



2018 Multi-City Point of Dispensing Exercise

Final Planning Conference
September 12, 2018

Goals for Today

- Finalize
 - Logistical Needs
 - Staffing Assignments
- Discuss
 - Press & Public Information
 - Evaluation Elements

Introductions



THANK YOU!



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Cities of:

Aliso Viejo, Irvine, Laguna Beach, Laguna Niguel, Lake Forest, Mission Viejo, and San Clemente

*Thank
you*





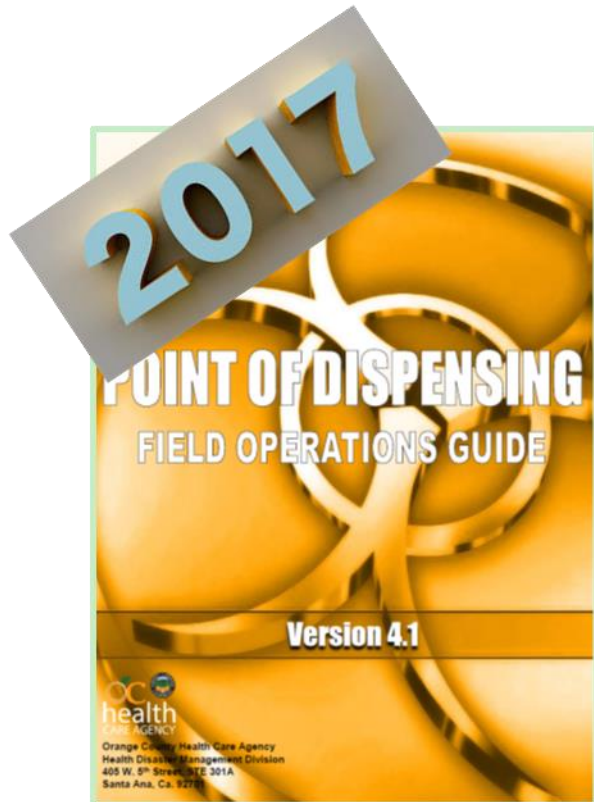
2018 – Multi City POD Partners





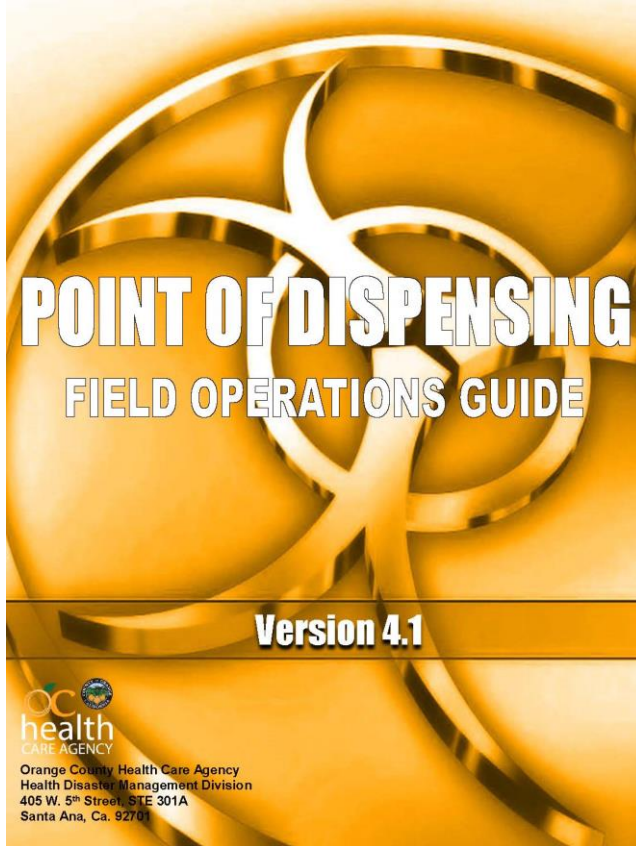
The Field Operations Guide

2017 FOG Updates



- Policy and Procedures
 - 4.13_A, B, C, D, E and F
 - Dispensing Prophylactic Drugs
 - Dispensing Vaccinations
 - Handling Medical Emergencies
 - Processing Individuals who appear visibly sick
 - Enhancing Accessibility of PODs
- Position Checklists
 - Clinic Branch Director
 - Medical Unit Leader
 - Operations Chief Medical
 - Service Branch Director
- Org Chart

