



2019
STATEWIDE MEDICAL AND HEALTH EXERCISE

SITUATION MANUAL
Los Angeles Flood Scenario

TABLETOP EXERCISE



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PREFACE

The 2019 Los Angeles County Statewide Medical and Health Exercise (SWMHE) is sponsored by the California Department of Public Health (CDPH), the Emergency Medical Services Authority (EMSA), and Los Angeles County Emergency Medical Services (EMS) Agency. This Situation Manual (SitMan) was produced with input, advice, and assistance from the 2019 SWMHE Planning Workgroup, comprised of representatives from:

- All Care Provider
- American Medical Response
- California Association of Health Facilities
- Care Ambulance Service
- Children’s Hospital Los Angeles
- City of Long Beach Department of Health and Human Services
- Community Clinic Association of LA County
- Huntington Hospital
- Kaiser Permanente – Los Angeles Medical Center
- Los Angeles County Department of Mental Health
- Los Angeles County Department of Public Health
- Los Angeles County Emergency Medical Services Agency
- Los Angeles County Fire Department
- Los Angeles County Office of Emergency Management
- Providence Health and Services, Valley Service Area
- Torrance Surgery Center
- U.S. Renal Care
- UCLA Health
- Westmed/McCormick Ambulance

This SitMan template follows guidelines set forth by the U.S. Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP). The purpose of this document is to assist exercise participants with all the necessary tools to develop and implement a Tabletop Exercise (TTX). See Appendix B 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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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."



EXERCISE OVERVIEW

Exercise Name	2019 Los Angeles County Statewide Medical and Health Exercise (SWMHE) – Tabletop Exercise (TTX)
Exercise Date	[Insert day of tabletop exercise]
Scope	This is a TTX planned in preparation for the Los Angeles County Statewide Medical and Health Exercise on November 21, 2019. The 2019 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 scenario is a flood.
Mission Area(s)	[Insert mission area(s)]
Capabilities	<p>[Based on the capabilities selected for your exercise, whether you are using Public Health Emergency Preparedness (PHEP), Health Care Preparedness and Response Capabilities², or National Core Capabilities (or a combination), please list them here. These should be selected based on your objectives and requirements for the exercise. Following are the 2017-2022 Health Care Preparedness and Response Capabilities.]</p> <ul style="list-style-type: none">• Foundation for Healthcare and Medical Readiness• Healthcare and Medical Response Coordination• Continuity of Healthcare Service Delivery• Medical Surge

2. The Health Care Preparedness and Response Capabilities were released by the Assistant Secretary for Preparedness and Response (ASPR) in December of 2016. They replace the 2011 – 2016 Hospital Preparedness Program (HPP) capabilities.



Objectives

Ambulance Objectives:

- **Objective 1:** Per company policies and procedures, activate surge response plan when the request is received from the Fire Operational Area Coordinator (FOAC).
- **Objective 2:** Maintain continuous on-scene resource needs and request necessary resources through proper channels as per local policies and procedures.

Ambulatory Surgical Center Objectives:

- **Objective 1:** 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 the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition (HCC) partners, and the Department of Health Services Department Operations Center (DHS DOC) within [insert timeframe, if applicable].
- **Objective 2:** If ASC is within a flooded area or one that may flood, determine need for/priorities for either sheltering in place (SIP) or evacuation ensuring key organization's functions are maintained throughout the emergency including the provision of care to existing patients, staff and family members accompanying patients.
- **Objective 3:** Implement and manage medical surge operations through the continued sharing of resources across Health Care Coalition partners and the operational area.

Community Clinics:

- **Objective 1:** Clinics will activate their facility's Emergency Operations Plan (EOP) and relevant incident-specific procedures **immediately after receiving incident notification** to provide a structured and successful emergency response.
- **Objective 2:** The command center will gather and share real-time information relevant to the emergency and determine the clinic's priorities to ensure key functions and patient safety are maintained throughout the emergency **1 hour** after receiving incident notification.

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- **Objective 3:** Clinics will complete an assessment poll indicating their service level to the MAC within 5 minutes of receiving the poll.
- **Objective 4:** Initiate patient movement, evacuation, and relocation if and when the facility can no longer sustain a safe working environment, and coordinate all evacuation and relocation efforts with all response partners within 3 hours.

Department of Health Services EMS Objectives:

- **Objective 1:** The Director of Emergency Medical Services or the Assistant Director will initiate and activate the Department Operations Center (DOC) and establish communications within 30 minutes following notification of an incident and in accordance with activation guidelines found in the Department Emergency Plan.
- **Objective 2:** The Planning and Intelligence Section will provide initial situational assessment (e.g., 201, briefing, etc.) within 30 minutes of activation to DOC management and staff.
- **Objective 3:** The Planning and Intelligence Section will establish a systematic process and strategic approach to provide a common operating picture to support DOC objectives within 60 minutes following notification of an incident and develop a Coordinated Action Plan.
- **Objective 4:** In coordination with the local health departments' Public Information Officer (PIO), the DHS PIO will disseminate coordinated, accurate, and timely information to the Medical and Health community within 60 minutes of activation.
- **Objective 5:** Activate the Medical Health Operational Area Coordinator (MHOAC) program for medical and health resource ordering within 60 minutes of identification of need for continuous provision of essential services to the Medical and Health sector throughout the event, to include ongoing provisions for supplementing staff impacted by the flood event.
- **Objective 6:** MHOAC representative will provide situational awareness update to the EOC Region and State per MHOAC Communication Flow.
- **Objective 7:** Maintain patient tracking and components of patient movement.

