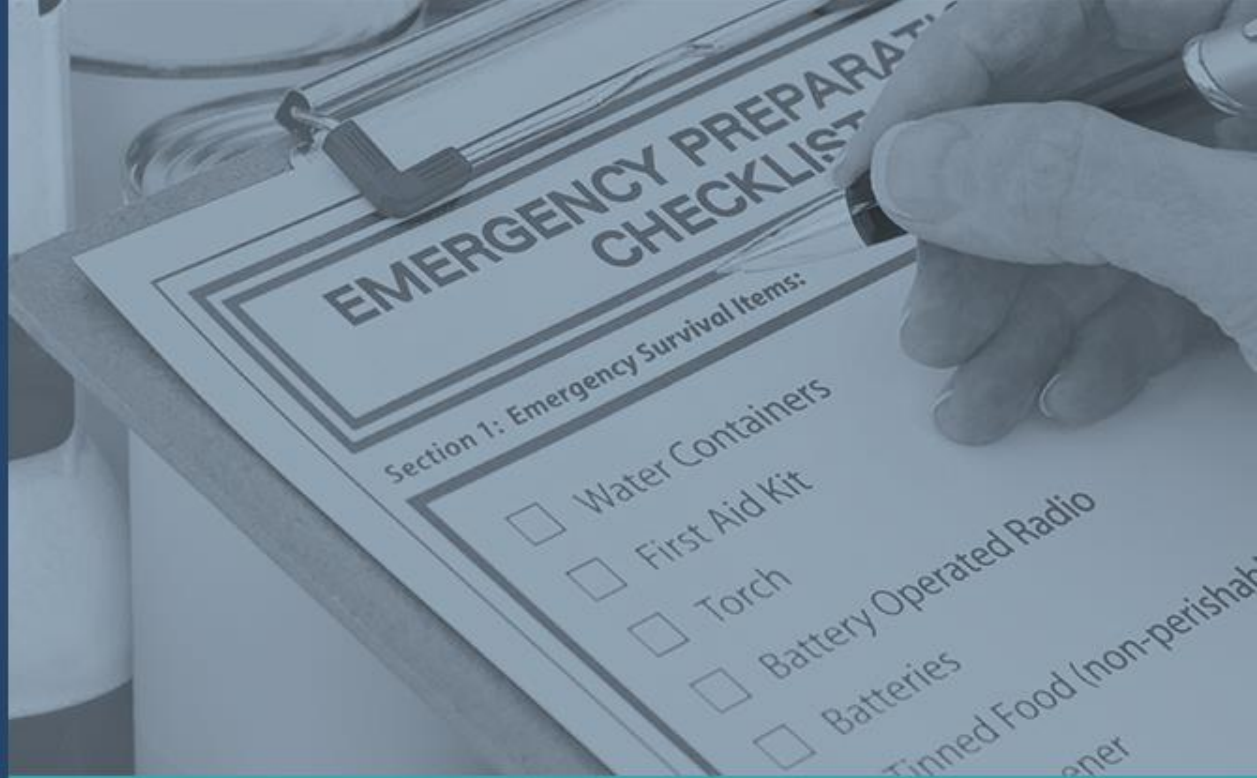




2018 Multi-City Point of Dispensing Exercise

Controller and Evaluator Briefing
October 3, 2018



Alison Kellman, MSc
Emergency Medical Services –
Health Emergency Management
Community Preparedness and
Response Coordinator

Thank you Controller/Evaluators



*Thank
you*



Today's Agenda

- Welcome and Introductions
- Exercise Overview
- POD Site Layouts
- Schedule of Events
- Objectives
- Controllers
- Evaluators



INTRODUCTIONS

- WHO
- WHERE
- WHAT



Exercise Series Purpose

Designed to **strengthen the ability to respond** to a public health emergency by **validating** operational plans, policies and procedures; and identifying areas for **improvement**.





2018 – Multi City POD Partners



2018 Exercise Specifics

- **Multi-City POD**
- **Timeframe – 4-6:00pm**
- **Pill Dispensing Model**
- **PIO/JIC**
 - injects
- **Incident Command Post** – technology utilization
- **First Responder Prophylaxis** - Walk through
- **Alert OC** – *Subcomponent*



2018 Exercise Specifics

- **Incentives**
 - Pumpkins - Halloween
- **Emergency preparedness items**
 - City Specific emergency preparedness information on-thumb-drives (Medication)
 - Multi-City POD logo tote bag
 - *Alert OC – Hand-crank radio, flashlight, charger....*

Local Nursing Schools Participation - First Responders

- First Responders will receive their “prophylaxis” in the Medical Consult area of the walk through
 - Each First Responder will receive a “Quick Series” Health/Disaster Preparedness book
 - First Responder will be instructed to extend all courtesies to the general public



Local Nursing Schools Participation First Responders

- Arrive at 1530
- Instructor Registration
 - Instructor school/name(s) and list of students
- Walk Through Only



Local Nursing Schools Participation First Responders

- Instructor will identify the school and number of students at the check in (with student list) “we are first responder form _____ nursing school
- **Chain of Command**
 - Check in staff will notify Check in group supervisor →who will notify clinic branch director →who will notify Operations Chief/Health Medical →who will direct the First Responders to the Medical Consultation Group Supervisor →who will provide the Medical Consultation staff with the appropriate directions