Support Documents



SECTION 1	SECTION 2	SECTION 3	SECTION 4	SECTION 5
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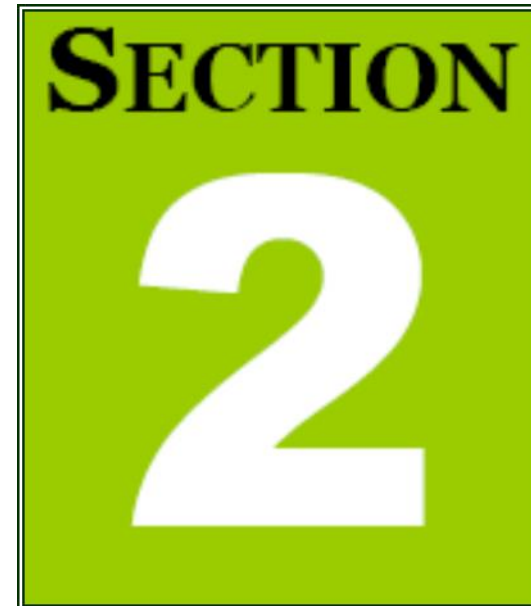


SECTION
2

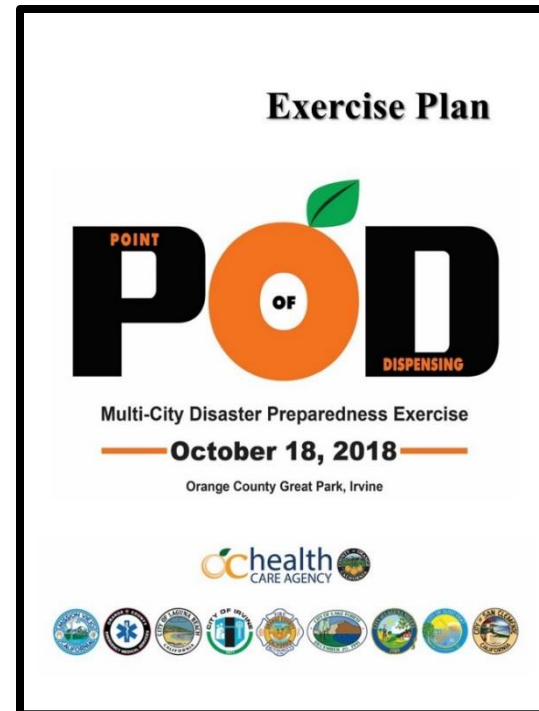
**FIELD RESPONSE
DOCUMENTS**

What's In Section 2

- POD Incident Action Plan (IAP)
- Response Activities/ICS Forms
- Quick Reference Guide
- Suggested Org. Chart
- Blank ICS Forms
- Position Checklists



- POD Site Maps
- ICS 202 Incident Objectives
 - Exercise Objectives
- ICS 203 Assignment Lists
- Security Plan
- ICS 204 Division Assignment
- ICS 205 Communications Plan
- ICS 206 Medical Plan
- POD Org. Chart
- ICS 213 General Message
- ICS 214 Unit Log
- ICS 215A Safety Analysis
- ICS 221 Demobilization Plan



- Unified Command - Fire, Law & HCA
 - Documents to be used for:
 - Briefings
 - Providing updates to Supervisory staff
 - Establishing a process to track IAP changes
 - Utilization of Unit and Message Logs

- Agency Responsibilities
 - Health Care Agency
 - City EOC
 - Operational Area
 - Important Phone Numbers
- POD Information
 - Activation
 - Direction and Control
 - General Response
- POD Operations
 - Basic Functions

