2018
SPRING NDMS/ EARTHQUAKE EXERCISE

EXERCISE PLAN

FULL SCALE EXERCISE

EXERCISE OVERVIEW

Exercise Name	2018 Spring NDMS/ Earthquake Exercise
Exercise Date	Friday, April 20, 2018
Scope	This is an exercise is planned for San Diego Operational Area to take place at various locations throughout the County. This 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 FSE on April 20, 2018. This exercise will include activation of the local Federal Coordinating Center (FCC), medical facilities, local government jurisdictions, and health and medical community partners. April 17, 2018 • Activation of the NDMS alert and bed count procedures • Activation of the Patient Regulation Conference April 20, 2018 • Activation and Operations on Airfield • Activation of EMS PHPR DOC/MOC • Activation of Health Facilities Command Centers (Patient Receipt Activities) • Secondary Optional Scenario (All healthcare partners) • Staffing Issues • Medical Surge
Mission Area	Response
Capabilities	*HPP Capability 1: Foundation for Health Care and Medical Readiness* *HPP Capability 2: Health Care and Medical Response Coordination* *HPP Capability 3:Countinuity of Health Care Service Delivery* *HPP Capability 4: Medical Surge*

Objectives

HEALTHCARE OBJECTIVES:

OBJECTIVE ONE
Activate the Hospital Incident Command System (HICS) and Emergency Operations Plan (EOC) within 60 minutes of notification of National Disaster Medical System (NDMS) activation. HPP Capability 1: Foundation for Health Care and Medical Readiness, HPP Capability 2: Health Care and Medical Response Coordination, HPP Capability 3: Countinuity of Health Care Service Delivery; HPP Capability 4: Medical Surge

OBJECTIVE TWO
Activate medical surge plan within 60 minutes of notification of NDMS activation. HPP Capability 2: Health Care and Medical Response Coordination, HPP Capability 4: Medical Surge

OBJECTIVE THREE
Ensure that a resource management system is in place that enables the hospital to obtain and maintain the staff, supplies, and equipment needed to respond during NDMS activation. HPP Capability 3:Countinuity of Health Care Service Delivery; HPP Capability 4: Medical Surge

OBJECTIVE FOUR
Maintain communications with jurisdictional partners (e.g., healthcare coalition partners, law enforcement, fire department, etc.) utilizing at least one redundant form of communications during the exercise to maintain situational awareness and support response. *HPP Capability 2: Health Care and Medical Response Coordination*

OBJECTIVE FIVE
Procedures are in place to assess resource requirements for mental/behavioral health support and to provide such support during medical surge incidents to staff, patients, and families. HPP Capability 4: Medical Surge

OBJECTIVE SIX
Begin patient movement and internal patient tracking procedures upon arrival of first patient. HPP Capability 4: Medical Surge

OBJECTIVE SEVEN
Emergency Public Information and Warning
Discuss participants' knowledge of the Joint Information System (JIS) and the operations of a Joint Information Center (JIC).

OBJECTIVE EIGHT
Healthcare facility Shelter-in-Place. Assess the participants' understanding of the procedures to or shelter in-place protection.

Objectives	**FCC/NDMS OBJECTIVES:** **OBJECTIVE ONE** Test the ability of the Federal Coordinating Center (FCC) to establish a functional PRA upon activation in a timely matter. **OBJECTIVE TWO** Demonstrate the ability of the FCC and facilities to utilize the Joint Patient Assessment and Tracking System (JPATS) and TRANSCOM Regulating and Command and Control Evacuation System (TRAC2ES) during the FCC/NDMS activation. **OBJECTIVE THREE** Demonstrate the ability of the FCC to communicate ultimate disposition, current status, and/or demonstrate discharge of all patients received during FCC/NDMS activation. **OBJECTIVE FOUR** Test the ability of the FCC to activate and establish an ICS structure to include but not limited to site security for FCC/NDMS patient reception activities.
Threat/Hazard	Earthquake
Scenario	Flooding in North California activating NDMS and Earthquake in Southern California
Sponsor	The exercise is sponsored County of San Diego, Public Health Preparedness and Response Branch (PHPR) in collaboration with the Federal Coordinaton Center (FCC) and healthcare faciliites.
Participating Organizations	Please see Appendix B for a full list of participating agencies as of March 20, 2018.

