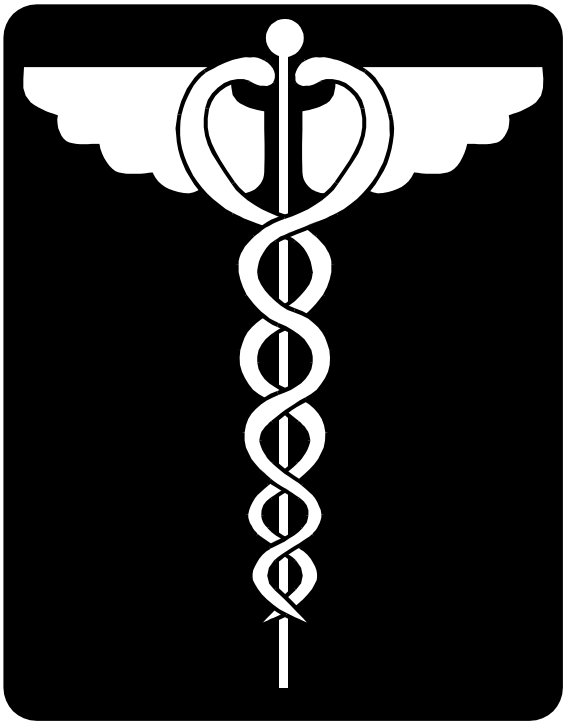
City and County of San Francisco
Medical and Health Disaster Exercise
October 25th 2007

Exercise Guidebook



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Medical & Health Disaster Exercise
October 25, 2007

Executive Summary

September 2007

The San Francisco Department of Public Health has been working in partnership with local healthcare facilities to increase our ability to detect and respond to an influenza pandemic. These efforts include extensive plan writing, table top exercises and on October 25th, 2007, a functional exercise based on epidemiological investigations, hospital infection control protocol and planning for patient surge.

The 2007 Pandemic Influenza exercise is structured for 7 hours, from 8:00 am to 3:00 pm. Hospitals will be expected to open their Incident Command Centers, and SFDPH will be activating the Department Operations Center. There are multiple objectives for this exercise, many of which are listed within this document. Each participant may add objectives that are specific to their facilities or adapt the scenario to exercise a particular piece of protocol or hospital function.

Each participant is responsible for creating evaluation materials and the After Action Report for their agency. An After Action Conference will be held on November 7th, 2007 immediately following the Hospital Council Disaster Response Planning meeting to evaluate and discuss the overall exercise and to give feed back on the exercise design and those objectives that involved inter-agency collaboration. The evaluation form is included in this guidance and is due to Rebekah Varela by November 9th, 2007. The location for this meeting will be announced as we get closer to the date.

Important Timelines and Deadlines

September 26, 2007	Deadline to: -Fax Intent to Participate form to the Rebekah Varela at (415) 554-2552. -Submit comments on the Draft Exercise Guidebook.
October 3, 2007	Hospital Council Tabletop exercise using Pan Flu Exercise scenario at 10AM. Location TBD.
October 25, 2007	SFDPH will be activating from 8am to 5pm and will be able to interact with hospitals from 10:00 am and 3:00 pm. We recommend that hospitals activate before 10am. Hospitals may conduct exercises for any number of hours during the exercise play.
November 7, 2007	After Action Conference, 10AM. Location TBD.
November 9, 2007	Deadline to complete and mail the appropriate exercise evaluations to Rebekah Varela at (415) 554-2552.

Thank you for your commitment to disaster medical planning and preparedness.
We look forward to hearing about your successful exercise!

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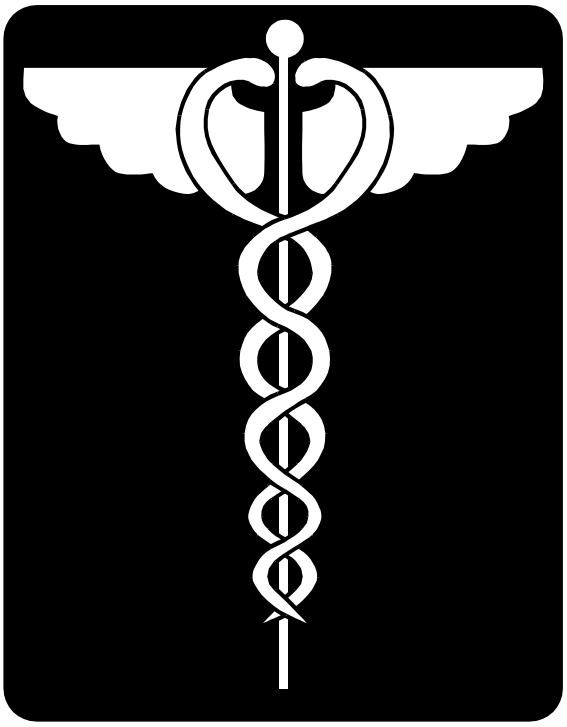

Tips: How to Use the Guidebook

This Disaster Exercise Guidebook is intended to provide participants with a scenario and tools to plan and conduct an exercise in their healthcare organization. The target audience for this exercise is acute care hospitals, community care clinics, public and private emergency medical services providers, and local health departments.

The Operational Area (OA) Emergency Operations Center (EOC) and the Departmental Operations Center (DOC) will participate in the exercise by activating the EOC Medical and Health Branch and providing coordination and allocation of resources and information-sharing. The Regional and State Emergency Operations Centers will not be participating in this year's Statewide Medical and Health Disaster Exercise. The OA EOC and OA Exercise Contact may simulate important agencies (e.g., the Regional and/or State EOC, the Center for Disease Control and Prevention, Poison Control Centers) to lend realism to the OA exercise.

The exercise is scheduled for **October 25, 2007 from 10:00 am until 3:00 pm**.

Reporting Intent to Participate
Participants should report their intent to participate to Rebekah Varela no later than September 26, 2007 using the attached form. This will include information on the extent to which your facility would like to participate and the hours of your exercise.

Exercise Objectives
Some exercise objectives are provided for acute care hospitals, community clinics, EMS providers, and local public health departments. These may be edited to include the objectives put forth by your own planning groups. While there are multiple objectives for each, participants may use the objectives to exercise key components of the organization's emergency operations and surge plans, policies, and procedures or can exercise all objectives.

Pre-Exercise Health Alert
Pre-event Health Alerts are included in this Guidebook. To test the communication of Health Alert information to healthcare providers, the alerts contained in the Guidebook will also be distributed to participants during the exercise via fax, EM System, and posted on the SFDPH website (www.sfdph.org/healthalert).

The purpose of the Health Alerts is to exercise communication between SFDPH and hospital facilities, and for healthcare providers to test internal policies and procedures to manage Health Alerts within their organization, including to whom the information is given and what measures are implemented. Should the Health Alert not reach the participant during the exercise, the participant can use the Exercise Evaluation Form provided in the Guidebook.

Background for the Scenario
The exercise begins on Thursday, October 25, 2007 at 10:00 am, but scenario background is provided to "set the stage" for the events leading up to the day of the exercise. The simulated background events begin prior to October 2007 through October 25th, 2007. The events occur Thursday October 25th.

Master Sequence of Events List
This year, the guidebook contains a master sequence of events list (MSEL) to assist participants in conducting the exercise. The MSEL consists of the discussion and action points embedded in the scenario, listed by participant category. Participants can expand the MSEL by developing exercise

injects and messages, customized to stimulate organizational play. This is suggested for each hospital facility to ensure individual objectives are met.

Exercise Evaluation
Evaluating the exercise and creating an after-action report (AAR) and corrective action plan (CAP) can pose a challenge to planners. The Guidebook contains resources and references for exercise evaluation tools to assist the organization's exercise planner.

Participant Recognition and Certificates of Participation
After the exercise, Certificates of Participation will be issued to all exercise participants that complete and submit the Exercise Evaluation Sheet to the address below. The deadline to submit the Exercise Evaluation Sheet form is **November 9, 2007.**

Exercise Evaluation Sheets should be mailed to:

Rebekah Varela
Office of Policy and Planning
Department of Public Health
101 Grove Street Room 330
San Francisco CA 94102

Certificates will be issued no later than December 1, 2007.

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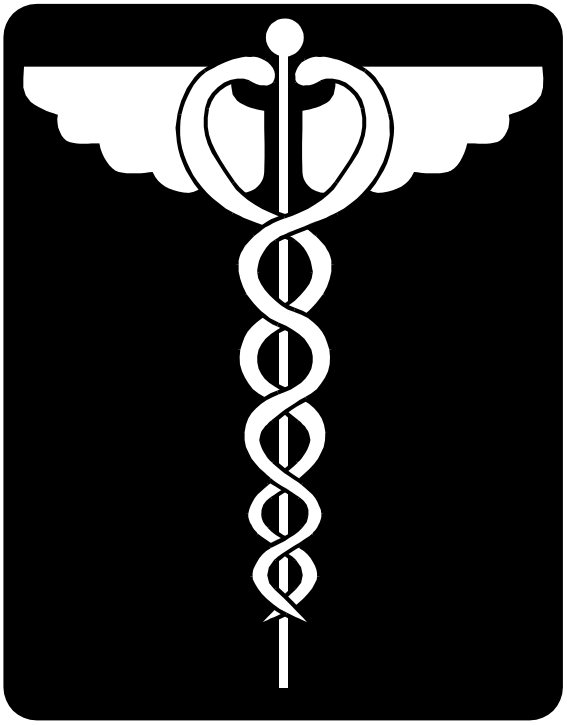
Exercise Objectives



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EXERCISE OBJECTIVES

Acute Care Facility/Hospital Objectives

Objective I: Pre-Exercise Event:
Assess the facility's integration and participation in community-wide emergency preparedness, planning and response. This integration includes area hospitals, community clinics, public health, other healthcare organizations (e.g., long-term care), public and private emergency medical services (EMS) providers, law enforcement, and emergency managers. As a result of this assessment, collaborate and build relationships with important providers to prepare for the exercise and any actual event.
Joint Commission 2007 Standards: E.C.4.10.2, E.C.4.10.3, E.C.4.10.5, E.C.4.10.6, E.C.4.20.1, E.C.4.20.2, E.C.4.20.3
Joint Commission 2008 Standards: E.C.4.11.3, E.C.4.11.4, E.C.4.11.6, E.C.4.11.7, E.C.4.12.1, E.C.4.12.2, E.C. 4.20.1, E.C.4.20.2, E.C.4.20.4

Objective II:
Exercise the ability to maintain reliable surveillance and communication capability to detect outbreaks of infectious disease and to communicate response efforts to staff, patients, their families and external agencies. Use appropriate forms and status reports.
Joint Commission 2007 Standards: E.C.4.10.7, E.C.4.10.8, E.C.4.10.10
Joint Commission 2008 Standards: E.C. 4.13.1, E.C.4.13.2, 4.13.3, E.C.4.13.4, 4.13.5, E.C.4.13.7
NIMS Implementation Activity for Hospitals and Healthcare Systems: Element 4

- Hospital successfully receives a health alert disseminated through multiple means by SFDPH during the exercise period
- Hospital successfully reports a case to SFDPH during the exercise period
- Hospital successfully passes on inquiries and receives guidance from SFDPH
- Hospital participates in a conference call with SFDPH
- Hospital receives and issues an isolation order to a mock patient
- Hospital responds to SFDPH queries regarding active surveillance data sources or hospital receives field teams during the exercise and responds to queries.

Objective III:
Assess the ability to prioritize, manage, and allocate resources, especially scarce resources (e.g., ventilators, negative-pressure isolation capacity, personal protective equipment, critical care beds, pharmaceuticals) during an infectious disease event.
Joint Commission 2007 Standards: E.C.4.10.10
Joint Commission 2008 Standards: E.C. 4.11.9, 4.11.10, E.C.4.14.
NIMS Implementation Activity for Hospitals and Healthcare Systems: Element 8, 15, 16

Objective IV:
Demonstrate the ability to communicate facility needs to outside sources (e.g., vendors, suppliers, EMS, city/OA stockpiles, corporate healthcare system) for essential supplies, services, and equipment to ensure integrity of resource supply chain.
Joint Commission 2007 Standards: E.C. 4.10.8, 4.10.10, 4.10.18
Joint Commission 2008 Standards: E.C. 4.14.

Community Care Clinic/Medical Clinic Objectives

Objective I:
Activate the Emergency Operations Plan and the incident command system (e.g., the Hospital Incident Command System [HICS]) to manage an infectious disease event.

Objective II:
Exercise the ability to maintain reliable surveillance and communication capability to detect outbreaks of infectious disease and to communicate response efforts to staff, patients, their families and external agencies**.**

Objective VI:
Communicate approximate surge capacity and resource capabilities to the OA Medical/Health point of contact (POC) utilizing appropriate communication systems.

Objective VII:
Assess capacity to assist other affected clinics in the OA with resources (e.g., staff, volunteers, supplies, equipment, and mobile clinics).

Local Public Health Department

Objective I:
Practice communication with external parties (i.e. hospital, city partners and state partners)

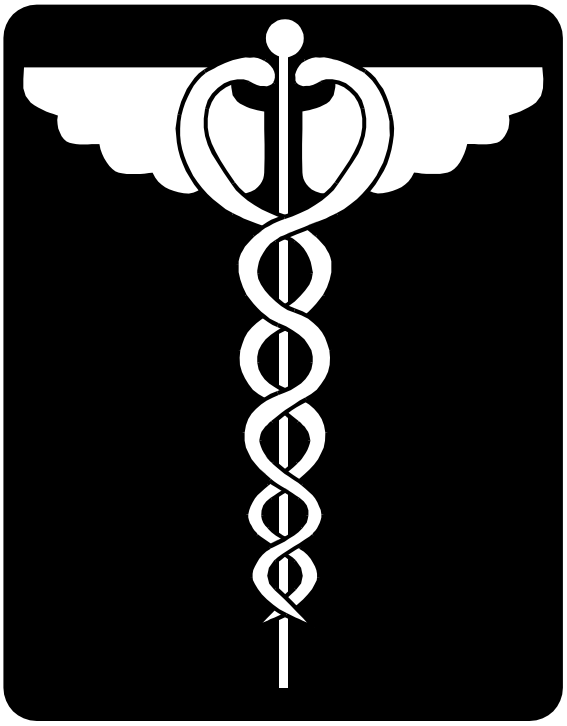
Objective II:
Investigate sources of active surveillance data in SF hospitals (via field team visit or phone call)

Objective III:
Demonstrate the ability to set up a Staff Staging Area to train and deploy personnel

Objective IV:
Practice ICS-compliant communication within IDER response

Objective V:
Demonstrate ability of the Continuity of Operations Branch to maintain essential CDCP functions while in coordination with the IDER response

Exercise Scenario



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BACKGROUND FOR THE SCENARIO

NOTE: The Medical and Health Disaster Exercise begins on October 25, 2007 at 10:00 am. This information is provided as scenario background to "set the stage" for the events leading up to the day of the exercise.