Department of Mental Health Objectives:

- **Objective 1:** DMH will activate Emergency Plans and procedures to maintain situational awareness and coordinate the disaster mental health response by providing an appropriate DMH Liaison to the DHS-DOC.

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- **Objective 2:** Department of Mental Health will work with the MHOAC program to submit a mutual aid resource request for mental health staff using the procedures in the California Public Health and Medical EOM.
- **Objective 3:** The DMH Liaison assigned to the DHS DOC during the exercise will receive/review any PsySTART data from hospitals that is submitted during the exercise.

Department of Public Health Objectives:

- **Objective 1:** Determine the need to activate public health emergency operations based on analyzed information.
- **Objective 2:** Validate the processes used to develop a jurisdiction-wide public health response strategy.
- **Objective 3:** Validate the processes used to respond to a public health emergency within a jurisdiction.
- **Objective 4:** Plan for the activation of and support to volunteer management activities that are engaged in public health response activities.
- **Objective 5:** Plan for the activation of and support to mass care operations and response activities.

Dialysis Center Objectives:

- **Objective 1:** 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 the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition (HCC) partners, and the Department of Health Services Department Operations Center (DHS-DOC) within [insert timeframe, if applicable].
- **Objective 2:** If dialysis center is within a flooded area or one that may flood, determine need for/priorities for either sheltering in place (SIP) or evacuation ensuring key organization's functions are maintained throughout the emergency including the provision of care to existing patients, staff and family members accompanying patients.



- **Objective 3:** Implement and manage medical surge operations through the continued sharing of resources across Health Care Coalition partners and the operational area.

Emergency Management - Office of Emergency Management:

- **Objective 1:** The [Director of Emergency Services] will initiate and activate the Emergency Operations Center (EOC) and establish communications within [insert timeframe] following notification of an incident and in accordance with activation guidelines found in the Emergency Operations Plan (EOP).
- **Objective 2:** The Planning and Intelligence Section will provide initial situational assessment (e.g., 201, briefing, etc.) within [insert timeframe] of activation to [insert key decision-makers, e.g., senior officials, executive board, etc.].
- **Objective 3:** The Planning and Intelligence Section will establish a systematic process and strategic approach in an effort to provide a common operating picture to support EOC objectives within [insert timeframe] following notification of an incident.
- **Objective 4:** In coordination with the local health departments' Public Information Officer (PIO), the EOC PIO will disseminate coordinated, accurate, and timely information to the whole community within [insert timeframe] of activation.

Home Health/Hospice Objectives:

- **Objective 1:** 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 the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition (HCC) partners, and the Department of Health Services Department Operations Center (DHS DOC) within [insert timeframe, if applicable].
- **Objective 2:** If agency or patient care areas are within flood areas, determine need for/priorities for either sheltering in place (SIP) or evacuation ensuring key organization's functions are maintained throughout the emergency including the provision of care to existing and possibly new patients.
- **Objective 3:** Determine priorities to ensure patient safety and continuity of care when either current home circumstances are no longer safe, or the agency is unable to contact high acuity patients and/or field staff. Test the process of informing local emergency preparedness officials of inability to reach patients or field staff.



Hospital Objectives:

- **Objective 1:** Alert and activate the Incident Command System (ICS) and HCC staff within [insert timeframe].
- **Objective 2:** Develop an Incident Action Plan (IAP) and conduct [number of] associated meetings (e.g., incident briefing) within the first Operational Period for flood response.
- **Objective 3:** Implement internal notification [insert strategies such as page, email, or intercom announcement] within [insert timeframe] for information and incident sharing within the hospital, between [XYZ Location, e.g., Labor Pool, HCC] and [XYZ Location, e.g., Triage Area, Pharmacy].
- **Objective 4:** Initiate communication strategies [such as page, email, etc.] within [insert timeframe] between Hospital Command Centers and the [the Medical Health Operational Area Coordinator (MHOAC), local operational area/Department Operations Center (DOC)/Emergency Operations Center (EOC), Disaster Resource Center (DRC) and umbrella hospitals].
- **Objective 5:** [Insert XYZ position, e.g., Medical Care Branch Director] will document the dispositions of victims through the continuum of care for the entire exercise timeframe, utilizing the appropriate [Insert Patient Tracking].
- **Objective 6:** Assess and report hospital situation status and capability, to Medical and Health Operational Area Coordinator (MHOAC) within one hour of initiation of the poll. *Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination*
- **Objective 7:** The [Insert specific position, e.g., Logistics Section Chief] will send at least one resource request through the Medical and Health Operational Area Coordinator (MHOAC) within two hours of activation, and will communicate resource needs with Health Care Coalition partners to identify available assistance.
- **Objective 8:** Plan for the activation of mental and behavioral health services for all staff members and patients as part of incident response and recovery planning.

