Core Capability
Prepare for medical surge operations by activating appropriate plans (e.g., Emergency Operation Plan, Medical Surge Plan, Pandemic Plan, Mass Casualty Plan, etc.) for all levels of care and populations, and ensure all personnel have been trained in their use.	<i>Health Care Preparedness and Response Capability (HCPRC) 4: Medical Surge</i>
Maintain awareness of the common operating picture by gathering and sharing real-time information related to the emergency, the current state of the health care delivery system, and situational awareness through coordination with the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition partners, and the local Emergency Operations Center (EOC).	<i>Health Care Preparedness and Response Capability (HCPRC) 2: Health Care and Medical Response Coordination</i>
Ensure processes and procedures are in place throughout response to provide the following to all clinical and non-clinical staff and their families: appropriate Personal Protective Equipment (PPE), psychological first aid, just-in-time training, and other interventions specific to the emergency to protect health care workers from illness or injury.	<i>Health Care Preparedness and Response Capability (HCPRC) 3: Continuity of Health Care Service Delivery</i>
Activate the Incident Command System (ICS) and the facility Command Center (if applicable) within [insert timeframe] of incident notification, to provide a structured and successful emergency response.	<i>Health Care Preparedness and Response Capability (HCPRC) 2: Health Care and Medical Response Coordination</i>

## Hospice & Home Health Providers

Exercise Objective	Core Capability
Activate the Incident Command System (ICS) and the facility Command Center (if applicable) within 45minutes of incident notification, to provide a structured and successful emergency response.	<i>Health Care Preparedness and Response Capability (HCPRC) 2: Health Care and Medical Response Coordination</i>
Maintain situational awareness by gathering and sharing real-time information related to the emergency, and the current state of the health care delivery system through coordination with their local jurisdiction emergency management and local Health Care Coalition partners.	<i>Health Care Preparedness and Response Capability (HCPRC) 2: Health Care and Medical Response Coordination</i>
Determine the center’s priorities for ensuring key functions are maintained throughout the emergency, including the provision of care to existing patients within 2 hours.	<i>Health Care Preparedness and Response Capability (HCPRC) 3: Continuity of Health Care Service Delivery</i>



Exercise Objective	Core Capability
Prepare for medical surge operations by activating appropriate plans (e.g., Emergency Operations Plan, Medical Surge Plan, Pandemic Plan, Mass Casualty Plan, etc.) for all levels of care and populations, and ensure all personnel have been trained in their use.	<i>Health Care Preparedness and Response Capability (HCPRC) 4: Medical Surge</i>

## Hospital Providers

Exercise Objective	Core Capability
Alert and notify Hospital Command Center (HCC) staff of event within 10 Minutes.	<i>Health Care Preparedness and Response Capability (HCPRC) 2: Health Care and Medical Response and Recovery Coordination</i>
Develop an Incident Action Plan (IAP) and conduct associated meetings (e.g., incident briefing) within the first operational period.	<i>Health Care Preparedness and Response Capability (HCPRC) 2: Health Care and Medical Response and Recovery Coordination</i>
Activate and staff the HCC within 45 minutes.	<i>Health Care Preparedness and Response Capability (HCPRC) 2: Health Care and Medical Response and Recovery Coordination</i>
Activate and implement Medical Surge and Pandemic plan within one hour post activation of the HCC and deliver timely and efficient care.	<i>Health Care Preparedness and Response Capability (HCPRC) 4: Medical Surge</i>

## Long Term Care & Skilled Nursing Facility Providers

Exercise Objective	Core Capability
Activate the Nursing Home Incident Command System (NHICS) and the facility Command Center (if applicable) within 45 minutes of incident notification, to provide a structured and successful emergency response.	<i>Health Care Preparedness and Response Capability (HCPRC) 2: Health Care and Medical Response Coordination</i>
Determine the center's priorities for ensuring key functions are maintained throughout the emergency, including the provision of care to existing and new patients within 30 minutes.	<i>Health Care Preparedness and Response Capability (HCPRC) 4: Medical Surge</i>
Maintain awareness of the common operating picture by gathering and sharing real-time information related to the emergency, the current state of the health care delivery system, and situational awareness through coordination with the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition partners, and the local Emergency Operations	<i>Health Care Preparedness and Response Capability (HCPRC) 2: Health Care and Medical Response Coordination</i>

Exercise Objective	Core Capability
Center (EOC).	
Prepare for medical surge operations by activating appropriate plans (e.g., Emergency Operation Plan, Medical Surge Plan, Pandemic Plan, Mass Casualty Plan, etc.) for all levels of care and populations, and ensure all personnel have been trained in their use.	<i>Health Care Preparedness and Response Capability 4: Medical Surge</i>