BACKGROUND

Prior to October 2007, World Health Organization (WHO) reports ongoing avian influenza (H5N1) outbreaks in birds in Asian, European and African countries. There is no efficient human-to-human transmission, and the alert level remains at Pandemic Alert Phase 3, Federal Government Response Stage 0.

10/19/07
Friday

WHO reports evidence of increased human-to-human transmission of H5N1 avian influenza in Indonesia, Egypt, and Vietnam. Many cases have now been reported with no evidence of bird contact, and many cases are thought to be transmitted from person to person within households. Many of the case reports were delayed as the countries' public health systems are overwhelmed by the numbers of avian and human flu cases. Cases have been reported in both rural and urban areas in all of these countries. No cases have been reported in the United States or North America. All reported and confirmed cases demonstrated resistance to all antiviral treatments.

WHO raises the alert level to Pandemic Alert Phase 5, the Centers for Disease Control & Prevention (CDC) to Federal Government Response Stage (FGRS) 2-3, (see attached "Federal Response Stages" for definitions).

The San Francisco Department of Public Health (SFDPH) participates in a Bay Area Health Departments conference call regarding the change in Pandemic Alert Phase and the need to increase preparation & response activities for pandemic influenza. A Health Advisory is sent out to SF hospitals and clinicians with this information.

10/24/07
Wed, 6am

Ms. Tran, a 42 year old businesswoman with family and business in Hanoi, was taken to your Hospital Emergency Department (ED) via ambulance with flu-like symptoms which started on October 23rd. She arrived home to San Francisco 5 days ago (Oct 20st) from Hanoi, Vietnam. Her husband Mr. Tran, also a San Franciscan, accompanies her in the ambulance to the hospital.

Ms. Tran travels frequently to Indonesia & Vietnam for business. She denies having tuberculosis and her last PPD in September was negative. On physical exam, she has a temperature of 101.6°F, productive cough, shortness of breath, chest x-ray shows right upper and lower lobe infiltrates, and her oxygen saturation is 88%.

From previous health advisory from SFDPH, the ED physician remembers to consider avian influenza in the differential diagnosis and calls the Infection Control Professional

(ICP) at your Hospital, who then calls the SFDPH Communicable Disease Control Unit (CDCU) at 554-2830 and your hospital's Emergency Preparedness Coordinator (EPC).

10am After consultation with the SFDPH CDCU staff and on-call physician, clinical specimens – nasopharyngeal and throat swabs – are sent to SF Public Health Laboratory and Ms. Tran is admitted to your Hospital. SFDPH issues an isolation order to Ms. Tran.

Pre-Event discussion points:

- ❒ What is your isolation procedure if this patient presented to your hospital?
- ❒ Where do you keep and find this information?
- ❒ Do all clinicians know how to notify the ICP at your hospital?
- ❒ Do they know how to do this after hours?
- ❒ How would you notify your lab to take special precautions with the specimen?
- ❒ Does your hospital lab have a way to transport urgent specimens to the SFDPH laboratory? (See details in "Specimen Collection Guidelines for Patients with Suspected Seasonal Influenza or Avian Influenza" at www.sfcdcp.org/index.cfm?id=92)

3 pm Preliminary results from SFDPH lab are positive for H5N1, and the specimens are sent on to the state public health lab in Richmond for confirmation. The lab notifies the SFDPH CDCU on-call physician. The on-call physician initiates the SFDPH Infectious Disease Emergency Response Activation & Notification Protocol. The on-call physician also notifies the hospital clinician directly regarding lab test results.

Pre-Event discussion points:

- ❒ Who else at your hospital will be notified of the +H5N1 result?
- ❒ What is the mechanism for your hospital to identify clinical and support staff employed by the hospital who have been exposed?
- ❒ What is the mechanism for your hospital to identify other patient care professionals not employed by the hospital (e.g., ambulance providers) who have been exposed?
- ❒ What do you tell your exposed staff that are employed by the hospital?
- ❒ What do you tell your exposed patient care professionals that are not employed by the hospital?
- ❒ What information would you give to the general staff at this point? How would you distribute that information?
- ❒ Will your hospital activate your emergency response plan & HICS?
- ❒ What questions do you have for SFDPH?

5pm SFDPH has decided to activate its Infectious Disease Emergency Response, and notify staff for the Departmental Operating Center and the city's Emergency Operating Center. The first operational period is scheduled for 8am on October 25th. (In a real event the first operational period would occur immediately.)

10pm SFDPH receives confirmation from the CA Department of Public Health (CDPH) lab that Ms. Tran's specimen tested positive for H5N1 there, too. The CDPH lab forwards the specimen to CDC for additional testing. The CDCU on-call physician notifies the hospital clinician directly regarding lab test results.

10:30 SFDPH and the Mayor's office hold a press conference to announce the first human case of H5N1 in San Francisco. (Artificiality of exercise scenario, there will not be a mock press conference).

EXERCISE BEGINS

10/25/07
Thursday

Items in italics are artificialities and only part of the scenario. They will not be exercised functionally.

8am SFDPH sends out an urgent Health Alert with information regarding the first case of human H5N1 influenza in San Francisco and North America. It includes instructions and guidance for evaluating suspected cases for H5N1 Flu, including case and contact definitions (see Alert in the Pandemic Flu Scenario Appendix). The Health Alert also provides reporting instructions, links to infection control recommendations, lab specimen submission procedures, and information for a citywide hospital conference call at 11:30am. The Health Alert is sent to hospital EDs via EMSystem, faxed to the hospital 24/7 number, HICS Command Center, *SF clinicians, ambulance providers, and ICPs* and is posted on the SFDPH website (www.sfdph.org/healthalert).

The CDC escalates the US FGRS to level 4. Your hospital activates your HICS Command Center.

Hospital discussion points

- ❒ What is your hospital's current capacity?
- ❒ How many airborne isolation rooms are available?
- ❒ How do you prepare for the influx of worried patients who will come to the hospital?
- ❒ How do you triage patients and visitors who come to the hospital? What infection control precautions will you implement for patients with respiratory symptoms?
- ❒ How will you deal with staff with respiratory symptoms?

Ms. Tran's condition deteriorates during the morning of Oct 25th. She requires intubation.

10am From home, Mr. Tran calls 911 for an ambulance when he develops a fever to 102°and hacking cough. His CXR in the ED shows multifocal pneumonia. Mr. Tran is admitted to your Hospital. Your Hospital reports the suspect case to SFDPH, SFDPH recommends airborne isolation precautions, and a lab test from Mr. Tran are forwarded to SF Public Health Laboratory.

<u>10am – 12pm ACTION!</u> Your hospital calls the CDCU 24/7 reporting line, (415) 554-2830, to report Mr. Tran as a suspect case. You also report any Health Care Contacts.

Hospital discussion points

- ❒ What would your hospital do if you did not currently have any available airborne isolation rooms? Who will have decision making authority to reconfigure patients or patient rooms? What information do you need to make that decision?
- ❒ What do you tell the transferring ambulance crew about infection control precautions for this patient? How and when do you tell them?
- ❒ Do you have a stockpile of PPE?
  - o If yes, what's in it? Where is it? How long will it last? When will you draw from it? Who decides? How will you distribute / utilize it? How do you keep it secure?
  - o If no, what will you do if you run out of PPE?

10:30am **ACTION! Your hospital provides Incident Objectives and a Resource Status Update to the SFDPH DOC.**

11am-3pm **ACTION! Your hospital calls the CDCU Disease Reporting Line, (415) 554-2830, at least once with clinician consultation question(s).**

11am SFDPH issues an isolation order to Mr. Tran and faxes it to your HICS Command Center and 24/7 number. Your hospital delivers the isolation order to Mr. Tran.

Hospital discussion points

- ❒ Who at your hospital delivers the isolation order?
- ❒ Who at your hospital enforces the isolation order?
- ❒ If SFDPH needs to conduct active surveillance at your hospital to look for potential cases, what data sources are available for them? (e.g. handwritten / electronic medical charts, electronic outputs, white boards, cardex, etc.)
- ❒ *Hospitals receiving field teams only:* What is your protocol for receiving field teams from SFDPH?
- ❒ *Hospitals receiving field teams only:* Who is your point of contact for hosting the field teams?
- ❒ *Hospitals receiving field teams only:* How will you get them the information they need?
- ❒ *Hospitals receiving field teams only:* What resources are available for the field team's use while they are at your hospital?

11am – 12pm **ACTION! Fax back the cover page of the isolation order with receipt information.**

11am-3pm SFDPH begins calling hospitals to conduct active surveillance. *For this exercise the SFDPH Surveillance Team, is calling hospitals for details on the structure of and ways to access data systems within your hospital (in lieu of active surveillance). See SFDPH Information Gathering for Active Surveillance, for a description of the types of questions that will be asked.*

11:30am-12pm **CONFERENCE CALL – SFDPH & HOSPITAL LIAISONS**

To join the conference call dial: (877) 324-5637
A participant access code will be provided directly to participants on the Health Alert.

The agenda is as follows:

1) Update from SFDPH on situation – locally, worldwide
2) Update on SFDPH recommendations, instructions for reporting, resources for infection control guidance
3) Request from SFDPH to send field investigation teams to hospitals to do active surveillance *(this activity will be pre-arranged)*
4) Confirmation of SFDPH employees deployed to two hospitals
5) Future communication – the SFDPH website (www.sfdph.org/cdcp) will be updated at least daily, fax alerts, and hold phone conferences as needed.
6) Q&A from hospitals

12-1pm SFDPH works with Mr. Tran, clinicians and the ICP to determine the close contacts of Mr. & Ms. Tran during their probable infectious period and quarantines them in their homes. Your hospital anticipates that your hospital will require more PPE for a future operational period.

12-2pm **<u>ACTION!</u> Your hospital makes a request for additional PPE to the SFDPH DOC.**

1-3pm Field teams arrive at two hospitals, and SFDPH begins calls to other hospitals to conduct active surveillance. *For this exercise the SFDPH Epidemiology and Surveillance Field Team will be going to pre-arranged hospitals for details on the structure of and ways to access data systems within your hospital (in lieu of active surveillance). See the SFDPH Information Gathering for Active Surveillance, for background and a description of the types of questions that will be asked.*

2pm WHO announces that they have lab confirmed more reported outbreaks in multiple countries and have raised the pandemic phase to level 6.

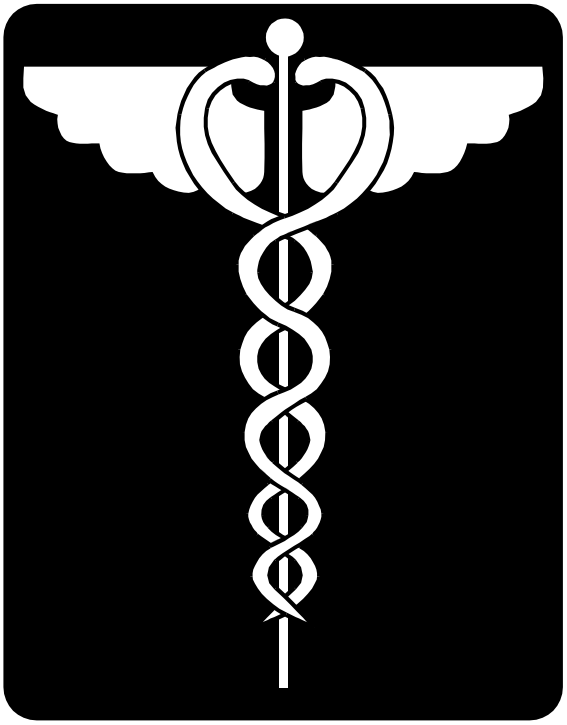
2:30pm SFDPH receives information from CDC via CDPH that multiple suspected cases of H5N1 are being evaluated in NY city, LA, and Boston.

Hospital discussion points

- ❒ How does your hospital's response change? What will you do now to prepare for your next operational period?
- ❒ How will you prepare for the likely influx of sick patients? Will you consider activating your surge plans? What is the protocol for doing so?
- ❒ Will your infection control precautions or triage process change?
- ❒ How do you adjust your response? (e.g. change in level of activation, organizational chart, operational period(s), or objectives?)

EXERCISE ACTIVITY ENDS
3p-5p HOTWASH & DEBRIEFING

Master Sequence of Events Lists



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MASTER SEQUENCE OF EVENTS LIST

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Acute Care Hospitals Message/Event	Anticipated Response

	Pre-Event				**Pre-Event Discussion Points:**
					o What is your isolation procedure if Ms. Tran presented to your hospital?
					  o Where do you keep and find this information?
					o Do all clinicians know how to notify the ICP at your hospital?
					  o Do they know how to do this after hours?
					o How would you notify your lab to take special precautions with Ms. Tran's specimen?
					o Does your hospital lab have a way to transport urgent specimens to the SFDPH laboratory?
					o Who else at your hospital will be notified of the +H5N1 result?
					o What is the mechanism for your hospital to identify clinical and support staff employed by the hospital who have been exposed?
					o What is the mechanism for your hospital to identify other patient care professionals <u>not</u> employed by the hospital (e.g., ambulance providers) who have been exposed?
					o What do you tell your exposed staff that are employed by the hospital?
					o What do you tell your exposed patient care professionals that are <u>not</u> employed by the hospital?
					o What information would you give to the General Staff at this point? How would you distribute that information?
					o Will your hospital activate your emergency response plan & HICS?	