2018 POD Exercise

Thursday, October 18, 2018

- 2.0 hour operational period
 - 4:00pm – 6:00pm
- 1 exercising city/site
 - Irvine
 - 6 supporting cities
- **2,000 tote bags & thumb-drives (Pill/Medication)**
 - Pumpkin – Incentive
 - Alert OC sign up encouraged at exit



Exercise Timeline

Thursday, October 18, 2018

- 1100 - 1200 All Staff Registration Begins
- 1215 - 1315 General Staff Briefing, Swear In and Lunch
- 1315 – 1330 Section Briefings
- 1330 - 1530 Complete Set-up
- **1600** **Event Starts**
- **1800** **Event Ends**
- 1800 - 1830 Demobilization/ Player Debrief (Hotwash)
- 1830 Check out, Player Evaluations and Site Cleared

Exercise Timeline

Thursday, October 18, 2018

- 1100 – 1200 - All Staff Registration Begins
 - Emergency Operations Coordination
 - MCM Coordination
 - Safety Controllers
- 1120 - Command staff Registration
 - Information sharing JIC
- 1130 – 1200 – ALL Controllers & Evaluators
- 1215 – 1315 - General Staff Briefing, Swear In and Lunch,
Additional volunteers arrive at 1300
 - Volunteer Management
- 1315 – 1330 - Section Briefings
 - Information sharing-Operations

Exercise Timeline

Thursday, October 18, 2018

- 1330 – 1530 - Complete Set-up, First responders arrive @ 1530
 - First Responder Health and Safety
- 1600 - Event Starts
 - MCM Dispensing, Walk and Drive Through
- 1800 - Event Ends
- 1800 – 1830 - Demobilization/ **Player Debrief (Hotwash)**
- 1830 - Check out, Player Evaluations and Site Cleared

Controller/Evaluator Check In

- Registration begins at 1100
- Report to Lead Controller/Evaluator @ Staff registration area
- Receive
 - Vest
 - EEG
 - Site map & notes
 - Communications Directory
 - Communications Device, if applicable
 - Additional Instructions
- General Briefings begin at 1315





Objectives & Documents

2018 Exercise Objectives

- ✓ Demonstrate the ability to **utilize an onsite Incident Command System within a Unified Command** throughout the POD operational period.
- ✓ Demonstrate the ability to **establish and maintain multi-agency and multi-jurisdictional communications** throughout the POD operational period.
- ✓ Demonstrate the ability to efficiently manage and **dispense “medication” to the public at a measurable throughput.**
- ✓ Demonstrate the ability to coordinate and **integrate internal and external logistical response resources** throughout the operational period.
- ✓ Demonstrate the ability to **maintain security** throughout the operational period
- ✓ Demonstrate the ability to **coordinate and organize multiple volunteer organizations** throughout the operational period

Exercise Core Capabilities

POD Exercise Core Capability

- Emergency Operations Coordination
- Information Sharing Operations
- Information Sharing JIC
- Medical Countermeasure Dispensing
- Medical Materiel Management and Distribution
- Responder Health and Safety
- Volunteer Management





Control & Safety

Vested Staff

Command Staff	Yellow
Operations Section	Red
Logistics Section	Orange
Planning Section	Blue
Line Monitors/Runners/Time Study	Lime Green
Controllers/Evaluators	White
Exercise Director/ Communication TA	Burgundy

Exercise Controllers

- **Exercise Directors – Burgundy Vest**
 - Alison Kellman – EMS, HEM
- **Safety Controllers – White Vest**
 - Jason Azuma, Drive T- EMS
 - Justin Newton, Drive T- EMS
 - Maria Nava, Walk T- EMS
 - Kirstin Wong, Walk T- EMS
- **Lead Controller – White Vest**
 - Vicki Osborn - OA
- **JIC Controller – White Vest**
 - Tammi McConnell- EMS
- **Time Study – Lime Green Vest**
 - Kelly Asch, Drive – EMS-HEM
 - Irma Chavando, Walk - EMS-HEM

Exercise Communication

A designated 800 MHz channel established to:

Report emergencies or safety issues

Report major timeline events

Communication checks for timeline status

Call Exercise Start/End – Exercise Director

- Multi City POD – TAN 3
- HCA – SLV1



Please keep non-essential radio traffic to a minimum

Exercise Director

Exercise Directors (Burgundy vest):

- Monitor Exercise Progress
- Ensure Control and Site Safety
- Maintain Exercise Timeline
- Direct Player Questions to Supervisors
- Collect All Exercise Documentation
- Conduct DSW Swearing In

POD Staff Liability

- City/Site Staff
 - Affiliation – Employer
- General Volunteer
 - No Affiliation – DSW
- Medical Volunteers
 - Affiliation – School/University
- Liability Insurance Information
 - ***Nursing Schools

DISASTER SERVICE WORKER REGISTRATION LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure [2015.5 & Title 10, Div. 2, Chap. 3, §2573.1]

This block to be completed ONLY by government agency or jurisdiction

Attach Photograph Here	CLASSIFICATION: Medical & Environmental Health	SPECIALTY:
	AGENCY OR JURISDICTION: Orange County Medical Reserve Corps	RENEWAL DATES:
	REGISTRATION DATE:	DSW CARD ISSUED: No
	EXPIRATION DATE:	DATE:
	PROCESSED BY:	TO CENTRAL FILES:

TYPE OR PRINT IN INK		*BOLDED AREAS REQUIRED BY PROGRAM REGULATIONS*			
NAME: LAST	*FIRST*	*MI*	SSN:		
ADDRESS	*CITY*	*STATE/ZIP*			
COUNTY:	HOME PHONE:	WORK PHONE:			
PAGER:	E-MAIL:	DATE OF BIRTH (optional)			
DRIVER LICENSE NUMBER:	DRIVER LICENSE CLASSIFICATIONS: A B C OTHER DRIVING PRIVILEGES:		LICENSE EXPIRATION DATE:		
PROFESSIONAL LICENSE:	PCC LICENSE:		LICENSE EXPIRATION DATE:		
IN CASE OF EMERGENCY, CONTACT:					EMERGENCY PHONE #:
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT:	BLOOD TYPE:
COMMENTS:					

Government Code §3100-§3109:
Every person who, while taking and subscribing to the oath or affirmation required by this chapter states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years. Every person having taken and subscribed to the oath or affirmations required by this chapter, who, while employed by, or service with, the state or any county, city, and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony and is punishable by imprisonment in the state prison.

LOYALTY OATH OR AFFIRMATION (GOVERNMENT CODE §3102)

I, _____, do solemnly swear (or affirm) that I will support and defend _____
"PRINT NAME"
Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury that the foregoing is true and correct.

DATE _____ *SIGNATURE* _____ IF UNDER 18 YEARS OLD: SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH _____ MRC Coordinator

TITLE

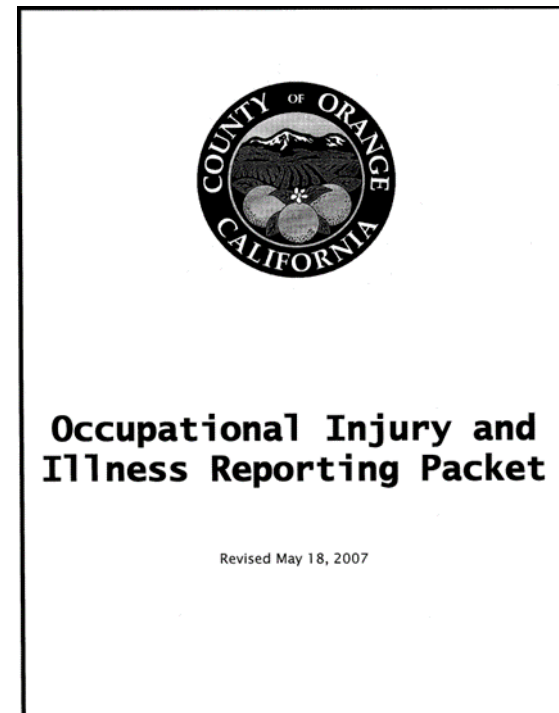
*Registration for the active DSW volunteer is effective for the period the person remains a member with that organization; for a volunteer registering for an investment or single event, the expiration date is set at the discretion of the accredited Disaster Council but not to exceed one year. (Govt. Code §3102)

OES 2000 Rev. 9/00

Entered on OES data base: _____ Date: _____

Site Safety

- Safety is EVERYONE'S concern
- Safety concerns override exercise execution
- Inform the Safety/Lead Controller of safety concerns
- Actual emergencies will be identified by the saying:
“THIS IS A REAL WORLD EMERGENCY”



Safety Controller

- Site Safety Controller Binder
 - Occupational/Employee Health Forms
 - Copy of Liability Information
- Communication
 - Exercise Director
 - Lead Controller/Evaluator



Exercise Safety

- **Safety Plan and Message**
 - Safety Officer
- **Medical Plan**
 - Paramedic Unit - 911
 - Emergency Medical Services
CARE Ambulance, onsite



Lead Controller

- Ensure Objectives are Evaluated
- Conduct Hotwash/Debriefing
- Collect and turn in Evaluator documents
- Attend Controller & Evaluator Debrief



Evaluator Responsibilities

- Evaluate assigned objective/player area
- Understand the exercise concept
- Know the key processes for the evaluated element
- Observe, record, and report actions
- Ensure collection of all evaluation data
 - Exercise Evaluation Guide (EEG)
 - Provide to Lead Evaluator



Controller & Evaluator guidelines

Pre-Exercise Steps

- Review plans - (FOG, Operation packets, Site Maps, P&Ps)
- Attend briefing/debriefing
- Review exercise material

Observing the Exercise

- Observe
- Document players actions
- Do not prompt or interfere with players actions
- Advise lead controller if objectives are not being met

Data Analysis

AAR Development

Evaluator Guidelines

- Individual Evaluators
- Evaluate assigned objective/player area
- Understand the exercise concept
- Know the key processes for the evaluated element
- Observe, record, and report participant actions
- Ensure collection of all evaluation data
 - EEGs
 - Provide to Lead Controller



Evaluator Functions

- Observe Play
- Record Key Events & Times
- Attend “Hotwash”
- Complete and turn in exercise documentation
- Controller/Evaluator Debrief



Evaluator Guidelines

Do:

Observe and record player activities

Document strengths/weakness and problem areas

Write Legibly

Do Not:

Leave your area at key times

Prompt players or get in their way

Answer questions for players

Time Study Evaluation

Throughput Assessment

- Drive Through – HCA/Site Staff
 - Time of Site Entry/Exit
 - Tracks per Vehicle Time
 - Bar Coding
- Walk Through – POD Site Staff
 - Time of Check-In/Exit
 - Tracks per Patient Time
 - Bar Coding





Site Layout and Specifics

Four Fundamental Functions



Check-in

Provide:

- Dispensing Form
- Answers/ Questions

Identify:

- Persons needing additional assistance

****time study begins****

Screening

Review Form:

- Insure completion

Direct

- To Dispensing

Dispensing

Confirm:

- Form completion

Dispense

- Bag

Direct

- To Dispensing

****time study ends****

Exit

Collect:

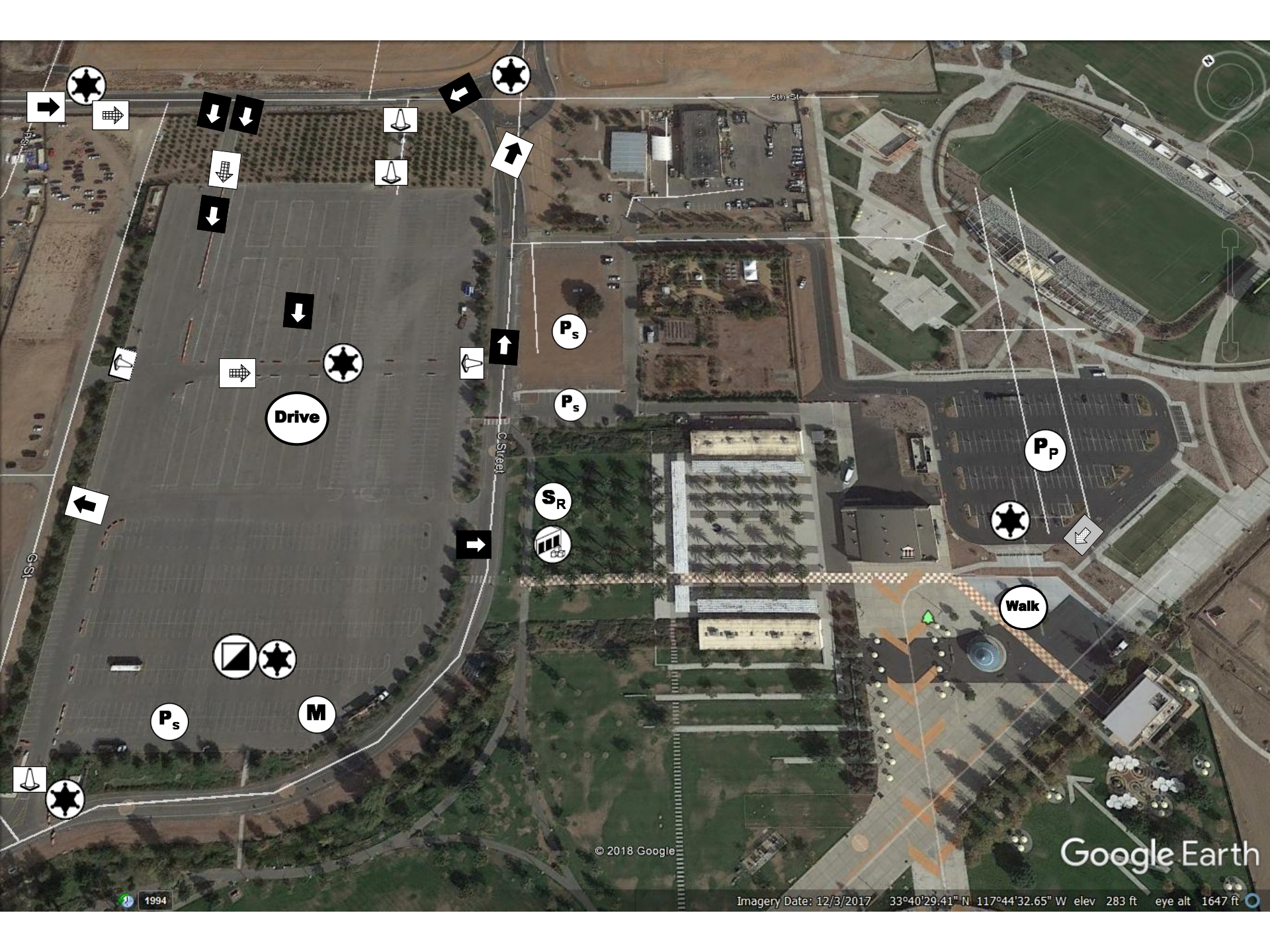
- Form

Direct:

- To Alert OC booth
- To exit

Maps – Where to Park & Walk

- **Irvine Great Park**
 - Take the Great Park/Sand Canyon Exit and follow the signs
- **Walk Through Dispensing Area**
 - Park in Parking Lot N4 and walk southwest to the walkway – Near the visitors center/carousel, follow the signs
 - Alert OC sign up /Exit