Long Term Care Objectives:

- **Objective 1:** Activate the Emergency Operation Plan (EOP) and policies related to external flooding within [insert timeframe] of notification of incident information that may affect normal operations.

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- **Objective 2:** Gather, organize, and document incident situation and resource information to maintain situational awareness, and share information horizontally and vertically with stakeholders within [insert timeframe].
- **Objective 3:** If the decision is made to restrict admissions and shelter in place, provide patients with at least a minimum standard of care according to internal protocols and procedures within [insert timeframe].
- **Objective 4:** If the decision is made to evacuate, implement policies and procedures to assure the safety and care of residents at other appropriate facilities within [insert timeframe].
- **Objective 5:** Plan for the activation of mental and behavioral health services for all staff members as part of incident response and recovery planning as needed within [insert timeframe].

Los Angeles County Fire Department Objectives:

- **Objective 1:** Provide situational awareness to the Medical Alert Center (MAC) within 10 minutes of activation.
- **Objective 2:** Provide and/or update effective risk communication in partnership with other local and regional players through the coordination of a Joint Information Center (JIC) within 60 minutes of activation.
- **Objective 3:** Activate the Incident Command System (ICS) and effectively transition into Unified Command (UC) within 60 minutes of notification of incident information that may affect normal operations and in accordance with the [insert plan name].
- **Objective 4:** Develop an Incident Action Plan (IAP) and complete the appropriate forms (e.g. ICS-214) for the next Operational Period within 6 hours of Command Center activation.
- **Objective 5:** Establish, maintain, and/or update communications with internal and external partners (e.g., start of new Operational Period, significant changes, new important information) via local channels (e.g., radio, telephone, email, etc.) per agency protocols to maintain situational awareness and support response within 10 minutes of activation.
- **Objective 6:** Through UC, coordinate with emergency medical services (EMS) agencies and/or MHOAC Program for medical and health resource ordering, and to identify staging locations for ambulances and additional EMS resources within 60 minutes of identification of need.

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Scenario

Pre-Incident Information:

- L.A. County has had an unusually wet season, with a record amount of rainfall. Persistent rainfall has caused the Los Angeles’ storm drain system to exceed normal water elevation throughout the county. Officials are concerned that this could result in a flash-flood scenario. The forecast calls for additional heavy rainfall, over the next 72 hours. The National Weather Service issues a flash flood warning for the following counties: Los Angeles, Ventura, Santa Barbara, Orange, Riverside, and San Bernardino. There is concern for mud slides in the burn areas of LA, Ventura, and Santa Barbara Counties.

Exercise Information:

- Floodwaters have reached some healthcare facilities and caused significant damage to departments located on the first floor and the basement. Large areas of some cities are without power, and some are without potable water.
- Residents are being rescued from flooded homes and vehicles all across LA County.
- Many roadways remain flooded and impassable.
- Law enforcement have established perimeters around heavily damaged areas and are not allowing anyone to enter or exit for safety reasons.
- The public is advised to drive carefully due to an increased number of traffic accidents.
- Traffic lights are out at many intersections.

Sponsor

The 2019 Los Angeles Countywide State Medical and Health Exercise (LACOMHE) is sponsored by the California Department of Public Health, Los Angeles Department of Health Services and the Emergency Medical Services Agency (EMS). This Exercise Situation Manual was produced with assistance and guidance from the Los Angeles Statewide Medical and Health Exercise Planning Workgroup.

Participating Organizations

[Insert participating organizations here and in the appendices]



GENERAL INFORMATION

EXERCISE OBJECTIVES AND CAPABILITIES

The exercise objectives in Table 1 describe expected outcomes for the Tabletop Exercise (TTX). The objectives are linked to [Public Health Emergency Program (PHEP) / Health Care Preparedness and Response / National Core] capabilities, which are elements necessary to achieve the specific mission area(s). The objectives and aligned capabilities are guided 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, Ambulatory Surgery Centers, Community Clinics, Dialysis Centers, Department of Health Services Emergency Medical Services Agency (EMS), Department of Mental Health, Department of Public Health, Emergency Management – Office of Emergency Management (OEM), Home Health and Hospice Agencies, Hospitals, Long Term Care Facilities and Los Angeles County Fire Department.
https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe_current.aspx