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Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Acute Care Hospitals Message/Event	Anticipated Response
					o What questions do you have for SFDPH?	
October 25, 2007 – The Exercise Begins						
	0800				What is your hospital's current capacity?	
	0800				How many airborne isolation rooms are available?	
	0800				How do you prepare for the influx of worried patients who will come to the hospital?	
	0800				How do you triage patients and visitors who come to the hospital?	
	0800				What infection control precautions will you implement for patients with respiratory symptoms?	
	0800				How will you deal with staff with respiratory symptoms?	
	1000 - 1500				**<u>ACTION!</u> Your hospital calls the CDCU Disease Reporting Line, (415) 554-2830, at least once with clinician consultation question(s).**	
	1000				**<u>ACTION!</u> Your hospital calls the CDCU 24/7 reporting line, (415) 554-2830, to report Mr. Tran as a suspect case and any Health Care Contacts.**	
	1000				What would your hospital do if you did not currently have any available airborne isolation rooms? Who will make that decision? What information do you need to make that decision?	
	1000				What do you tell the transferring ambulance crew about infection control precautions for this patient? How and when do you tell them?	
	1000				Do you have a stockpile of PPE? ▪ If yes, what's in it? Where is it? How long will it last? When will you draw from it? Who decides?	

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Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Acute Care Hospitals Message/Event	Anticipated Response
					How will you distribute / utilize it? How do you keep it secure? ▪ If no, what will you do if you run out of PPE?	
	1030				**<u>ACTION!</u> Your hospital provides Incident Objectives and a Resource Status Update to the SFDPH DOC.**	
	1100				Who at your hospital delivers the isolation order?	
	1100				Who at your hospital enforces the isolation order?	
	1100				If SFDPH needs to conduct active surveillance at your hospital to look for potential cases, what data sources are available for them? (e.g. handwritten / electronic medical charts, electronic outputs, white boards, cardex, etc.)	
	1100				*Hospitals receiving field teams only:* What is your protocol for receiving field teams from SFDPH?	
	1100				*Hospitals receiving field teams only:* Who is your point of contact for hosting the field teams?	
	1100				*Hospitals receiving field teams only:* How will you get them the information they need?	
	1100				*Hospitals receiving field teams only:* What resources are available for the field team's use while they are at your hospital?	
	1100 – 1200				**<u>ACTION!</u> Fax back the cover page of the isolation order with receipt information.**	
	1130				**CONFERENCE CALL – SFDPH & HOSPITAL LIAISONS**	
	1130				Who will you put on the conference call?	
	1130				What questions will you have for SFDPH?	
	1200 - 1400				**<u>ACTION!</u> Your hospital makes a request for additional PPE to the SFDPH DOC, if indicated by your initial internal resources assessment**	

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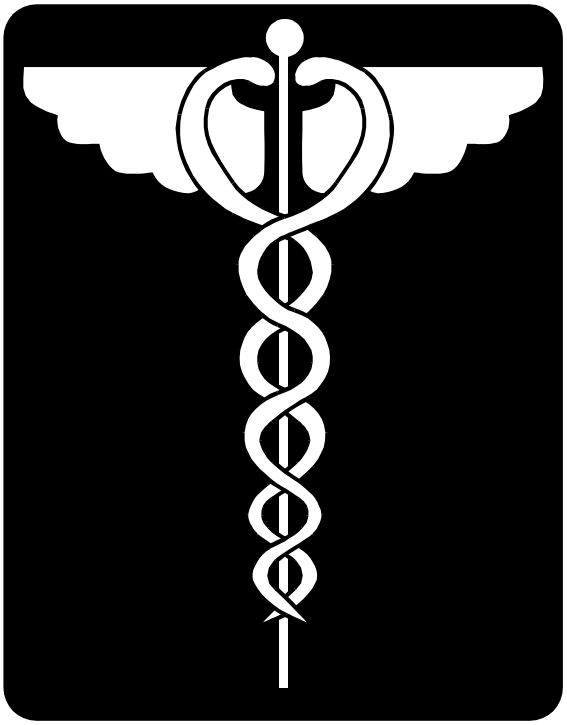
MASTER SEQUENCE OF EVENTS LIST

Real Time	Scenario Time	Message Event #	Receiving Officer	Information Source	Acute Care Hospitals Message/Event	Anticipated Response
	1400				**<u>ACTION!</u> Your hospital makes a request for additional PPE to the SFDPH DOC, if indicated by your projections / Incident Action Plan**	
	1430				How does your hospital's response change? What will you do now to prepare for your next operational period?	
	1430				How will you prepare for the likely influx of sick patients? Will you consider activating your surge plans? What is the protocol for doing so?	
	1430				Will your infection control precautions or triage process change?	
	1430				How do you adjust your response? (e.g. change in level of activation, organizational chart, operational period(s), or objectives?)	
	1600				**THE EXERCISE ENDS** Conduct an exercise debriefing with HCC and departmental staff immediately upon termination of the exercise. **Post exercise activities may include:** o Formal debriefing and incident review session with key personnel and the Emergency Preparedness Committee. o Development of an After-Action Report (AAR). o Development of a Corrective Action Plan (CAP), including timelines and deadlines for improvements. o Dissemination of the AAR and CAP to key internal and external stakeholders. o Planning for the next exercise.	

Conducting the Exercise



Pre-Exercise Activities

Preparing the Materials

Obtain the 2007 Medical & Health Disaster Exercise Guidebook for the October 25, 2007 exercise from the Health Department's CDCP website (www.sfdph.org/cdcp) or OA Exercise Coordinator, Rebekah Varela at SFDPH, Rebekah.Varela@sfdph.org.

Notifying the Operational Area (OA) Exercise Coordinator of Intent to Participate

Exercise participants should report their intent to participate in the 2007 Statewide Medical and Health Disaster Exercise no later than September 26, 2007, using the included Intent to Participate form. The participant will fax or email the Intent form to the Rebekah Varela at Rebekah.Varela@sfdph.org or (415) 554-2552.

Exercise Planning in the OA

Each participant should prepare an exercise contact list for their organization for the OA Exercise Coordinator. Examples of numbers to provide include the Hospital Command Center (HCC), 24/7 hospital number, the facility exercise coordinator, the Incident Commander, and other key contacts.

Active Surveillance

On the day of the 10/25 exercise, our staff (either in person via field teams or via telephone, as arranged pre-exercise) will request to speak with staff at your hospital who are knowledgeable about the structure of data systems. This will help us develop future protocols for active surveillance that we may need to conduct during outbreaks or infectious disease emergencies, as described in the document "SFDPH Information Gathering for Active Surveillance". We ask you to identify the most appropriate person(s) to interview, the best time frame to contact them on the exercise day, and provide this information to Sara Ehlers, MPH, Communicable Disease Epidemiologist at 415-554-2827 or sara.ehlers@sfdph.org.

Coordination with the Media

Media relations for the "real-life" (not the exercise simulation) should be coordinated through each facilities Public Information Officers (PIO). If there is a question regarding real media relations, please contact Eileen Shields, PIO for SFDPH at 554-2507 or Eileen.Shields@sfdph.org.

Scheduling Personnel, Space, and Equipment

It is recommended that facility and organization staffs assigned to the exercise are notified well in advance to coordinate their schedules and plan for participation. For critical exercise positions or assignments, consider scheduling back-up staff that are also briefed and trained prior to the exercise.

- ❑ Announce the exercise date on local agencies/departments calendars, in-house publications or computer schedules so all involved personnel save the date when they are scheduling other activities.
- ❑ Identify and reserve the exercise location/space before the exercise.
- ❑ Assess the exercise area to make sure construction or other changes do not hinder the layout for performance of the exercise (e.g., removal of the phone lines from the room, or removal of chairs and tables.)
- ❑ Develop a checklist of equipment you will need to support the exercise.
- ❑ Check all equipment for proper functioning and operation before the exercise.

Developing Local Scenarios

The scenario in the 2007 Medical & Health Disaster Exercise Guidebook details a sequence of events to be used by participants. This sequence provides the overall anticipated schedule of activities that all participants will incorporate into the community exercise. The scenario is developed to allow customization at the hospital level in regards to meeting objectives, overall patient numbers and existing policies.

Exercise Day Activities

Pre-Exercise Survey of Resources

Changes often occur at the last minute and can interfere with a successful exercise. Organize a team of "checkers" who do nothing more than check facility readiness, materials, storage lockers, phones, fax machines and other communications systems the evening before and the morning of the exercise.

Briefing of Participants

Provide participating personnel with job action sheets, background information, organizational charts, pertinent policies and procedures, and role expectations before the exercise begins to increase participant comfort level and exercise success. At a minimum, the facility should be aware of the exercise in progress.

"This Is An Exercise!"

During the briefings, and throughout the exercise, it is very important to emphasize "this is an exercise" to all participants, agencies, and departments. Written materials and scripts should denote "Exercise only", or "This is an Exercise". Oral communications should be proceeded and end with "This is an exercise".

Facility Signage

It is important to notify staff, patients, and visitors that an exercise in being conducted. Consider posting large signs at facility entrances and in key locations around the facility stating "*Disaster Exercise in Progress*" or similar language, to inform people of the event. Staff on-duty at the information desks in the entrance to the facility should also be given exercise information to inform visitors and others entering the facility about the exercise.

Exercise Safety

If exercise play within your facility includes volunteers or staff playing the role of casualties, you must activate an exercise safety officer to ensure safe conduct of the exercise. This should include a designated "code word" for the exercise volunteers to use in case of an unsafe or uncomfortable situation. The Exercise Safety Officer will notify the Lead Exercise Controller to temporarily suspend exercise play until the situation is resolved. In addition, volunteers should have proper identification and clear instructions on their role and scope of participation.

HICS Forms

If your facility has been trained in the use of the (new) HICS forms for incident action planning, stock these in your Hospital Command Center for use in the exercise. Forms are available on the EMSA web site at www.emsa.ca.gov/hics/hics.asp. These forms should be used in developing, documenting and communicating your Incident Action Plan for each operational period.

Terminating the Exercise for an Actual Emergency

Should there be a need to stop the exercise due to a real-time situation or event, the organization's exercise controller will give a "**Terminate the Exercise**" order and all exercise should be immediately terminated until the situation can be addressed.

There may be situations where a real-time event, participant injury, or other situation may occur where the exercise should be stopped only in that area of play, but not necessarily the entire exercise. The exercise controller will announce a "**Pause the Exercise in [name of area or department]"** to pause the play until the situation can be addressed.

Conducting the 2007 Exercise
Tips for Hospitals

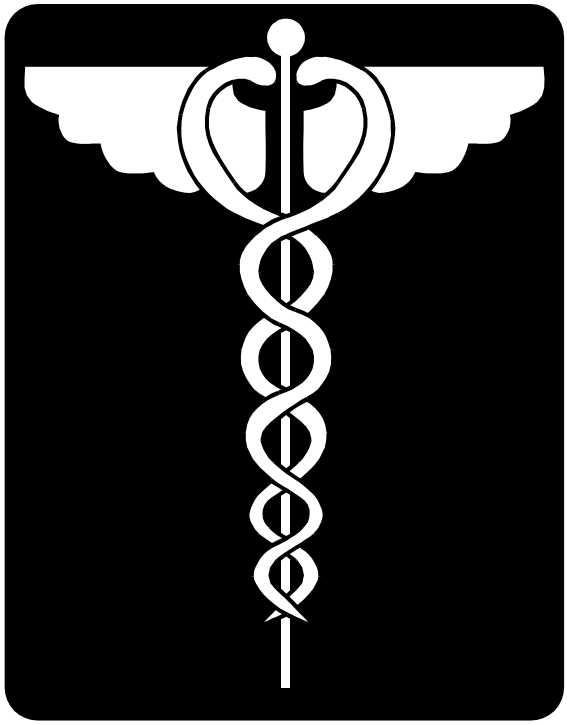
There are different types of exercises you can conduct, including tabletop, functional, and full scale (see glossary for definition of exercises). Each of these exercises can test your response and management of an infectious disease event.

The following are some ideas to achieve hospital-wide participation in the exercise:

- Activate the Emergency Operations Plan (EOP), the Hospital Command Center (HCC) and the Hospital Incident Command System (HICS) to manage the event and address the policy issues as described in the scenario. Incorporate into the activation personnel who may not have previously played a role in the HCC, such as infectious disease practitioners, epidemiologists, Infection Control staff, occupational health staff and others.
- Utilize the HICS Forms for development of your hospital incident action plan.
- Mobilize the infectious disease practitioners/infection control department to assist in determining facility priorities, patient care management, staff protection and reporting to local public health.
- Test the callback (staff notification) systems and lists, update lists and procedures as appropriate.
- Activate and practice "just-in-time" fit testing of N-95 masks and medical screening of employees to ensure employee protection in caring for infectious patients. The "fit testing" should include clinical and non-clinical support staff (e.g., housekeeping, dietary, engineering, security).
- Inventory all linen, nutritional supplies (food) and environmental services equipment and supplies to determine if additional quantities will be needed for the large patient influx and high patient census.
- Activate or assess internal and external security plans and institute traffic control measures, visitor access and set up perimeter barricades, etc.
- Prepare a plan to "lock down" the facility defining under what authority, when and how a "lock down" would occur and when the "lock down" would be discontinued. Review the ability to maintain ongoing ED services in the event of a lock-down and the ability to receive ambulance traffic and walk-in patients.
- Implement or assess hospital lab procedures to manage specimens from infectious patients in large numbers, including laboratory staffing, specimen prioritization and processing, and communication with local public health/Laboratory Response Network (LRN). Mock up the proper packaging and secure shipping of specimens to the local public health laboratory through the Laboratory Response Network.
- Activate your media relations or public information officer to respond to multiple media calls for information and/or convergence of media into your facility.
- Assess your capability to track patients throughout the hospital, including the hospital-based alternate care sites and to other patient care destinations, in accordance with applicable law and regulations.