G St

Stu St

C Street

Drive

P_P

Walk

P_s

P_s

S_R

P_s

M

© 2018 Google

Google Earth

1994

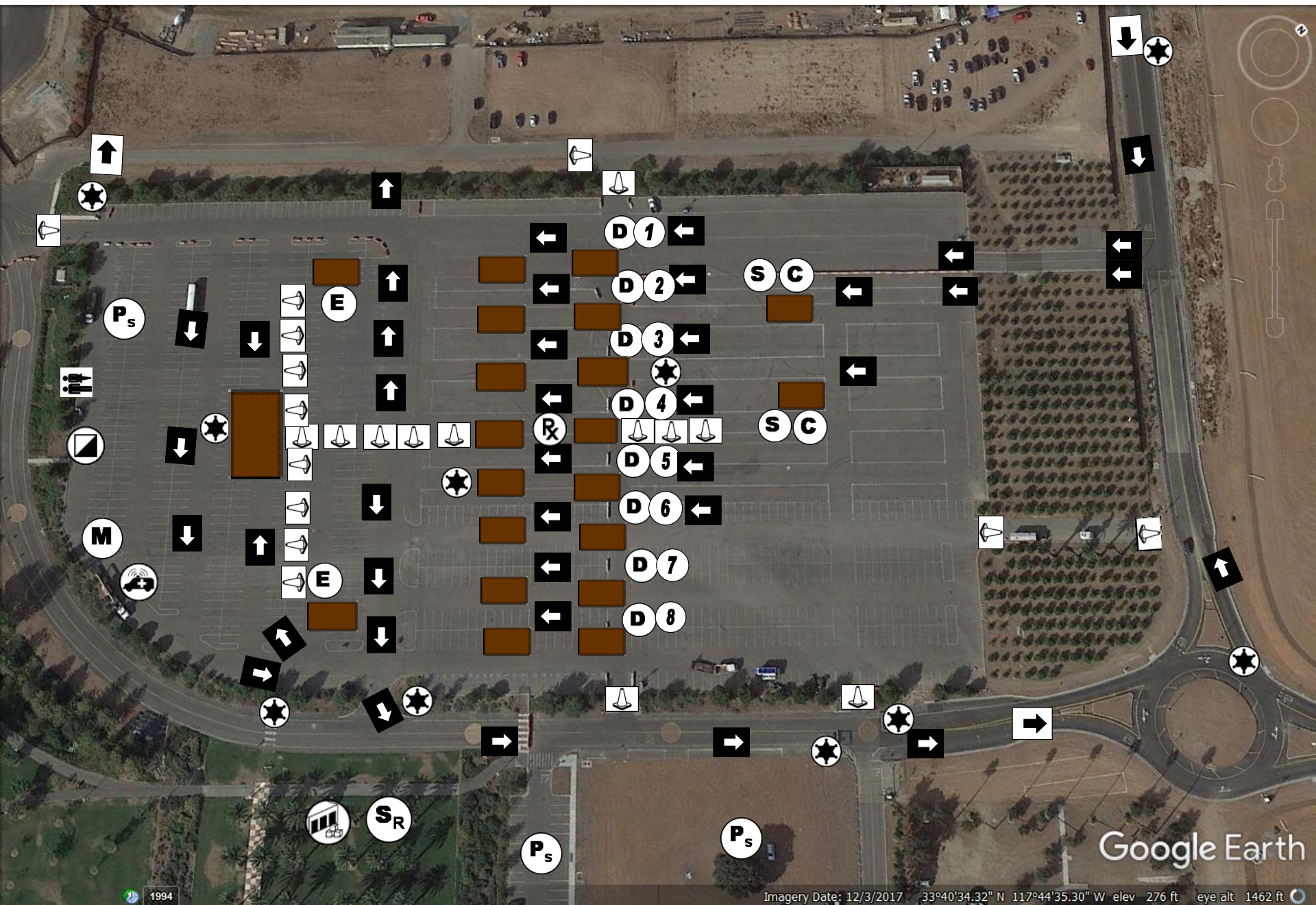
Imagery Date: 12/3/2017 33°40'29.41" N 117°44'32.65" W elev 283 ft eye alt 1647 ft



Drive Through Dispensing Area

Maps – Drive Through

- Drive Through Dispensing Area
 - Parking Lot N2, off of Ridge Valley and follow the signs.
 - Check in, Screening, Dispensing and Exit/Alert OC sign up.
 - *Tote-bag, thumb-drive with emergency preparedness items and hand crank radio for Alert OC sign up.*