Table 1. Exercise Objectives and Associated Capabilities

Exercise Objective	Capability
<p>Ambulance Objective 1: Per company policies and procedures, activate surge response plan when the request is received from the Fire Operational Area Coordinator (FOAC).</p>	<p>Health Care Preparedness and Response Capability 4: Medical Surge</p>
<p>Ambulance Objective 2: Maintain continuous on-scene resource needs and request necessary resources through proper channels as per local policies and procedures. <i>Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination</i></p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination</p>
<p>Ambulatory Surgical Center Objective 1: 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 the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition (HCC) partners, and the Department of Health Services Department Operations Center (DHS DOC) within [insert timeframe, if applicable].</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>

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Exercise Objective	Capability
<p>Ambulatory Surgical Center Objective 2: If ASC is within a flooded area or one that may flood, determine need for/priorities for either sheltering in place (SIP) or evacuation ensuring key organization’s functions are maintained throughout the emergency including the provision of care to existing patients, staff and family members accompanying patients.</p>	<p>Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery</p>
<p>Ambulatory Surgical Center Objective 3: Implement and manage medical surge operations through the continued sharing of resources across Health Care Coalition partners and the operational area.</p>	<p>Health Care Preparedness and Response Capability 4: Medical Surge</p>
<p>Community Clinics Objective 1: Clinics will activate their facility’s Emergency Operations Plan (EOP) and relevant incident-specific procedures immediately after receiving incident notification to provide a structured and successful emergency response.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>
<p>Community Clinics Objective 2: The command center will gather and share real-time information relevant to the emergency and determine the clinic’s priorities to ensure key functions and patient safety are maintained throughout the emergency 1 hour after receiving incident notification.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>
<p>Community Clinics Objective 3: Clinics will complete an assessment poll indicating their service level to the MAC within 5 minutes of receiving the poll.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>
<p>Community Clinics Objective 4: Initiate patient movement, evacuation, and relocation if and when the facility can no longer sustain a safe working environment, and coordinate all evacuation and relocation efforts with all response partners within 3 hours.</p>	<p>Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery</p>
<p>Department of Health Services EMS Objective 1: The Director of Emergency Medical Services or the Assistant Director will initiate and activate the Department Operations Center (DOC) and establish communications within 30 minutes following notification of an incident and in accordance with activation guidelines found in the Department Emergency Plan.</p>	<p>Health Care Preparedness and Response Capability 1: Foundation of Health Care and Medical Readiness</p>
<p>Department of Health Services EMS Objective 2: The Planning and Intelligence Section will provide initial situational assessment (e.g., 201, briefing, etc.) within 30 minutes of activation to DOC management and staff.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>

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Exercise Objective	Capability
<p>Department of Health Services EMS Objective 3: The Planning and Intelligence Section will establish a systematic process and strategic approach to provide a common operating picture to support DOC objectives within 60 minutes following notification of an incident and develop a Coordinated Action Plan.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>
<p>Department of Health Services EMS Objective 4: In coordination with the local health departments' Public Information Officer (PIO), the DHS PIO will disseminate coordinated, accurate, and timely information to the Medical and Health community within 60 minutes of activation.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>
<p>Department of Health Services EMS Objective 5: Activate the Medical Health Operational Area Coordinator (MHOAC) program for medical and health resource ordering within 60 minutes of identification of need for continuous provision of essential services to the Medical and Health sector throughout the event, to include ongoing provisions for supplementing staff impacted by the flood event.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>
<p>Department of Health Services EMS Objective 6: MHOAC representative will provide situational awareness update to the EOC Region and State per MHOAC Communication Flow.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>
<p>Department of Health Services EMS Objective 7: Maintain patient tracking and components of patient movement.</p>	<p>Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery</p>
<p>Department of Mental Health Objective 1: Department of Mental Health (DMH) will activate Emergency Plans and procedures to maintain situational awareness and coordinate the disaster mental health response by providing an appropriate DMH Liaison to the DHS-DOC.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>
<p>Department of Mental Health Objective 2: DMH will work with the MHOAC program to submit a mutual aid resource request for mental health staff using the procedures in the California Public Health and Medical EOM.</p>	<p>Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery</p>
<p>Department of Mental Health Objective 3: The DMH Liaison assigned to the DHS DOC during the exercise will receive/review any PsySTART data from hospitals that is submitted during the exercise.</p>	<p>Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery</p>
<p>Department of Public Health Objective 1: Determine the need to activate public health emergency operations based on analyzed information.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>