## Orange County Behavioral Health

Exercise Objective	Core Capability
Alert and notify BHS Disaster Response staff of incident utilizing Alert HCA within 30 minutes.	<i>Public Health Emergency Preparedness (PHEP) Capability 3: Emergency Operations Coordination</i>
Implement appropriate internal communication strategies such as Alert HCA, phone calls and emails to monitor and track availability of BHS Disaster Response staff to respond to the incident.	<i>PHEP Capability 3: Emergency Operations Coordination</i>
Contact the public health department to identify the potential behavioral health implications of isolation and quarantine policies as well as determine any potential risks to behavioral health responders when working with patients.	<i>PHEP Capability 11: Non-Pharmaceutical Intervention &amp; 14: Responder Safety and Health</i>
Track behavioral health services, staff, and resources provided by the agency.	<i>HPP Capability 4: Medical Surge, PHEP Capability 14: Responder Safety and Health</i>
Submit at least one resource request through the EMS Duty Officer or EMS DOC if activated, and will communicate resource needs with Health Care Coalition partners to identify available assistance.	<i>PHEP Capability 3: Emergency Operations Coordination</i>
Prepare the organization for sustained provision of essential services to clients and staff (and their families) during and after the disaster.	<i>Health Care Preparedness and Response (HPP) Capability 3: Continuity of Health Care Service Delivery</i>

## Orange County EMS

Exercise Objective	Core Capability
Activate the Incident Command System (ICS) per scenario or hazard-specific plan and/or local policies and procedures within 10 minutes of notification of	<i>Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness, Health Care</i>

Exercise Objective	Core Capability
incident information that may affect normal operations.	<i>Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination</i>
Initiate coordination with the Medical and Health Operational Area Coordinator (MHOAC) Program for medical and health resource ordering within 20 minutes of identification of need.	<i>Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination</i>
Establish, maintain, and/or update communications with jurisdictional partners (e.g., start of new Operational Period, significant changes, new important information, etc.) via local channels (e.g., radio, telephone, email, etc.) per agency protocols and Health Care Coalition Communications Plan(s) to maintain situational awareness and support response within 30 minutes of activation.	<i>Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination</i>
Provide and/or update effective risk communication in coordination with other local and regional players.	<i>National Core Capability: Public Information &amp; Warning; Operational Communications</i>
Develop an Incident Action Plan (IAP) for the next Operational Period within 60 minutes of Department Operations Center activation.	<i>National Core Capability: Planning, Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination</i>

## Orange County Epidemiology

Exercise Objective	Core Capability
Provide and receive situational awareness to and from inter- and intra-jurisdictional stakeholders utilizing established procedures and distribution networks.	<i>PHEP Capability 6: Information Sharing</i>
Ensure the ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, etc.) to groups identified through epidemiologic investigation to be at risk for disease due to exposure.	<i>PHEP Capability 8: Medical Countermeasure Dispensing</i>
Ensure isolation and quarantine procedures and materials are in place for implementation within two hours of notification of case.	<i>PHEP Capability 11: Non-Pharmaceutical Intervention</i>
Ensure the ability to enhance surveillance for emerging pathogens is in place, including communications with health care providers as well as mechanisms for off-site epidemiological/surveillance response.	<i>PHEP Capability 13: Public Health Surveillance and Epidemiological Investigation</i>

<b>Exercise Objective</b>	<b>Core Capability</b>
Ensure responding staff are provided with information about disease prevention and appropriate personal protective equipment.	<i>PHEP Capability 14: Responder Safety and Health</i>

## 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.
- **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. Some facilities may choose to recruit live-body actors, while some may choose to use paper-based patient cards only.
- **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

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

### Artificialities

During this exercise, the following artificialities apply:

- Exercise communication and coordination is limited to participating exercise organizations. There will be a Simulation Cell (SimCell) to fill the roles of any non-participating agencies. This information is listed in the Communications Directory.
- Only communication methods listed in the Communications Directory are available for players to use during the exercise.

## 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 and should be assigned at each exercise venue; 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 the closest controller, and, within reason and training, render aid.
  - Each facility should follow emergency response protocols (e.g. calling 911) as appropriate to meet the needs of the situation.
  - The Venue Controller should make the venue Safety Controller, Senior Controller, and Exercise Director aware of the emergency event as soon as safely possible.
  - If the nature of the emergency requires suspension of the exercise at the venue or function, all exercise activities at that facility will immediately cease. Exercise play may resume at that venue or function after the situation has been addressed.
  - Exercise play at other venues and functions should not cease if one venue or function has declared a real-world emergency, unless they rely on the affected venue.
  - If a real emergency occurs that affects the entire exercise, the exercise may be suspended or terminated at the discretion of the Exercise Director and the Senior Controller.