These are only a few of the ideas to conduct a successful exercise to engage and involve multiple units/departments in a hospital. Use your imagination and be creative in your planning!

Intent to Participate



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INTENT TO PARTICIPATE
Please complete this form to indicate your intent to participate in the exercise.

FAX THIS FORM TO REBEKAH VARELA AT (415) 554-2552
BY WEDNESDAY, SEPTEMBER 26, 2007.

Type of Provider: ☐ Hospital ☐ Community Clinic ☐ Ambulance

☐ Other: _____

Name of Facility or Provider: _____

Address: _____

City_____ Zip_____

County: _____

Exercise Coordinator Contact: _____

Telephone #: _____ Fax #: _____

E-mail: _____

Exercise Command Center _____

Telephone #: _____ Fax #: _____

Infection Control Contact: _____

Telephone #: _____ Fax #: _____

E-mail: _____

24/7 Fax Number (this may be the number for your ED): _____

Check your facility's level of participation in the October 25, 2007 exercise, including:

☐ Willing to receive a field team between 1-3pm.
☐ Full-scale exercise
☐ Functional exercise *(See Glossary for exercise definitions)*
☐ Table top exercise
☐ Communications exercise
☐ Other (specify): _____

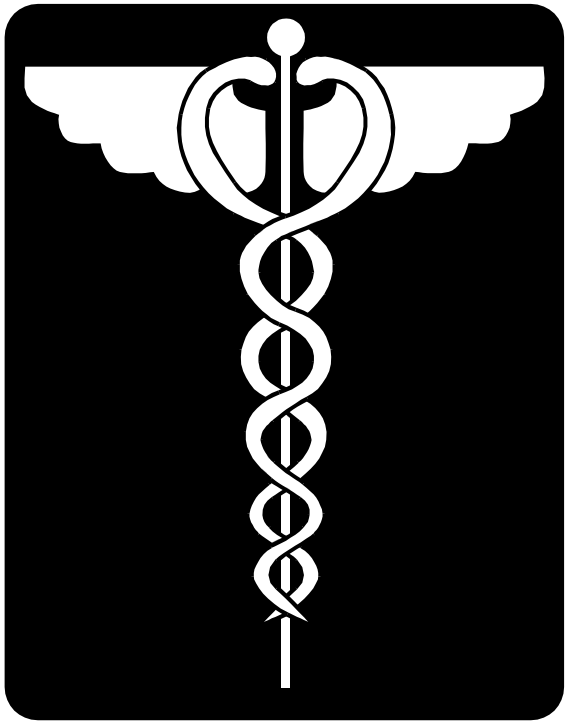
Estimated number of people participating: _____

Time and Number of Hours of exercise play: Time: # Hours:

Please complete this form for each healthcare facility, ambulance provider or entity participating in the exercise. If you are a multiple facility or multi-campus facility, complete **one "*Intent to Participate" Form* for each individual facility** participating.

The form may be duplicated for this purpose.

Status Update Forms



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HOSPITAL STATUS REPORT FORM

Fax to DPH DOC at (415) 621-6135

1) Complete as much information as possible within 1 (ONE) hour of event start. Fax form to DPH DOC.
2) Update and complete entire form within first 4 (FOUR) hours of event start. Fax form to DPH DOC.
3) For prolonged events, update entire form at least once per operational period. Fax to DPH DOC.
4) Update and fax form to DPH DOC at any time when a significant change occurs.
5) Contact DPH DOC for questions.

Hospital Name: _____**Date/Time** _____
Completed by *(name / title / call back phone#)*:_____

1. FACILITY STATUS:

❒ Fully Functional
❒ Partially Functional due to:
- ❒ Loss of Utilities (circle one): Power Water HVAC Communications
- ❒ Partial structural damage
- ❒ Other (describe) _____

❒ Not Functional due to:
- ❒ Structural collapse
- ❒ Other (describe) :_____

❒ Closed

❒ Partial Evacuation ❒ Full Evacuation

2. COMMAND CENTER STATUS:

Command Center Activated: ❒ Yes ❒ No

Primary phone: _____ Primary Fax: _____

3. EMERGENCY DEPARTMENT STATUS:

Total Patients from this event: _____as of ___:____ (time)

Triage Breakdown: Immediate_____ Delayed _____ Minor _____ Expired_____

Current ED Census: _____(#) _____ (% of ED Beds / Space Filled)

4. IN- PATIENT STATUS:

Total Admitted Patients from this event: _____as of ___:____ (time)

Current Total Hosp Census: _____(#) _____ (% of Beds / Space Filled)

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Hospital Name: _____Date/Time _____

5. IN-PATIENT BED AVAILABILTY:

Area	Currently Available	Available in 12 Hrs	Available in 24 Hrs
ED			
Med-Surgical - Adult			
ICU - Adult			
Med-Surgical - Ped			
ICU - Ped			
OR			
Burn Capable			
Isolation / Neg Press			
OB			
Neonatal			
Psych			
SNF			
Other			
TOTAL:			

6. BEDS NEEDED (Indicate Type + Quantity):	
ED	
Med-Surgical - Adult	
ICU - Adult	
Med-Surgical - Ped	
ICU - Ped	
OR	
Burn Capable	
Isolation / Neg Press	
OB	
Neonatal	
Psych	
SNF	
Other	
TOTAL:	

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Hospital Name: _____**Date/Time** _____

7. STAFFING STATUS:

Current Staffing Levels Adequate: ❒ Yes ❒ No Staff Held Over: ❒ Yes ❒ No

Staff Call Back Plans Initiated: ❒ Yes ❒ No

8. STAFF AVAILABLE TO OTHER AGENCIES:

1. I can provide staff to other agencies: ❒ Yes ❒ No

2. List available staff. Include number, discipline and duration.

Number	Discipline	Duration
example 2	Example Registered Nurses	Example 3 days

9. NEED STAFF FROM OTHER AGENCIES

1. I am requesting additional outside staff: ❒ Yes ❒ No
2. List needed staff. Include number, discipline, specialty, duration and personal supplies staff should bring. Prioritize requests (list most critical first.).

Number	Discipline	Specialty	Duration	Supplies Must Bring
example 1	example physician	example Emergency	example 2 days	Example stethoscope + scrubs

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Hospital Name: _____Date/Time _____

10. NEED FACILITY RESOURCES FROM OTHER AGENCIES: Describe type, quantity and detail for immediately needed (security, generators, lights, etc.). Prioritize requests (list most critical first. Attach additional sheets if needed)

11. NEED PATIENT CARE SUPPLIES AND EQUIPMENT FROM OTHER AGENCIES: Describe type, quantity and detail for immediately needed patient care supplies and equipment (infusion pumps, suction machines, etc). Prioritize requests (list most critical first. Attach additional sheets if needed)

Hospital Name: _____Date/Time _____

10. OTHER ACTIONS TAKEN:

A. Security lockdown procedures initiated: ❒ Yes ❒ No

B. Elective surgery cancelled: ❒ Yes ❒ No

C. Clinic appointments cancelled: ❒ Yes ❒ No

D. Expediting patient discharge: ❒ Yes ❒ No

E. Alternate Triage Site if other than ED entrance: ❒ Yes ❒ No If yes, location:_____

F. Alternate Care Site(s) activated❒ Yes ❒ No If yes, location(s)_____

_____

_____

List Other Actions Taken →

Use This Section To Add Further Requests Or Status Information →

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Hospital Name: _____ Date/Time _____

HOSPITAL INCIDENT ACTION PLAN - SUMMARY

LIST OBJECTIVES FOR THIS OPERATIONAL PERIOD: _____ (TIME)

AMBULANCE STATUS REPORT FORM

Fax to DPH DOC at (415) 621-6135

1) Complete as much information as possible within 1 (ONE) hour of event start. Fax form to DPH DOC.

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2) Update and complete entire form within first 4 (FOUR) hours of event start. Fax form to DPH DOC.
3) For prolonged events, update entire form at least once per operational period. Fax to DPH DOC.
4) Update and fax form to DPH DOC at any time when a significant change occurs.
5) Contact DPH DOC for questions.

Provider Name: _____Date/Time _____
Completed by ***(name / title / call back phone#)*****:**_____

1. PATIENT CONTACTS:

Total Patients from this event: _____as of ___:____ (time)
Triage Breakdown: Immediate_____Delayed _____ Minor _____ Expired _____

2. PROVIDER COMMAND POST STATUS:

Command Post Activated: ❒ Yes ❒ No

Primary phone: _____Primary Fax: _____

3. FIELD COMMAND POST STATUS:
Field Command Post Activated: ❒ Yes ❒ No

Field Command Post Location(s):

1)_____

2) _____

3) _____

4. EMS RESOURCE STATUS:

Number of Units In Service:
ALS _____ (% of all)_____ # BLS _____ (% of all)_____

CCT _____ (% of all) _____

Supervisor vehicles # _____ (% of all)_____

MCU vehicles (if applicable) _____ (% of all)_____

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Provider Name: _____Date/Time _____

5. EMS RESOURCES AVAILABLE TO OTHER AGENCIES:

1. I can provide EMS resources to other agencies: ❒ Yes ❒ No
2. List available rigs (includes crew): ALS, BLS, CCT. Include number and duration available.

Number	Rigs	Duration
example 1	Example ALS ambulance	example 5 days

6. NEED EMS RESOURCES FROM OTHER AGENCIES:

1. I am requesting additional outside EMS resources: ❒ Yes ❒ No
2. List needed rigs (includes crew): ALS, BLS, CCT. Include number and duration. Prioritize requests (list most critical first; attach other sheets if needed.)

Number	Rigs	Duration
example 4	Example ALS ambulances	Example 2 days

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Provider Name: _____Date/Time _____

7. STAFFING STATUS:

Current Staffing Levels Adequate: ❒ Yes ❒ No Staff Held Over: ❒ Yes ❒ No

Staff Call Back Plans Initiated: ❒ Yes ❒ No

8. STAFF AVAILABLE TO OTHER AGENCIES:

1. I can provide staff only to other agencies: ❒ Yes ❒ No
2. List available staff. Include number, discipline and duration.

Number	Discipline	Duration
example 2	Example Dispatchers	Example 3 days

9. NEED STAFF FROM OTHER AGENCIES:

1. I am requesting additional outside staff only: ❒ Yes ❒ No
2. List needed staff: ALS, BLS, CCT. Include number, discipline and duration. Prioritize requests (list most critical first; attach other sheets if needed.)

Number	Discipline	Duration	Supplies Must Bring
example 4	Example Paramedics	Example 2 days	Example Stethoscopes, jump bags, clothing + personal supplies

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Provider Name: _____Date/Time _____

10. FACILITY STATUS:

❒ Fully Functional
❒ Partially Functional due to:
- ❒ Loss of Utilities (specify): ____Power_____Water _____HVAC ___ Communications
- ❒ Partial structural damage
- ❒ Other (describe):_____

❒ Not Functional due to:
- ❒ Structural collapse
- ❒ Other (describe) _____

❒ Closed

❒ Partial Evacuation ❒ Full Evacuation
Describe evacuation situation:_____

11. NEED FACILITY RESOURCES FROM OTHER AGENCIES:

A. I am requesting additional outside Facility Resources: ❒ Yes ❒ No

B. Describe type, quantity and detail for immediately needed (generators, lights, etc.). Prioritize requests (list most critical first; attach other sheets if needed.)

12. NEED PATIENT CARE SUPPLIES AND EQUIPMENT FROM OTHER AGENCIES:

A. I am requesting additional outside Patient Care Supplies and Equipment: ❒ Yes ❒ No

B. Describe type, quantity and detail for immediately needed patient care supplies and equipment (infusion pumps, suction machines, etc). (ex.: Travenol IV pumps with macro tubing.) Prioritize requests (list most critical first; attach other sheets if needed.)

Provider Name: _____ Date/Time _____

13. OTHER ACTIONS TAKEN:

A. Inter-facility transports cancelled: ❒ Yes ❒ No

B. Critical Care transports cancelled: ❒ Yes ❒ No

List Other Actions Taken →

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CLINIC STATUS REPORT FORM

Fax to DPH DOC at (415) 621-6135

1) Complete as much information as possible within 1 (ONE) hour of event start. Fax form to DPH DOC.
2) Update and complete entire form within first 4 (FOUR) hours of event start. Fax form to DPH DOC.
3) For prolonged events, update entire form at least once per operational period. Fax to DPH DOC.
4) Update and fax form to DPH DOC at any time when a significant change occurs.
5) Contact DPH DOC for questions.

