# CALIFORNIA STATEWIDE MEDICAL AND HEALTH EXERCISE

## MULTI-YEAR TRAINING AND EXERCISE PLAN



# ACKNOWLEDGEMENTS

The annual California Statewide Medical and Health Exercise is sponsored by the California Department of Public Health (CDPH) and the California Emergency Medical Services Authority (EMSA). This Multi-Year Training and Exercise Plan (MYTEP) was produced with input, advice, and assistance from key stakeholders including representatives of the Local Capabilities Working Group, regional and local disaster planners, and the Statewide Medical and Health Exercise (SWMHE) Planning Workgroup (PW).

* Alpine County
* California Ambulatory Surgery Association (CASA)
* California Association of Health Facilities (CAHF)
* California Department of Public Health (CDPH)
* California Emergency Medical Services Authority (EMSA)
* California Hospital Association (CHA)
* California Governor's Office of Emergency Services (Cal OES)
* California Primary Care Association (CPCA)
* County of Riverside Emergency Management Department
* DaVita Dialysis
* Inland Counties Emergency Management Agency
* Kaiser Permanente
* Los Angeles County Healthcare Agency
* Mariposa County
* Napa County Emergency Medical Services Agency
* Nevada County Public Health
* Orange County Health Care Agency
* Sacramento County
* San Joaquin County Emergency Medical Services Agency
* Sharp HealthCare
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# MYTEP REVIEW AND UPDATES

The LCWG and Statewide Medical and Health Exercise (SWMHE) Planning Workgroup (PW) will review the MYTEP and its appendices annually. Suggested changes to the MYTEP will be incorporated and EPW will identify revisions, additions, or improvements needed.

Revisions noted in the annual plan review include:

* Continual update of information that may change regularly
* Formatting changes
* Text changes to incorporate new Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) guidelines
* Text changes to incorporate organizational changes
* Text changes to incorporate findings from exercise evaluations
* Text changes to incorporate hazard vulnerability changes

Each time a change is made, the date and version number along with the noted change and author will be documented on the table below. Additional Plan Modification table rows may be added as necessary.

| **DATE** | **DESCRIPTION OF CHANGE** | **PAGE NUMBER** | **AUTHOR** |
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#

# INTRODUCTION

The purpose of this multi-year training and exercise plan (MYTEP) is to aid the Statewide Medical and Health Exercise (SWMHE) Planning Workgroup (PW) planners with guidance and recommendations to accomplish the following:

* Identifying the top priorities for improving the preparedness and response capabilities of the organization
* Defining the cycle of training and exercise activities that will provide the most benefit in the development, refinement and maintenance of those capabilities

The training and exercise schedules provided in this document illustrate the proposed activities for 2016 through 2020. This is a working document that will be updated and refined on an annual basis or as needed by the SWMHE PW or through input from the Local Capabilities Workgroup.

This document has been developed based on the capabilities, standards, and grant requirements of greatest concern to participating jurisdictions and agencies. These include:

* **Public Health Emergency Preparedness (PHEP)**Administered by the Centers for Disease Control and Prevention (CDC) Office of Public Health Preparedness and Response, the PHEP cooperative agreement provides funding for activities that are targeted specifically for the development of emergency-readiness in public health departments. PHEP funding is provided annually within a five-year cycle. Jurisdictions receiving funding must also test each of the 15 PHEP capabilities within the five-year cycle of the grant.
* **Cities Readiness Initiative (CRI)**CRI is a federal program within PHEP that provides funding to 72 Metropolitan Statistical Areas (MSA) to aid in developing efficient and accurate distribution and dispensing of medical countermeasures (MCM) from the Strategic National Stockpile (SNS) following a public health emergency. Recipients must exercise a bioterror event that would be able to test the transportation, distribution, and receipt of MCM at least once during the funding’s five-year cycle.
* **Hospital Preparedness Program (HPP)**Administered by the US Department of Health and Human Services (DHHS) Office of the Assistant Secretary for Preparedness and Response (ASPR), the HPP program provides grants to states, municipalities, and tribal governments to strengthen healthcare coalitions. Most of the funding is utilized by healthcare organizations to improve upon the eight HPP capabilities, including medical surge.
* **The Joint Commission (TJC)**TJC is a nonprofit organization deemed by CMS that provides accreditation and certification to thousands of health care organizations. To achieve certification, a health care organization must adhere to the TJC’s recommended standards, some of which relate to emergency and disaster preparedness, specifically the Emergency Management chapter. Emergency preparedness standards touch on certain critical areas, and require that organizations have and test an Emergency Operations Plan on an annual basis.
* **Urban Areas Security Initiative (UASI)**Administered by the Department of Homeland Security within FEMA, UASI funds are part of the larger Homeland Security Grant Program which provides hundreds of millions of dollars every year towards state, tribal, and local preparedness. Funds are received by a State Administrative Agency (SAA) and filtered down. Funds address the ability to mitigate, prepare for, respond to, and recover from acts of terrorism in high-threat, high-density urban areas. Funds are provided on an annual basis. The UASI program is the only federal homeland security grant program that requires regional governance, strategic planning and the involvement of all disciplines (law enforcement, fire service, public health and medical, public works, critical infrastructure owners and operators, and emergency management) in order to acquire the necessary plans, organization, equipment, training and exercises.