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Exercise Objective	Capability
Department of Public Health Objective 2: Validate the processes used to develop a jurisdiction-wide public health response strategy.	Health Care Preparedness and Response Capability 1: Foundation of Health Care and Medical Readiness
Department of Public Health Objective 3: Validate the processes used to respond to a public health emergency within a jurisdiction.	Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination
Department of Public Health Objective 4: Plan for the activation of and support to volunteer management activities that are engaged in public health response activities.	Health Care Preparedness and Response Capability 4: Medical Surge
Department of Public Health Objective 5: Plan for the activation of and support to mass care operations and response activities.	Health Care Preparedness and Response Capability 4: Medical Surge
Dialysis Center Objective 1: 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 the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition (HCC) partners, and the Department of Health Services Department Operations Center (DHS-DOC) within [insert timeframe, if applicable].	Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination
Dialysis Center Objective 2: If dialysis center is within a flooded area or one that may flood, determine need for/priorities for either sheltering in place (SIP) or evacuation ensuring key organization’s functions are maintained throughout the emergency including the provision of care to existing patients, staff and family members accompanying patients.	Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery
Dialysis Center Objective 3: Implement and manage medical surge operations through the continued sharing of resources across Health Care Coalition partners and the operational area.	Health Care Preparedness and Response Capability 4: Medical Surge
Emergency Management - Office of Emergency Management (OEM) Objective 1: The [Director of Emergency Services] will initiate and activate the Emergency Operations Center (EOC) and establish communications within [insert timeframe] following notification of an incident and in accordance with activation guidelines found in the Emergency Operations Plan (EOP).	Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination
Emergency Management – OEM Objective 2: The Planning and Intelligence Section will provide initial situational assessment (e.g., 201, briefing, etc.) within [insert timeframe] of activation to [insert key decision-makers, e.g., senior officials, executive board, etc.].	Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination

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Exercise Objective	Capability
<p>Emergency Management – OEM Objective 3: The Planning and Intelligence Section will establish a systematic process and strategic approach in an effort to provide a common operating picture to support EOC objectives within [insert timeframe] following notification of an incident.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>
<p>Emergency Management – OEM Objective 4: In coordination with the local health departments' Public Information Officer (PIO), the EOC PIO will disseminate coordinated, accurate, and timely information to the whole community within [insert timeframe] of activation.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>
<p>Home Health/Hospice Objective 1: 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 the Medical and Health Operational Area Coordinator (MHOAC), local Health Care Coalition (HCC) partners, and the Department of Health Services Department Operations Center (DHS DOC) within [insert timeframe, if applicable].</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>
<p>Home Health/Hospice Objective 2: If agency or patient care areas are within flood areas, determine need for/priorities for either sheltering in place (SIP) or evacuation ensuring key organization's functions are maintained throughout the emergency including the provision of care to existing and possibly new patients.</p>	<p>Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery</p>
<p>Home Health/Hospice Objective 3: Determine priorities to ensure patient safety and continuity of care when either current home circumstances are no longer safe, or the agency is unable to contact high acuity patients and/or field staff. Test the process of informing local emergency preparedness officials of inability to reach patients or field staff.</p>	<p>Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery.</p>
<p>Hospital Objective 1: Alert and activate the Incident Command System (ICS) and HCC staff within [insert timeframe].</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination</p>
<p>Hospital Objective 2: Develop an Incident Action Plan (IAP) and conduct [number of] associated meetings (e.g., incident briefing) within the first Operational Period for flood response</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination</p>

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Exercise Objective	Capability
<p>Hospital Objective 3: Implement internal notification [insert strategies such as page, email, or intercom announcement] within [insert timeframe] for information and incident sharing within the hospital, between [XYZ Location, e.g., Labor Pool, HCC] and [XYZ Location, e.g., Triage Area, Pharmacy].</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination</p>
<p>Hospital Objective 4: Initiate communication strategies [such as page, email, etc.] within [insert timeframe] between Hospital Command Centers and the [the Medical Health Operational Area Coordinator (MHOAC), local operational area/Department Operations Center (DOC)/Emergency Operations Center (EOC), Disaster Resource Center (DRC) and umbrella hospitals].</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination</p>
<p>Hospital Objective 5: [Insert XYZ position, e.g., Medical Care Branch Director] will document the dispositions of victims through the continuum of care for the entire exercise timeframe, utilizing the appropriate [Insert Patient Tracking].</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination</p>
<p>Hospital Objective 6: Assess and report hospital situation status and capability, to Medical and Health Operational Area Coordinator (MHOAC) within one hour of initiation of the poll.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination</p>
<p>Hospital Objective 7: The [Insert specific position, e.g., Logistics Section Chief] will send at least one resource request through the Medical and Health Operational Area Coordinator (MHOAC) within two hours of activation, and will communicate resource needs with Health Care Coalition partners to identify available assistance.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination</p>
<p>Hospital Objective 8: Plan for the activation of mental and behavioral health services for all staff members and patients as part of incident response and recovery planning.</p>	<p>Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness</p>
<p>Long Term Care Objective 1: Activate the Emergency Operation Plan (EOP) and policies related to external flooding within [insert timeframe] of notification of incident information that may affect normal operations.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>
<p>Long Term Care Objective 2: Gather, organize, and document incident situation and resource information to maintain situational awareness, and share information horizontally and vertically with stakeholders within [insert timeframe].</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>

