

Instructions for 2015 Medical and Health Disaster Exercise:  
Receiving Mass Prophylaxis- Hospitals  
*Anthrax Attack: Santa Barbara County*

Pre-Exercise:

- 1) Please complete the **2015 Exercise Participation Survey** on Survey Monkey by **October 30<sup>th</sup>** Use the following link to access the survey: <https://www.surveymonkey.com/r/Y29JT89>. Only complete one per facility.
- 2) Participate in exercise trainings and teleconferences leading up to the November 19<sup>th</sup> exercise date. Please see the Statewide Exercise webpage for more information about trainings and teleconferences:  
<http://cosb.countyofsb.org/phd/disasterprep.aspx?id=50893>
- 3) Check to be sure you are enrolled in the California Health Alert Network (CAHAN) alerting system. We will use a CAHAN alert during the week of the exercise November 16-20<sup>th</sup> and also on the day of the exercise November 19<sup>th</sup>. PHD staff will assist you to enroll. Email: [Stacey.rosenberger@sbcphd.org](mailto:Stacey.rosenberger@sbcphd.org) for assistance.
- 4) Weekly teleconferences- PHD will hold weekly calls to answer any questions about the exercise and clarify
- 5) Exercise Participation
  - a) Assign staff to participate in exercise training and in the exercise on November 19<sup>th</sup>.
  - b) **Before November 19<sup>th</sup> your facility will be asked to :**
    1. Respond to CAHAN on November 17<sup>th</sup> confirming your numbers for mass prophylaxis
    2. Respond to email from PHD RSS Warehouse confirming the delivery address for the faux antibiotics at, a contact person, and contact phone number.
  - c) **During the November 19<sup>th</sup> exercise your facility will be asked for:**
    1. Confirm or Respond to all CAHAN alerts.
    2. Respond to call from PHD RSS Warehouse providing estimated time of delivery of faux antibiotics
    3. Submit a Status Report with your objectives.
    4. Submit a Resource Request for resupply of prophylaxis
    5. Complete and Submit the Final Antibiotic Inventory Control Form (attached below).
    6. Complete and Submit an Exercise Checklist and Evaluation form. (See the exercise instruction form below.)

During Exercise You will Use the Following Forms:

- 1) **Exercise Checklist and Evaluation Form** (attached below)  
Use Exercise Checklist and Evaluation Form to record your actions during the exercise. Turn this form in to PHD at end of exercise. [Stacey.rosenberger@sbcphd.org](mailto:Stacey.rosenberger@sbcphd.org) or fax to 681-5142 (EMS Office).
- 2) **Status Report Form**  
You will receive an event Specific ReddiNet assessment poll the will request numbers of symptomatic patients, prophylaxis status of staff and other fields.
- 3) **Resource Request**
  1. Complete and sign the resource request form.
  2. Send the forms to the PHD DOC Med Ops Branch via email or fax at [Operations.MedicalBranch@sbcphd.org](mailto:Operations.MedicalBranch@sbcphd.org) or fax to **805-681-5192 or 805-681-5142 alternate fax**
- 4) **Final Antibiotic Inventory Control Form**
  1. Complete and submit to the PHD DOC Med Ops Branch via email [Operations.MedicalBranch@sbcphd.org](mailto:Operations.MedicalBranch@sbcphd.org) or fax or fax to **805-681-5192 or 805-681-5142 alternate fax**
- 5) **Teleconference**
  1. At 9:30 am on November 19<sup>th</sup> there will be a teleconference with the Health Officer and Medical Directors from facilities participating in the exercise. See exercise checklist for call-in information.
  2. At 10:00 am on November 19<sup>th</sup> there will be a Public Information teleconference for all healthcare partners participating in the exercise. See exercise checklist for call-in information.
- 6) **CAHAN Alerts**
  1. November 17<sup>th</sup>- Respond to CAHAN Poll from PHD to confirm numbers for Mass Prophylaxis
  2. November 19<sup>th</sup>- Confirm CAHAN- signaling the start of the exercise- and submit Status Report to PHD DOC

## 2015 Exercise Checklist and Evaluation Form: Receiving Product- Hospitals

Please submit this form to Stacey Rosenberger via email: [Stacey.rosenberger@sbcphd.org](mailto:Stacey.rosenberger@sbcphd.org) or FAX to 681-5142

Facility/Organization:

Completed by:

Completed <input checked="" type="checkbox"/>	Action	Time Received	Action Taken	Time Submitted	Write Your Comments and Improvements Here
<input type="checkbox"/>	11/17- Respond to CAHAN Poll confirming Mass Prophy numbers and contact information for facility/organization				Confirm all CAHAN alerts. Questions? Call the Public Health DOC Operations Section <a href="tel:805-696-1106">805-696-1106</a>
<input type="checkbox"/>	11/18- Receive and respond to email from PHD RSS Warehouse confirming address and contact for drop off of faux antibiotics.				Email: <a href="mailto:Operations.MedicalBranch@sbcphd.org">Operations.MedicalBranch@sbcphd.org</a>
<input type="checkbox"/>	11/19- 9:00 a.m. receive CAHAN start of the exercise and request to submit a status report.				
<input type="checkbox"/>	8:00am-10:00am receive call from PHD with estimated time of arrival with faux antibiotics.				
<input type="checkbox"/>	9:30 am participate in Health Officer Teleconference (optional)				Call 1-866-906-7447 Use Passcode: 3638573
<input type="checkbox"/>	9:30am- 12pm Receive faux antibiotics for mass prophylaxis.				
<input type="checkbox"/>	Determine Response Objectives for your facility				Sample Objectives: Activate Closed POD, provide prophylaxis for % of staff in 2 hours
<input type="checkbox"/>	9:30-10:30 a.m. Submit status report via ReddiNet. Assessment Poll				
<input type="checkbox"/>	10:00 a.m. participate in PIO teleconference call				Call 1-866-906-7447 Use Passcode: 3638573
<input type="checkbox"/>	Activate Closed POD				
<input type="checkbox"/>	Exercise Surge				
<input type="checkbox"/>	10:00-11:00am Use PHD DOC Resource Request Form to make a formal request for resupply of antibiotics.				Email : <a href="mailto:Operations.MedicalBranch@sbcphd.org">Operations.MedicalBranch@sbcphd.org</a> Or FAX: <a href="tel:805-681-5192">805-681-5192/681-5142</a>
<input checked="" type="checkbox"/>	Complete and Submit – Final Antibiotic Inventory Control Form				Email: <a href="mailto:Operations.MedicalBranch@sbcphd.org">Operations.MedicalBranch@sbcphd.org</a>
<input checked="" type="checkbox"/>	Exercise Complete! <u>Return this form to PHD to confirm your participation.</u>				Email: <a href="mailto:Stacey.rosenberger@sbcphd.org">Stacey.rosenberger@sbcphd.org</a> or FAX to 681-5142

*Thank you for participating and assisting all partners to exercise emergency response plans.*

Additional Comments and Areas for Improvement:

*Thank you for participating and assisting all partners to exercise emergency response plans.*