

2017 STATEWIDE MEDICAL AND HEALTH EXERCISE

AFTER ACTION REPORT

FUNCTIONAL EXERCISE





PREFACE

The 2017 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 After Action Report (AAR) 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 Governor's Office of Emergency Services (Cal OES)
- California Hospital Association (CHA)
- California Primary Care Association (CPCA)
- El Dorado County Health & Human Services Agency
- Kaiser Permanente
- Los Angeles County Department of Public Health

- Nevada County Public Health Department
- Orange County Health Care Agency
- Providence Health & Services
- Regional Disaster Medical Health Coordinator/Specialist Program
- Riverside County Emergency Management Department
- San Joaquin County Emergency Medical Services (EMS) Agency
- San Mateo County EMS Agency
- Sharp HealthCare
- Sutter Medical Center Sacramento

This AAR follows guidelines set forth by the U.S. Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP). The AAR is a tool for use in evaluating the exercise and developing improvement plans. See Appendix D 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.



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EXERCISE OVERVIEW

Sponsor

across California.

EXERCISE OVERVIEW					
Exercise Name	2017 California Statewide Medical and Health Exercise (SWMHE) – Functional Exercise (FE)				
Exercise Date	November 16 th , 2017				
Scope	This is a functional exercise planned for the County of San Luis Obispo to take place at 0800 on November 16 th , 2017 at the Public Health Department. The 2017 SWMHE Program is a progressive exercise program comprised of 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 16 th , 2017.				
Mission Area(s)	Response				
Capabilities	Emergency Operations CoordinationMedical Surge				
Objectives	 Provide and receive situational awareness with inter- and intra-jurisdictional stakeholders per local policies and procedures through the Medical and Health Operational Area Coordinator (MHOAC) program [PH] Ensure the PIO and/or JIC are considering media for reaching vulnerable populations and those with other access and functional needs (AFN). Use appropriately translated materials when possible. Utilize nonprofit partners and community/faith-based organizations (CBOs/FBOs) with any internal and/or external messaging with these vulnerable populations. [PH] Plan for the activation of mental and behavioral health services for all staff members as part of incident response and recovery planning [PH] Activate the Incident Command System (ICS) per scenario or hazard-specific plan and/or local policies and procedures within 30 minutes of notification of incident information that may affect normal operations. [EMS] Initiate coordination with the Medical and Health Operational Area Coordinator (MHOAC) Program for medical and health resource ordering within 30 minutes of identification of need. [EMS] 				
Threat or Hazard	Multi Casualty Incident				
Scenario	Terrorist Incident/ Active Shooter				
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and the California Emergency Medical Services Authority in collaboration with response

partners representing local health departments, public safety and healthcare facilities

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Participating Organizations

- County of San Luis Obispo Health Agency Department
- Twin Cities Community Hospital
- Sierra Vista Regional Medical Center
- Arroyo Grande Community Hospital
- French Hospital Medical Center
- San Luis Ambulance
- United Blood Services
- Central Coast Home Health
- FBI



ADMINISTRATIVE HANDLING INSTRUCTIONS

- 1. The title of this document is the California Statewide Medical and Health Exercise (SWMHE) Program After Action Report (AAR).
- 2. The information gathered in this AAR 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 the County of San Luis Obispo is prohibited. All exercise participants may view the AAR.
- 3. For more information about the exercise, please consult the following points of contact (POCs):

Denise Yi Public Health Emergency Preparedness Specialist County of San Luis Obispo 2180 Johnson Ave San Luis Obispo, CA 93401 dyi@co.slo.ca.us (805) 788-2067



EXERCISE BACKGROUND

The California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA) lead California in the annual SWMHE. CDPH recognizes that being prepared for a threat to community health is of national concern in an era of possible bioterrorism, pandemic influenza, and emerging public health threats. As an integral part of local public health response, the County of San Luis Obispo led a multi-organization exercise as part of the larger SWMHE on November 17, 2017. To ensure an effective exercise, subject matter experts (SMEs) and local representatives from various agencies have taken part in the planning process. Members of the exercise planning team included:

- Reanna Clayton, French Hospital Medical Center
- Eric Ruelas, French Hospital Medical Center
- Teri Reeder, Arroyo Grande Community Hospital
- Jennifer Sandoval, Arroyo Grande Community Hospital
- Beth Haberkern, Arroyo Grande Community Hospital
- Emma Lauriston, Sierra Vista Regional Medical Center
- Bridgette Bateman, Sierra Vista Regional Medical Center
- Carrie Vucasovich, Twin Cities Community Hospital
- Jody Ghione, Twin Cities Community Hospital
- Denise Yi, County of San Luis Obispo Public Health
- Elizabeth Merson, County of San Luis Obispo Public Health
- George Brown, County of San Luis Obispo Public Health
- Andy Scott, County of San Luis Obispo Public Health
- Fred Motlo, San Luis Ambulance
- Jason Crabtree, United Blood Services
- Dave Blanchard, FBI

Aligning exercise objectives and capabilities provides consistency for evaluation that transcends individual exercises to support preparedness reporting and trend analysis.

Objective 1

Provide and receive situational awareness with inter- and intra-jurisdictional stakeholders per local policies and procedures through the Medical and Health Operational Area Coordinator (MHOAC) program [PH]

A. Capability

Information Sharing

Expected Actions:

- Develop or assist in the development of the Situation Report for the Region and State within two hours of activation per the State Public Health and Medical Emergency Operations Manual (EOM)
- Distribute an intra-departmental situation report within 30 minutes of the start of an incident
- Request a Situation Report from Healthcare Coalition members and/or intra-jurisdictional stakeholders within 30 minutes per local policies and procedures
- Complete a preliminary assessment of the incident, and document medical resource needs and availability (e.g., personnel, facilities, logistics, and other healthcare resources) within 30 minutes.
- The MHOAC, in coordination with the EMS Section Chief, shall evaluate the current medicalhealth resources of the OA and ensure the integrity of the countywide medical health response system
- Continually re-assess on-scene medical resource needs every 30 minutes

Strengths

- The planning section developed the situation report and sent it out in a timely manner.
- Intra departmental situation reports were distributed within 30 minutes of the start of the incident.
- A preliminary assessment of each incident and documentation of medical resource needs and availability were prepared within 30 minutes.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

None

Objective 2

Ensure the PIO and/or JIC are considering media for reaching vulnerable populations and those with other access and functional needs (AFN). Use appropriately translated materials when possible. Utilize nonprofit partners and community/faith-based organizations (CBOs/FBOs) with any internal and/or external messaging with these vulnerable populations. [PH]

B. Capability

Information Sharing

Expected Actions:

- Identify vulnerable/special populations that may need customized messaging throughout incident response and recovery and the appropriate methods/media for reaching said populations
- Activate a document and/or resource-sharing repository (e.g., Homeland Security Information Network) in which to share translated materials to maximize response efficiency
- Include at least one objective each operational period related to serving AFN populations

Strengths

- Messages in Spanish were requested and provided in a timely manner
- Social Media and WebEOC were utilized for resource sharing and releasing translated materials

Areas for Improvement

The following areas require improvement to achieve the full capability level:

- Train Public Health PIO staff on their role relative to PIOs in other organizations (Law Enforcement, Office of Emergency Services (OES) and hospitals)
- Crisis Emergency Response Communication (CERC) Plan CD (in binder located in CHADOC) is not accessible to newer laptops without CD drives. Need to convert to USB or provide external CD drives.
- Update CERC plan templates to new County letterhead and update provider notice and media release layouts to new layouts during the CERC plan revision
- Purchase additional laptop computers, printers, fax machines and install one additional monitor for news monitoring.