**While this document may be helpful in planning for grant and accreditation requirements, it is not meant to directly fulfill PHEP or HPP requirements and serves as a model only. It allows planners to view a schedule of future SWMHE Programs in order to better forecast and build their own MYTEPs. The format has been modified from that of a more traditional MYTEP in order to accommodate the broader State perspective and with the intent of creating exercises that are inclusive to all participants within the State of California. The following resource may be useful for planners in creating their own MYTEP: https://hseep.preptoolkit.org/ExProgMgmt.html.**

# TRAINING

CDPH and EMSA offer multiple training opportunities and resources that can be found on https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe.aspx. Please visit the site to view the trainings and find all SWMHE relevant information.

Additional trainings and webinars will be added on a regular basis to aid participating jurisdictions and organizations in their preparedness efforts. Planners should identify the trainings necessary to prepare themselves for the recommended capabilities and objectives tested in the SWMHE each year. Planners should identify trainings that cover any gaps revealed as part of the After Action Report/Improvement Plan process, and update their training schedule at least annually to reflect the accomplishments and progress of their program.

# RECOMMENDED EXERCISE SCHEDULE

On the following page is a proposed schedule that ensures that every PHEP and HPP capability is being exercised within a five-year period of time. Each year, the SWMHE Workgroup develops and finalizes the scenario with a focus on the capabilities to be addressed in that year’s exercise and training activities.

The “Schedule Justification and Program Priorities” section goes into further detail regarding the rationale for the development of the proposed schedule and its associated capabilities. Planners will note that this is not the same format as a full MYTEP, rather it lays out a schedule that is capability-based for the next five years. Planners can use this information as a foundation on which to build their own MYTEPs[[1]](#footnote-2).

The “Regional Focus” column in the schedule reflects CDPH and EMSA’s desire to more closely simulate a real event occurring in one area of the state and allows for more intense and realistic exercise play between one region, CDPH and EMSA each year. All regions are still provided with the materials and direction to assist in their development of a successful exercise, but the Medical and Health Coordination Center (MHCC) will play directly to the objectives and scenario of a specific Mutual Aid Region or Regions during the SWMHE. This approach started in 2014 with the Region II Bay Area Mass Prophylaxis Working Group Anthrax Exercise and continued with the 2015 Region I and VI aerosolized anthrax bioterrorism exercise.

Feedback from SWMHE participants and local planners suggested that advanced knowledge of SWMHE capabilities and their associated scenarios for the coming years would be of great assistance in planning exercises that align with CDPH play. In response, the MYTEP contains PHEP/HPP capabilities that will be targeted each year and the associated suggested scenarios built from them. These suggested scenarios are provided with three caveats:

* Real events (e.g., emerging public health emergencies and other disasters) can be disruptive to planned exercise capabilities, objectives, and scenarios. For Example, CDPH and EMSA staff were planning full support of Region II’s Aerosolized Anthrax exercise, but the real-world activation for the 2014 Ebola outbreak precluded the use of the MHCC and many CDPH Emergency Preparedness Office staff for the exercise. While CDPH will make every effort to play to SWMHE capabilities and scenarios within this MYTEP, it must also remain flexible if a majority of health care organizations choose to exercise to an emerging threat or specific objective.
* Suggested scenarios have been provided only after PHEP/HPP capabilities were set. For example, the SWMHE EPW did not start with a Mass Casualty Incident scenario in 2016 and then choose the PHEP/HPP capabilities that would test that scenario. Instead, consistent with HSEEP best practices, the SWMHE Workgroup started with PHEP/HPP capabilities and tried to create a scenario that would test these capabilities as well as factors from the “Other Considerations” column (see the following page).

