

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

Pre-Exercise:

- 1) Please complete the **2015 Exercise Participation Survey** on Survey Monkey by **October 30th** 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 19th 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 16-20th and also on the day of the exercise November 19th. PHD staff will assist you to enroll. Email: 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 19th.
 - b) **Before November 19th your facility will be asked to :**
 1. Respond to CAHAN on November 17th 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 19th 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 or fax to 681-5142 (EMS Office).
- 2) **Status Report Form and Resource Request**
You will receive a request for a status report and disaster objectives from the Public Health Department Operations Center (PHD DOC) staff via CAHAN.
 1. Share the scenario with your staff
 2. Share the status report form with your staff and discuss your objectives, and fill out the form based on the scenario.
 3. Complete the resource request form
 4. Send the these forms to the PHD DOC Clinic Branch via email or fax at DOCOpsCB@sbcphd.org or fax to **805-681-5192 or 805-681-5142 alternate fax**
- 3) **Final Antibiotic Inventory Control Form** (attached below)
 1. Complete and submit to the PHD DOC Clinic Branch via email or fax DOCOpsCB@sbcphd.org or fax to **805-681-5192 or 805-681-5142 alternate fax**
- 4) **Teleconference**
 1. At 9:30 am on November 19th 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 19th there will be a Public Information teleconference for all healthcare partners participating in the exercise. See exercise checklist for call-in information.
- 5) **CAHAN Alerts**
 1. November 17th- Respond to CAHAN Poll from PHD to confirm numbers for Mass Prophylaxis
 2. November 19th- Confirm CAHAN- signaling the start of the exercise- and submit Status Report to PHD DOC

2015 Exercise Checklist and Evaluation Form: Receiving Product- All Partners

Please submit this form to Stacey Rosenberger via email: 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				<u>Confirm all CAHAN alerts.</u>
<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: DOCOpsCB@sbcphd.org
<input type="checkbox"/>	11/19- 9:00 a.m. receive CAHAN start of the exercise and request to submit a status report.				<u>Confirm all CAHAN alerts.</u> <u>Questions? Call the Public Health DOC Operations Section 805-696-1106</u>
<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"/>	Review the Status Report Form . Share form with staff and determine your facility's status				Example: Open status. Limited capacity to take new patients due to staff shortage, surge of patients, Closed due mass prophy distribution will open (time)
<input type="checkbox"/>	Determine Response Objectives for your facility: List these on Status Report Form .				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 email, fax				Email : DOCOpsCB@sbcphd.org Or FAX: <u>805-681-5192/681-5142</u>
<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 (optional)				
<input type="checkbox"/>	Exercise Surge (optional)				
<input type="checkbox"/>	10:00-11:00am Use PHD DOC Resource Request Form to make a formal request for resupply of antibiotics.				Email : DOCOpsCB@sbcphd.org Or FAX: <u>805-681-5192/681-5142</u>
<input checked="" type="checkbox"/>	Complete and Submit – Final Antibiotic Inventory Control Form				Email: DOCOpsCB@sbcphd.org
<input checked="" type="checkbox"/>	Exercise Complete! Return this form to PHD to confirm your participation.				Email: Stacey.rosenberger@sbcphd.org or FAX to 681-5142

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