2015 Medical Countermeasures Exercise Series

Operational Area Policy Group Tabletop Exercise

Supported by CPARS Consulting LLC

2015 Medical Countermeasures Exercise Series

Los Angeles County Operational Area Policy Group Tabletop Exercise

Participant Manual

November 12, 2015

Los Angeles County Office of Emergency Management and
Los Angeles County Department of Public Health

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PREFACE

This Los Angeles County Operational Area Policy Group Tabletop Exercise is sponsored by the Los Angeles County Office of Emergency Management (OEM) and Los Angeles County Department of Public Health (DPH) and is supported by CPARS Consulting LLC. The exercise is being conducted in association with a regional public health/medical countermeasures exercise series. This Participant Manual was produced in accordance with the Federal Emergency Management Agency (FEMA), Homeland Security Exercise and Evaluation Program (HSEEP).

The Tabletop Exercise (TTX) Participant Manual provides exercise participants with all the necessary tools to support their role in the exercise. It is tangible evidence of the OEM's and DPH's commitment to public safety through collaborative partnerships that will prepare the Operational Area (OA) for future emergencies.

The control of information related to this exercise is based more on public sensitivity regarding the nature of the exercise than on the actual exercise content. All exercise participants should adhere to appropriate standards of information control, confidentiality, and material disposal. Public release of exercise materials to third parties is at the discretion of OEM and DPH.

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HANDLING INSTRUCTIONS

1. The title of this document is the *2015 Medical Countermeasures Exercise Series, Los Angeles County Operational Area Policy Group Tabletop Exercise Participant Manual*.

2. The information gathered in this Manual should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the OEM or DPH is prohibited.

3. At a minimum, the attached materials will be disseminated only on a need-to-know basis and when unattended, will be stored in a locked container or area offering sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.

4. For more information, please consult the following points of contact (POCs):

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INTRODUCTION

Purpose

This exercise builds upon the crisis management information shared during the September 23rd, 2015 Executive Education Seminar conducted for the Los Angeles County Emergency Management Council (EMC) by the Center for Domestic and Homeland Security. The exercise includes an introduction to the purpose and functionality of the Policy Group followed by a low-stress, yet dynamic facilitated discussion to rehearse the concept of operations for policy requests, adjudication, and decision-making in the Los Angeles County Operational Area (OA) with respect to the public health emergency/medical countermeasures scenario being exercised throughout the Region.

The Los Angeles County Operational Area Policy Group consists of two elements:

- The County's Emergency Management Council (EMC): A 16-member executive body representing County Departments and County Leadership.
- Operational Area Coordinating Group (OACG): Administrators and executives from jurisdictions and agencies with statutory responsibility to abate an emergency (the specific situation will dictate participation).

It is the charge of the Policy Group to achieve the following objectives while respecting individual jurisdiction/agency authorities:

- Establish shared situational awareness across impacted jurisdictions/agencies.
- Adjudicate and determine incident priorities.
- Adjudicate and determine critical and limited resource allocations.
- Facilitate inter-agency/inter-jurisdiction coordination.
- Harmonize agency/jurisdiction policies.
- Offer strategic guidance and direction to support incident management activities.

Objectives

The following objectives were selected for this exercise:

- Familiarize Policy Group members with the concept of operations for the Policy Group, including its membership, purpose, and functionality.
- Develop an understanding of the unique characteristics of a public health emergency, including the nuances between declared public health emergencies and more traditional states of emergency.
- Provide an opportunity to rehearse Policy Group functionality, including the conduct of briefings, review of policy requests, collective policy analysis and negotiations, and consensus-driven decision-making.

Participants

This event is limited to EMC members, and Public Health Officers and administrators/executives from jurisdictions hosting full-scale Point of Dispensing (POD) exercises as part of the medical countermeasures exercise series, who jointly comprise the OACG for this exercise. Each invitee was also allowed to bring one guest/support staff.

- *Players* respond to the situation and questions presented based on knowledge of response procedures, current plans and procedures, and insights derived from experience and training.
- *Support Staff* support players in developing responses to the situation during the discussion; however, they are not participants in the moderated discussion period.
- *Facilitators* provide situation updates, pose questions to players, moderate discussions, and provide guidance when appropriate. They also provide additional information or resolve questions as required.

Exercise Structure

The exercise will begin with a brief orientation on the membership, purpose, and functionality of the Policy Group. The orientation will continue by addressing the unique differences and relationships between public health emergencies and declared states of emergency.

Following the orientation session, the Public Health Officer for Los Angeles County will explain the scenario and response plans being addressed in the regional public health/medical countermeasures exercise series. Players will then be briefed by the County Emergency Operations Center (CEOC) Director and the County Public Information Officer (PIO). The exercise will then transition to a practical application similar to a facilitated Tabletop Exercise (TTX). At various intervals, policy requests will be made of the Players. Players will then respond to the information presented and discuss policy options, the implications of policy options, and will be facilitated through negotiations until a consensus policy decision is made.

At the end of the facilitated discussion, exercise facilitators will moderate a discussion among Players regarding their involvement in future exercise series activities and a debriefing on the Policy Group Tabletop Exercise to highlight strengths and areas needing improvement.

Exercise Guidelines

- This is an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Players should respond based on their knowledge of current plans and current capabilities (i.e., only discuss existing policies, authorities, resources) and insights derived from experience and training.
- Decisions are not precedent setting and may not reflect the Operational Area's final position on a given issue. This is an opportunity to experience the policy-making process and discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve Policy Group functionality. Problem-solving should be the focus.

- The focus should remain on strategic, cross-jurisdictional policies. Players should avoid the temptation to discuss tactical details or minutiae.

Assumptions and Artificialities

In any exercise a number of assumptions and artificialities may be necessary to achieve objectives or complete play in the time allotted. During this exercise, the following apply:

- The scenario is plausible, and events occur as they are presented.
- There is no "hidden agenda," nor any trick questions.
- Non-participating organizations will be supportive of the decisions/strategies selected by Players.
- Policies and implementation actions will be discussed only. There will be no actual movement of resources or personnel or performance of functions/tasks.