ORANGE COUNTY HEALTH CARE AGENCY POINT OF DISPENSING (POD) Quick Reference Guide		
Agency Responsibilities	POD Information	POD Operations
<p>Orange County Health Care Agency (HCA)</p> <p>Activation</p> <ol style="list-style-type: none"> Coordinate the release of information to the public with the Public Information Officer (PIO), in conjunction with the Operational Area. Assist the affected municipality with the release of public information, in conjunction with the Operational Area. Assess information provided by Epidemiologists to determine suspected area of exposure and suspected agent. Request the activation of POD sites through the Operational Area based on suspected area of exposure and suspected agent. Activate Health EOC when appropriate. Supply POD sites with all forms and medical supplies, as needed. 	<p>POD Activation</p> <p>Purpose - PODs are medical dispensing areas designed to provide prophylaxis to a large number of people during the shortest time possible.</p> <p>Activation - The County Health Officer, in conjunction with local, state and federal agencies, will request POD activation, when appropriate, via the Operational Area's notification systems. PODs may be simultaneously activated throughout the County. PODs are expected to become operational within 12 hours, operate for a 24-hour period for up to 5 to 7 days, or until deactivation is requested.</p> <p>Physical Location - PODs will be located separate from the City Emergency Operations Center and pre-selected by City Emergency planners. An Incident Action Plan will have been developed prior to site activation. Activation is determined by type of incident and suspected agent/area of exposure.</p>	<p>The Four Basic Stations</p> <p>Check-in - Receives Patients</p> <ul style="list-style-type: none"> Large area for initial patient intake Distribute applicable forms <ol style="list-style-type: none"> 1. Patient History Forms 2. Agent Information Sheets 3. Drug Information Sheets Conduct screening using station script General supplies needed <ul style="list-style-type: none"> • Pens, tables, chairs, trash cans <p>Screening - Review Patient History Forms</p> <ul style="list-style-type: none"> Conduct screening using station script Review Patient History Forms for contraindications Remove contraindications from line Send all others to Dispensing General supplies needed <ul style="list-style-type: none"> • Pens, tables, chairs, trash cans
<p>City EOC</p> <p>Activation</p> <ol style="list-style-type: none"> Activate City EOC. Activate POD site based on request from Operational Area to do so. Notify all identified POD staff and response personnel to begin POD deployment. Establish procedures, or allow current procedures, for POD security and personnel accountability (i.e. activate badgeing protocols). Establish and maintain contact with the POD and/or command post. Request logistical support and assess procurement through Operational Area. Brief and consult with the County Chairperson/County Administrator, County EM Director and the EOC about information received and disseminated. Coordinate and prepare official emergency information statements in conjunction with Operational Area, if appropriate. Establish and maintain a joint public information center to ensure coordinated public information during emergency operations, if requested by UC or EOC. Inform Unified Command of any common media questions and/or concerns. 	<p>POD Direction & Control:</p> <p>Structure - PODs will operate under the Incident Command Structure (ICS) and all POD response and recovery agencies will coordinate with each other to accomplish activities as directed by the Unified Command.</p> <p>Unified Command (UC) - The POD Unified Command will be composed of Fire, Law Enforcement, and Health personnel with all response activities directed by the UC.