SCENERIO

Initial Scenario

There is substantial flooding in Northern California. The flood waters have also caused mudslides in fire areas. The decision is made to activate NDMS and utilize the Southern California NDMS hospitals to receive the patients. The patient regulation conference is held and there will be 140 patients arriving on the morning of April 20th. Marine Corps Air Station Miramar has been activated as the location for inbound patients. Two strike teams of ambulances are standing by to move patients.

Secondary Scenario - BACKGROUND

The Rose Canyon Fault is a right-lateral strike-slip fault oriented from the northwest to the southeast. The Rose Canyon Fault extends inland from La Jolla Cove, south through Rose Canyon, along the east side of Mission Bay, and out into San Diego Bay. The Rose Canyon Fault is considered to be the greatest potential threat to San Diego as a region, due to its proximity to areas of high population. Historic documents record that a very strong earthquake struck San Diego on May 27, 1862, damaging buildings in Old Town and opening up cracks in the earth near the San Diego River mouth. This destructive earthquake was centered on either the Rose Canyon or Coronado Bank faults and descriptions of damage suggest that it had a magnitude of about 6.0 on the Richter Scale (M6.0). In recent years, there have been several moderate earthquakes recorded within the Rose Canyon Fault Zone as it passes beneath the city. Three temblors shook the city on June 17, 1985 (M3.9, 4.0, 3.9) and a stronger earthquake occurred on October 28, 1986 (M4.7). The fault is considered seismically active and the maximum likely magnitude of an earthquake is in the range of M6.2 to M7.0.

Friday, April 20, 2018

0935 hours
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At 0935 Pacific Daylight Time (PDT), the Rose Canyon fault slips along its northern third, generating a M4.5 earthquake lasting approximately 20 seconds. The epicenter is located 7 miles north of La Jolla Cove (2 miles west of the Torrey Pines State Reserve) in the Pacific Ocean at a depth of 10.0 kilometers. The quake is felt by residents as far north as San Clemente and as far east as Julian. Most areas of the county west of Interstate 805 and north of State Road (SR)-54 experience peak ground acceleration.

0937 hours

Throughout the county, 9-1-1 call centers are inundated with calls for assistance. Numerous structures are reported to have possible damage in the La Jolla, Elvira (southeast of the intersection of the Interstate [I]-5 and California [CA]-52 highways), trapping residents. Some older buildings have reportedly shifted off their foundations and partially collapsed. Residents are requesting assistance for people trapped in buildings and for injuries sustained in falls and due to being hit by falling objects.

Minor cracks are reported on I-5 near exit 26 in Elvira and will have to be inspected. There are dozens of motor vehicle accidents, many with injuries, are reported on I-5, I-8, I-805, SR-52, SR-274, SR-163, and area surface streets.

Initially, there are no reports from Pacific Beach or Ocean Beach. However, at 0939 PDT, the Mission Bay Harbor Patrol reports via radio that small amounts of black smoke are rising from both communities.

0940 hours

The Director of the San Diego County Office of Emergency Services (OES) activates the OAEOC at Level 3. All local EOCs, DOCs and HCCs are also activated at Level 3, as are the Southern Region and State EOCs.

Station 21 of the San Diego Fire Rescue Department reports via radio that a few of the fires have broken out in the Pacific Beach neighborhood, and that neither landlines nor cell phones are functional in the area. The fires appear to be the result of gas line breaks. Station 21 requests immediate firefighting, rescue, and Emergency Medical Service (EMS) support. It also requests support from the utilities to get the gas mains shut down. Moments later, Station 22 reports similar situations in Ocean Beach and Point Loma. The battalion chief (Battalion 3) has assumed Incident Command and strongly recommends that the pockets of the community west of I-5 and north of the San Diego Bay be immediately evacuated.