Exercise Schedule

Time	Activity
09:00 – 09:15	Welcome, Opening Remarks, and Overview
09:15 – 10:00	Policy Group Orientation Purpose and Functionality OA Relationships Public Health Emergencies
10:00 – 10:10	Break
10:10 – 11:45	Policy Group Practical Application Briefings and Policy Requests Decision-Making and Implementation
11:45 – 12:00	Closing Activities Ongoing Engagement Participant Feedback Closing Remarks

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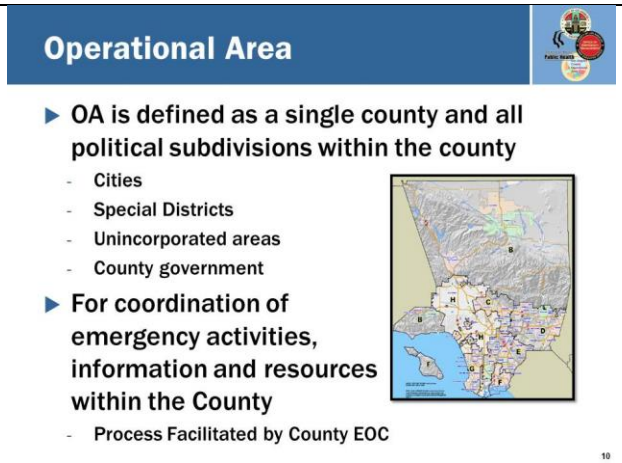
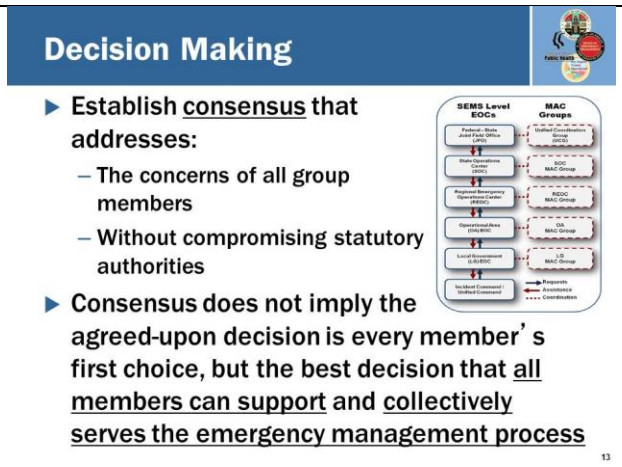
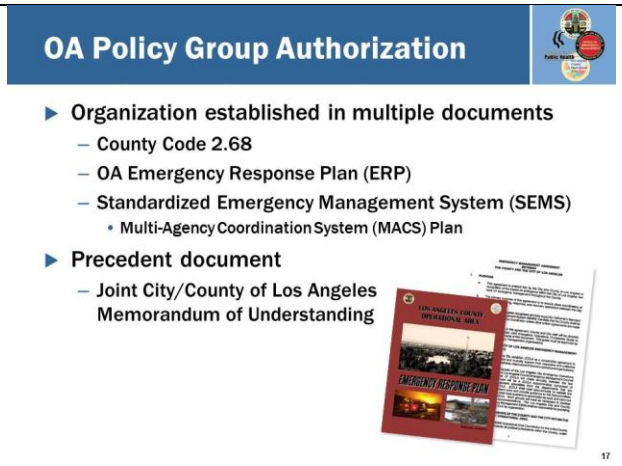
MODULE 1: POLICY GROUP ORIENTATION

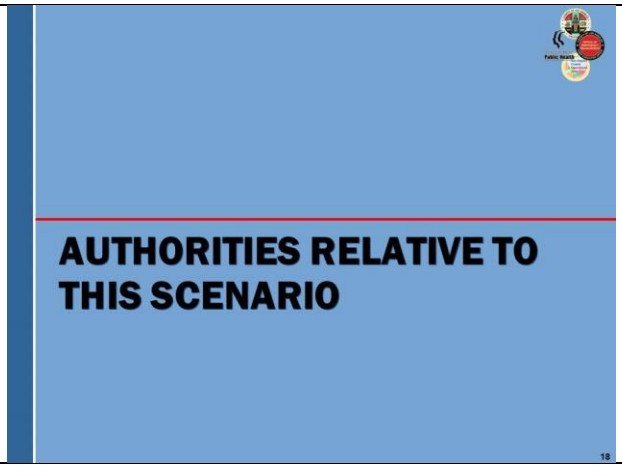
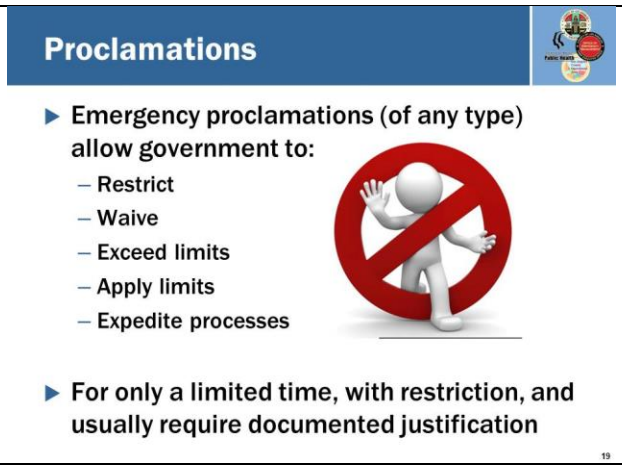
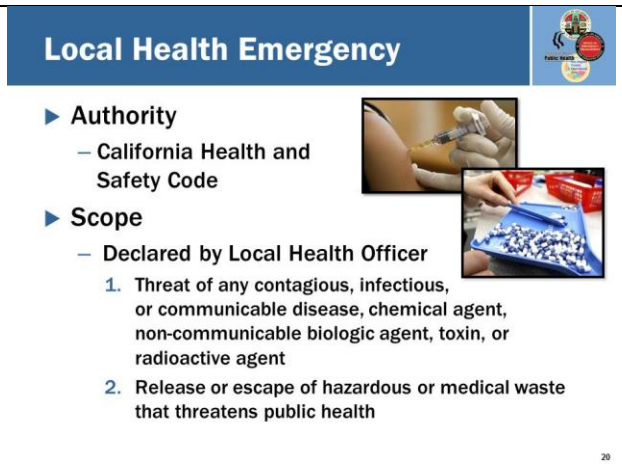
#	Presentation Slides	Additional Info/Participant Notes
1		• This orientation will familiarize the Operational Area (OA) Policy Group members with the concept of operations for the Policy Group, including its membership, purpose, and functionality. • It will explain how OA policies are communicated and coordinated with OA Members. • A portion of this module will also explain the unique characteristics of a public health emergency, including the nuances between declared public health emergencies and more traditional states of emergency.
2		• This session will focus on and address an important element of the Operational Area (OA), the OA Policy Group. • The OA consists of all the political subdivisions of and within the County. • The Los Angeles OA coordinates emergency activities, information, resources and priorities between all 88 cities, special districts, unincorporated areas for which the County serves as the local governemnt as well as the County government itself. • It is important to note that the County EOC facilitates OA coordination, and therefore "wears two hats" - one for executing its responsibility as the County for unincorporated areas, and a second for faciliating the operational coordination of all political subdivisions within the OA. • The policy making body for the County "hat" is the Emergency Management Council (EMC). • The policy making body for the OA "hat" is the OA Policy Group.