### Weapons Policy

Weapons will not be part of exercise play and should be handled at the discretion of each exercise venue.

Qualified personnel who have legal authority to carry weapons (e.g., law enforcement, security, military) who are used to provide real-world perimeter security for the exercise and have no assigned or direct interaction with exercise participants may continue to carry loaded weapons as part of their normal scope of duty.

All other personnel will not bring, introduce, or have in their possession any weapon of any type in any area associated with the exercise. All exercise participants will be provided with a safety briefing that specifies provisions and policies regarding weapons before the exercise starts.

## Site Access

### Security

Authorized security personnel will control entry to the exercise venue. To prevent interruption of the exercise, access to exercise sites is limited to exercise participants. Players should advise a controller or evaluator of any unauthorized persons.

### Media

Media personnel are not invited to participate or observe the exercise. In the event that media personnel should arrive on site, they will be directed to leave the exercise site and will be put in contact with the venue controller.

### Observer Coordination

Organizations with observers attending the exercise should coordinate with the venue controller for access to the exercise site. Observers will be registered and receive a badge, and will be escorted to designated areas and accompanied by an exercise controller at all times.

### Exercise Identification

Exercise participants at the OCHCA EMS DOC, HSOC, ERC Hospitals, and other healthcare facilities will be identified by exercise identification badges to clearly display exercise roles; additionally, uniform clothing and/or vests may be worn to show exercise roles or agency affiliation. Some participants may also wear vests to distinguish roles as assigned by their facility/agency. Table 2 describes these identification items.

Group	Color
Exercise Director	Burgundy
Controllers	Black
Evaluators	White
Players	Varied by position

**Table 2. Exercise Identification**



## POST-EXERCISE AND EVALUATION ACTIVITIES

### 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, venue 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. Please refer to Appendix A: Exercise Schedule for information on the Controller/Evaluator Debriefing.

### 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 core 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 core 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 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. Please refer to Appendix A: Exercise Schedule for information on the After Action Meeting.

### 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.**”

### Players 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.
- Read your Player Handout, which includes information on exercise scenario, scope, and safety.

#### 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.
- 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.

### Simulation Guidelines

Because the exercise is of limited duration and scope, certain details will be simulated. The physical description of what would fully occur at the incident sites and surrounding areas will be relayed to players by controllers. A Simulation Cell (SimCell) will simulate the roles and interactions of nonparticipating organizations or individuals. Please defer to the controller at your site for how to contact the SimCell and/or utilize the provided exercise Communication Directory.

## APPENDIX A: EXERCISE SCHEDULE

Time	Personnel	Activity	Location
<b>Monday, November 5<sup>th</sup>, 2018</b>			
0900 - 1000	Exercise Volunteers	Volunteer Briefing	<b><u>Public Health Training Center</u></b> 1719 W. 17 <sup>th</sup> Street, Santa Ana, CA 92706 <i>Building "E"</i>
<b>Thursday, November 8<sup>th</sup>, 2018</b>			
1300-1400	Controllers, evaluators and exercise staff	Advanced & Intermediate C/E Training	<b><u>OC Global Med. Center</u></b> 1001 N. Tustin Ave., Santa Ana, CA 92705 <i>Bash Auditorium</i>
1500-1700	Controllers, evaluators and exercise staff	Beginners C/E Training	<b><u>OC Global Med. Center</u></b> 1001 N. Tustin Ave., Santa Ana, CA 92705 <i>Bash Auditorium</i>
1800 - 1900	Exercise Volunteers	Volunteer Briefing	<b><u>Public Health Training Center</u></b> 1719 W. 17 <sup>th</sup> Street, Santa Ana, CA 92706 <i>Building "E"</i>
<b>Thursday, November 15<sup>th</sup>, 2018</b>			
0700-0730	Players, Controllers, Evaluators, and exercise staff	Registration for Players, Controllers, and Evaluators	All
0730-0800	Players, Senior Controller, Exercise Director	Player Briefing and Safety Briefing	All
0800	Players, Controllers, Evaluators, and exercise staff	Functional Exercise Start	All
1020-1200	Players, Controllers, Evaluators, and exercise staff	Functional Exercise End	All