</p> <p>Liaison - The Health Care Agency will provide an HCA Liaison to the POD site to allow for communication and coordination between the POD and Health Care EOC. A staffed liaison will also be provided by the staffability.</p>	<p>Dispensing - Dispense Medications/Vaccines/Materials</p> <ul style="list-style-type: none"> Large area for multiple Dispensers/Vaccinators Conduct screening using station script Review Patient History Forms for contraindications Supply patient with prophylaxis Update Patient History form of dosage dispensed General supplies needed <ul style="list-style-type: none"> • Medical supplies (i.e. gloves, dosing information, alcohol swabs, cotton balls, etc.), pens, tables, chairs, sharps containers (vacuum only), trash cans <p>Form Collection (FC) - Collect Patient forms</p> <ul style="list-style-type: none"> Collect all patient history forms and file General supplies needed <ul style="list-style-type: none"> • Tables, chairs, boxes and/or filing system.
<p>Operational Area</p> <p>Activation</p> <ol style="list-style-type: none"> Coordinate with the HCA, POD, City EOC(s) and Emergency Management Director regarding the release of information to public sources. Notify City EOC, emergency manager and/or other designated officials to activate City POD site(s) based on County Health Officer's request to do so. Support City EOC and POD response activities. Send a representative to the EOC or JCC as requested. 	<p>POD General Response Activities:</p> <p>Activities - General POD activities will include: POD staff activation and notification, site activation and set-up, site control and security, receiving, managing, storing and repackaging of medical supplies, dispensing of medical prophylaxis, patient tracking and screening, and recovery.</p> <p>Unified Command</p> <ul style="list-style-type: none"> Conduct initial Unified Command Meeting Review, set and/or modify objectives within IAP Conduct Command/General Staff Meeting Distribute FOG Section 2 Approve operational IAP, ensure distribution to staff <p>Operations</p> <ul style="list-style-type: none"> Oversee site set-up Review Policies and Procedures (Section 3) Ensure all clinic stations and security areas are staffed <p>Logistics</p> <ul style="list-style-type: none"> Review IAP & on-site equipment list Establish POD based on site map within IAP Process incoming medication shipments Assess need for additional staff, assets and supplies Provide staffing availability updates as requested <p>Planning</p> <ul style="list-style-type: none"> Review, activate, amend and distribute IAP Distribute/duplicate all FOG documents as needed Schedule briefings and provide situational reports 	<p>POD Medical Storage Area</p> <ul style="list-style-type: none"> Secured area (i.e. security personnel at area and when medications/vaccinations are transported) Easily accessible to delivery trucks Temperature controlled Area to store medications (200-5g FL) <p>POD Incident Command Post</p> <ul style="list-style-type: none"> Secured area Established by the Unified Command Away from POD line and patient flow Provide location to staff during briefing
<p>Health EOC Manager - (714) 437-5764</p> <p>Health EOC Fax - (714) 437-5767</p> <p>HCA Epidemiology - (714) 834-1180</p> <p>HCA Exercises only In the event of a needle stick, please call Employee Health Line (714) 834-5914</p>	<p>POD Staff</p> <p>Check-in</p> <ul style="list-style-type: none"> Sign-in at designated staff registration area Receive POD position assignment and related forms Receive vest, radio and additional equipment as needed, if applicable Receive radio, if applicable Report to supervisor and obtain briefing <p>Demobilization</p> <ul style="list-style-type: none"> Sign-out at the designated staff registration area Submit all documentation Return vest, radio and additional equipment, if applicable Absent brief, if applicable 	<p><small>*See Section 3 for information on POD Management techniques</small></p>