#	Presentation Slides	Additional Info/Participant Notes
3	**Policy Group Members** **1) Emergency Management Council** 1. Chief Executive Officer (Chair)* 2. Sheriff (Vice-chair)* 3. Fire Chief* 4. Director, Public Works* 5. Director, Health Services* 6. Director, Internal Services * 7. Director, Public Social Services* 8. Director, Coroner/Chief Medical Examiner 9. Director, Mental Health* 10. Director, Animal Care & Control 11. County Superintendent of Schools 12. County Counsel 13. Chief Probation Officer 14. Director, Children and Family Services 15. Director, Office of Emergency Management 16. Director, Office of Public Affairs 17. American Red Cross – LA Region *Other members as appropriate* 18. Director, Human Resources 19. Director, Child Support Services 20. Director, Beaches & Harbors 11	• The OA Policy Group is made up of two bodies: 1) the Emergency Management Council (EMC), which is a standing body within the County established by the Board of Supervisors. The EMC's responsibilities include: 1) Overseeing the preparedness activities of County departments (unity of purpose, plans, training, etc.); 2) Assisting the Board of Supervisors when the county emergency organization is mobilized; 3) Providing policy guidance to County Departments when the CEOC is activated; and 4) Making recommendations to the County's Director of Emergency Operations and the CEO. • This list shows the EMC membership. It also denotes voting and non-voting members with an asterick. It is important to note, particularly as it relates to the OA Policy Group, that the voting designation is for executing the County responsibilities as noted above, but does not apply to the functionality of the OA Policy Group, which operates on a consensus basis. • The membership of the EMC can adjust based on the need for certain expertise and the incident. This flexible membership is also a characteristic of the second part of the OA Policy Group: the Operational Area Coordination Group (OACG). Three additional departments have been invited to particpate on the EMC because of their relation to the public health scenario.
4	**Policy Group Members** **2) Operational Area Coordination Group** ▶ Jurisdictions with responsibility/authority to abate the emergency situation ▶ OA representatives responsible for overseeing emergency management activities ▶ Dictated by the emergency situation ▶ Representatives with authority to commit resources and funds 12	• The Operational Area Coordination Group (OACG) should include participation and representatives from all jurisdictions that have authority to abate emergency conditions. Membership should therefore be dictated by the incident magnitude and impacts. Consideration should be given not only to those impacted by the physical event, but also those likely to be placed in service in support of the event or those who may later be impacted by cascading impacts or an incident's potential "second-phase." • Those participating in the OACG should have the authority to speak for their jurisdiction and be able to commit resources and funds. • With the EMC and OACG all entities requiring representation should be addressed relative to policy-making. • The OA Policy Group is not a unique entity or concept. It is a sanctioned organization under

#	Presentation Slides	Additional Info/Participant Notes
		California's Standardized Emergency Management System (SEMS) and the National Incident Management System, called by its traditional Incident Command System (ICS) nomenclature: a Multi-Agency Coordination (MAC) Group. Similar entities exist in other OAs and at every level of government and may be known by other names: Multi-Agency Committee, Emergency Management Committee, Interagency Policy Group, Unified Coordination Group.
5		• The OA Policy Group is tasked with unified decision-making and consensus building. Those at the table bring the concerns of their organizations/jurisdictions, know their own statutory boundaries, and weigh concerns and policies against the greater good of the OA. • In situations where systems and resources are taxed, the Policy Group facilitates incident prioritization between jurisdictions based on impact severity, life safety, property/ infrastructure impacts, resource issues, and incident complexity. • The OA Policy Group should consider all impacted entities (present or not).
6		• Just as the Operational Area is responsible for coordinating information, resources and priorities among the local governments within the Operational Area, the OA Policy Group has a number of responsibilities for supporting objectives, including the adjudication and selection of resource priorities and allocations, incident priorities, and facilitation of interagency activities (including other levels of government). • All prioritization decisions by the OA Policy Group should be based on objective data and shared standards. A number of tools to assist with that have been developed by the Governor's Office of Emergency Services.

#	Presentation Slides	Additional Info/Participant Notes
7	**Responsibilities** (Cont.) ▶ Harmonize agency/jurisdiction policies – Review/de-conflict existing policies – Establish new emergency policies ▶ Offer guidance and direction to OA Members ▶ Make requests to the State on behalf of OA 15	• Decisions by the OA Policy Group should not compromise the authorities of OA Members; however, certain decisions may require alterations or adjustments of local government policies for the greater good of the OA; thereby requiring the Policy Group to understand and harmonize policies across all impacted jurisdictions. • As the Policy Group establishes guidance and direction, the CEOC is responsible for communicating and implementing the policies. • If OACG members are unable to convene or participate on the OA Policy Group, then the EMC has been charged with the responsibilities of the OA Policy Group in their absence.
8	**Implementing Policy** ▶ OAEOC/CEOC – Disseminates policy information via: • Direct communication with County DOCs and political subdivision EOCs • Agency representatives and liaisons • Disaster Management Area Coordinators (DMACs) • Operational Area Response and Recovery System (OARRS) • LASD Disaster Communications Service (DCS) – Receives feedback on policies, recommendations, and requests from OA Members ▶ County DOCs and Political Subdivisions – Determine the tactical strategies – Apply necessary resources – Adapt, modify, and de-conflict local policies with OA policy 16	• Upon Policy Group action, whether that be a policy decision, operational direction, mission objective or priority, the CEOC (which serves as the OAEOC) coordiantes actions to implement the policy and shares these decisions with all parties. • County DOCs and Local Governments are then responsible for further developing specific objectives and tactical strategies to implement the policies/decisions in their justidiction. • The CEOC is also responsible for coordinatiing feedback on policies and policy requests (as it regularly would do for situational awareness and the processing of resource requests) to provide the OA Policy Group with necessary data and information. This collection of information will also result in the sysnthesis and identification of policies needing to be made by the OA Policy Group due to response and recovery trends or the knowledge of an operational eventuality. • The CEOC is also tasked with supporting the OA Policy Group with organizational support (e.g., back-office staff). This does not mean that all the staff needs to be from the County, just coordinated by it, because it may be in the best interest of OACG members to have their own staff supporting the Policy Group as well.