Time	Personnel	Activity	Location
1200-1230	Players, Controllers, Evaluators, and exercise staff	Hot Wash, Participant Feedback Forms	All
<b>Friday, November 16<sup>th</sup>, 2018</b>			
0800	Controllers, Evaluators and exercise staff	<b>Ambulance</b> Controller and Evaluator Debriefing	Conference Call: (714) 834-7400 Agent ID: 39 Passcode: 365412#
0900	Controllers, Evaluators and exercise staff	<b>LTCF/SNF</b> Controller and Evaluator Debriefing	Conference Call: (714) 834-7400 Agent ID: 39 Passcode: 365412#
1000	Controllers, Evaluators and exercise staff	<b>CDSC</b> Controller and Evaluator Debriefing	Conference Call: (714) 834-7400 Agent ID: 39 Passcode: 365412#
<b>Monday, November 19<sup>th</sup>, 2018</b>			
0900	Controllers, Evaluators and exercise staff	<b>Hospital</b> Controller and Evaluator Debriefing	Conference Call: (714) 834-7400 Agent ID: 39 Passcode: 365412#
1000	Controllers, Evaluators and exercise staff	<b>Hospice/Home Health</b> Controller and Evaluator Debriefing	Conference Call: (714) 834-7400 Agent ID: 39 Passcode: 365412#
<b>Thursday, December 13, 2018</b>			
1400-1600	Controllers, evaluators, and elected and appointed officials	After Action Meeting	<b>Public Health Training Center</b> 1719 W. 17 <sup>th</sup> Street, Santa Ana, CA 92706 <b>Building "E"</b>

## APPENDIX B: EXERCISE PARTICIPANTS

<b>Participating Organizations</b>	
<b>State/Region</b>	
CDPH/EMSA, California Mutual Aid Region I, Disaster Medical Health Specialist (RDMHS)	
<b>County of Orange</b>	
Orange County Health Care Agency	
<ul style="list-style-type: none"> <li>- Emergency Medical Services</li> <li>- Epidemiology</li> <li>- Behavioral Health</li> </ul>	
<b>Ambulance Providers</b>	
Care Ambulance Service	
Doctor's Ambulance Service	
Emergency Ambulance Service, Inc.	
<b>Clinics, Dialysis, &amp; Surgical Center Providers</b>	
Advanced Eye Medical Group	
AGMG Endoscopy Center	
Alicia Surgery Center	
AltaMed	
Barranca Surgery Center	
Camino Health Center	
Cerritos Dialysis	
CHOC Children's Clinics	
DaVita Anaheim Hills	
DaVita Anaheim West	
DaVita Crossroads	
DaVita Costa Mesa	
DaVita Fountain Valley	
DaVita Fullerton Dialysis	
DaVita Huntington Beach	
DaVita La Palma	
DaVita Los Alamitos	
DaVita South Cerritos	
DaVita Tustin Dialysis	
DaVita Tustin Ranch	

Participating Organizations
DaVita Westminster South Dialysis Center
DISC Surgery Center at Newport Beach
FKC Long Beach
FKC North Orange County
FMC- South Orange County
FMC-Santa Ana Dialysis
Foothill Surgical Institute
Fountain Valley Surgery Center
Fresenius Huntington Beach
Fresenius Kidney Care - Garden Grove
Fresenius Kidney Care Carson
Fresenius Kidney Care Garden Grove
Fresenius Medical Care Anaheim
Fresenius Medical Care Mission Viejo
Fresenius Medical Care Norwalk East
Fresenius Medical Care of Mission Viejo
Fresenius Medical Care University Dialysis of Orange
Friends of Family Health Center
La Veta Surgery Center
Laguna Beach Community Clinic
Laguna Canyon-Irvine
Laguna Woods PHP, College Hospital
Lestonnac Free Clinic
Livingstone Community Health Clinic
Memorial Care Digestive Care Center
Newport Bay Surgery Center
Newport Beach Dialysis
Newport Coast Surgery Center
Newport Mesa Dialysis
Newport Plaza Surgery Center
Newport Superior Dialysis
Nhan Hoa Comprehensive Health Care Clinic
North Orange County Surgery Center
Odyssey Asc Endoscopy Center



Participating Organizations
Pacific Hills Surgery Center LLC
Pavilion Surgery Center
RAI Goldenwest
RAI Hospital Circle
RAI-East First-Tustin
RAI-HARBOR -GARDEN GROVE
RAI-Newhope-Fountain Valley
Renal Research Institute, California Clinics
San Juan Capistrano
Satellite Healthcare
Serve the People Community Health Center
Share Our Selves
Southland Health Center
St. Joseph Hospital Dialysis Center
Tustin Dialysis
VC EMS/EPO
Hospice & Home Health Providers
CareCHOICES Home Health
CareCHOICES Hospice & Palliative Care Services, Inc.
Caretech Home Health, Inc.
Lorian Health
Lorian Home Health
Maxim Healthcare services
Trusted Hospice Inc.
Hospital Providers
Anaheim Global Medical Center
Anaheim Regional Medical Center
Chapman Global Medical Center
CHOC Children's
College Hospital Costa Mesa
Foothill Regional Medical Center
Fountain Valley Regional Hospital and Medical Center
Garden Grove Hospital
Hoag Hospital Irvine