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Exercise Objective	Capability
<p>Long Term Care Objective 3: If the decision is made to restrict admissions and shelter in place, provide patients with at least a minimum standard of care according to internal protocols and procedures within [insert timeframe].</p>	<p>Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery</p>
<p>Long Term Care Objective 4: If the decision is made to evacuate, implement policies and procedures to assure the safety and care of residents at other appropriate facilities within [insert timeframe].</p>	<p>Health Care Preparedness and Response Capability 3: Continuity of Health Care Service Delivery.</p>
<p>Long Term Care Objective 5: Plan for the activation of mental and behavioral health services for all staff members as part of incident response and recovery planning as needed within [insert timeframe].</p>	<p>Health Care Capability 3: Continuity of Health Care Service Delivery</p>
<p>Los Angeles County Fire Objective 1: Provide situational awareness to the Medical and Health Operational Area Coordinator (MHOAC) Program for inclusion in the Public Health & Medical Emergency Operations Manual Situation Report within 10 minutes of activation.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>
<p>Los Angeles County Fire Objective 2: Provide and/or update effective risk communication in partnership with other local and regional players through the coordination of a Joint Information Center (JIC) within 60 minutes of activation.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>
<p>Los Angeles County Fire Objective 3: Activate the Incident Command System (ICS) and effectively transition into Unified Command (UC) within 60 minutes of notification of incident information that may affect normal operations between local jurisdictions affected.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>
<p>Los Angeles County Fire Objective 4: Develop an Incident Action Plan (IAP) and complete the appropriate forms (e.g. ICS-214) for the next Operational Period within 6 hours of Command Center activation.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>
<p>Los Angeles County Fire Objective 5: Establish, maintain, and/or update communications with internal and external partners (e.g., start of new Operational Period, significant changes, new important information) via local channels (e.g., radio, telephone, email, etc.) per agency protocols to maintain situational awareness and support response within 10 minutes of activation.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>

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Exercise Objective	Capability
<p>Los Angeles County Fire Objective 6: Through UC, coordinate with emergency medical services (EMS) agencies and/or MHOAC Program for medical and health resource ordering, and to identify staging locations for ambulances and additional EMS resources within 60 minutes of identification of need.</p>	<p>Health Care Preparedness and Response Capability 2: Health Care and Medical Response Coordination</p>



PARTICIPANT ROLES & RESPONSIBILITIES

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

- **Players.** Players are personnel who have an active role in discussing their regular roles and responsibilities during the exercise. Players discuss actions in response to the simulated emergency.
- **Observers.** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
- **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts during the exercise.
- **Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, policies, and procedures.
- **Controllers.** Controllers may be used in a Tabletop Exercise (TTX) to plan and manage exercise play, set up and operate the site of the discussion, and possibly take the roles of individuals and agencies not participating in the TTX. Controllers direct the pace of exercise play, issue exercise materials to players as required, monitor the exercise timeline, and may prompt or initiate certain player discussions, potentially as described in the Master Scenario Events List (MSEL)³ in order to ensure exercise continuity.

EXERCISE STRUCTURE

The TTX contains scenario information and a list of discussion questions. After the scenario updates are presented, participants review the situation and engage in group discussions of issues. After group discussions, participants may engage in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group's actions, based on the scenario presented.

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.

3. MSELs are not typically used in TTXs, however they can be used for complex TTXs. MSELs are usually supported by a simulation cell.

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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.
- 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 Tabletop Exercise (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.
- Players do not need to call someone outside of the room during the exercise. If a player would normally contact an individual or department that is not represented at the TTX, they should tell the group what information they need, and who they would contact. This action should be noted.
- Include any additional assumptions/artificialities to be used in the exercise.

EXERCISE RULES

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

- This exercise will be held in an open, low stress, no fault environment. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve mission area efforts. Problem solving efforts should be the focus.
- Keep the exercise's objectives in mind throughout the exercise.
- Treat the scenario incidents as real events and play your appropriate role.

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- Participate openly and focus discussions on appropriate topics – asking questions, sharing thoughts, and offering forward looking, problem solving suggestions are strongly encouraged, as these will enhance the exercise experience.
 - Keep your comments focused and consider time constraints.
 - Respect the observations, opinions, and perspectives of others, as the discussions will explore a variety of policies, decisions, actions, and key relevant issues from different sources.
 - Participate in discussions on the issues and procedures flowing from each move presented.
-

TABLETOP EXERCISE TOOLS

In addition to this document, several tools have been developed by the California Department of Public Health (CDPH) and the Statewide Medical and Health Exercise Planning Workgroup for Los Angeles County to aid healthcare entities and their partners in developing their exercises. These tools are available on https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe_exercises_home.aspx and

<http://tinyurl.com/LACoDisasterMedicalServices> and include:

- Save the Date Invitation Template
 - Scenario Summary
 - Exercise Evaluation Guide (EEG) Template
 - After Action Report (AAR) Template
 - Feedback Forms
 - Waiver Forms (e.g., photography)
 - Assessments
 - Tabletop Exercise (TTX) Slide Deck Template
 - Facilitator Guide
 - Incident Planning Guide
 - Objectives
 - Certificate of Participation Template
 - Player Handout
 - Additional Resources
-



SCENARIO INFORMATION

PRE-INCIDENT INFORMATION

October 2019

- Your region has had an unusually wet season, with a record amount of rainfall. Extended rainfall has saturated the soil and caused runoff directly into streams and rivers, causing small area floods. Wet weather is expected to continue, and a slow-moving low-pressure storm system continues to produce heavy rainfall. Local street flooding has been continuous throughout the past month.
- The persistent rainfall has caused a Los Angeles' storm drain system to exceed the normal water elevation throughout the county. Officials have concerns that excessive flooding could occur during future storms, and this could result in a flash-flood scenario.
- Consider information regarding sand bag quantities, use, filling locations, delivery of sand bags, muscle walls, plastic sheeting, etc.