#	Presentation Slides	Additional Info/Participant Notes
9		• The OA Policy Group's membership, responsibilities, and support requirements are all solidified in the documents cited here. • It should be noted that while County Code 2.68 references OA responsibilities and creates the EMC, it does not mention the OA Policy Group by name. It only states that the Board of Supervisors is responsible for initiating, coordinating and directing all activities which directly affect the county government and requires organized community action within the County. The County has accepted its role as the OA Coordinator and in doing so has adopted the responsibilities conveyed in SEMS (now defined in the CalMACS Plan) for multi-agency, cross-discipline, and cross-jurisdiction coordination. • The OAERP specifically outlines the membership and responsibilities the OA Policy Group. The OAERP has been formally adopted by the EMC. • As a precedent, the Joint City/County of Los Angeles (JCCLA) Memorandum of Understanding was established to ensure close coordination of emergency planning, response and recovery operations between the City and County. The MOU establishes a JCCLA emergency management organization that is composed of the LA City Emergency Operations Board (EOB) and the LA County EMC and requires the use of multi-agency coordination as defined by SEMS. The two bodies are intended to operate like a Policy Group. The agreement outlines specific mutual support in preparedness, response, and recovery operations, in particular the exchange of liaisons in EOC activations, communication connections, and acknowledges certain County services that support the City (e.g., coroner, courts, etc.). The MOU also outlines the avenue to resolve disagreements. In situations where consensus is not reached, the City can directly request that CalOES adjudicate.

#	Presentation Slides	Additional Info/Participant Notes
10		• The orientation will proceed through the health emergency and state of emergency authorities that are relevant to the scenario.
11		• Whether it is day-to day or emergency operations, we look to departments and entities for certain expertise and authorities. For the most part, an emergemncy does not change those authorities or responsibilities, it just gives government and certain others the ability to expand or contract the responsibilities they already have. Usually this change is not open ended, but comes with limitations. • While considering the public health senario, both the authorities and flexibilities asociated with (Public) Health Emergency and more typical (Disaster) States of Emergency will be explored.
12		• The California Health and Safety Code (Division 101, Chapter 1 and 2 Sections 101025 through 101095) annotate the authorities of the local Health Officer (HO). • The HO is appointed by the Board of Supervisors and must have a medical degree and be in good standing. • The HO is given the authority to declare a local Health Emergency in the two scenarios identified here. The State Public Health Officer/Director of the California Dept. of Public Health (CDPH) also has authority to declare a health emergency. • Although this exercise's focus is on the emergency authorities of the HO, the HO has many other responsibilities, day-to-day, such as 1) being a health advisor, 2) monitoring the health and sanitary conditions in jails, 3)

#	Presentation Slides	Additional Info/Participant Notes
		assisting in drug enforcement, 4) maintaining inventories of clinics that provide certain health services, and 5) designating a nonprofit agency to coordinate food donations.
13	**Health Declaration Authorizes** ▶ Health Officer (HO) to: – Order isolation – Require first responders to execute orders – Compel the submission of technical information (release only) – Study and share technical data ▶ Activation of State and local mutual aid* ▶ Liability protection for medical personnel* *Same as other emergency declarations 21	• Under a local health emergency, the HO can order isolation and although the code does not specify quarantine, the use of the terms "isolate exposed individuals" likely denotes such authority for both isolation of the ill and quarantine of the exposed [Section 101080.2. (a)]. • Although the Health and Safety Code authorizes first responders to execute the HO's orders, there is a stipulation that requires the HO to execute an MOU with the first responders (in consultation with CalOES and the OA Coordinator) outlining the specifics roles of first responders (e.g., where and when exposed subjects will be held pending decontamination) [Section 101080.2 (b)]. • A health emergency (with the same language as a local emergency/state of emergency) authorizes the actiavaton of State and local mutual aid and liability protections for medical personnel.
14	**Potential HHS Health Emergency** ▶ Conduct/support investigations into the cause, treatment, or prevention of health threats ▶ Make grants, execute contracts, and access the Public Health Emergency Fund ▶ Adjust reimbursement and grant requirements ▶ Appoint or reassign personnel ▶ Waive or modify certain Medicare, Medicaid, CHIP, and HIPAA requirements – Presidential declaration required 22	• Under the same conditions which the HO can declare a health emergency, so too may the Secretary of the U.S. Department of Health and Human Services (HHS) declare a Public Health Emergency (PHE). • The declaration of the PHE is authorized by the Public Health Services Act and can be executed by the Secretary without a request from the Governor. Specifically, a PHE can be declared if: 1) a disease or disorder presents a public health emergency; or 2) a public health emergency, including significant outbreaks of infectious disease or bioterrorist attacks, otherwise exists. • The Secretary is not given any new authorities, but authorized within his/her statutory authority to take action appropriate to respond.

#	Presentation Slides	Additional Info/Participant Notes
15	**Local State of Emergency** ▶ Authority – California Emergency Services Act ▶ Scope – Declared by governing body of political subdivision or State • Disaster or extreme peril caused by…air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestation or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake…or other conditions… 23	• The situation most are familiar with is the State of Emergency Proclamation, when conditions exist that are or will likely be beyond the capabilities of a political subdivision(s) and/or require the combined forces of other political subdivisions to abate. • Emergency Proclamations must be made by the governing body of the political subdivision or the State; however, when a county proclaims a local emergency pursuant to the Emergency Services Act, based upon conditions which include both incorporated and unincorporated areas, it is not necessary for the cities to also proclaim the existence of a local emergency individually (a "trickle down" effect). • To read more: California code Article 2 §8558 defines the conditions or degrees of a local emergency. Article 14 §8630 outlines the requirements for a proclamation by a local governing body. Article 14 §8631 and §8632 provide the provisions of mutual aid by political subdivisions and state agencies. Publications may also be searched at: www.oes.ca.gov (Laws and Regulations) or www.leginfo.ca.gov.
16	**Emergency Declaration Authorizes** ▶ Promulgation of orders and regulations to protect life and property, preserve public order and safety – Emergency powers – Legal flexibilities ▶ Control and direct jurisdiction resources and personnel ▶ Liability protection ▶ Requisition of necessary personnel or materials ▶ Activation of State and local mutual aid 24	• An emergency proclamation authorizes a number of emergency powers/authorities as well as legal, liability, and procurement flexibilities to afford an appropriate response to protect life and property and preserve public order and safety.