Objective 3

Plan for the activation of mental and behavioral health services for all staff members as part of incident response and recovery planning. Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness

C. Capability

Foundation for Health Care and Medical Readiness

Expected Actions:

- Coordinate with the MHOAC and local responding agencies to determine the need for additional behavioral and mental health services, partners, and volunteers to provide an appropriate level of care to staff, victims, and family members.
- Incorporate mental and behavioral health services and agencies in all situational awareness and/or information distributed to other agencies as part of incident response

Strengths

- There was excellent coordination of behavioral health resources.
- Behavioral health staff was present in CHADOC for all of the briefings.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Train Behavioral Health staff on disaster response and critical stress

Objective 4

Activate the Incident Command System (ICS) per scenario or hazard-specific plan and/or local policies and procedures within 30 minutes of notification of incident information that may affect normal operations. [EMS]

D. Capability

Foundation for Health Care and Medical Readiness
Health Care and Medical Response and Recovery Coordination

Expected Actions:

- Work with jurisdictional officials to analyze data, assess emergency conditions, and determine Department Operations Center (DOC) activation levels based on the complexity of the event or incident within 30 minutes.
- Complete a preliminary assessment of the incident, and document medical resource needs and availability (e.g., personnel, facilities, logistics, and other healthcare resources) within 30 minutes.
- Conduct an initial incident briefing for all on-duty and recalled staff members, including communications and reporting procedures, within 30 minutes of incident notification
- Establish check-in procedure(s) for responding units and personnel

Strengths

- ReddiNet and WebEOC were utilized as swell as frequent communications with the Sheriff's Watch Commander.
- A preliminary assessment of the incident was completed, and documentation of medical resource needs and availability was conducted within 30 minutes.
- An initial briefing was conducted within 30 minutes.
- All CHAODC staff checked in, donned position vests and obtained copies of their SOPs.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Update the layout for CHADOC to make it more optimal for interoperability

Objective 5

Initiate coordination with the Medical and Health Operational Area Coordinator (MHOAC) Program for medical and health resource ordering within 30 minutes of identification of need. [EMS]

E. Capability

Health Care Preparedness and Response Capability
Health Care and Medical Response and Recovery Coordination

Expected Actions:

- Receive and fill a resource request that addresses the need, amount, supply, source, delivery location, and staging location of the resource
- Include required logistical support ("wrap around services") such as food, lodging, and fuel as part
 of any resource requests sent
- Forward resource requests that are not able to be filled within Operational Area to RDMHS

Strengths

- Resource requests were filled for additional Behavioral Health staff
- Additional County vehicles for Behavioral Health staff were obtained
- A resource request for a strike team of ambulances from outside the Operation Area was forwarded

Areas for Improvement

The following areas require improvement to achieve the full capability level:

None



APPENDIX A: IMPROVEMENT PLAN

	Capability	Observation	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
A.	i. Information Sharing	Area for Improvement	Work with PH Public Information Officer to update Crisis Emergency Response Communication Plan	Planning	Public Health Emergency Preparedness PHEP	Denise Yi	January 1 st , 2018	June 30 th , 2018
	ii. Information Sharing	Area for Improvement	Convert CERC Plan CD to USB for PIO use in CHADOC	Planning	Public Health Emergency Preparedness	Robin Hendry	January 1 st , 2018	June 30 th , 2018
	iii. Information Sharing	Area for Improvement		Planning	Public Health Emergency Preparedness	Elizabeth Merson/ Robin Hendry	January 1 st , 2018	June 30 th , 2018
B.	Foundation for Health Care and Medical Readiness	Area for Improvement	Invite BH staff to critical stress and disaster response training	Training	Public Health Emergency Preparedness	Elizabeth Merson	January 1 st , 2018	June 30 th , 2018
C.	Foundation for Health Care and Medical Readiness Health Care and Medical Response and Recovery Coordination	Area for Improvement	Update the layout of County Health Agency Department Operations Center for optimal interoperability	Planning	Public Health Emergency Preparedness	Denise Yi/ Elizabeth Merson	January 1 st , 2018	June 30 th , 2018

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D.			
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APPENDIX B: EXERCISE PARTICIPANTS