Table 2: Proposed MYTEP Schedule

| **Year** | **Proposed PHEP Capabilities** | **Proposed HPP Capabilities** | **Proposed National Core Capabilities** | **Suggested Scenario(s)** | **Other Considerations[[2]](#footnote-3)** | **Regional Focus[[3]](#footnote-4)** |
| --- | --- | --- | --- | --- | --- | --- |
| **2016** | * Emergency Operations Coordination
* Medical Surge
* Community Preparedness
 | * Emergency Operations Coordination
* Medical Surge
* Healthcare System Preparedness
 | * Public Health, Healthcare, and Emergency Medical Services
* Operational Coordination
* Situational Assessment
 | **Mass Casualty Incident** | * Pediatric Surge
* Mental Health
* Child Care Agency Coordination
* Communications
* Patient Transportation and Evacuation
* Regional Emergency Operations Center (REOC) Coordination
 | None |
| **2017** | * Information Sharing
* Emergency Public Information and Warning
* Community Recovery
 | * Emergency Operations Coordination
* Information Sharing
* Healthcare System Preparedness
 | * Public Health, Healthcare, and Emergency Medical Services
* Operational Communications
* Planning
* Public Information and Warning
* Mass Care Services
 | **Terrorist Incident** | * People with Access and Functional Needs (PAFN)
* Joint Information Center
* Patient Transportation and Evacuation
* Communications
 | None |
| **2018** | * Responder Safety and Health
* Non-Pharmaceutical Intervention
* Public Health & Epidemiology
 | * Responder Safety and Health
* Emergency Operations Coordination
* Information Sharing
 | * Public Health, Healthcare, and Emergency Medical Services
* Environmental Response/Health and Safety
 | **Infectious Disease** | * Elderly Populations
* Isolation/Quarantine/ Social Distancing
* Drug-Resistant Strains
 | RegionIV |
| **2019** | * Volunteer Management
* Public Health Laboratory Testing
* Mass Care
 | * Volunteer Management
* Emergency Operations Coordination
* Healthcare System Recovery
 | * Public Health and Medical Services
* Mass Care Services
* Public/Private Services and Resources
 | **Flood** | * Communications
* Refugees/Non-English Speaking Populations
* Medical Reserve Corps (MRC)
* Health and Social Services
* Housing
 | RegionV |
| **2020** | * Medical Countermeasure Dispensing
* Mass Fatality
* Medical Material Management
 | * Emergency Operations Coordination
* Fatality Management
* Medical Surge
 | * Public Health, Healthcare, and Emergency Medical Services
* On-Scene Security and Protection
* Critical Transportation
* Public/Private Services and Resources
 | **Bioterrorism** | * Private Sector Incorporation
 | RegionII |

# ACRONYMS

Cal OES Governor’s Office of Emergency Services

CDPH California Department of Public Health

CRI Cities Readiness Initiative

EMSA Emergency Medical Services Authority

EOC Emergency Operations Center

EPW Exercise Planning Workgroup

HPP Hospital Preparedness Program

LCWG Local Capabilities Working Group

MHCC Medical and Health Coordination Center

MRC Medical Reserve Corps

MYTEP Multi-Year Training and Exercise Plan

PAFN People with Access and Functional Needs

PHEP Public Health Emergency Preparedness

REOC Regional Emergency Operations Center

SWMHE Statewide Medical and Health Exercise

TJC The Joint Commission

UASIUrban Area Security Initiative

Also include CAHF, EMS, CHA, CPCA, CMS, HSEEP, SAA, and EMSAAC

# APPENDIX A: PREVIOUS EXERCISES

In building a roadmap for success, the Federal Emergency Management Agency’s Homeland Security Exercise and Evaluation Program (HSEEP) guidance recommends that planners should have a strong idea of where they have been before they begin planning for where they want to go. As part of the Multi-Year Training and Exercise process, planners should review capabilities that have been previously tested. CDPH and EMSA have built prior exercises on national core/target, PHEP, and HPP capabilities. The past five years of SWMHE exercises are listed below:

Table 1: Previous SWMHE Exercises

| **Year** | **Scenario(s)** | **Capabilities** | **Regional Focus** |
| --- | --- | --- | --- |
| **2011** | Disruption in the public water system | * Communications
* Intelligence/Information Sharing & Dissemination
* Medical Surge
* Emergency Operations Center (EOC) Management
 | N/A |
| **2012** | Power loss due to an earthquake  | Target Capabilities were Agency/Discipline specific and included:* Communications
* EOC Management
* Intelligence and Information Sharing/Dissemination
* Medical Surge
 | N/A |
| **2013** | Food-Borne Event | * Medical Surge
* Communication
* EOC Management
* Emergency Public Information and Warning
* Public Health Epidemiological Surveillance
 | N/A |
| **2014** | MERS-CoVAerosolized Anthrax (Bay Area) | * Operational Communications
* Public Health and Medical Services
* Operational Coordination and On-Site Incident Management
* Public and Private Services and Resources
 | Region II |
| **2015** | Pandemic InfluenzaAerosolized Anthrax (SoCal) | Core Capabilities were Agency/Discipline specific and included:* Operational Communications
* Operational Coordination and On-Site Incident Management
* Public Health and Medical Services
* Medical Surge
* On-Scene Security
* Emergency Public Information and Warning
* Fatality Management
* Response/Health and Safety
* Critical Transportation
 | Region IRegion VI |

1. Overarching scenarios are suggested in Bold. More specific scenario suggestions such as disease type or hazard type are included in regular print.  [↑](#footnote-ref-2)
2. “Other Considerations” are inclusive of major grant requirements like UASI, TJC, or reflect capabilities SWMHE participants indicated they would like to test in the Forecasting Future SWMHE Programs Survey. These considerations are aligned with complimentary PHEP/HPP capabilities for each year, but can be tested (or not tested) according to needs established by each participating organization/agency.  [↑](#footnote-ref-3)
3. California Governor’s Office of Emergency Services (Cal OES) Mutual Aid Regions. [↑](#footnote-ref-4)