Participating Organizations
Hoag Hospital Newport Beach
Hoag Orthopedic Institute
Huntington Beach Hospital
Kaiser Foundation Hospital Anaheim
Kaiser Foundation Hospital Irvine
La Palma Intercommunity Hospital
Los Alamitos Medical Center
MemorialCare Saddleback Medical Center
Mission Hospital
Mission Hospital Laguna Beach
Orange Coast MemorialCare Medical Center
Orange County Global Medical Center
Placentia-Linda Hospital
St. Joseph Hospital
St. Jude Medical Center
UCI Health
West Anaheim Medical Center
Long Term Care & Skilled Nursing Facility Providers
Advanced Rehab Center of Tustin
Alamitos West Health Care Center
Alta Gardens Care Center
Anaheim Terrace Care Center- Genesis
Beachside Nursing Center
Brookdale
Buena Park Nursing Center
Calle Sonora Place
Coventry Court Health Center
Extended Care Hospital of Westminster
Fairview Developmental Center
Flagship Healthcare Center
Generations Healthcare
Heritage Park Nursing Center
Huntington Valley Healthcare Center
Kindred Santa Ana

Participating Organizations
La Habra Convalescent
La Palma Nursing Center
Leisure Court Nursing Center
New Orange Hills
Newport Nursing & Rehab
Newport Subacute Healthcare Center
Orange Healthcare
Orangethrough Rehabilitation Hospital
Pacific Haven Subacute & Healthcare Center
Park Anaheim Healthcare Center
Regents point
Rowntree Gardens
Sea Bright Place
The Covington
Via Larga Place
Victoria
Villa Valencia
Walnut Village Rehabilitation and Care Center
Windsor Gardens Care Center of Fullerton
Windsor Gardens of Anaheim
Non-Governmental Organizations (NGOs)
Hospital Disaster Support Communications System (HDSCS)

This page intentionally left blank.

## APPENDIX C: COMMUNICATIONS PLAN

**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. Specific contact information can be found in the exercise Communications Directory.

### Controller Communications

The principal methods of information transfer for controllers during the exercise are cell phone, email, and verbal.

### Communications Check

Before the exercise, each Venue Controller will conduct a communications check to ensure redundancy and uninterrupted flow of control and exercise information.

### Player Briefing

The Venue Controller will provide a Player Briefing before the exercise starts in conjunction with the Safety Officer. Players will also receive a Player Handout with scenario details, objectives, and safety information. Technical handouts or other materials also may be provided to orient players with the exercise.

### Public Affairs

The sponsor organization and participating organizations are responsible for coordinating and disseminating public information before the exercise. Each venue should follow internal procedures.

### Hospital Disaster Support Communications System (HDSCS)

The Hospital Disaster Support Communications System is an independent organization made up of volunteer Amateur Radio Operators that provides back-up communications at the request of Orange County hospitals and Orange County Health Care Agency. For exercise play, some hospitals have elected to coordinate with HDSCS for an Amateur Radio Operator to play on-site. These activities will be coordinated by the hospital Exercise Point of Contact.

This page intentionally left blank.

## APPENDIX D: ACRONYMS

Acronym	Term
AAM	After Action Meeting
AAR	After Action Report
CDC	Centers for Disease Control and Prevention
C/E	Controller/Evaluator
DHS	U.S. Department of Homeland Security
DOC	Department Operation Center
EEG	Exercise Evaluation Guides
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ExPlan	Exercise Plan
FE	Functional Exercise
FEMA	Federal Emergency Management Agency
FOAC	Fire Operations Ambulance Coordination
HCA	Healthcare Agency
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
IP	Improvement Plan
MSEL	Master Scenario Events List
OA	Operational Area
OC	Orange County
OCHCA	Orange County Health Care Agency
OES	Office of Emergency Services
PIO	Public Information Office
POC	Point of Contact
PPE	Personal Protective Equipment
RDMHS	Regional Disaster Medical Health Specialist
SimCell	Simulation Cell
SME	Subject Matter Expert
VIP	Very Important Person(s)

This page intentionally left blank.