#	Presentation Slides	Additional Info/Participant Notes
17	**Health Officer Authorities in a State of Emergency** ▶ Take <u>any preventive measure</u> that may be necessary to protect and preserve the public health from any public health hazard – "Preventive measure" means abatement, correction, removal, or any other protective step Major Disaster/Emergency declarations with debris operations require a local PH threat certification for reimbursement of government work on private property ▶ Certify the existence of a public health hazard if certification is required for any federal or state disaster relief program 25	• The California Health and Safety code also addresses the HO's authorities during a proclaimed State of Emergency. It authorizes <u>any</u> protective measure that may be necessary, though the authority is still limited to "public health hazards." • However, the authorities granted to the HO are much broader in a traditional State of Emergency than they are under a local health emergency.
18	**Potential Federal Declaration Precedent for Health Emergency (H1N1)** ▶ Under these conditions: – State emergency plan implemented – Incidence higher than the State's seasonal average – Beyond the capability of State and local governments – Specific resource requests are made FEMA ▶ Limited to: – Public Assistance Emergency Protective Measures – Direct Federal Assistance (DFA) Of the 17 declared PHEs since 2005, 16 were also presidential declarations. The 2009 H1N1 outbreak was the only stand alone PHE. 26	• Under the same conditions that may lead to a local state of emergency, so too may the President declare a Major Disaster or Emergency. The declaration of a Major Disaster or Emergency is authorized by the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288) as amended, and must be requested by the Governor. Specifically, the request must indicate that resources are necessary to supplement the efforts and resources of States, local and tribal governments. • The Federal Emergency Management Agency (FEMA) coordinates responses to Presidential declared emergencies. • FEMA does not have precedent for when a Public Health emergency may qualify for a Presidential declaration. However, in anticipation of such an event, during the onset of the 2009 H1N1 influenza emergency, FEMA established policy as it pertained to pandeminc influenza. The policy limits the declaration to an "Emergency" (not Major Disaster) which only authotizes Emergency Protective Measures and Direct Federal Assistance. As always for assistance provided under the Stafford Act, FEMA may not duplicate assistance provided by or available from another Federal agency (like HHS). • In determining the appropriate course of action for proclaiming or asking for a local, state or federal declaration(s), the jurisdiction should evaluate anticipated expenditures and the need for other governmental assistance.

#	Presentation Slides	Additional Info/Participant Notes
		• A list of Public Health declarations can be found at: http://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx • A list of Presidential declarations can be found at: https://www.fema.gov/disasters

MODULE 2: POLICY GROUP PRACTICAL APPLICATION

Public Health Officer Briefing

- **Situation (What We Know)**
  - There have been positive hits for Anthrax on 3 Homeland Security environmental monitors.
  - Highly probable that we are under attack.
    - Two confirmatory tests, both positive for anthrax.
    - Other credible threat information.
    - Unprecedented, widespread release highly likely.
  - Law enforcement agencies notified and the FBI is leading the investigation.
  - The scope of the attack is unknown.
- **Anthrax Information**
  - Anthrax is one of the most serious bioterrorism agents.
  - It is a disease caused by bacteria that develop a stable, hardy form called spores.
  - Anthrax is colorless and odorless.
  - The dispersal of aerosolized spores in powdered form can contaminate a large geographic area.
  - Aerosolized anthrax has the potential to create large numbers of casualties and fatalities.
    - Fatality rate if treatment is delayed or case goes untreated: 90%
    - Fatality rate if case is treated: 50%
    - Most cases start about 48 hours after exposure.
  - Antibiotics, if taken early and as directed, are believed to be 100% effective at preventing infection. Rapid response is essential to saving lives.
    - Provide preventive antibiotics to the entire population as fast as we can and limit exposure to spores.
- **What We Do Not Know**
  - When and where the release occurred.
  - The quantity and quality of material released (e.g., weaponized, antibiotic effectiveness).
  - The extent of the contaminated area or potential for geographic spread.
  - The population at risk.
- **What We Can Expect**
  - Possible Consequences
    - Many casualties (10-100Ks)
    - Scarce medical services
    - Many deaths (10-100Ks)
    - Widespread environmental contamination
  - Indirect Consequences
    - Communitywide disruption: Society, Business, Government
    - Need for state, federal, military resources
    - Population displacement (evacuation, in/out-migration)

- **Priority Actions**
  - Prevention: Rapid deployment of city and county workers to provide lifesaving preventive medications.
  - Treatment: Provide transportation, staffing and medical treatments for those already infected.
  - Protective actions: Shelter-in-place, orders to keep roads clear, closure of all businesses except those offering life essential services (police, fire, health, government), transportation and crowd management to facilitate access to PODs, and support for individuals with disabilities and others with access and functional needs.
  - Immediate Response Actions within the first 48 hours:
    - LA County Health Officer requests Strategic National Stockpile (SNS)—via Governor—to the CDC.
    - Countywide dispensing of a 10-day course of antibiotics via 204 Points of Dispensing (PODs) throughout Los Angeles County (e.g., City of Los Angeles, Long Beach, Pasadena).
    - An emphasis must be placed on the fast and safe dispensing of pills.
    - Heavy resource requirements will include staff, sites, and security.
    - We are already behind the clock. To save lives, the Operational Area needs to move quickly to request, receive, and transport the SNS, and open PODs to get medications out to the population. Time saved in making decisions and mobilizing resources will save lives as every hour of delay potentially creates 1,800 new cases.
    - To open 204 POD sites by hour 15 (from the decision to activate medical countermeasures), the following resources, coordinated by the CEOC, are needed:

Resource	How Much	By When
Staff (per shift)		
POD Staff	9,384	Hour 8
Warehouse Staff	590	Hour 5
Truck Drivers	306	Hour 4
Security Staff	2,550	Hour 6
Resources		
POD Sites	204	Hour 8
Trucks	306	Hour 6

- **Next Steps**
  - Right Now: Notification to response agencies, including County, Cities, State, Federal and response partners.
  - Hours 1 - 4: Mobilize public information and emergency management staff and resources.
  - Hours 4 - 6: Mobilize medical countermeasures distribution staff and resources.
  - Hours 8 - 14: Mobilize POD staff and resources.
  - Hour 10: Bulk of SNS medication begins to arrive and then large bulk deliveries every hour until the need is met.
  - Hours 11- 15: Delivery of medication to PODs.
  - Hour 15: POD sites open.

County Emergency Operations Center (CEOC) Director Briefing

- Approximately two hours ago, the County Emergency Operations Center (CEOC) activated and it is currently staffing up to a Level Three (3).
- As of this time, the CEOC has received confirmation that twenty-three (23) cities have activated their EOCs to support the mass prophylaxis campaign, including Alhambra, Carson, Culver City, Downey, Long Beach, Los Angeles, Palmdale, Pasadena, and Rosemead.
- As you are aware, the initial Strategic National Stockpile (SNS) Push Pack of medications and medical supplies is expected to arrive at the Pomona Fairplex in approximately 8 - 10 hours. A Los Angeles County Fire Department Incident Management Team (IMT) has been activated to manage the distribution operations at Pomona.
- The CEOC, in coordination with County Departments, especially the Department of Human Resources, cities, and mutual aid partners are currently working to identify and mobilize the nearly 10,000 personnel needed to operate the warehouse (Regional Distribution Site) in Pomona and the 204 PODs, and the 2,600 law enforcement needed for security operations.
- The CEOC Logistics Section is currently acquiring and mobilizing nearly 300 trucks and drivers to distribute basic POD supplies (known as "POD-in-a-box" kits) and ultimately the received medications from the warehouse to each POD. The Logistics Section is also identifying the best routes to each site taking into account security, traffic, and accessibility.
- Personnel absenteeism rates across County Departments and cities that have voluntarily reported in are between 30% - 50% at this time.
- A number of PODs are not Americans with Disabilities Act (ADA)-compliant and there are growing concerns about the ability of individuals with disabilities and others with access and functional needs to get to PODs sites and then our ability to dispense medications to them when and if they do arrive.
- The CEOC has received many requests for information related to decontamination, or the need thereof, of buildings (e.g., HVAC systems), clothing, vehicles, and animals.
- The cellular phone network has exceeded its bandwidth and most cellular communications are unreliable at the moment.
- Medical clinics and hospitals are experiencing significant surge issues from those concerned they were exposed.
- Law enforcement and fire departments have reported an increased number of medical emergencies (e.g., heart attacks, pedestrian/vehicular accidents, and aggravated assaults).
- Looting of pharmacies, medical facilities, grocery and convenience stores has been reported throughout the County.
- The 2-1-1, 3-1-1, and 9-1-1 systems throughout the OA have been inundated with inquiries and concerns from citizens.
- Though none of the prophylactic medications have yet to be dispensed, there are reports of both black market sales and price gouging of real and fake pharmaceuticals.