November 14, 2019

During an intense and sudden rainstorm, flash flooding has occurred throughout LA County. Flooding is affecting freeways leaving only one lane open for emergency vehicles on some freeways. The public is advised to stay home if possible, and do not travel unless necessary.

- Government Agencies throughout Los Angeles County, Long Beach, and Pasadena have launched a massive public messaging campaign with local news stations reminding the public with “Turn Around, Don’t Drown” messages.
- Local media is reporting widely on the storms headed to your area, and there are concerns that there may be additional flooding in the area.

KEY ISSUES

The issues below are suggested examples:

1. The ground is already saturated with reports of localized flooding and heavy rain is predicted to continue.
1. Internal and external communication between key response partners
2. Establishing shelter plans for displaced populations
3. Personnel and scene safety (electrical, plumbing, contaminated water, response supplies “Go-Bags” and storage)

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EXERCISE INFORMATION

November 18, 2019

- The National Weather Service has issued a flood watch for the entire County of LA. The forecast calls for additional heavy rainfall, perhaps as much as 2-6 inches during the next 72 hours.
- The primary road used to access your facility is flooded and impassable.
- The EMS Agency has been contacted by the media to discuss the impact the road closures are having on the County's ability to provide ambulance services to 9-1-1- calls.

November 20, 2019

- As the storm continues, the National Weather Service issues a flash flood warning for the following counties: Los Angeles, Ventura, Santa Barbara, Orange, Riverside, and San Bernardino. It is estimated that flash flooding may occur within 12 hours. There is also concern for mud slides in parts of LA, Ventura, and Santa Barbara Counties that experienced major fires in 2018.
- Sewers and flood basins are overflowing.
- Many local schools and child care facilities are closing early today. Your staff is requesting to leave early to pick up their children early from school.
- Delivery drivers are unable to access your facility and you are not receiving critical shipments. Facilities on generator power may need extra fuel but delivery may not be plausible.

November 21, 2019

- Floodwaters reach your facility and cause significant damage to the first floor and supply storage areas. Large parts of your city are without power, and some areas are without potable water.
- Residents are being rescued from flooded homes and vehicles.
- Roadways remain flooded and impassable.
- Police officers have established a perimeter around heavily damaged areas and are not allowing anyone to enter or exit for safety reasons.
- The public is advised to drive carefully due to an increased number of traffic accidents.
- Traffic lights are out at most intersections.

KEY ISSUES

The issues below are suggested examples.

1. Diminished ability to staff your organization due to evacuations
2. Inability to get needed supplies / fuel in due to blocked roadways
3. Transportation issues (staff, patients, etc.)
4. Personnel and scene safety (electrical, plumbing, contaminated water, response supplies "Go-Bags" and storage)



DISCUSSION QUESTIONS

INSTRUCTIONS

1. **Participants are not required to address every assigned question.** Take a moment to review the questions in their entirety and then focus on the critical issues of major concern for your group at this point in the exercise.
2. Elect a spokesperson for your group to discuss the group's findings after each module.
3. Groups should work to identify any additional questions, critical issues, or decisions they feel should be addressed at this time. **Each participant should record their thoughts, issues, and questions on the provided Participant Feedback Form.**
4. Make decisions using the information provided and your best judgment of how to proceed.

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

The following 12 questions are provided as suggested general subjects that exercise partners may wish to address as the discussion progresses. **These questions are not a definitive list of concerns to be addressed, nor is there a requirement to address every question. [Exercise planners are responsible for selecting, deleting, or adding the questions that are most relevant for their jurisdiction/organization/facility.]**

1. Does our organization have an emergency preparedness plan to address potential flooding or weather-related issues?
2. If so, does that plan address potential utility failures, rapid evacuation, supply shortages, equipment failure (e.g., equipment stored in the basement)?
3. What resources such as action planning procedures and forms are used to document and guide the response and recovery process?
4. What is your process for receiving and disseminating critical information (Situational Reports) internally and externally with government and non-government partners?
5. How do you, at the field or local level, receive situation updates and other information from the Medical and Health Operational Area Coordinator (MHOAC)?
6. What redundant communication systems are in place for use in incidents like this (e.g. CAHAN, ReddiNet, Everbridge, email, etc.) based on the [LA County EMS Agency Communication Plan](#)? If these systems exist, how are they tested?
7. How will you communicate your situation status to your staff and with external agencies?