General Message Form

ICS 213

SECTION 2

- **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:

Unit Log – ICS 214

SECTION
2

- Purpose
 - Supervisory Staff
- **Major Events**
 - Activation
 - Requests
 - Emergencies
- **Staff Reporting**
 - Name
 - Position Assignment
 - Location

UNIT LOG		
1. Incident Name		2. Date Prepared
3. Time Prepared		
4. Unit Name/Designator		5. Unit Leader (Name and Position)
		6. Operational Period
Personnel Roster Assigned		
Name	ICS Position	Home Base
Activity Log		
Time	Major Events	
Prepared by (Name and Position)		

Position Checklist

Position


Section

Supervisor

UNIFIED COMMAND

VEST YELLOW

Key Tasks

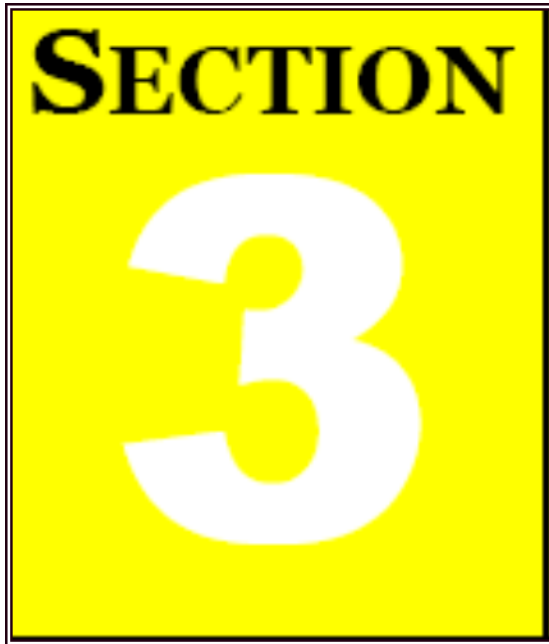
 COUNTY OF ORANGE Health Care Agency HEALTH DISASTER MANAGEMENT DIVISION Point of Dispensing (POD) Management (PODM) (FOG) 	
UNIFIED COMMAND	
VEST YELLOW	
Report To	City EOC, Area Command or HEOC
Supervisor	POD Command Staff Operations, Planning & Logistics Section Chiefs
Assignment	Unified Command – POD Management
Suggested Training	Extensive NIMS/ICS Training, Emergency Management & POD Trainings
Documents & Equipment	<input type="checkbox"/> POD Site Incident Action Plan (IAP) and POD Field Operations Guide <input type="checkbox"/> Command Staff
Upon Arrival	
<input type="checkbox"/> Assume all responsibilities until additional staff arrive. <input type="checkbox"/> Check-in and obtain initial briefing from current Incident Commander, if applicable. <input type="checkbox"/> Activate/Assign appropriate Command/General staff positions (ICS 203) <input type="checkbox"/> Distribute necessary forms (FOG Section 2) to Command/General Section Chiefs <input type="checkbox"/> Establish Initial Strategic and Tactical Objectives <input type="checkbox"/> Ensure Adequate Resources, both Personnel and Equipment <input type="checkbox"/> Supervise Incident Action Plan preparation and distribution. Update as needed - (FOG Section 2) <ul style="list-style-type: none"> ○ Review incident site maps ○ Incorporate supporting plans into the Incident Action Plan 	



SECTION
3

POD MANAGEMENT

What's In Section 3



- POD Management Review
- POD Planning “P”
 - Operational Cycle
- Briefings

Goal of Briefings

- Introduce staff to their supervisors
- Orient staff to the situation
- Provide staff with their immediate role and responsibility
- Provide any additional materials

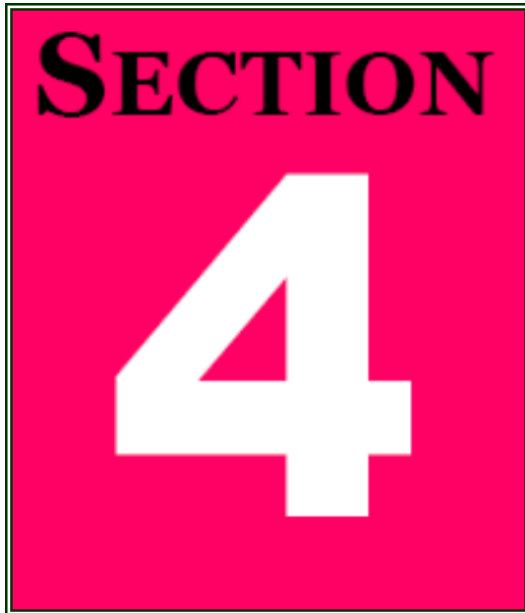




SECTION
4

**POD POLICIES AND
PROCEDURES**

What's In Section 4



Procedures for:

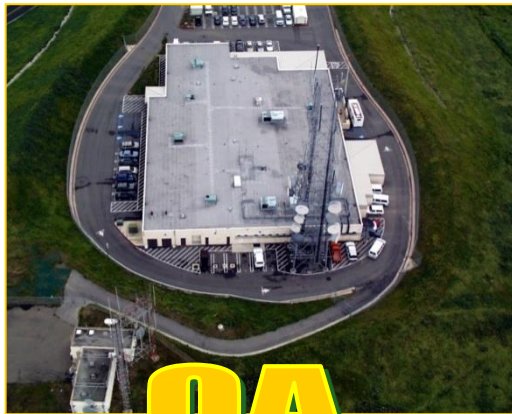
- Site Activation
- POD Command & Control
- Dispensing
- Staffing
- Inventory Management
- Alteration of IAP
- Site Demobilization

**Public Health
Incident**

Operational Area Coordinator



Public Health Officer



OA



City EOC



PODs

- ICS 221 –
Demobilization Plan
 - Notifications
 - Secure Site
 - Staff Release
 - Staff check out
 - Equipment Retrieval
 - Collect forms and Documentation





SECTION
5

POD PLANNING

Resource and Reference Section

- Exercise Documents
- Training Documents





EVALUATION



Exercise Specific Staff

- **Exercise Directors – Burgundy Vest**

Alison Kellman – HDM

- **Lead Controllers – White Vest**

Vicki Osborn - OA

- **Safety Controllers – White Vest**

- Jason Azuma, Drive T- HDM
- Justin Newton, Drive T- HDM
- Maria Nava, Walk T- HDM
- Kirstin Wong, Walk T- HDM

- **Time Study – Lime Green Vest**

- Kelly Asch, Drive T - HDM
- Cindy Estrada, Walk -T - HDM

Exercise Director

Exercise Directors (Burgundy vest):

- Monitor Exercise Progress
- Ensure Control and Site Safety
- Maintain Exercise Timeline
- Direct Player Questions to Supervisors
- Coordinate
 - Nursing School – First Responder
- Collect **All** Exercise Documentation
- Conduct DSW Swearing In



Safety Controller

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



Lead Controller/Evaluator

- 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



Throughput Assessment:

- **Drive Through**
 - Time of Site Entry/Exit
 - Tracks per Vehicle Time
 - Bar Coding
- **Walk Through**
 - Time of Check-In/Exit
 - Tracks per Patient Time
 - Bar Coding





EXERCISE SAFETY MEASURES

POD Staff Liability

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

DISASTER SERVICE WORKER REGISTRATION LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure [20155 & Title 19, Div 2, Chap 2, Sub-Chap 3, [2573]

Attach Photograph Here	CLASSIFICATION: Medical & Environmental Health SPECIALITY:
	AGENCY OR JURISDICTION: Orange County Medical Reserve Corps
	REGISTRATION DATE: RENEWAL DATES:
	EXPIRATION DATE: DSW CARD ISSUED: No
PROCESSED BY:	DATE: 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: COAGENTS:	HAIR:	EYES:	HEIGHT: WEIGHT: BLOOD TYPE:

Government Code §3108-§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, or service with, the state or any county, city, or any 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 in the discretion of the accredited Disaster Council but not to exceed one year. (Govt. Code §3102)

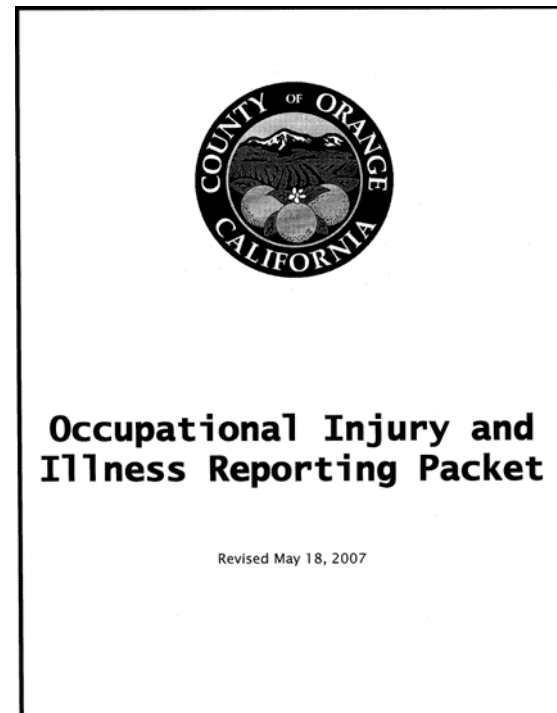
OES 2000 Rev. 8/00

Extend into 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”