The City of San Diego EOC requests that the OAEOC coordinate the evacuation and subsequent sheltering of evacuees. The City of San Diego EOC requests that shelters be established east of I-805 since the city is unable to determine at this time which, if any, city shelters will be operable in the short term.

Power is out to large portions of the city, although no one has an accurate picture of the current power situation. Hospitals and other key facilities are operating on emergency power. County government offices in San Diego are also without power or landline communications. There are reports of some people are trapped in elevators throughout the throughout the damaged area.

The City of San Diego requests that the Emergency Alert System be used to transmit the evacuation order and to warn others to remain outside the impacted area.

1015 hours

Damage reports continue to flow into the OAEOC from police and fire dispatch centers and the local EOCs. The City of San Diego requests mutual aid to support firefighting, search and rescue, mass care, and evacuation in the small pockets of Point Loma, Pacific Beach, Ocean Beach, and La Jolla.

Damage reports continue to flow into the OAEOC from police and fire dispatch centers and the local EOCs. The City of San Diego requests mutual aid to support firefighting, search and rescue, mass care, and evacuation in the small pockets of Point Loma, Pacific Beach, Ocean Beach, and La Jolla.

Hospital emergency departments are receiving hundreds of walk-in patients in addition to a steady stream of ambulances. Both the University of California, San Diego (UCSD) Thornton Medical Center and Scripps La Jolla Hospital have been hit hard by the earthquake and are struggling to care for their own injured. The Health and Human Services Agency (HHSA) predicts that healthcare resources in the western county will soon be overwhelmed.

The Governor declares a State of Emergency in San Diego County and requests a Federal Disaster Declaration. He activates the California National Guard and orders it to assist with search and rescue, evacuation, and firefighting efforts within their capabilities. He also orders the California National Guard to provide medical assistance, including C Company (Air Ambulance), 1st Battalion, 168th Aviation Regiment, and medical companies from the 40th and 340th Forward Support Battalions.

1100 hours

A strong aftershock (M4.0) occurs on the Rose Canyon Fault, jolting the OAEOC. Power is momentarily lost as emergency generators begin to operate. Although lights come back up, telephone and fax lines do not. Cellular phones are also non-functional, apparently due to damage to nearby towers.

1130 hours

The President signs a Federal Disaster Declaration for San Diego County and appoints a Federal Coordinating Officer (FCO). The Secretary of Homeland Security appoints a Principal Federal Official (PFO), and the Secretary of Defense appoints a Defense Coordinating Officer (DCO) in expectation of providing Defense Support of Civilian Agencies (DSCA). Responding units of the California National Guard are placed in Title 32 status (State control, Federal pay status).

A clearer picture of the damage is beginning to form. Fires in Ocean Beach and Pacific Beach are raging out of control. Moderate on-shore winds are fanning the flames. Water main breaks are hampering firefighting efforts. Evacuation efforts are bogged down due to heavy traffic, non-functioning traffic signals, and damaged roadways.

1150 hours

Support from outside agencies is starting to arrive in the county, including Urban Search and Rescue (USAR) teams from Los Angeles and National Guard aviation units. The OAEOC must establish interoperable communications with all arriving units.

In addition to the individuals and small groups in the disaster zone helping victims, volunteer groups from both national Volunteer Organizations Active in Disasters (VOADs) (e.g., American Red Cross, Salvation Army, Church World Service) and locally-based groups (e.g., Emergency Animal Rescue, Operation USA) are arriving at the edges of the disaster zone with trained and untrained personnel, equipment, and supplies.

GENERAL INFORMATION
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 or performing their response roles and actions during the exercise. Players discuss or initiate actions in response to the simulated emergency.

- **Exercise Director.** The Exercise Director oversees all exercise functions during exercise conduct, oversees and remains in contact with controllers and evaluators, debriefs controllers and evaluators following the exercise, and oversees setup and cleanup of the exercise as well as positioning of controllers and evaluators.

- **Safety Controller.** The Safety Controller monitors exercise activities and advises the Exercise Director on all matters relating to incident health and safety of all exercise participants. The Safety Controller has emergency authority to stop and/or prevent unsafe acts during incident operations.