Name	Phone Number	Role				
County of San Luis Obispo						
Denise Yi	805-266-0987	Exercise Director				
FBI						
Dave Blanchard	805-857-6372	Phone Participant				
Central Coast Home Health						
Brandi Colombo	805-540-6020	Phone Participant				
United Blood Services						
Jason Crabtree	805-549-0303	Phone Participant				
County Health Agency Departme	nt Operations Ce	enter (CHADOC)				
RJ Hansen	805-619-7324	Evaluator				
Scott Milner	805-260-0491	Evaluator				
Claire Grantham	805-215-2812	Controller				
Arroyo Grande Community Hosp	ital					
Teri Reeder	805-901-3763	Facility POC				
Colleen Avery	805-610-6320	Controller				
Beth Haberkern	805 550-1110	Controller				
Steve Reeder	805-903-3684	Evaluator				
Fred Haberkern	805-440-3808	Evaluator				
French Hospital Medical Center						
Reanna Clayton	805-748-8445	Facility POC				
Dave Majors	805-503-0872	Controller				
Cherie McKinley	805-542-6267	Evaluator				
Sierra Vista Regional Medical Ce	nter					
Emma Lauriston	805-801-7421	Facility POC				
Diane Stalker-Hood	805-546-5110	Controller				
Jorge Rodriguez	805-704-0405	Evaluator				
Twin Cities Community Hospital						
Carrie Vucasovich	805-434-4522	Facility POC				
Eleze Armstrong	805-835-1053	Controller				
Cindy Kellerman	805-434-4369	Evaluator				
Marlene Aten	805-434-4363	Evaluator				
Jan Tiffin	805-434-4303	Evaluator				



APPENDIX C: SCHEDULE

TIME	PERSONNEL	ACTIVITY	LOCATION			
Thursday, Nov. 16 th 2017						
745	Assigned Personnel	 Report to assigned site for exercise set up 	Assigned Site			
800	All Players	 Player, Controller, Evaluator Check In 	Assigned Site			
815	All Controllers/Evaluators	 C/E Briefing and Communications Check 	Assigned Site			
820	All Players	Initial Conditions Briefing	Assigned Site			
825	All Players	 C/Es and Players in position and ready to play 	Assigned location			
830	All	Start EX	Assigned Location			
1230	All	End EX	Assigned Location			
Immediately Following Exercise	All	Facility Hot WashesParticipant Feedback Forms	Assigned Location			



APPENDIX D: ACRONYMS

AAM After Action Meeting
AAR After Action Report

AAR/IP After Action Report / Improvement Plan

AFN Access and Functional Needs

C/E Controller/Evaluator

CAHAN California Health Alert Network

CAHF California Association of Health Facilities

Cal OES California Governor's Office of Emergency Services
Cal OSHA California Division of Occupational Safety and Health

CBO Community Based Organizations

CCLHO California Conference of Local Health Officers

CDPH California Department of Public Health
CERT Community Emergency Response Team

CHA California Hospital Association
C/ME Coroner/Medical Examiner

CPCA California Primary Care Association

CHHS California Health and Human Services Agency

DHS Department of Homeland Security
DOC Department Operations Center

ED Emergency Department
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

EOC Emergency Operation Center

EOM California Public Health and Medical Emergency Operations Manual

EOP Emergency Operations Plan

EPO California Department of Public Health Emergency Preparedness Office

ETA Estimated Time of Arrival

ExPlan Exercise Plan

FAC/FIC Family Assistance Center / Family Information Center

FBI Federal Bureau of Investigation

FE Functional Exercise

FEMA Federal Emergency Management Agency

FOUO For Official Use Only
FSE Full Scale Exercise
HAZMAT Hazardous Materials
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

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IAP Incident Action Plan

ICS Incident Command System

IP Improvement Plan

JIC Joint Information Center
JIS Joint Information System

JRIC Joint Regional Intelligence Center

JTTF Joint Terrorism Task Force

LEMSA Local Emergency Medical Services Authority

LHD Local Health Department MCI Mass Casualty Incident

MHCC Medical and Health Coordination Center

MHOAC Medical/Health Operational Area Coordinator Program

MOU Memorandum of Understanding

MRC Medical Reserve Corps

MSEL Master Scenario Events List

NGO Non-governmental organization

NHICS Nursing Home Incident Command System
NIMS National Incident Management System

OA Operational Area

OEM Office of Emergency Management

OES California Governor's Office of Emergency Services

PHEP Public Health Emergency Preparedness

POC Point of Contact

PPE Personal Protective Equipment

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
SME Subject Matter Expert
SOC State Operations Center

SWAT Special Weapons and Tactics Team
SWMHE Statewide Medical and Health Exercise

TLO Terrorism Liaison Officer

TTX Tabletop Exercise
UC Unified Command
VIP Very Important Person