

Instructions for 2015 Medical and Health Disaster Exercise:  
Receiving Mass Prophylaxis- Non-Medical Closed PODs  
*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) Weekly teleconferences- PHD will hold weekly calls to answer any questions about the exercise and clarify
- 4) **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 email on **Wednesday November 18<sup>th</sup>** 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. Respond to call from PHD RSS Warehouse providing estimated time of delivery of faux antibiotics
    2. Complete and Submit the Final Antibiotic Inventory Control Form (attached below).
    3. 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**

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) **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

## 2015 Exercise Checklist and Evaluation Form: Receiving Product

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"/>	11/18- Receive and respond to email from PHD RSS Warehouse confirming address and contact for drop off of faux antibiotics.				Email: <a href="mailto:DOCOpsCB@sbcphd.org">DOCOpsCB@sbcphd.org</a>
<input type="checkbox"/>	8:00am-10:00am receive call from PHD with estimated time of arrival with faux antibiotics.				
<input type="checkbox"/>	Set-up Closed POD				
<input type="checkbox"/>	9:30am- 12pm Receive faux antibiotics for mass prophylaxis.				
<input type="checkbox"/>	Activate Closed POD- screen and dispense faux antibiotics				
<input type="checkbox"/>	Complete and Submit – Final Antibiotic Inventory Control Form				Email: <a href="mailto:Operations.MedicalBranch@sbcphd.org">Operations.MedicalBranch@sbcphd.org</a>
<input 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

Additional Comments/Areas of Improvement:

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