- **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.

- **Simulators.** Simulators are control staff personnel who role-play nonparticipating organizations or individuals. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.

- **Evaluators.** Evaluators evaluate and provide exercise 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 (EEG).

- **Actors.** Actors simulate specific roles during exercise play, typically victims or other bystanders.

- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they are often 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 & ARTIFICIALITIES

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation.

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

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The scenario is plausible, and events occur as they are presented.
- Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.
- Decisions are not precedent setting and may not reflect your organization's final position.
- Time lapses may be inserted 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 exercise there is disagreement with existing plans, policies, and procedures, this should be noted, and relevant stakeholders should assess the need to change documents after the exercise.
- All players receive information at the same time.
- If a player would normally contact an individual or department that is not represented at the exercise, they should tell the SimCell what information they need and who they would contact. This action should be noted.

FUNCTIONAL EXERCISE TOOLS

- Scenario Summary
- Exercise Evaluation Guide (EEG)
- After Action Report (AAR) Template

- Objectives
- Master Scenario Events List (MSEL)
- Player Handout

EXERCISE LOGISTICS

SAFETY

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

- A Safety Controller is responsible for participant safety; any safety concerns must be immediately reported to the Safety Controller. The Safety Controller and Exercise Director will determine if a real-world emergency warrants a pause in exercise play and when exercise play can be resumed.

- For an emergency that requires assistance, use the phrase "THIS IS NOT A DRILL." 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.
    - A controller aware of a real emergency will initiate the "THIS IS NOT A DRILL" broadcast and provide the Safety Controller, Senior Controller, and Exercise Director with the location of the emergency and resources needed, if any.

- All participants are aware of the exits, entrances, location of security equipment, etc. Standard fire and safety regulations relevant to the organization will be followed during the exercise

- All participants are aware of and have agreed to the relevant weapons policy.

SITE ACCESS

Security

If entry control is required for the exercise venue(s), the sponsor organization is responsible for arranging appropriate security measures. Access to exercise sites and the SimCell is limited to exercise participants to prevent interruption of the exercise. Players should advise their venue's controller or evaluator of any unauthorized persons. Site access points to the site or building have been identified and will be monitored during the duration of the exercise

Media/Observer Coordination

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

Exercise Identification

All participants are aware of exercise identification items, and will be able to identify exercise staff Exercise staff may be identified by badges, hats, and/or vests that clearly display exercise roles; additionally, uniform clothing may be worn to show agency affiliation.

REGISTRATION/CHECK-IN

All participants should check in prior to the exercise and receive instructions on facility characteristics.

CLEANUP & RESTORATION

After the exercise, controllers, evaluators, and players will begin cleanup operations to restore the area to pre- exercise conditions. All participating organizations will assist in these efforts.

POST-EXERCISE & EVALUATION ACTIVITIES

DEBRIEFINGS

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

Hot Wash

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

Controller & Evaluator Debriefing

Immediately following the exercise, controllers and evaluators attend a facilitated debriefing where they provide an overview of their observed functional areas and discuss strengths and areas for improvement.

Participant Exercise Feedback Forms

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

EVALUATION

Exercise Evaluation Guides

Exercise Evaluation Guides (EEG) assist evaluators in collecting relevant exercise observations. EEGs document exercise objectives and aligned capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. The EEGs, coupled with Participant Exercise 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. It primarily focuses on the analysis of capabilities, including capability performance, strengths, and areas for improvement.

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 part of a continuous corrective action program.

After-Action Meeting

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

Improvement Plan

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

PARTICIPANT INFORMATION & GUIDANCE

EXERCISE RULES

The following general rules govern functional exercise (exercise) play:

- Real-world emergency actions take priority over exercise actions.

- Exercise players will comply with real-world emergency procedures.

- All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement "This is an exercise."

- Exercise players who place telephone calls or initiate radio communication with the Simulation Cell (SimCell) must identify the organization or individual with whom they wish to speak.

PLAYER INSTRUCTIONS

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

Before the Exercise

- Review appropriate organizational plans, procedures, and exercise support documents.