- Although lists of POD sites have yet to be released, citizens are already camping out at alleged POD locations, which has led to an increase in complaints regarding loitering, property damage, traffic, and sanitation.
- These issues are widespread and consistent across the county. They seem to be occurring regardless of geography and demographics.
- Law, fire, medical/health, and public works mutual aid has been requested, but due to the widespread nature of this attack and the magnitude of the response, resources will need to come from out of the region and may take 24 - 36 hours.
- As of this moment, there are no significant infrastructure outages, bridge or roadway closures, evacuations or other impediments. In addition, the weather is expected to remain mild with highs in the mid-70s and light variable winds from the west, which should assist with achieving POD throughput objectives.
- Even if the prophylaxis campaign is successful, Public Health projections show there may still be as many as 120,000+ cases of anthrax in the County (cutaneous, gastrointestinal, and inhalation). The CEOC is working with County Departments and cities to forecast the need for resources and the demand for services after POD operations cease and illnesses, deaths, and worried well become the major concern.

County Public Information Officer (PIO) Briefing

This incident is the top story in every local, domestic, and international media market across all mediums (television, radio, print, social media, etc.). We estimate that nearly 1,200 media personnel (reporters, media teams, bloggers, photographers, videographers, etc.) have either already arrived in the County or are in route to the area. There is no doubt that every public communication we issue will be closely scrutinized and there will be no hiding any errors, discrepancies, or omissions. Not only will the public suffer if our crisis communications campaign fails, but we will be vilified by the media and anyone following it, if we don't achieve our goal of "One Message, Many Messengers."

As a result, the OA is currently in the process of opening a Joint Information Center (JIC) to coordinate the public messaging across all the jurisdictions in the Operational Area. Jurisdictions will have the option to send a representative to the JIC or coordinate with it virtually. The primary mission will be to connect public health specialists with jurisdictional PIOs to address anthrax concerns and convey the mass prophylaxis campaign, and to ensure messaging is coordinated across jurisdictions. It will also serve as a central location from which to release public messages, conduct press conferences, conduct media monitoring (traditional and social media), and support public inquiry functions throughout the OA.

Word of the terrorist attack quickly caught wind through both traditional and social media. However, our media monitoring thus far has shown wide discrepancies in facts. For example, the agent has been linked to other bacterial agents like Diphtheria and Plague, to biological toxins like Ricin, to viral agents like Smallpox. Even those that have correctly identified anthrax as the agent have confused the facts regarding the illness: whether it's transferable person-to-person, its incubation period and symptoms, the likelihood of becoming ill (a poll from this morning showed approximately 75% of people that were outdoors for more than 30 minutes in the last 24 hours consider themselves extremely concerned they are or will become ill), and there is significant confusion regarding cutaneous, gastrointestinal, and inhalation anthrax.

Through social media we are finding significant levels of fear among the public as well as a lack of trust in government. Across every demographic (age, sex, income, ethnicity, etc.) we've found increased reporting of anxiety, with reactions ranging from violent aggression to complete isolation. Some topics trending on social media include raiding pharmacies, hospitals, and government buildings, and attacking trucks headed to POD sites. One social networking forum is attempting to identify distribution points and truck routes. Institutionalized populations and individuals with disabilities are claiming to be unsupported by the government and unable to access POD sites or receive medication. A number of organizations are correlating the mass prophylaxis campaign to the recent turmoil over childhood vaccines and others have linked it to claims of a mass racial genocide. Some groups have already begun targeting Middle Eastern Americans and Muslims as the perpetrators; though we currently have no information regarding who is responsible. Although the locations of PODs have yet to be released, speculation has led people to congregate and camp out at schools, recreation centers, hospitals, and government buildings. And as previously mentioned these topics are being covered continuously on all local, national, and international media sources.

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Policy Considerations

Policy Consideration #1: Emergency Proclamations/Declarations

Considering the information from the training module ("Authorities Relative to this Scenario") and based on the situational information from the briefings by the County Public Health Officer, CEOC Director, and County PIO, which proclamations (State of Emergency) and/or declarations (Health Emergency) are appropriate for this incident?

Policy Consideration #2: Resource Prioritization (Public Health Officer)

The Department of Public Health (DPH) Department Operations Center (DOC) has been notified by County Departments and client cities of absenteeism rates as high as 50%; particularly among Disaster Service Workers (DSWs) being assigned to distribution and dispensing operations. Across the board, civil servants and first responders have voiced concern about supporting distribution and dispensing efforts without first receiving prophylactic medications. Most of the antibiotic caches of Ciprofloxacin (Cipro) and Doxycycline (Doxy) held by jurisdictions throughout the Operational Area (OA) have expired and were previously disposed of or returned. As a result, few if any jurisdictions have existing, internal antibiotic supplies to provide medication to staff and emergency services personnel prior to their assignment. There is significant concern that enough personnel may not report for duty that nearly a quarter (25%) of all Points of Dispensing (PODs) may be unable to open. In addition, concerns have been raised by civil servants, on their behalf and that of loved ones, and the general public, regarding medication accessibility for those with disabilities and others with access and functional needs.