Clinic Name: _____Date/Time _____

Address: _____Cross Street: _____

Completed by *(name / title / call back phone#)*: _____

1. CLINIC FACILITY STATUS:

❒ Fully Functional
❒ Partially Functional due to:
- ❒ Loss of Utilities (circle one): Power Water HVAC Communications
- ❒ Partial structural damage
- ❒ Other (describe) _____

❒ Not Functional due to:
- ❒ Structural collapse
- ❒ Other (describe):_____

❒ Closed

❒ Partial Evacuation ❒ Full Evacuation

2. COMMAND CENTER STATUS:

Command Center Activated: ❒ Yes ❒ No

Primary phone: _____ Primary Fax: _____

3. PATIENT CENSUS:

Total Patients from this event: _____as of ___:____ (time)

Triage Breakdown: Immediate_____ Delayed _____ Minor _____ Expired _____

Current Total Clinic Census:_____(#)_____(% of Clinic/Spaces Filled)

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Clinic Name: _____Date/Time _____

4. PATIENT CARE AVAILABLE TO OTHER AGENCIES:

A. I can accept additional patients: ❒ Yes ❒ No

B. Specify type of patients you can accept:

❒ Basic first aid ❒ Minor medical - Adult

❒ Minor suturing ❒ Minor medical - Pediatric

❒ Minor burn care ❒ Obstetric patients (minor evaluation only)

❒ Others: (list):

5. STAFFING STATUS:

Current Staffing Levels Adequate: ❒ Yes ❒ No Staff Held Over: ❒ Yes ❒ No

Staff Call Back Plans Initiated: ❒ Yes ❒ No

6. STAFF AVAILABLE TO OTHER AGENCIES:

A. I can provide staff to other agencies: ❒ Yes ❒ No

B. List available staff. Include number, discipline and duration.

Number	Discipline	Duration
example 2	Example Registered Nurses	Example 3 days

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Clinic Name: _____Date/Time _____

7. NEED STAFF FROM OTHER AGENCIES

A. I am requesting additional outside staff: ❒ Yes ❒ No

B. List needed staff. Include number, discipline, specialty, duration and personal supplies staff should bring. Prioritize requests (list most critical first. Attach additional sheets if needed)

Number	Discipline	Specialty	Duration	Supplies Must Bring
example 1	example physician	example internal medicine	example 2 days	Example stethoscope + scrubs

8. NEED FACILITY RESOURCES FROM OTHER AGENCIES:

Describe type, quantity and detail for immediately needed (security, generators, lights, etc.). Prioritize requests (list most critical first. Attach additional sheets if needed)

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Clinic Name: _____Date/Time _____

9. NEED PATIENT CARE SUPPLIES AND EQUIPMENT FROM OTHER AGENCIES: Describe type, quantity and detail for immediately needed patient care supplies and equipment (infusion pumps, suction machines, etc). Prioritize requests (list most critical first. Attach additional sheets if needed)

10. OTHER ACTIONS TAKEN:

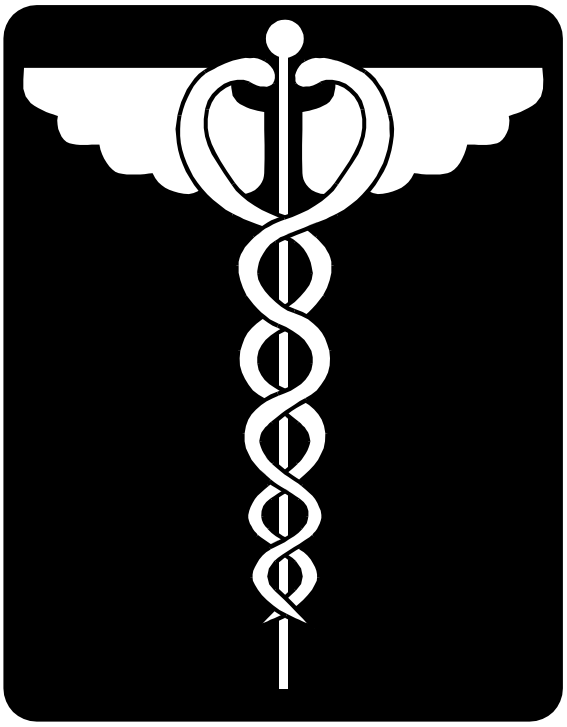
A. Security lockdown procedures initiated: ❒ Yes ❒ No

B. Clinic appointments cancelled: ❒ Yes ❒ No

List Other Actions Taken →

Use This Section To Add Further Requests Or Status Information →

Evaluating the Exercise



Exercise Evaluation

Exercise Evaluation Tools

Exercises must be evaluated to measure performance and identify corrective actions. Exercises are critiqued to identify deficiencies and opportunities for improvement based upon monitoring activities and observations during the exercise (Joint Commission E.C. 4.20, B15.)

Using and/or adapting existing tools can facilitate exercise evaluation. Exercise evaluation can assist organizations to identify:

- Needed improvements in the Emergency Management Program, Emergency Operations Plan, procedures, or guidelines
- Enhanced collaboration and cooperative planning with community agencies (community-wide planning)
- Needed improvements in the emergency management system, including the incident command and control
- Training and staffing deficiencies
- Whether the exercise has achieved its objectives
- Needed equipment, supplies or services
- Needs for continued exercises on the plan or its functions

An evaluation tool to consider is the Homeland Security Exercise and Evaluation's *Exercise Evaluation Guides*. These guides are used nationally to evaluate exercises and several of the guides pertain to healthcare. Information about EEGs can be found at https://hseep.dhs.gov/EEGsAbout.htm, and a library of available EEGs at https://hseep.dhs.gov/EEGSListings.htm.

Conducting a Player Hotwash

(This information and the following form is from the Homeland Security Exercise and Evaluation Program, Volume III: Exercise Evaluation and Improvement Planning. The information can be found at https://hseep.dhs.gov/.)

Immediately after an exercise, evaluators (or team of evaluators and controllers) should debrief the players and controllers in his/her observed discipline, either separately or as a large group. This facilitated discussion, referred to as a *hotwash*, allows players to engage in a self-assessment of their exercise play and provides a general assessment of how the entity performed in the exercise. The hotwash also provides evaluators with the opportunity to clarify points or collect any missing information from players before they leave the exercise venue. The hotwash is conducted as soon as possible after the exercise, usually the same day. In exercises with several venues, separate hotwashes may take place at each location. A hotwash is led by an experienced facilitator who can ensure that the discussion remains brief and constructive, and who can focus conversation on strengths and areas for improvement.

During the hotwash, evaluators may distribute Participant Feedback Forms (see example on following pages to obtain information on perceptions of the exercise, how well each player thought his/her unit performed, and how well the unit integrated performance with other agencies and other exercise components. The questions on the Participant Feedback Form can also be used to conduct a verbal hotwash, rather than written.

The information can provide insight into why events happened the way they did or why some expected actions did not take place. Participant Feedback Forms are collected at the end of the hotwash and reviewed by the evaluation team to augment existing information. Participant Feedback Forms also serve to solicit general feedback on exercise quality, which can be

provided to the exercise planning team to help implement improvements in future exercises. A summary of Participant Feedback Forms can be included as an optional appendix within an after-action report/corrective action plan.

Tips for Conducting a Successful Hotwash or Debriefing

- The hotwash should be conducted by an exercise controller or exercise planner who is well informed about the exercise scenario and objectives.
- A successful hotwash facilitator should stay within the time allotted for the debriefing, encourage participation from all members of the group, and be proficient in conflict resolution. Be prepared for negative comments about the exercise and the overall emergency management program. Exercises can be stressful for participants and they may share their concerns and frustrations. Be patient, non-judgmental, and listen with an open mind.
- Appoint a scribe: the hotwash facilitator should focus on that role and not on note taking.
- Keep a sign in sheet with name, department, area of assignment for the exercise and the role played (e.g., participant, controller, evaluator, victim).
- Set the tone for the hotwash/debriefing: make it positive and non-threatening. Many hotwashes focus on identifying "what worked, what did not work". Begin by focusing on the positive: "what worked". Ask participants to identify those areas they felt worked well, looking for innovative approaches in response and problem solving
- When participants get off track during the hotwash, refer to the objectives and the purpose of the debriefing. Acknowledge participants concerns, and refer them to the evaluation sheets as a method for voicing and documenting issues.
- Use humor to keep on time and on track.
- Keep on an eye on the audience: look for those individuals who are having difficulty finding an opportunity to speak.
- Use the objectives to move the discussion: refer to a specific objective and ask for input.
- When concluding the hotwash, identify the next steps to be taken
    - All verbal and written comments will be reviewed
    - Action items will be identified and an action plan developed
    - Educational issues will be identified and addressed

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Pandemic Influenza Exercise
PARTICIPANT FEEDBACK FORM

Please email or fax the completed participant form to Rebekah Varela at 415-554-2552 by November 9th, 2007.

Exercise Name: 2007 EMSA Exercise (San Francisco) **Exercise Date:** 10/25/07

Participant Name: _____ **Title:** _____

Agency: _____ **Role:** ❒ Player ❒ Controller ❒ Evaluator ❒ Observer

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Part I – Interaction with SF Department of Public Health

1. Please note approximately when and where the SFDPH Health Alert was received during the exercise:

Mode	Date / Time Received	Title of person who first received the Health Alert	Date/Time Health Alert was read by key staff	Title(s) of person(s) who read the Health Alert
Fax to 24/7 hospital fax machine	❒ Did not receive		❒ Was not read	
Fax to Exercise Day Command Center	❒ Did not receive		❒ Was not read	
Downloaded from SFDPH website	❒ Did not access		❒ Was not read	
Alerted by EMSystems	❒ Did not access		❒ Was not read	

2. Please note approximately when and where the SFDPH Isolation and Quarantine order was received during the exercise:

Mode	Date / Time Received	Title of person who first received the I&Q order	Date/Time I&Q order was read by key staff	Title(s) of person(s) who read the I&Q order
Fax to 24/7 hospital fax machine	❒ Did not receive		❒ Was not read	
Fax to Exercise Day Command Center	❒ Did not receive		❒ Was not read	

2a. Additional comments about health alert or I&Q order:

3. Did your organization call the 24/7 Disease Reporting Line (415-554-2830) to report at least one case of influenza during the exercise?
   - ❒ Yes
   - ❒ No
   - ❒ Don't Know

3a. If yes, did you have problems getting through to speak with an SFDPH staff person in a timely manner?
   - ❒ Yes ⟶ Please describe: _____
   - ❒ No

   _____

4. Did your organization call the 24/7 Disease Reporting Line (415-554-2830) for clinical, infection control or other consultation at least once during the exercise?
   - ❒ Yes
   - ❒ No
   - ❒ Don't Know

4a. If yes, did you receive the information that you needed?
   - ❒ Yes
   - ❒ No ⟶ Please describe: _____

5. Did your organization participate in the joint conference call with SFDPH that took place at 11:30am on the day of the exercise?
   - ❒ Yes
   - ❒ No
   - ❒ Don't Know

   5a. If yes, did you have problems getting through to the conference line?
   - ❒ Yes ⟶ Please describe: _____
   - ❒ No

   _____

   5b. Who participated in the conference call? Were they the appropriate staff to include in this type of conference call?

   5c. How useful did your organization consider the conference call?
   ❒ Extremely useful ❒ Useful ❒ Neutral ❒ Not useful ❒ Extremely not useful

   5d. What was the most useful part of the conference call?

   5e. What was the least useful part of the conference call?

   5f. Other feedback regarding the conference call (e.g. other information desired but not presented, length of call, number of participants, agenda items, etc.):

6. Did your organization receive an SFDPH field team on the day of the exercise?
   - ❒ Yes
   - ❒ No ⟶ If no, please skip to Part #7 of this survey
   - ❒ Don't Know

6a. If yes, how clear was the communication with SFDPH to arrange for the field team visit prior to the exercise?
❒ Extremely clear ❒ Clear ❒ Neutral ❒ Confusing ❒ Extremely confusing

6b. Were there problems receiving the field teams on exercise day?
❒ Yes ⟶ Please describe: _____
❒ No
_____

6c. Did the field team arrive in a timely manner and as directed?
❒ Yes
❒ No ⟶ Please describe: _____
_____

6d. Was this visit about active surveillance data sources helpful to your planning?

6e. How can we improve SFDPH field team deployment with your organization in the future?

7. Did your organization receive a phone call?

7a. If yes, how clear was the communication with SFDPH to arrange for the phone interview prior to the exercise?

7b. Was this phone call about active surveillance data sources helpful to your planning?

7c. Do you have other comments regarding this activity?

Part II – Recommendations and Action Steps

1. Based on the exercise today and the tasks identified, list the top 3 issues and/or areas that need improvement in your organization.

2. Identify the action steps that should be taken to address the issues identified above. For each action step, indicate if it is a high, medium, or low priority.

3. Describe the action steps that should be taken in each area of responsibility. Who should be assigned responsibility for each action item?

4. List the equipment, training or plans/procedures that should be reviewed, revised, or developed. Indicate the priority level for each.

Part III – Exercise Design and Conduct

1. What is your assessment of the exercise design and conduct?

   *Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below, with **1** indicating **strong disagreement** with the statement and **5** indicating **strong agreement.***

	Assessment Factor	**Rating of Satisfaction with Exercise** *Strongly Disagree*				*Strongly Agree*
a.	The exercise was well structured and organized.	1	2	3	4	5
b.	The exercise scenario was plausible and realistic.	1	2	3	4	5
c.	The documentation used during the exercise was a valuable tool throughout the exercise.	1	2	3	4	5
d.	Participation in the exercise was appropriate for someone in my position.	1	2	3	4	5
e.	The participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5

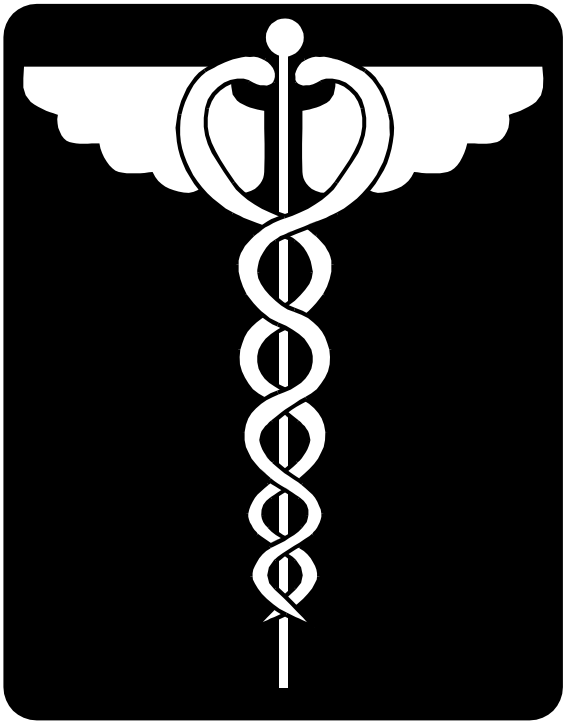
2. What changes would you make to improve this exercise?

   Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.

End of survey. Thank you for your feedback!