- Sign in when you arrive.

During the Exercise

- 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.
- Respond to exercise events and information as if the emergency were real.
- Controllers will only give you 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 asked an exercise-related question, give a concise answer.
- 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 to balance realism with safety, and to create an effective learning and evaluation environment.
- 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.

After the Exercise

- Participate in the Hot Wash with controllers and evaluators.
- Complete the Participant Exercise feedback Form, which allows you to comment candidly on emergency response activities and exercise effectiveness.
- Provide any notes/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. A SimCell will simulate the roles and interactions of nonparticipating organizations or individuals.

APPENDIX A: COMMUNICATIONS PLAN

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

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

PLAYER COMMUNICATIONS

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

CONTROLLER COMMUNICATIONS

Face-to-face interaction is the principal method of information transfer for controllers during the exercise. The controller communications network allows the Exercise Director or Senior Controller to make and announce universal changes in exercise documentation, such as changes to the Master Scenario Events List (MSEL).

PLAYER BRIEFING

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

APPENDIX B: PARTICIPATING ORGANIZATIONS

The following is a list of agencies and organizations that have been invited to participate in the FSE; the list is current as of March 20, 2018

Alvarado Hospital	DaVita San Ysidro	Neighborhood Healthcare
Alvarado Parkway Institute	Edgemoor DPSNF	Nestor Community Clinics
Amateur Radio Emergency Service (ARES)	Fresenius	Palomar Heights Post-Acute Rehab
Amaya Springs Health Care Center	Friendship Manor Nursing & Rehabilitation Center	Palomar Medical Center - Downtown
American Medical Response (AMR)	GrandCare San Diego	Palomar Medical Center - Escondido
American Red Cross	Granite Hills Healthcare	Palomar Medical Center - Poway
Arroyo Vista Nursing Center	Home of Guiding Hands	Palomar Vista Healthcare Center
Aviara Healthcare Center	Hospice of the South Coast	Paradise Valley Hospital
Birch Patrick Skilled Nursing Facility at Sharp Chula Vista Medical Center	Imperial Beach Community Clinics	Paramount Home Health Care & Hospice, Inc.
Brighton Place San Diego	Independent Options, Inc.	Parkside Health & Wellness Center
Brighton Place Spring Valley	Jacob Health Care Center	Point Loma Post Acute Center
Carlsbad by the Sea	Kaiser Permanente San Diego Medical Center	Promising Futures Inc.
Carmel Mountain Rehab and Healthcare	Kaiser Permanente Zion Medical Center	RCFE Disaster Preparedness Task Force
Castle Manor Nursing & Rehabilitation Center	Kearny Mesa Convalescent and Skilled Nursing	Redwood Terrace
Chula Vista Veteran's Home	Lakeside Special Care Center	San Diego Family Care
Clairemont Healthcare	La Maestra Community Health Centers	San Diego Healthcare Center- Lifehouse
College Dialysis- Davita Inc	La Mesa Healthcare Center	San Diego Post-Acute
ComForCare Home Care, Inc.	Lemon Grove Care & Rehab	San Diego South Davita
Community Care Center	Lightbridge Hospice & Palliative Care	San Ysidro Health
Cottonwood Canyon Healthcare Center	Magnolia Post Acute Care	Scripps Clinic Anderson Medical Pavillion ASC GI lab