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8. What information should be released to the public? How will that information be released? How will you communicate with and address the requirements of persons with disabilities and others with access and functional needs (e.g., non-english speaking, seniors, homeless, and homebound)? How do you utilize local media, social media and other resources?
9. How are you utilizing local emergency medical services, ambulance providers, law enforcement and other emergency management resources to aid your efforts?
10. How do you plan for, and respond to, flooding in your facility basement or lower levels?
11. How do you plan for and respond to staffing needs when staff are unable to access your facility?
12. Do you have MOU's or other agreements with other agencies to share resources in a disaster?

[Additional Discussion Questions to Consider]

1. How do you track your staff who may be evacuated from their homes?
2. How do you track your staff when they accompany evacuated patients to other facilities?
3. How do you notify the family of patients you are relocating?
4. Do healthcare providers have a policy or plan for requesting an 1135 waiver?
5. How does your facility deal with "boil water" orders?
6. Does your facility have a plan for potential flooding of generator locations?
7. When would the facility activate Business Continuity Plans to continue operations and recover post flooding?
8. What are your plans to house staff onsite in the event they are unable to go home?
9. Do you have continuity plans in place with key vendors to provide services/deliveries when access to the facility is limited?

CONCLUSION OF DISCUSSION-BASED TABLETOP EXERCISE

[There is a Participant Feedback Form available at https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe_post-exercise_templates.aspx, which the exercise facilitator may use to gather and record comments on the exercise and issues presented.]



PLANNING FOR THE FULL SCALE EXERCISE

Exercise facilitators and planners may use the following to launch or continue planning for [insert date of play] Full Scale Exercise (FSE) objectives and activities.

[There are a series of webinars on the Statewide Medical and Health Exercise (SWMHE) website, https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe_exercises_home.aspx, with helpful tools and tips for customizing your full scale exercise, from objectives to scenarios to injects. Exercise planners may wish to use these webinars as a starting point to determine the types of questions to ask Tabletop Exercise participants in regards to the FE.]

Issues for discussion may include:

EXERCISE LEVELS

- What level of exercise play do the organizations/agencies represented today anticipate for the [insert date of play] exercise? Examples include communications drills, functional and full scale exercises⁴; level of play may include use of simulated patients, movement of patients to healthcare facilities, perimeter lockdown, activation of the Joint Information Center, provision of mutual aid to affected areas, etc.
- Will your organization/agency activate its Command Center or Emergency Operation Center (EOC)?

EXERCISE TIMES/DURATION

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

SCENARIO DEVELOPMENT

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

4. Homeland Security Exercise and Evaluation Program (HSEEP): hseep.preptoolkit.org

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PARTICIPATION

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

TESTING OF PLANS & PROCEDURES

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

ROLE OF STATE AGENCIES

- In November as part of the SWMHE, the California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA) plan to activate their EOC in support of local jurisdictions in their iterations of the SWMHE. The California Governor's Office of Emergency Services (Cal OES) is anticipated to participate by opening the State Operations Center (SOC) and Regional Emergency Operations Center (REOC) in support of local and regional exercise play. This will provide the opportunity for local participants to request additional resources, submit and receive situation status reports, respond to California Health Alert Network (CAHAN) (or other notification systems) messages and receive further direction.
- The exercise planner is encouraged to invite discussion on local and OA resource requesting and the projected level of requesting for [insert date of play].



APPENDIX A: EXERCISE SCHEDULE

[Note: Jurisdictions/Organizations/Facilities should fill in and adjust the following timeline, breaks, etc.]

TIME	ACTIVITY
[Month Day, Year]	
[0000]	Registration
[0000]	Welcome and Opening Remarks
[0000]	[Module 1: Pre-Incident Information – 30 Minutes] [Briefing, Plenary Discussion, and Report Out]
[0000]	[Break]
[0000]	[Module 2: Day of the Incident - 30 Minutes] [Briefing, Plenary Discussion, and Report Out]
[0000]	[Lunch]
[0000]	[Module 3: Incident Update & Recovery - 30 Minutes] [Briefing, Plenary Discussion, and Report Out]
[0000]	[Break]
[0000]	[Hot Wash]
[0000]	[Closing Comments]



APPENDIX B: 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
DHS-DOC	Department of Health Services Department Operations Center
ED	Emergency Department
EEG	Exercise Evaluation Guides
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

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HCC	Hospital Command Center
HICS	Hospital Incident Command System
HIPAA	Health Insurance Portability and Accountability Act
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
ICS	Incident Command System
IP	Improvement Plan
JIC	Joint Information Center
JIS	Joint Information System
JRIC	Joint Regional Intelligence Center
JTTF	Joint Terrorism Task Force
LEMSA	Local Emergency Medical Services Authority
LHD	Local Health Department
MAC	Medical Alert Center
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

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TTX	Tabletop Exercise
UC	Unified Command
VIP	Very Important Person