Please email or fax the completed participant form to Rebekah Varela at 415-554-2552 or Rebekah.Varela@sfdph.org by November 9th, 2007.

Glossary and Acronyms



Glossary of Terms

Avian influenza — Avian influenza, also referred to as bird flu, is a disease of birds (e.g. ducks, chickens). Between 2003 and 2006 the H5N1 avian influenza virus has infected millions of birds. Although it is primarily a disease of birds a small number of people have also been infected after having close contact with birds. Also see influenza, seasonal influenza, and pandemic influenza.

Contact — A contact is a term used to refer to someone who has been in close proximity with an individual who is, or is suspected of being, infected with an infectious disease like influenza.

H5N1 — H5N1 is the latest avian influenza virus subtype of concern and there appears to be little human immunity to it. The predominant winter strain of human influenza is H3N2. Most adults have some partial immunity to this strain, which caused a pandemic in 1968 when it evolved from avian influenza.

Hand hygiene — Hand hygiene is a term that applies to the cleaning of ones hands. This is usually done with soap and water, hand sanitizer, or hand wipes. To kill an influenza virus hands must be washed with soap and water for 15 seconds and hand sanitizers or wipes must be used for 10 seconds and have an alcohol content of at least 60%.

Human-to-human transmission — Human-to-human transmission refers to the ability of an infectious diseases to be passed continuously from one person to another. Some viruses can be transmitted between animals (animal-to-animal), some can be transmitted from animal-to-human (and vice versa), and some can be transmitted from human-to-human.

Infection control — Infection control is broad term used to describe a number of measures designed to detect, prevent, and contain the spread of infectious disease. Some measures include hand washing, respiratory etiquette, use of personal protective equipment (PPE), prophylaxis, isolation, and quarantine.

Infectious disease — An infectious disease, or communicable disease, is caused by the entrance of organisms (e.g. viruses, bacteria, fungi) into the body which grow and multiply there to cause illness. Infectious diseases can be transmitted, or passed, by direct contact with an infected individual, their discharges (e.g. breath), or with an item touched by them.

Influenza — Influenza is a viral disease that causes high fever, sore through, cough, and muscle aches. It usually affects the respiratory system but sometimes affects other organs. It is spread by infectious droplets that are coughed or sneezed into the air. These droplets can land on the mucous membranes of the eyes or mouth or be inhaled into the lungs of another person. Infection can also occur from contact with surfaces contaminated with infectious droplets and respiratory secretions. Also see seasonal, avian, and pandemic influenza.

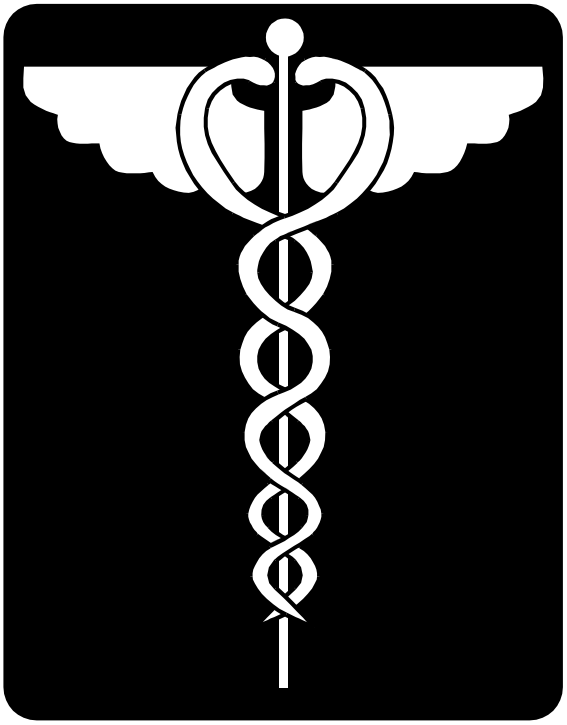
Isolation	Isolation is when sick people are asked to remain in one place (e.g. home, hospital), away from the public, until they are no longer infectious.
Pandemic influenza	A pandemic influenza, or pandemic flu, occurs when a new subtype of influenza virus: 1) develops and there is little or no immunity (protection due to previous infection or vaccination) in the human population; 2) it is easily passed from human to human; 3) is found in many countries; and, 4) causes serious illness in humans. Also see influenza, seasonal influenza, and avian influenza.
Personal Protective Equipment (PPE)	PPE is specialized clothing or equipment worn to protect someone against a hazard including an infectious disease. It can range from a mask or a pair of gloves to a combination of gear that might cover some or all of the body.
Prophylaxis	Prophylaxis is an infection control measure whereby antimicrobial, including antiviral, medications are taken by a healthy individual (e.g. nurse, contact) to prevent illness before or after being exposed to an individual with an infectious disease (e.g. influenza).
Quarantine	A quarantine is when people who have been in close proximity to an infected person, but appear healthy, are asked to remain in one place, away from the general public, until it can be determined that they have not been infected.
Respiratory etiquette	Respiratory etiquette, or good coughing and sneezing manners, is one way of minimizing the spread of viruses which are passed from human-to-human in the tiny droplets of moisture that come out of the nose or mouth when coughing, sneezing, or talking. Healthy and sick people should cover their nose and mouth when sneezing, coughing, or blowing their nose and then put the used tissue in the trash to prevent the spread of germs.
Seasonal influenza	Seasonal influenza, commonly referred to as the flu, is an infectious disease. In the United States, flu season usually occurs between December and March. The influenza virus is one that has the ability to change easily; however, there is usually enough similarity in the virus from one year to the next that the general population is partially immune from previous infection or vaccination. Each year experts monitor the influenza virus and create a new vaccine to address changes in the virus. For this reason people are encouraged to get a flu shot each year. Also see influenza, avian influenza, and pandemic influenza.
Social distancing	Social distancing is an infection control strategy that includes methods of reducing the frequency and closeness of contact between people to limit the spread of infectious diseases. Generally, social distancing refers to the avoidance of gatherings with many people.

Acronyms

AAR	After-Action Report
ACS	Alternate Care Sites
ACS	Auxiliary Communications Services
AEOC	Area Emergency Operations Center
ARC	American Red Cross
ASPR	Assistant Secretary of Preparedness and Response (Office of)
BVM	Bag-Valve-Mouth
CAHAN	California Health Alert Network
CAP	Corrective Action Plan (formerly known as Corrective Improvement Plan)
CERT	Community Emergency Response Team
CBO	Community Based Organization
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health (formerly known as the California Department of Health Services)
CHA	California Hospital Association
CIA	Central Intelligence Agency
CIP	Corrective Improvement Plan (Now known as Corrective Action Plan)
CISM	Critical Incident Stress Management
DHS	Department of Homeland Security
DOC	Departmental Operations Center
EC	Environment of Care
ED	Emergency Department
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EOC	Emergency Operations Center
ETA	Estimated Time of Arrival
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
HCC	Hospital Command Center
HEICS	Hospital Emergency Incident Command System (updated 9-06 and now known as HICS)
HEOC	Hospital Emergency Operations Center (now known as HCC)
HICS	Hospital Incident Command System
HRSA	Health Resources and Services Administration (now known as ASPR)
HSAS	Homeland Security Advisory System
HVAC	Heating, Ventilation and Air Conditioning
IAP	Incident Action Plan
IC	Incident Command or Incident Commander
ICS	Incident Command System
ILI	Influenza-like-illness
Joint Commission	Joint Commission on Accreditation of Healthcare Organizations
JEOC	Joint Emergency Operations Center
JIC	Joint Information Center
LEMSA	Local EMS Agency
MHOAC	Medical Health Operational Area Coordinator
MOB	Medical Office Building

MRC	Medical Reserve Corps
MSELs	Master Sequence of Events Listing
NDMS	National Disaster Medical System
NIMS	National Incident Management System
OA	Operational Area
OES	(California Governor's) Office of Emergency Services
OHS	(Governor's) Office of Homeland Security (State of California)
PIO	Public Information Officer
POC	Point of Contact
POD	Point of Dispensing
REOC	Regional Emergency Operations Center
RDMHC	Regional Disaster Medical Health Coordinator
RDMHS	Regional Disaster Medical Health Specialist
RIMS	Response Information Management System
RN	Registered Nurse
RTTAC	Regional Terrorism Threat Assessment Center
SEMS	Standardized Emergency Management System
SOC	State Operations Center
STTAC	State Terrorism Threat Assessment Center
TEW	Terrorism Early Warning
TEWG	Terrorism Early Warning Group
UA	Universal Adversary

Pan Flu
Scenario Appendix



City and County of San Francisco

Gavin Newsom
Mayor

San Francisco Department of Public Health
Communicable Disease Control & Prevention
101 Grove Street, Room 408
San Francisco, CA 94102
Tel: (415) 554-2830
Fax: (415) 554-2848
www.sfdph.org/cdcp

MOCK HEALTH ALERT

FOR MEDICAL & HEALTH DISASTER EXERCISE

OCTOBER 25, 2007

PANDEMIC INFLUENZA STRAIN IN SAN FRANCISCO RESIDENT

The first case of H5N1 influenza in the US has been confirmed in a San Francisco resident who developed symptoms on Oct 23, after arriving back to San Francisco on Oct 20 from a trip to Vietnam. Because documented person-to-person transmission of H5N1 influenza strains has been occurring in Vietnam, Egypt and Indonesia, on Oct 19, 2007, the WHO raised the Pandemic Alert Phase to 5; this signifies a substantial risk for a pandemic. Isolates from recent confirmed cases demonstrate resistance to all antiviral agents. It is likely that the San Francisco patient's H5N1 strain is easily transmitted to other people and resistant to antiviral medications. The patient is on standard, contact and airborne precautions and an investigation of all contacts is underway. The ongoing outbreaks in Asia and Africa and the presence of H5N1 in San Francisco present a significant risk for additional local cases. San Francisco Department of Public Health (SFDPH) requests that all physicians be alert for cases of H5N1 influenza, inform SFDPH of suspect cases, implement appropriate infection control measures, and pursue testing as outlined below. This alert and additional information is posted on the SFDPH website: www.sfdph.org/cdcp. A conference call for San Francisco hospital leaders will be held today from 11:30 am to 12 pm. Call 877-324-5637; the pass code is 949772.

Actions requested of all clinicians

1. Be alert for cases of H5N1 influenza. Ask your patients about the exposures listed below.
2. Report cases of H5N1 influenza that *meet the criteria* below to SFDPH Disease Control (554-2830).
3. Report contacts of H5N1 influenza cases that *meet the criteria* below to your hospital's Infection Control Professional.
4. Implement appropriate infection control measures and encourage respiratory etiquette among your staff and patients. See guidance below.
5. Submit specimens for testing from symptomatic individuals. See instructions below.

SURVEILLANCE/REPORTING

Suspect cases:

Report immediately to SFDPH Disease Control (554-2830) suspect cases that meet the following criteria and submit specimens from suspect cases for testing:

A patient who has a respiratory illness with onset of illness after October 20th that meets criteria 1, 2, 3 AND 4:

1. Requires hospitalization or is fatal; AND
2. Has or had a documented temperature of 38º C (100.4º F); AND
3. Has radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established; AND
4. Has at least one of the following potential exposures (A, B, OR C) within 10 days of symptom onset:
   a. History of travel to a country with H5N1 flu documented in humans (Indonesia, Egypt, and Vietnam);
   b. Close contact (approach within 1 meter [approx. 3 feet]) of an ill patient who was confirmed or suspected to have H5N1 OR who was hospitalized or died due to a severe unexplained respiratory illness;
   c. Worked with live influenza H5N1 virus in a laboratory.

SFDPH Disease Control will facilitate testing. For Case Report Forms, specimen and laboratory guidelines, and other reference materials see: www.sfdph.org/CDcontrol.

INFECTION CONTROL

- For suspect and confirmed cases of H5N1 influenza: standard, contact, airborne, and eye protection precautions are recommended. Hospitalized patients should be managed with these infection control precautions until the infectious period has passed (i.e., 14 days after onset of symptoms) unless an alternate diagnosis is established or infection with H5N1 is excluded. Consider extending these precautions to 21 days or longer in pediatric or immune-compromised persons with H5N1 infection. Consider doing refresher training for your key staff on appropriate use of PPE.
- For all patients & staff, encourage good respiratory etiquette/cough hygiene and hand hygiene. This includes:
  1. Not coughing or sneezing into hands but covering the mouth and nose with a tissue instead;
  2. Encouraging coughing people to wear a surgical mask;
  3. Performing hand hygiene after any contact with respiratory secretions or contaminated objects.
- Prioritize respiratory protection for staff caring for cases. When adequate supplies are available, consider N95 respirator or mask use during care for coughing or sneezing patients unable to contain their secretions.
- Restrict from work and monitor for 10 days after their last exposure hospital staff who are contacts to a case or suspect case as defined below. Provide daily line lists of staff under surveillance to SFDPH Disease Control (Fax: 554-2848).

  Hospital contacts to a case or suspect case:

  - Healthcare workers and others (e.g., housekeeping staff) who were exposed to respiratory, oral or nasal secretions from a symptomatic case during the infectious period (i.e., 14 days after onset of symptoms) AND who *did not wear appropriate personal protective equipment* (e.g., N95 mask, gloves, goggles, etc.) during the exposure;
  - Laboratorians and others with *unprotected* exposure to laboratory specimens from a case.

Download specific guidelines, patient materials and a monitoring log sheets for health care workers from our website: www.sfdph.org/cdcp - click on the infection control link. Updates will be added periodically.