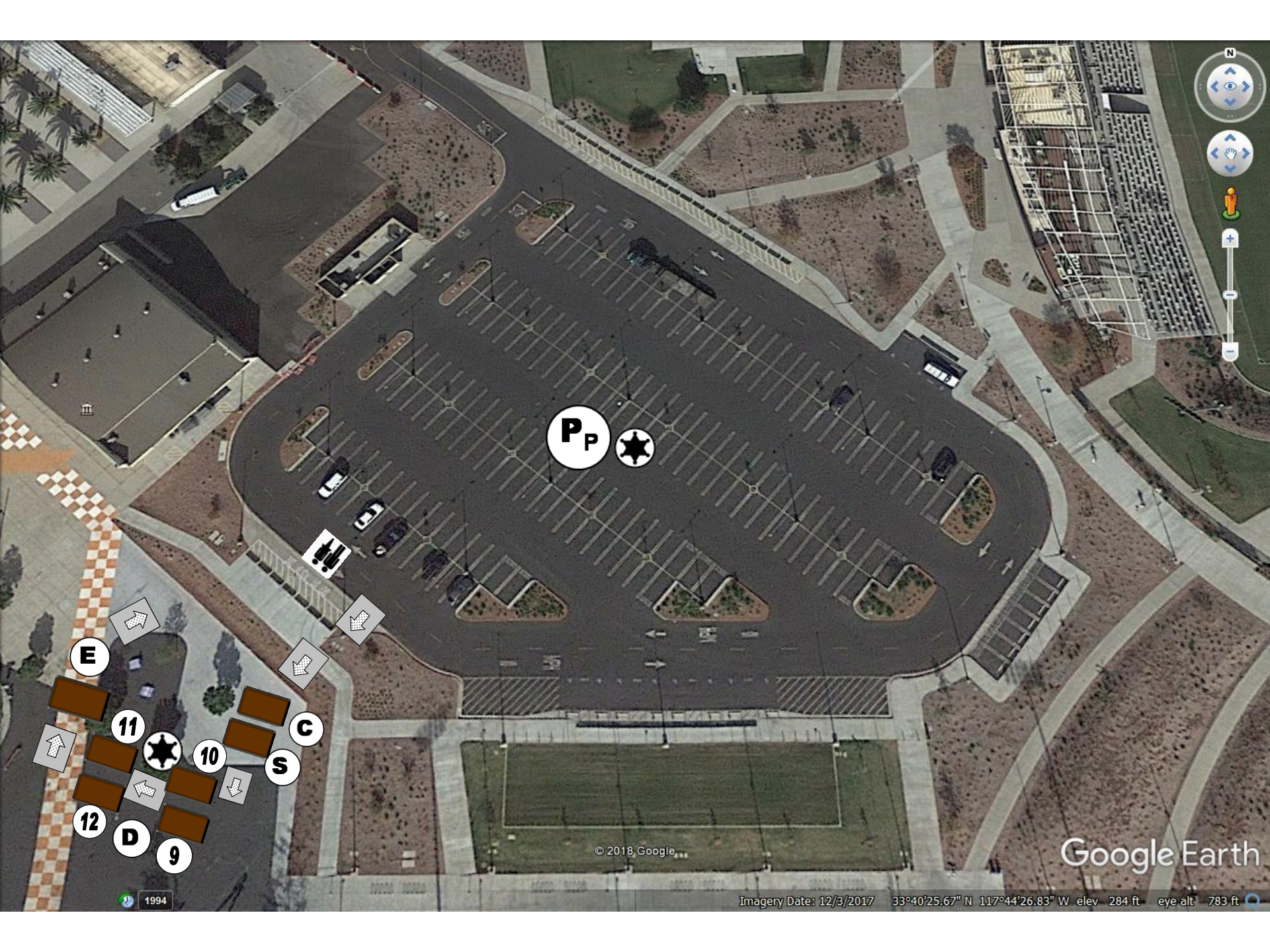


Google Earth

Imagery Date: 12/3/2017 33°40'34.32" N 117°44'35.30" W elev 276 ft eye alt 1462 ft



Walk Through Dispensing Area



© 2018 Google

Google Earth



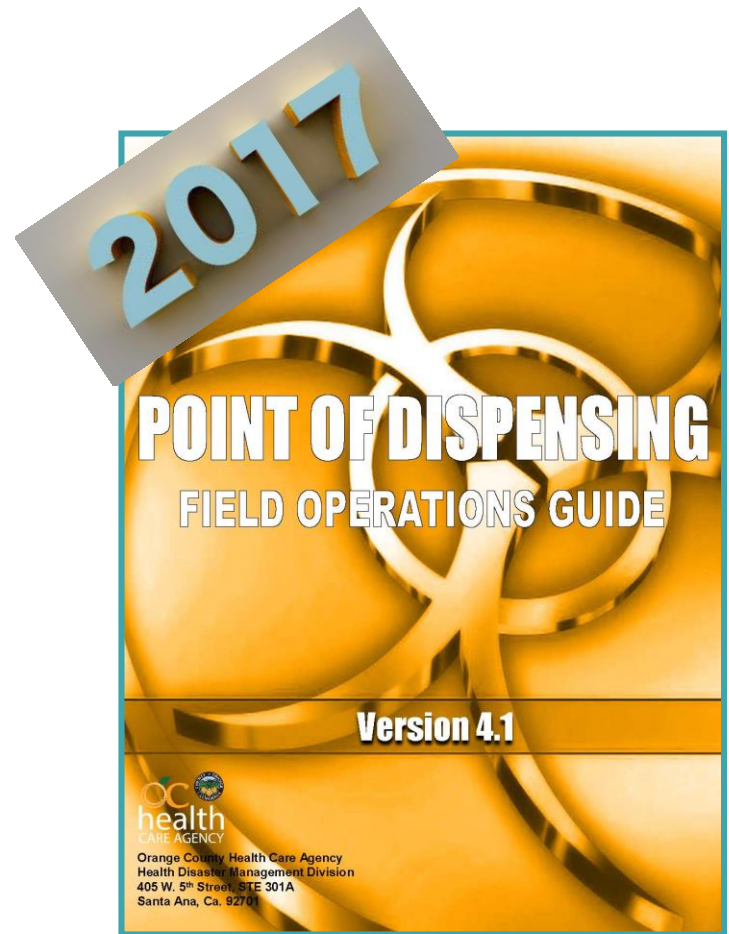
Imagery Date: 12/3/2017 33°40'25.67" N 117°44'26.83" W elev 284 ft eye alt 783 ft