- Should there be a policy for providing prophylactic medication to civil servants or disaster workers before the general public?
  - If so, should that policy be for all civil servants or categories of civil servant, what are the definitions of those categories (e.g., sworn emergency services personnel, DSWs assigned to distribution/dispensing operations, essential personnel as identified in continuity plans), and what is the priority for receiving prophylactic medications?
  - Where do elected officials fit in these considerations?
  - Should any other critical job categories be considered for advanced access to prophylactic medications (e.g., critical infrastructure operators, healthcare providers)?
  - Does access to the prophylactic medication in advance of the public include distribution of medications to the families of those given priority?
  - What is the best approach for providing prophylactic medications to those selected in advance of the general public (e.g., "closed" PODs, separate distribution network, early access to "open" PODs)?
  - What disability, access, and functional needs accommodations should be made for both those selected for advanced prophylaxis and the general public?
- In the event a number of PODs cannot open because of insufficient staffing, which PODs should take priority or what other alternative strategies are available?
- How might the public react to the prioritization of certain individuals to receive medication in advance or alternative strategies related to POD openings? What messaging should be provided to articulate these strategies to the public?

Policy Consideration #3: Public Recommendations (CEOC Director)

A number of cities, special districts, private industry, and county departments have approached the CEOC seeking guidance on whether to suspend operations. There is clearly a great deal of fear among the public and the prophylaxis mission is particularly complex, especially as it relates to logistics, transportation, and population/crowd management. To facilitate POD operations and support the targeted throughput capacity there could be arguments for cancelling public events or encouraging businesses to stay closed. For example:

- School Districts throughout the Operational Area are seeking guidance on whether to suspend instruction.
- The University of California at Los Angeles (UCLA) was inquiring as to whether to cancel its upcoming football game at the Rose Bowl.
- The StubHub Center in Carson wanted to know whether to cancel the sold out Mexican League soccer exhibition match this weekend.
- Some of the largest employers in the County (e.g., Northrop Grumman, the Walt Disney Company, Sony Pictures, FedEx, Warner Brothers, Amgen, Raytheon) have contacted local governments regarding whether they should suspend operations until dispensing is complete.
- The Los Angeles Auto Show has asked if it should postpone next week's opening at the Los Angeles Convention Center.

What is the Policy Group's recommendation regarding whether the activities of businesses, school districts, and special events should be suspended during distribution or dispensing activities?

- What are the pros and cons of allowing day-to-day activities to continue?
- What are the pros and cons of cancelling such events?
- To what timeframe should each recommendation apply and what are the trigger points for re-starting these activities?
- How should those recommendations be communicated?
- How should the Policy Group address situations where jurisdictions have already taken action or made a recommendation to the public that is contrary to the Policy Group's collective decision?
- What are some recommendations for addressing jurisdictions that choose not to abide by or support the Policy Group's recommendations?

Policy Consideration #4: Common Public Messaging (County PIO)

What are the primary messages related to each of the following topics that the Policy Group would like all OA Members to reinforce through their public messaging?

- Health message
- Safety message
- Reassurance/confidence in government message
- Law enforcement message
- Message for individuals with disabilities and others with access and functional needs

Policy Consideration #5: Waiving Regulations and Delegating Authority (CEOC Director)

Most jurisdictions in the OA have adopted the traffic control provisions of the Standard Specifications for Public Works "Graybook" and "Greenbook," which generally require advance traffic plan approval, permitting, and 48 hour notification for rerouting, traffic diversions, temporary no parking, etc. A vast majority of PODs are on low capacity residential streets, have minimal parking, or have other traffic concerns (e.g., insufficient disability parking, long-distances from parking lots). Over their 36 hours of operation, each POD may be accessed by up to 15,000 vehicles. Traffic managers at each site are requesting that all Graybook and Greenbook requirements be waived and delegations of authority to implement any traffic management strategy necessary be given to the traffic management staff at each site. This would allow on-site traffic managers to make immediate and no-notice changes to traffic plans (no parking areas, adding additional disability parking or access lanes, closing streets, rerouting traffic, changing lane direction, etc.).

- Should the Policy Group approve an across-the-board policy to waive current traffic planning, permitting, and notification policies?
  - Are there any exceptions or guidelines (i.e., allowing increases in parking accommodations for individuals with disabilities, but not allowing reductions)?
  - What are the liability concerns about suspending such a policy?
  - What is the process for waiving such a regulation?
- Should traffic management personnel at each site be delegated the authority to implement any tactical traffic management strategies that they feel are necessary?
  - What are the pros and cons of providing traffic managers this authority?
  - What requirements should the Policy Group establish to ensure traffic management strategies are coordinated across jurisdictions?
- Should the waivers/delegations expire or be reviewed at a specific time?

Policy Consideration #6: Waiving Regulations (Continued) (CEOC Director)

Emergency services, particularly EMS, have been overwhelmed with calls for service (more than five times the norm). Resources are operating beyond capacity and average response times have quadrupled. Calls from the worried well are unnecessarily stressing the system even further and are diverting resources. Current County Policy 808.1 "Base Hospital Contact and Transport Criteria" mandates EMS services in Los Angeles County make in-person contact with individuals with certain complaints or symptoms (e.g., chest pain or discomfort, shortness of breath, femur fracture, altered levels of consciousness) and requires transport to hospitals in the event of other situations (e.g., abdominal pain, fracture of the hip, allergic reaction, near drowning, patients who are gravely disabled or a danger to themselves or others). Policy 808.1 further requires some responses be handled only by paramedics (advanced life support) rather than emergency medical technicians (basic life support). Public and private sector EMS providers are all requesting a suspension of the 808.1 policy and are requesting authority to exercise clinical judgment during both calls and in-person contact to triage the need for contact, transport, and paramedic response.

- Should the Policy Group suspend the County 808.1 policy to allow dispatch centers, EMTs and paramedics to make clinical decisions regarding the need to make contact and transport personnel during this time of exceptional demand?
  - Should the entire policy be waived or only certain aspects thereof?
  - What are the pros and cons of waiving this regulation?
  - Should the waiver expire or be reviewed at a specific time?
  - What are the liability concerns about suspending such a policy?
  - What is the process for waiving such a regulation?

Policy Consideration #7: Requesting State Authority (Public Health Officer)

Per the California Emergency Plan and Emergency Services Act (Order 2 Medical Supplies), the Governor has the authority to request all drugs and medical supply stocks intended for wholesale distribution to be held subject to the control and coordination of the Department of Health Services, Food and Drug Section.

Since initial supplies of Cipro and Doxy will be limited, and any number of factors could disrupt the supply chain from the CDC, the Los Angeles County Public Health Officer would like the Policy Group to request that the Governor implement Order 2: Medical Supplies and divert all wholesale supplies of Cipro and Doxy to the Regional Distribution Site (RDS) for integration into the mass prophylaxis campaign. In addition, this may assist law enforcement through the reduction of pharmaceutical related thefts and black market sales. It would also increase the supply of medications available for any advanced civil servant/DSW-related prophylaxis.

- Should the Policy Group submit a formal request to the Governor regarding the implementation of Order 2 to redirect wholesale pharmaceutical supplies?
- What are the pros and cons of potentially redirecting resources or taking no action on the topic?
- What is the process by which the Policy Group would make a formal request?