SPECIMEN TESTING/COLLECTION AND TRANSPORT

For the suspect cases defined above and on a case-by-case basis SFDPH can test for influenza virus A, including subtypes H1, H3 and H5N1, and influenza B by Polymerase Chain Reaction (PCR) and a panel of other viral respiratory pathogens using culture and antigen detection methods. Submission of respiratory specimens for testing to the San Francisco Public Health Laboratory **must** be coordinated through SFDPH Disease Control (554-2830). Pharyngeal swabs should be collected as they are more sensitive than nasal samples for detection of H5N1 influenza. Other acceptable specimens include nasopharyngeal swabs or nasal washes. *Clinical labs should not culture specimens from suspected H5N1 influenza cases.*

Instructions for submitting H5N1 Influenza A specimens: Use Dacron swabs with an aluminum or plastic shaft. Cotton or alginate-tipped swabs are not acceptable. Specimens must be accompanied by an SFDPH laboratory form. Detailed instructions and lab forms are available on our website: www.sfdph.org/CDcontrol .

H5N1/ PANDEMIC INFLUENZA GENERAL RESPONSE

SFDPH is monitoring the situation which includes conducting active surveillance at hospitals to identify cases. We are also facilitating the testing of specimens, identifying contacts of suspect cases, working closely with hospitals to ensure that appropriate infection control measures are implemented and maintaining close contact with our public health partners within the Bay Area, the State and CDC. For more information, visit our website or call our Pandemic Flu Information Line (554-2905). You may also refer your patients to this line.

ADDITIONAL INFORMATION

SFDPH website: www.sfdph.org/cdcp - click on pandemic influenza link
California Department of Public Health website: www.cdph.ca.gov
Centers for Disease Control: www.cdc.gov/flu
Department of Health & Human Services website: www.pandemicflu.gov

City and County of San Francisco **San Francisco Department of Public Health**

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SFDPH Information Gathering for Active Surveillance

During the Exercise
On the day of the 10/25 exercise, our staff (either in person via field teams or via telephone, as arranged pre-exercise) will request to speak with staff at your hospital who are knowledgeable about the structure of data systems. This will help us develop future protocols for active surveillance that we may need to conduct during outbreaks or infectious disease emergencies, as described below.

Prior to the Exercise
We ask you to identify for us the most appropriate person(s) to interview, the best time frame to contact them on the exercise day, to Sara Ehlers, MPH, Communicable Disease Epidemiologist at 415-554-2827 or sara.ehlers@sfdph.org .

Purpose
The Communicable Disease Control and Prevention Section (CDCP) would like to establish jointly a protocol and method for conducting surveillance and epidemiological investigation in the event of an outbreak or infectious disease emergency. During this October 25th exercise, we would like to gather information about how your hospital collects and records information about patients.

Background
CDCP usually receives reports of communicable diseases from laboratories and astute clinicians. However, potential outbreaks and biological threats, of either known or unknown etiology, present a more pressing need for the identification of cases in order to limit the spread of disease.

During outbreaks or infectious disease emergencies, active surveillance and early detection and investigation of potential cases before final clinical diagnosis or lab results are available is necessary:

1) To identify cases not previously identified;
2) For early intervention to institute necessary control measures and provide prophylaxis or treatment;
3) Because effective management of such disease emergencies cannot rely on regular notification and reporting procedures.

For the purposes of public health surveillance, investigation, and interventions,
the SFDPH requests access to personal and health information from departments within your hospital system where patients may access care and or be admitted.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 authorizes our department to access medical information. The HIPAA section for privacy rules regarding disclosures to Public Health Agencies specifies that covered entities (e.g. your hospital) may disclose protected health information (PHI), without individual authorization, to a public health authority legally authorized to collect or receive the information for the purpose of preventing or controlling disease, injury or disability, reference 45 CFR 164.512(b).

General Information about Data Collection Activities

Active surveillance and epidemiological investigation may be instituted during outbreaks and/or infectious disease emergencies, as determined by an SFDPH designee. This is NOT a request to institute ongoing syndromic surveillance of admissions or Emergency Department visits at SFGH, nor does this activity replace routine mandated reporting of diseases and conditions specified in Title 17 of the California Code of Regulations, Sections 2500 and 2505.

Requested Data Fields

The following types of data for individual cases MAY be requested for the purpose of public health surveillance and investigation:

- Name (Last, First, Middle)
- Medical Record Number (or other unique person identifier)
- Social Security number
- DOB/age
- Sex
- Patient address (including street address, city, state, country, zip code)
- Patient Phone (home, work, cell, fax, pager, etc.)
- Emergency Contact Information (name, number, relationship to patient)
- Employer Information (employer name, employer telephone number)
- Visit Date & Time
- Length of stay if admitted
- Hospital location (ward, unit, room, bed number)
- Chief Complaint (text and code)
- Diagnosis (text and code)
- Admitting Diagnosis (text and code)
- Discharge Diagnosis (text and code)
- Attending physician information (name, telephone number, pager number)
- Primary care physician information (name, telephone number)
- Nurse Triage Notes
- Disposition
- Medications (dispensed or prescribed)
- Mode of arrival
- If available: laboratory, pathology, or radiology tests ordered and test results
    - Laboratory information: name of lab, specimen collection date, specimen type, type of lab test, organism, antibiotic susceptibility
    - Radiology tests: type of radiology test performed, date performed, interpretation

Medical chart review for specific patients may also be requested. Requests to review medical charts may include access to more detailed clinical information for the purpose of potential case investigation. CDCP or other SFDPH staff investigating the outbreak are prepared to conduct chart review and abstraction on site.

If the hospital staff prefers to conduct medical chart review and abstraction internally, CDCP will provide data abstraction tools and coordinate transmission of paper/electronic data.

All abstracted information taken off-site of hospital premises will be kept confidential to only those who need to know in order to fulfill our legally mandated public health functions.

Method for Data Collection
The above named data may be requested from the many departments or clinical care sites, e.g., Emergency Department, Outpatient Clinics, Adult/Pediatric Medicine, Adult/Pediatric ICU, Clinical Laboratory, Radiology, Pathology, and Morgue.

Timeframes
Data are requested to be available to CDCP within 4-8 hours of initial request. Data requests may be made on weekends, holidays, and off-hours, in addition to regular work days.

The period for which data are requested will be determined by CDCP. An outbreak/infectious disease emergency may be ongoing for several days/weeks, depending on the situation. In such cases, daily and/or mid-day files may be requested.

Data Formats, Query and Transmission
The methods listed below are based on CDCP desirability, but we wish to pursue a method that is minimally obtrusive to your hospital's standard operating procedures.

Data Format: The preferred data format is an electronic file. However, data will be accepted in any available format. Other formats might include a paper line-list or medical charts.

Queries: The following query methods are listed in order of desirability. Depending on the situation, multiple methods may be necessary:

1) If data are available in the hospital or individual department's information system (IS), to create a stored procedure to produce an electronic/paper line-list; or

2) If creation of a stored procedure is not feasible or is undesirable, the availability of appropriate hospital/department IS staff to query the system to produce the requested line-list; or

3) If data are not available in an IS, the ability for CDCP or hospital staff to review daily log sheets containing symptom/chief complaint/condition information and abstract information; or

4) If no daily log with condition information is available, charts for patients seen/admitted within timeframe of interest may be requested.

Transmission: Options include secure electronic methods, courier, and/or on-site review, as appropriate by the type of data available.

Reportable Diseases & Conditions

The Communicable Disease Control Unit physicians and public health staff at the San Francisco Department of Public Health work around the clock to receive and respond to communicable disease reports. Physicians and health care providers, per Title 17 of the California Code of Regulations are legally required to report suspected, lab-confirmed, and/or clinical diagnoses of specific diseases and conditions within specified time frames to the San Francisco Department of Public Health.

To download a copy of the recently updated list go to: www.sfcdcp.org/index.cfm?id=86

REPORTABLE DISEASES AND CONDITIONS

City and County of San Francisco San Francisco Department of Public Health

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641-2643 and §2800-2812 §25000).
Every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, must report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.

WHO TO REPORT TO

REPORT OUTBREAKS, DISEASES, AND CONDITIONS TO COMMUNICABLE DISEASE CONTROL UNIT UNLESS OTHERWISE INDICATED

COMMUNICABLE DISEASE CONTROL UNIT PHONE: (415) 554-2830 FAX: (415) 554-2848 M-F 8AM to 5PM For urgent reports after hours, follow the prompts to page the on-call MD	**AIDS OFFICE** PHONE: (415) 554-9059	**TUBERCULOSIS CLINIC** PHONE: (415) 206-8524 FAX: (415) 648-8369
	STD CLINIC PHONE: (415) 487-5555 FAX: (415) 431-6628	**ANIMAL BITES** (mammals only) PHONE: (415) 554-9422 FAX: (415) 864-2866

DISEASE OR CONDITION / URGENCY REPORTING REQUIREMENTS

URGENCY REPORTING KEY
☐ Report immediately by telephone ☐ Report within one working day of identification ☑ Report within seven calendar days by FAX, phone or mail

- ☑ Acquired Immune Deficiency Syndrome (AIDS) to *AIDS Office*
- ☑ Alzheimer's Diseases and Related Conditions
- ☐ Amebiasis
- ☑ Animal bites (mammals only) to *Animal Care and Control*
- ☐ Anthrax*
- ☐ Avian Influenza (human)
- ☐ Babesiosis
- ☐ Botulism* (Infant, Foodborne, Wound)
- ☐ Brucellosis*
- ☐ Campylobacteriosis
- ☑ Cancer (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix)
- ☑ Chancroid to *STD Clinic*
- ☐ Chickenpox (only hospitalization and death)
- ☑ Chlamydial infections to *STD Clinic*
- ☐ Cholera
- ☐ Ciguatera Fish Poisoning
- ☑ Coccidioidomycosis
- ☐ Colorado Tick Fever
- ☐ Conjunctivitis, Acute Infectious of the Newborn (specify etiology)
- ☑ Creutzfeldt-Jakob Disease (CJD)
- ☐ Cryptosporidiosis
- ☑ Cysticercosis
- ☐ Dengue
- ☐ Diarrhea of the Newborn, outbreaks
- ☐ Diphtheria
- ☑ Disorders Characterized by Lapses of Consciousness
- ☐ Domoic Acid poisoning (Amnesic Shellfish Poisoning)
- ☑ Ehrlichiosis
- ☐ Encephalitis, Infectious (specify etiology)
- ☐ *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157
- ☐ Foodborne Illness (2 or more cases from different households)
- ☑ Giardiasis
- ☑ Gonococcal Infections to *STD Clinic*
- ☐ *Haemophilus influenzae* Invasive disease (less than 15 years of age)
- ☐ Hantavirus infections
- ☐ Hemolytic Uremic Syndrome
- ☑ Hepatitis, Viral
- ☐ Hepatitis A
- ☑ Hepatitis B (specify acute case or chronic)
- ☑ Hepatitis C (specify acute case or chronic)
- ☑ Hepatitis D (Delta)
- ☑ Hepatitis, other acute
- ☑ Human Immunodeficiency Virus (HIV) to *AIDS Office*
- ☑ Influenza deaths (less than 18 years of age only)
- ☑ Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)
- ☑ Legionellosis
- ☑ Leprosy (Hansen Disease)
- ☑ Leptospirosis
- ☐ Listeriosis
- ☑ Lyme Disease
- ☑ Lymphogranuloma Venereum (LGV) to *STD Clinic*
- ☐ Malaria
- ☐ Measles (Rubeola)
- ☐ Meningitis (specify etiology)
- ☐ Meningococcal Infections
- ☑ Mumps
- ☐ Paralytic Shellfish Poisoning
- ☑ Pelvic Inflammatory Disease (PID) to *STD Clinic*
- ☐ Pertussis (Whooping Cough)
- ☐ Plague (Human or Animal)*
- ☐ Poliomyelitis
- ☐ Psittacosis
- ☐ Q Fever
- ☐ Rabies (Human or Animal)
- ☐ Relapsing Fever
- ☑ Rheumatic Fever, Acute
- ☑ Rocky Mountain Spotted Fever
- ☑ Rubella (German Measles)
- ☑ Rubella Congenital Syndrome
- ☐ Salmonellosis (other than Typhoid fever)
- ☐ Severe Acute Respiratory Syndrome (SARS)
- ☐ Scombroid Fish Poisoning
- ☐ Shiga toxin producing *Escherichia coli* (STEC) including *E. coli* O157
- ☐ Shigellosis
- ☐ Smallpox (Variola)*
- ☐ Streptococcal infections, outbreaks of any type and individual cases in food handlers and dairy workers only
- ☐ Syphilis to *STD Clinic*
- ☑ Taeniasis
- ☑ Tetanus
- ☑ Toxic Shock Syndrome
- ☑ Toxoplasmosis
- ☑ Transmissible Spongiform Encephalopathies (TSE)
- ☐ Trichinosis
- ☐ Tuberculosis to *Tuberculosis Clinic*
- ☐ Tularemia*
- ☐ Typhoid fever (cases and carriers)
- ☐ Typhus fever
- ☐ Vibrio infections
- ☐ Viral Hemorrhagic Fevers* (e.g. Crimean-Congo, Ebola, Lassa and Marburg viruses)
- ☐ Water-Associated Disease (e.g. Swimmer's Itch and Hot Tub Rash)
- ☐ West Nile Virus
- ☐ Yellow Fever
- ☐ Yersiniosis
- ☐ **ANY UNUSUAL DISEASES**
- ☐ **NEW DISEASE OR SYNDROME NOT PREVIOUSLY RECOGNIZED**
- ☐ **OUTBREAKS OF ANY DISEASE**

*Potential Bioterrorism Agents

June 2007

Pandemic Influenza FAQ

SAN FRANCISCO CITY & COUNTY PREPAREDNESS

1. What is San Francisco doing to prepare for pandemic influenza?

San Francisco agencies are closely monitoring avian influenza and preparing for a pandemic in our region. A San Francisco City Department Avian/Pandemic Influenza Task Force is coordinating planning to ensure a multi-disciplined approach to continuity of operations. The health department is also reaching out to hospitals and clinicians, front line workers, businesses, organizations that meet the needs of special populations, and the general public. See our website for more information: www.sfdph.org/cdcp

2. Why is San Francisco preparing for pandemic influenza?

An influenza pandemic is a unique type of emergency. A pandemic has the potential to cause illness in a very large number of people which could overwhelm the health care system and cause high levels of absenteeism in every workforce including community services. A pandemic, could last from several months to two years with periods of illnesses increasing and decreasing sporadically.

