



**CITY AND COUNTY OF SAN FRANCISCO
MEDICAL AND HEALTH DISASTER EXERCISE
October 24 – 25, 2007**

EXECUTIVE SUMMARY

BACKGROUND

On October 25, 2007, the Communicable Disease Control & Prevention (CDCP) Section of the San Francisco Department of Public Health participated in the San Francisco Medical and Health Disaster Exercise to test 1) the ability of SFDPH staff to operate the latest revision of the Infectious Disease Emergencies Response (IDER) Plan, and 2) communication between IDER and area hospitals. A pandemic influenza scenario involving the identification of the first US case in San Francisco was used to test our plan.

Four CDCP staff started planning for CDCP activities began approximately 2 months before the exercise date. Two CDCP staff were also involved in planning the overall SFDPH exercise organized by the Office of Policy and Planning. All 45 CDCP staff were mobilized as exercise participants, in addition to individuals from other SFDPH sections serving as content experts, runners and administrative staff. Room set-up, IDER activation and notification of all CDCP staff took place on the afternoon of October 24 in preparation for a full-day exercise on October 25. The cost of staff time used for the exercise totaled approximately \$22,000 and used 456 person-hours of staff time.

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for improvement, and support development of corrective actions.

MAJOR STRENGTHS

- By sending out a Health Alert to hospitals as an exercise activity, **hospitals saw the need to develop internal communication protocols** to ensure that the Health Alerts are disseminated to all appropriate staff members in a timely manner. Most hospitals hope to test these protocols in an exercise with SFDPH in 2008.
- Plans Section staff created an **Electronic Status Board** to keep track of situation status updates for the whole response. The “board” was a very simple, effective spreadsheet that was accessible to all responders via the 101 Grove common drive. We are currently exploring software tools that would allow secure, simultaneous access / write permission to update the board by multiple users (a limitation of Microsoft Excel), and make it available to the SFDPH Departmental Operations Center to facilitate communication during an event.
- In our surveys of active surveillance data sources in the seven San Francisco hospitals that participated in this exercise, we found that five are able to have **clinical information stored in electronic format within 1-3 days of the patient encounter**. This information is helpful as we continue to plan for ways of conducting surveillance during an infectious disease emergency.
- A team of 10 CDCP staff members were able to ready 3 conference rooms for use by 50 responders in under 2 hours using the newly-created **IDER Set-up Manual**.
- We were also able to test the usability of a **Staging Area Manual** created to help a team of staff get oriented to, set up and run a staff staging area using a 4-station training format. Six CDCP staff were trained on using the Manual and met one week before the exercise to decide how to operate the Staging Area. On exercise day, the Staging Area was set up in ½ hour and all exercise participants were checked in, trained, given supplies and deployed to their workstations within 1 hour after set-up was complete.

EXERCISE FOCUS AREAS

- Testing **communication with hospitals, the DPH Departmental Operations Center and state partners** during an IDER activation
- Demonstrating ability to set up and operate a **Staff Staging Area** using newly-created protocols
- Evaluating responders’ use of the modular **IDER Plan, revised ICS forms, newly created Portable Supplies Stations** and other orientation / reference tools
- Evaluating the effectiveness of **communicating situation status updates** through ICS-compliant channels within and outside the IDER response
- Investigating **sources of active surveillance data** in San Francisco hospitals



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- **IDER ICS was effective in facilitating communication about new situation information.** All IDER responders were informed of the primary exercise inject (only to the DOC and IDER Command) within half an hour.
- Even though there were many ICS forms that at times became cumbersome, responders were able to use and send them appropriately through the chain-of-command. **Two Incident Action Plans were successfully compiled** during the exercise, as well as an **Incident Situation Status Summary**. Planners also saw ways to decrease the number of forms responders needed to complete; new, streamlined forms will be tested in 2008.
- Other IDER resources such as **position-specific emails, shortened job action sheets and Portable Supplies Stations** (providing extra forms and office supplies to responders in their rooms and, thus, decreased the number of office supplies requests sent to Logistics) all facilitated a more effective response.

AREAS FOR IMPROVEMENT

- Evaluators observed that **many responders felt hampered by the Incident Command Structure management style**. Rather than proactively looking for solutions when faced with problems, many responders were hesitant to act or communicate with those outside of their branches to clarify response activities without obtaining supervisor approval first.
 - We hope to **correct this key misconception during a series of training tabletops** to be held in 2008 to emphasize that taking initiative to solve problems is still encouraged under ICS, and that the chain-of-command model is present to facilitate communication, ensure that resources are distributed and that the response is managed by shared objectives.
- While situation information flowed from top (Command) to bottom (all responders) effectively during the exercise, it was **difficult for Plans section to receive updates of activities from responders at the unit level**. Plans mostly solicited updates by sending emails or radio calls to remind responders to submit forms; this was not very effective because most module staff were busy with response activities missed the deadline for turning in module update forms.
 - Changes in the IDER Plan have been made to **instruct Plans staff to be more proactive about soliciting updates from responders** by going from room to room and calling module supervisors on a regular basis. This will be tested in the upcoming 2008 exercise.
- **Management of the STARS telephone menu system needs to be centralized in the IDER ICS** because the responsibilities of running its hardware and software components are currently divided between two Sections (Logistic and Operations, respectively). In addition, protocols for its use needs to be clarified and improved: 1) **Train** more CDCP staff to be back-up experts in using the system, 2) Create more **user-friendly instructions** and protocols for its use.
- While the new Staff Staging Area was effective in processing and deploying staff, **distribution of work among the training stations was not equal**, resulting in backups at certain stations. Create **more training stations** with less content at each station to allow responders to absorb material and better flow through the Staff Staging Area.
- The protocol for **resource requests needs greater detail about the level of approval depending on resource type**. Approval requirements need to strike a balance between allowing for requests to pass from the requestor to Logistics in a timely fashion and documenting and having supervisory approval for the request.
- Similar to last year's exercise, responders requested **more information flow diagrams** to clarify how different types of data flow from one module to another during a response.

Overall, the IDER exercise was successful in testing IDER's communication with external parties and the usability of IDER protocols and tools that have been revised based on last year's exercise. While improvements need to be made, it showed that the current plan and tools are, for the most part, adequate to facilitate a response. Plans for follow-up activities in 2008 include: a series of training tabletops for CDCP staff, smaller drills to test information flow in specific modules and more functional exercises with other DPH sections to test revised protocols and tools.