APPENDIX A: ACRONYMS

Acronym	Term
BAR	BioWatch Actionable Result
CalOES	California Governor's Office of Emergency Services
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
CEO	Chief Executive Officer (Los Angeles County)
CEOC	County Emergency Operations Center (Los Angeles County)
DHS	U.S. Department of Homeland Security
DOC	Department Operations Center
DPH	Department of Public Health (Los Angeles County)
DSW	Disaster Service Worker
EMC	Emergency Management Council (Los Angeles County)
EMS	Emergency Medical Service
EMT	Emergency Medical Technician
EOB	Emergency Operations Board (City of Los Angeles)
EOC	Emergency Operations Center
FEMA	Federal Emergency Management Agency
HHS	U.S. Department of Health and Human Services
HO	Health Officer
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
IMS	Inventory Management System
IMT	Incident Management Team
JCCLA	Joint City/County of Los Angeles (Memorandum of Understanding)
JIC	Joint Information Center
LACOA	Los Angeles County Operational Area
MAC	Multi-Agency Coordination
MCM	Medical Countermeasure
MOU	Memorandum of Understanding
OA	Operational Area
OACG	Operational Area Coordinating Group
PHE	Public Health Emergency
PIO	Public Information Officer
POC	Point of Contact
POD	Point of Dispensing
RDS	Regional Distribution Site
RSS	Receipt, Storage, and Staging Facility
SEMS	Standardized Emergency Management System
SNS	Strategic National Stockpile
SPA	Service Planning Area
TTX	Tabletop Exercise

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APPENDIX B: INSTRUCTOR/FACILITATOR INFORMATION

About CPARS Consulting LLC

Critical Preparedness and Response Solutions (CPARS Consulting LLC) was founded by two practicing emergency management professionals in 2008 to bring quality, expertise, and integrity to the emergency management, homeland security, crisis resolution, and business continuity consulting field. Every one of its solutions is tailor made for the client, and every client is treated like the company's only one. CPARS provides end-to-end, full service support to clients in the public and private sectors and non-governmental organizations. Some of the services provided by CPARS include: emergency management consultation, plan development and revisions, business continuity program solutions, mitigation planning, hazard and risk analysis, infrastructure protection consultation, emergency management training, Incident Command System (ICS) training and consultation, exercise design and evaluation, as well as other unique solutions to fit its clients' needs.

CPARS' greatest strength is that all of its consultants are current or recent practicing emergency management, public safety and health, corporate security, or business continuity professionals. This advantage allows CPARS to ensure its clients receive support, advice, and solutions that are in line with current emergency management trends and standards. The CPARS team maintains constant and relevant expertise, validated with real world implementation experience, in cutting-edge industry principles, practices, and tools. As current practitioners, CPARS understands the challenges and opportunities that its clients face. CPARS brings unmatched practicality and a shared experience and understanding. CPARS' ultimate goal is to assist its clients in becoming fully prepared to mitigate, prevent, respond to, and recover from emergencies or impacts on their business. The CPARS team enjoys sharing its expertise and teaching its clients how to achieve self-reliance by taking a "teach you how to fish" approach versus "providing you the fish." And CPARS prides itself on the motto: "practicing professionals – innovative ideas."

CPARS is a Limited Liability Company (LLC) based in the greater Los Angeles, California area.

About the Facilitators

Nick Lowe, CEM, CBCP, MEP

Nick Lowe is a Founding Partner and Chief Operating Officer of CPARS Consulting LLC. Nick is a recognized emergency management, business continuity, and homeland security program director, planner, auditor, and instructor with 12+ years of experience at the federal, state, and local levels and with the private sector. From 2010 - 2014, Nick served as the Southern Region Training and Exercise Program Lead for the California Governor's Office of Emergency Services (Cal OES), including Southern Region Lead for the California Statewide Exercise Series (a.k.a. Golden Guardian/Capstone California), California Homeland Security Exercise and Evaluation Program (HSEEP) course instructor, and oversaw the State's training and exercise support and involvement in the 11-county region of Southern California. For nearly 7 years prior to that, he was a Program Manager with a multi-national consulting company, ICF International, in its Emergency Management and Homeland Security Division based out of Washington, D.C. and then Los Angeles, CA. During that time, he worked in more than 30 States and Territories, across disciplines, levels of government, and with the private sector on the full spectrum of

emergency management phases (mitigation, preparedness, response, and recovery) and business continuity programs.

His preparedness and response experience includes critical infrastructure protection, continuity of operations/government, special events, radiological emergencies, Emergency Operations Center (EOC) development and management, homeland security strategy development, and emergency operations planning; the design, conduct, and evaluation of trainings and exercises (more than 250 conducted), including advisory services and instruction in the Incident Command System (ICS) and EOC operations; and unique/specialized efforts such as public health emergency preparedness, homeland security grant development, risk assessments, and standards compliance (e.g., Emergency Management Accreditation Program, National Incident Management System, California Standardized Emergency Management System).

Nick is a Certified Emergency Manager (CEM), Certified Business Continuity Professional (CBCP), and Master Exercise Practitioner (MEP). He earned a Graduate Certificate in Emergency and Disaster Management from American Military University; and has a B.A. with Honors in Business and Public Administration, a B.A. in Political Science, and a Minor in Economics from the University of Puget Sound in Tacoma, Washington.

Kathryn G.R. Humphrey

Kathryn G.R. Humphrey has 23 years of experience in disaster response and recovery operations, emergency management planning and exercises, engineering management and environmental compliance. In the public sector, Kathryn was the DHS/FEMA Region II Response and Recovery Director where she directed the multi-agency crisis response and recovery assistance efforts for 23 presidentially declared emergencies and disasters (wild fires, winter storms, power outages, hurricanes/tropical storms, flooding, mudslides) and the delivery of billions in disaster assistance funds, providing relief to hundreds of thousands of individuals and hundreds of government and non-profit entities.

Prior to that role, she supported and served as program coordinator and environmental compliance manager for 27 more disaster events. Her consulting experience includes policy development, disaster recovery planning, recovery support function planning, response operational planning, influenza planning, public health community impact development, exercise development, process and organizational development and facilitating multi-jurisdictional and community coordination and decision-making.

Kathryn has served and contributed to all levels of government, including FEMA, the Department of Energy, Environmental Protection Agency, State of California, Dallas Fort Worth International Airport; Los Angeles, Orange, Riverside and San Bernardino Counties (Departments of Public Health and Emergency Management) and Operational Areas; Cities of Seattle, Los Angeles, Long Beach, Anaheim, and Costa Mesa; Los Angeles/Long Beach, Bay Area and Santa Ana/Anaheim Urban Area Security Initiatives (UASI); and the Metropolitan Washington Council of Governments.