3. Is San Francisco prepared to deal with the first human case?

Yes. City Departments are developing coordinated pandemic influenza plans to respond to one or many human cases. Health advisories with instructions for diagnosing, reporting, and treating patients have been sent to San Francisco clinicians, the health department's disease control team has been trained to evaluate suspect cases, and our public health lab is prepared to do initial testing for avian influenza.

4. Is the San Francisco Health Department's pandemic flu plan available to the public?

The Health Department is in the process of finalizing an existing pandemic flu plan which will be followed by a review process. The plan should be available to the general public by Fall 2007.

5. Who has the authority to declare a public health emergency?

The local health officer has broad powers to address a pandemic influenza emergency. Under California law, a local health officer who believes a contagious, infectious or communicable disease exists within the territory under his or her jurisdiction "shall take measures as may be necessary to prevent the spread of the disease or occurrence of additional cases" and to protect the public's health (California Health and Safety Code Section 120175).

6. Will bay area public health department responses be coordinated?

San Francisco is part of the Bay Area Regional Emergency Planning Project, bringing together 10 counties and 3 major cities to coordinate planning and response efforts for a variety of hazards. In addition, California uses the Standardized Emergency Management System (SEMS) for disaster preparedness and response. The California Office of Emergency Services uses SEMS to facilitate mutual aid among cities and counties by defining a standard approach to requesting and sharing resources among jurisdictions.

7. How will the city share real time information?

During a pandemic real time information will be made available through press conferences, press releases to newspapers, TV stations, and radio, on our website (www.sfdph.org/cdcp), and through an information line (415-554-2905). Hospitals, clinics, and clinicians will receive Health Alerts with diagnosis, reporting, and treatment guidelines through emergency systems (e.g. EM System, Blast Fax, CAHAN). Information for the public will be coordinated through the Joint Information Center.

8. Will a quarantine be declared or isolation required?

A quarantine is when healthy people who have been around an infected person are asked to stay in one place. During the early stages of a pandemic, when there are just a few clusters of disease, some exposed people may be asked to remain in home quarantine for the time period required for symptoms to develop. The Health Department will most likely request that sick people remain in home isolation until they are symptom free. Sick people who must leave their home to visit a doctor will be asked to wear a mask.

9. Will public gatherings be canceled?

Some public gatherings may be postponed during a pandemic.

10. Will San Francisco public schools be closed during a pandemic?

Schools may close for short periods of time to slow the spread disease.

11. Will City Departments (e.g. transportation, police, and fire) be providing services during a pandemic?

Maintaining San Francisco city services is a priority during a pandemic. However, city departments may experience employee shortages due to ill staff. If so, city departments will operationalize emergency plans and prioritize essential services first. Standard services may be less regular than usual. Every effort will be made to notify the public of service changes.

12. Will hospitals be able to provide care for sick patients during a pandemic?

All San Francisco hospitals have surge capacity plans to deal with patient overflows. However, during a pandemic the Health Department may ask that non-essential health procedures be postponed and that individuals with mild illness recuperate at home. Family and community members may need to provide help to sick individuals if hospital bed space is limited.

13. Does San Francisco have a stockpile of masks or other protective equipment?

All San Francisco hospitals have stockpiles of masks and other personal protective equipment for health care practitioners. San Francisco has a stockpile of masks for emergency responders who would be in direct contact with sick or exposed people.

14. What can I do now?

Learn more about avian and pandemic influenza, how to prevent the spread of disease, and what to prepare for an emergency. Consider keeping a home supply of hand sanitizer and surgical masks. For details see: www.sfdph.org/cdcp and www.72hours.org.

This fact sheet will be updated as additional information is available.

Avian Influenza (Bird Flu)

FREQUENTLY ASKED QUESTIONS

What is the current avian influenza situation?

At this time avian influenza (H5N1), also known as bird flu, is a disease of wild birds and domesticated poultry like farm chickens, ducks, and turkeys. Although millions of birds have been infected, only a very small number of people have been infected (see www.sfdph.org/cdcp for exact numbers). Because all influenza viruses have the ability to change there is concern that the H5N1 virus could mutate and be spread easily and widely by humans. If that happens, it is possible that a pandemic or widespread outbreak of disease could occur. World health organizations and the San Francisco Department of Public Health are monitoring the situation and making plans to control avian influenza.

What is the difference between avian influenza and pandemic influenza?

A pandemic influenza occurs when a new influenza virus: 1) develops and there is little or no immunity (protection due to previous infection or vaccination) in the human population; 2) it is easily passed from human to human; 3) is found in many countries; and, 4) causes serious illness in humans. Presently avian influenza (H5N1) is not a pandemic influenza because it is mostly a disease of birds and is not easily passed between humans.

Is there avian influenza in the U.S. now?

No. Avian influenza has not been found in wild birds, domestic poultry, or humans in the United States.

How can a person get avian influenza?

Avian influenza is not easily passed from birds to humans. People may get avian influenza by touching an infected bird, fluid or surfaces contaminated with fluids from infected birds and then touching their eyes, nose, or mouth. People who could be at risk in the US are those who travel to countries with outbreaks of avian influenza and have close contact with live or improperly cooked poultry while there.

Can I get avian influenza from eating chicken or other poultry?

Thoroughly cooked poultry cannot infect someone with the virus. Avoid eating uncooked pink chicken or runny yolks. The U.S. does not import poultry except for a small amount from Canada. When cooking it's always good practice to wash your hands, surfaces, and cutlery after handling raw poultry products, including eggs to kill germs.

What can I do to prevent catching avian influenza?

When traveling to areas reporting avian flu outbreaks avoid direct contact with poultry, wild birds, farms, and live-animal markets. Avoid touching surfaces contaminated with poultry feces (droppings) or secretions and only eat well-cooked poultry. Wash your hands regularly and avoid touching your eyes, nose, and mouth.

What are the symptoms?

Individuals with avian influenza (H5N1) usually develop symptoms within 10 days of contact with infected birds, became very ill, and required hospitalization. Symptoms are usually severe and include high fever, muscle aches, cough, mucus production and shortness of breath. Abdominal pain and diarrhea can also occur.

Is it safe to travel to countries where avian influenza has been detected?

Yes. Follow the safety measures above. If you have contact with birds and develop symptoms within 10 days of close contact, call your doctor and let him/her know about your travels and contact with birds.

Is there an avian influenza vaccine?

No. A vaccine for humans is being developed. It is expected that if avian influenza becomes easily passed between humans a vaccine could be available within 4-6 months. There is now a vaccine for birds which is being used on domestic poultry in areas that have infected birds.

Is there a treatment?

No. There is no known treatment right now. Research is being done to identify the effectiveness of medications like oseltamavir (Tamiflu) and zanamavir (Relenza). If an outbreak occurs in our region, treatment recommendations will be made based on the most current information. Local and national stockpiles will be used to get the right medications, as available, to infected people and their close contacts.

Should I avoid chickens and other birds in San Francisco?

No. Birds are not a risk to people in San Francisco at this time. There is no avian influenza in chicken flocks, other domesticated birds, and wild birds in the U.S. If avian influenza is found in the U.S. additional guidance will be posted.

What should I do if I see a dead bird?

Avoid touching dead birds with your bare hands. Use gloves or an inverted plastic bag to place the dead bird in a garbage bag. Throw it away with your regular garbage. (To report a dead bird for West Nile Virus testing in California call: 1-877-WNV-Bird).

What is San Francisco doing to prepare for avian influenza?

The San Francisco Department of Public Health has created an Avian/Pandemic Flu Task Force for all city agencies. This group works to ensure that all city departments and agencies have well-developed and coordinated plans to address a pandemic influenza situation. We are working to ensure that our hospitals and clinicians are educated about pandemic flu and know how to care for infected patients. We also provide information on our website www.sfdph.org/cdcp and our avian influenza information line (415) 554-2905.

This fact sheet will be updated as the situation changes and additional information is available.

Updated October 19, 2006

WHAT HAPPENS WHEN YOU REPORT A DISEASE

The Communicable Disease Control Unit maintains a reporting telephone line to respond to clinician infectious disease reports 24 hours a day, 7 days a week. There are over 80 legally reportable diseases and conditions in San Francisco. Certain critical diseases must be reported within one hour to the Department of Public Health while others require same day notification or notification within one week. See the list of legally reportable diseases in the "What to Report" section.

After we receive an infectious disease report we immediately take action to protect the health of San Franciscans and our visitors.

COMMUNICABLE DISEASE REPORTING

Urgent Reports 24/7

☎ (415) 554-2830

After hours, follow prompts to page the on-call physician

Non-Urgent Reports

☎ (415) 554-2830
🖷 (415) 554-2848 fax
cdcontrol@sfdph.org
101 Grove Street, Room 408
San Francisco, CA 94102

HOW WE RESPOND TO INFECTIOUS DISEASE REPORTS….

✓ INVESTIGATION

- **Case Investigation.** Interview cases and clinicians to identify risk factors and other potential contacts. Evaluate patients/contacts in sensitive occupations or settings that may pose a public health concern (e.g. food handlers, daycare attendees, health care workers or employees of group residential facilities).
- **Source Investigation.** Conduct an epidemiologic investigation to identify the source of infection and how it is being spread.
- **Lab Testing.** Provide guidance on obtaining lab tests to confirm diagnosis. Facilitate approvals for obtaining specialized tests performed at city, state, or federal public health labs.

✓ INFECTION CONTROL

- **Recommendations.** Work with infection control practitioners to recommend measures to control and prevent the spread of disease in health care settings.
- **Information & Education.** Provide information to cases, contacts, and the general public to prevent and control the spread of disease in community settings. In the event of an infectious disease emergency provide continued infection control guidance and recommendations.
- **State & National Notification.** Coordinate notification of state and national health officials and law enforcement, as necessary.

✓ TREATMENT RECOMMENDATIONS

- **Post-exposure & Preventive Treatment.** Assess the need for and recommend preventive treatments such as antibiotics and vaccines. In case of mass exposure to a treatable infectious agent, activate the local system for providing mass treatment and/or prophylaxis.

✓ COMMUNICATION WITH CLINICIANS

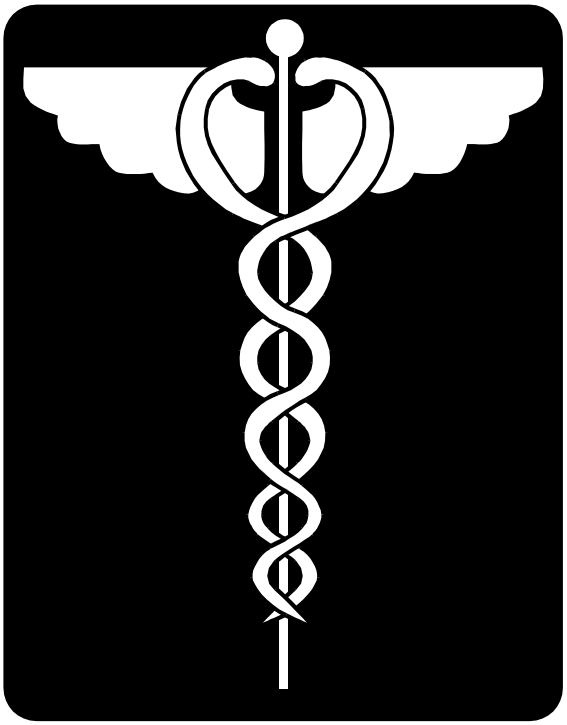
- **Health Alerts.** Send Health Alerts, Advisories, and Updates to clinicians regarding infectious disease situations of public health concern.
- **Analysis of Surveillance Data.** Analyze and disseminate public health surveillance data to clinicians and the general public.

Federal Response Stages

Below is a table that maps the World Health Organization (WHO) pandemic phases to the U.S. federal response stages. For more detailed information for each of the federal response stages, including goals, actions, and policy decisions based on the outbreak situation and the risk posed to the U.S., see http://www.pandemicflu.gov/plan/federal/fedresponsestages.html

WHO Phases		Federal Government Response Stages	
INTER-PANDEMIC PERIOD			
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	0	New domestic animal outbreak in at–risk country
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.		
PANDEMIC ALERT PERIOD			
3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	0	New domestic animal outbreak in at–risk country
		1	Suspected human outbreak overseas
4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	2	Confirmed human outbreak overseas
5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).		
PANDEMIC PERIOD			
6	Pandemic phase: increased and sustained transmission in general population.	3	Widespread human outbreaks in multiple locations overseas
		4	First human case in North America
		5	Spread throughout United States
		6	Recovery and preparation for subsequent waves

Exercise Contacts



City and County of San Francisco
Medical & Health Disaster Exercise
October 25, 2007

Day of Exercise Command Contacts
Not for Emergency Use

Chinese Hospital
Exercise Coordinator: Stuart Fong
Command Center: Not Listed
Exercise Phone: 677-2473
Exercise Fax: 217-4174

Kaiser Medical Center
Exercise Coordinator: Beverly Seyfert
Command Center: TBD
Exercise Phone: TBD
Exercise Fax: TBD

St. Frances Hospital
Exercise Coordinator: Abbie Yant
Command Center: TBD – Information available by 10/23
Exercise Phone: TBD – Information available by 10/23
Exercise Fax: TBD – Information available by 10/23

St. Mary's Medical Center
Exercise Coordinator: Debi Simon
Command Center: HCC Board Room
Exercise Phone: 668-1516; 750-6238
Exercise Fax: 668-4531

UCSF Medical Center
Exercise Coordinator: Robert Hunn
Command Center: 505 Parnassus – Cafeteria Dining Room
Exercise Phone: 753-4563
Exercise Fax: 353-1792

Veterans Affairs – San Francisco
Exercise Coordinator: Joe Johnson
Command Center: Building 200 Room 1A-22
Exercise Phone: 750-6666
Exercise Fax: 379-5607

Acknowledgements

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