POD Processes & Documentation

Exercise Documentation

- Exercise Plan
- Exercise Evaluation Guide (EEGs)
- Player Handbooks
- Mass Dispensing – POD FOG
 - **POD IAP**
 - Position Checklists
- *After Action Report*
 - *Corrective Actions*
 - *Improvement Plan*



Disabilities, Access and Functional Needs (DAFN)



- Check in – refer people with DAFN to Family Lane -- includes:
 - Children
 - Persons needing assistance with mobility, vision, hearing
 - Non-English speakers
 - Persons with low literacy
 - Anyone needing additional assistance
- Family Lane-Group Supervisor will request assistance, if needed Family Lane may need to conduct **both** screening and dispensing for persons with DAFN
- **** Translators are available onsite
 - Cantonese, Farsi, Spanish & Vietnamese



Behavioral Health- Psychological First Aid (PFA)

(Medical Branch Director) ★ Behavioral Health Group Supervisor ★ Behavioral Health Staff

- **Function:**
 - To provide direct behavioral health disaster response services such as **psychological first aid, de-escalation, crisis intervention**, education and linkage and referral.
 - An announcement included in the Unified Command Briefing points
- **During POD:**
 - Observe public and staff for signs of stress
 - Provide psychological first aid services, education, and crisis intervention
 - Refer public and staff to additional services as needed
 - Notify Behavioral Health Group Supervisor of any unusual circumstances

General Message Form

ICS 213

- **Purpose**
 - Tracking Request
 - Messages & Communication
 - Alternative to Radio
- **Sending**
 - Message-Legible & Concise
 - To/Position & From Position
 - Subject, Date & Time
 - Signature/Position
- **Receiving**
 - Message-Legible & Concise
 - Date & Time
 - Signature/Position

ICS 213		
GENERAL MESSAGE		
TO:	POSITION:	
FROM:	POSITION:	
SUBJECT:	DATE:	TIME:
MESSAGE:		
SIGNATURE:	POSITION:	
REPLY:		
DATE:	TIME:	SIGNATURE/POSITION:



- [illegible]

Logistics - Supply Unit

- **Prior to Operations**

- Receive and Inventory Supplies
- Break down
- Inventory by Product
 - Thumb drive = medication
 - Pumpkins, bags, radios = supplies

- **During Operations**

- Track and Allocate Resources
 - Medication/Supply Tracking Logs Online
- ***Mobile Supply Unit for the walk through and as needed for drive through


- **Demobilization**

- Repack & Count Unused Supplies.



Tracking Inventory

- **Dispensing Station Supply Requests**
 - Establish Standards
 - Initial & Resupply Quantities
 - Process in the order received
 - Track for each dispensing station
- **Monitor & Track Medication**
 - Maintaining Par Levels
 - Storage Area Inventory
 - Initial Allotment
 - Hourly Usage Rate
 - Resupply & Timing
 - Medical Supplies and Equipment



MEDICATION INVENTORY

MEDICAL COUNTERMEASURE	Package size <small>(doses per package)</small>	Lot #	Expiration		Dispensing Site
Date/time	Station, clinic	Quantity Received	Quantity Dispensed	Current Balance	Dispensing Initials

Inventory tracking form (Rev. 4/10)