Country Manor La Mesa	Maxim Healthcare Services-Carlsbad	Scripps Clinic Carmel Valley ASC
County of San Diego Behavioral Health	Maxim Healthcare Services-San Diego	Scripps Clinic Rancho Bernardo ASC
County of San Diego EMS	Meadowbrook Village Christian Retirement Community	Scripps Green Hospital
County of San Diego Medical Examiner	Mission Hills Post Acute Care	Scripps Health Corporate Command Center
County of San Diego OES	Mountain Health	Scripps Home Health
County of San Diego Public Health Preparedness and Response	Mountain Shadows Community Homes	Scripps Memorial Hospital Encinitas
County of San Diego Sherriff's Department	Naval Medical Center San Diego	Sharp HealthCare Coronado Hospital
Davita- Carmel Mountain	Scripps Mercy Hospital Chula Vista	Sharp HealthCare Corporate
Davita Dialysis San Diego East	Scripps Mercy Hospital San Diego	Sharp Memorial Metro Campus
Davita- Encinitas	Seacrest Village Retirement Community	Sharp Villa Coronado Skilled Nursing Facility
Davita- Escondido	Sharp Chula Vista Medical center	Somerset Subacute and Rehab
Davita- San Marcos	Sharp Grossmont Hospital	Stanford Court Nursing Center
St. Paul's John A. McColl Health Center	UCSD Health- Hillcrest	US Renal Care Chula Vista
The Arc of San Diego	UCSD Health- La Jolla	US Renal Care Chula Vista Broadway Dialysis
The Cove at La Jolla	Uni Care Hospice	US Renal Care Chula Vista Home
The Spring at the Pacific Regents	University Care Center	US Renal Care Oceanside
Valle Vista Convalescent hospital	Vista Community Clinic	Windsor Gardens of San Diego
Victoria Post Acute Care	Vista Knoll Specialized Care	Pacific Point Health Care Services
Villa Pomerado		

APPENDIX C: COMMUNICATION & INFORMATION MANAGEMENT

NOTIFICATION PROCESS FOR UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION FIELD TO STATE[1]		
SEMS[2] LEVEL	ENTITY	INITIAL NOTIFICATION
Field	**Field-Level Participants in the Public Health and Medical System:** **Hospitals** **EMS Providers** **Community Clinics** **Skilled Nursing Facilities** **Public Water Systems** **Public Health Laboratories**	Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures.
Local Gov't	**Public Health and Medical Agencies:** **LHD EHD Local Emergency Medical Services Authority** **Local Emergency Medical Services Authority (LEMSA)**	Notify local and State agencies in accordance with statutory and regulatory requirements and local policies and procedures. Notify the Medical Health Operational Area Coordinator Program (MHOAC) Program. Local Health Department (LHD) / Environmental Health Departments (EHDs): notify the California Department of Public Health (CDPH) Duty Officer Program (either directly or via the MHOAC Program) or Medical and Health Coordination Center (MHCC) if activated.
OA	**MHOAC Program**	Notify the Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) Program in effected exercise region. Notify the local emergency management agency in accordance with local policies and procedures. Notify the CDPH and/or EMSA Duty Officer Programs (either directly or via the RDMHC/S Program).
Region	**RDMHC/S Program**	Notify the CDPH and/or EMSA Duty Officer Programs. Notify the local emergency management agency in accordance with local policies and procedures. Notify the MHOAC Program(s) in Operational Areas (OA) within the Mutual Aid Region to inform and provide advance warning if requests for assistance are anticipated.

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1. From FEMA's Emergency Management Institute Exercise Design Guidelines, in "Unit 4: Exercise Design Steps."
2. Standardized Emergency Management System

NOTIFICATION PROCESS FOR UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION FIELD TO STATE[1]		
SEMS[2] LEVEL	**ENTITY**	**INITIAL NOTIFICATION**
State	**CDPH and EMSA Duty Officer Programs**	Notify State agencies in accordance with policies and procedures. Notify the RDMHC/S Programs in other Mutual Aid Regions if assistance is required or anticipated.
	California Governor's Office of Emergency Services (Cal OES) State Warning Center	Notify state agencies, including Cal OES, in accordance with policies and procedures.

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

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

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 Organization
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	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
FCC	Federal Coordinating Center
EXERCISE	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
IAP	Incident Action Plan
ICS	Incident Command System
IP	Improvement Plan
JIC	Joint Information Center
JIS	Joint Information System
JRIC	Joint Regional Intelligence Center
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
SNF	Skilled Nursing Facility
SOC	State Operations Center
SWAT	Special Weapons and Tactics Team
SWMHE	Statewide Medical and Health Exercise

TTX	Tabletop Exercise
UC	Unified Command
VIP	Very Important Person
VOAD	Volunteer Organizations Active in Disasters