Supply Unit Tracking Form

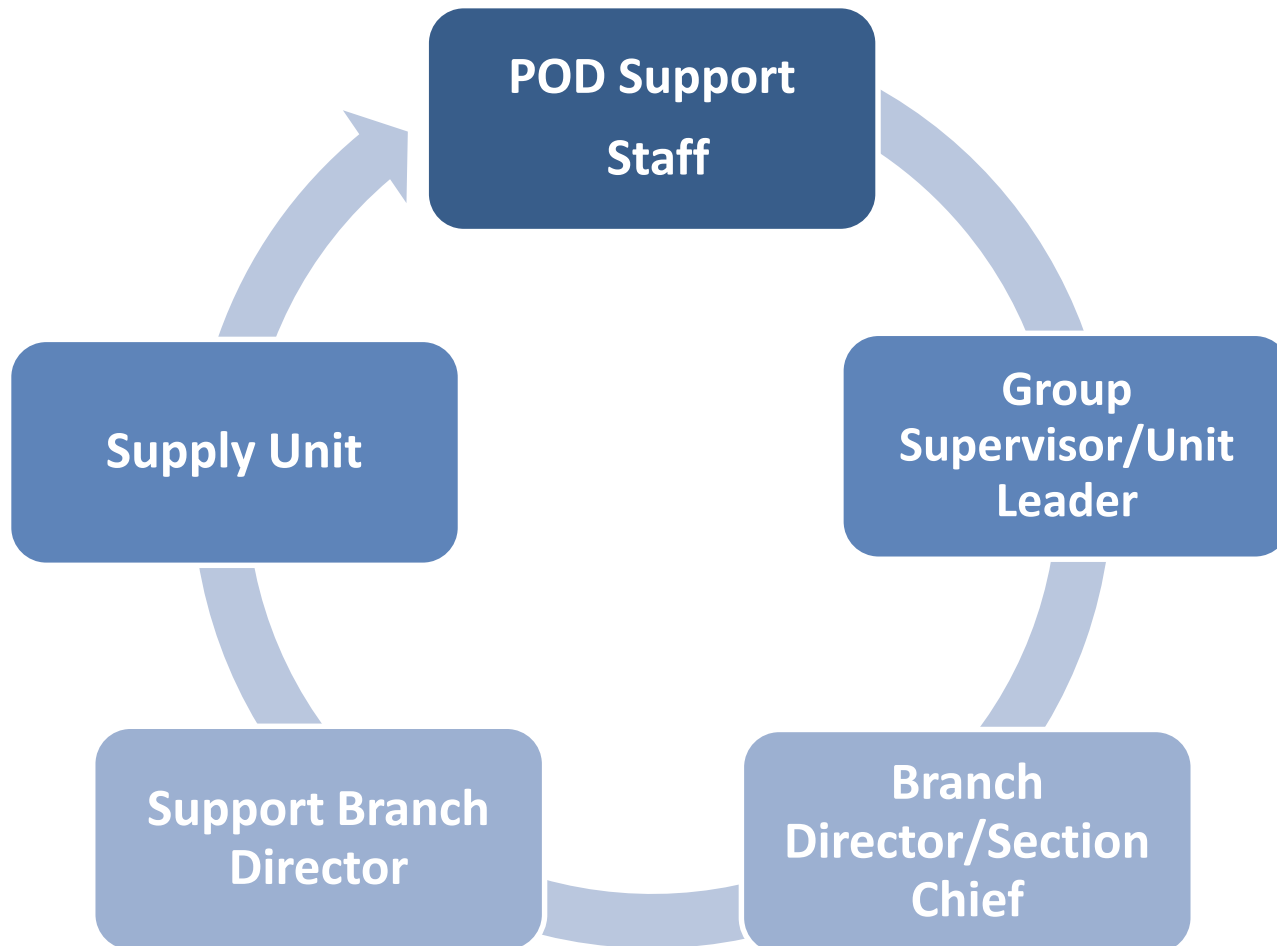
- Track Date, Product Number, Allocation Amounts
- Maintain Counts – Station/Lane, Quantities and Balances



SUPPLY TRACKING FORM

PRODUCT INFORMATION					
Item/Product Number	Item Description	Unit of Measure	Date	Dispensing Site Location	
PRODUCT TRACKING					
Requestor(s)/Station #	Quantity Requested	Current Balance	Quantity Supplied	Ending Balance	Initials
Initial Allotment	Initial Allocation	Starting			
			Requests	Remaining	

Supply Requests



Command Staff





Important Points & Things to Remember

Important Points

- Do not prompt or get in the way of players
- Contact the Exercise Director and/or Lead Controller/Evaluator with any problems or questions
- SAFETY COMES FIRST – use the phrase:

“This is a Real World Emergency”

Next Steps

- POD Exercise – Thursday, October 18, 2018
- Controller/Evaluator Debrief – October 24, 2018
- After Action Report Review – December 27, 2018
- Final After Action Report – January 24, 2019

Online Resources

<http://healthdisasteroc.org/prepare/pod>

- **Training Materials**
 - Web-based Training
 - Video Training
 - Training Presentations
- **Planning & Response Documents**
 - POD Field Operations Guide & Planning Documents
- **2018 POD Exercise Documentation**
 - POD Exercise Documents – ExPlan & Player Handbook
 - Dispensing form in threshold languages
 - Supply Unit Documents – Supply Tracking Forms & Vest Inserts
 - Media Toolkit – Sample Press Releases, Social Media Messaging, etc.
 - Planning Conference Documents – Agendas & Presentations
 - Controller and Evaluator Documents – Evaluation Tools



2017 Exercise Improvements

- Provision of communication devices to appropriate staff
- Incomplete incident action plan – Communication Plan
- Changes to the incident action plan were not properly communicated
- Potential safety issues identified due to lack of signage
- Customize signage as needed – Font size
- Drive through area needed an additional lane to divert traffic



Best Practices

- **Staff Registration Process**
 - POD Planning check list
 - Complete registration packets/process in advance
- **Thorough/Detailed Briefings**
 - Review of safety policies
- **Site Specific Signage**
 - Create additional signage in threshold languages to meet the needs of the community
 - Create additional signage to assist with vehicular and foot traffic flow/safety
- **Observers/VIP Coordination**
 - Separate registration area, near staff registration
- **Communications Plan**
 - Identify device/channel on the organizational chart
 - Have a separate radio check out station
 - JIT training
 - Radio Check in
- **Utilize Public Information Channels**
 - Medial Tool Kit - Local TV, radio, newspaper, neighborhood mailing/event
- **Internal Processes**
 - Familiarize City/Site Leadership with ICS 213 & 214 (Unit & Message Log)
 - Coordinate/conduct internal planning meetings

Questions



Thank You!