Exercise Safety

- **Safety Plan and Message**
 - Safety Officer
- **Medical Plan**
 - ~~Paramedic Unit~~ 911
 - Emergency Medical Services



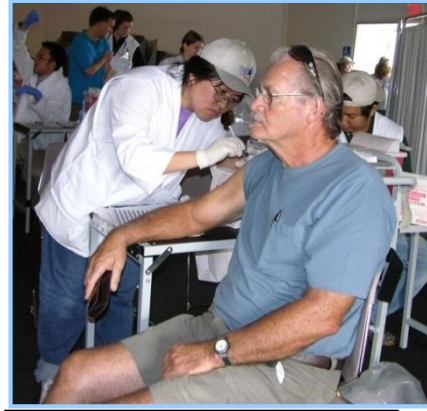


OPERATIONAL PROCESS

- **Forms - HCA**
 - Patient Questionnaire
 - 2,000 English, 250 Spanish, 250 Vietnamese, 250 Farsi, and 250 Mandarin
- **Time Study - HCA**
 - Time Stamping
 - Walk through staff
 - Drive through staff
- **Sign-in Rosters - HCA**

Dispensing Form	
<p>You are participating in a Point of Dispensing Exercise, your participation assists the OC Health Care Agency, your city and neighboring cities to exercise the emergency preparedness capabilities to distribute large quantities of medication to the communities in the event of a health emergency.</p>	
City: <input type="checkbox"/> Aliso Viejo <input type="checkbox"/> Laguna Beach <input type="checkbox"/> Laguna Niguel <input type="checkbox"/> Lake Forest <input type="checkbox"/> Irvine <input type="checkbox"/> San Clemente <input type="checkbox"/> Mission Viejo <input type="checkbox"/> Other	Zip Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature:	Date: October 2018
PROVIDE INFORMATION AS COMPLETELY AS YOU CAN	
Q1 Do you have an emergency kit at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q2 Do you have an emergency kit in your vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q3 Do you have an emergency plan for your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q4 Do you prefer to receive emergency information via:	<input type="checkbox"/> Text Message <input type="checkbox"/> Social Media <input type="checkbox"/> Radio/TV <input type="checkbox"/> Email <input type="checkbox"/> Alert OC
Q5 Are you enrolled in Alert OC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q6 Would you participate in an emergency drill again?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q7 How did you hear about this event?	<input type="checkbox"/> Word of Mouth <input type="checkbox"/> Phone/Text <input type="checkbox"/> Social Media <input type="checkbox"/> Radio/Television <input type="checkbox"/> City Website <input type="checkbox"/> Promotional Brochure <input type="checkbox"/> Walked/Drove by <input type="checkbox"/> Other:
STOP! DO NOT WRITE BELOW THIS LINE OR ON THE BACK PAGE. FOR DISPENSING STAFF USE ONLY	

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



Behavioral Health at POD Sites

- Behavioral Health Group Supervisor
 - Reports to Medical Branch Director
- 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.
- During POD We:
 - 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

“Come find us! We are happy to help!”



EXERCISE SPECIFICS

Thursday, October 18, 2018

- 1100 – 1200 All Staff Registration Begins
- 1130 – 1200 POD Staff & C/Es arrive
- 1215 – 1315 General Staff Briefing, Swear In & 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

Radio Communications

- Cities
 - Utilize Tan3
- HCA
 - SLV 1

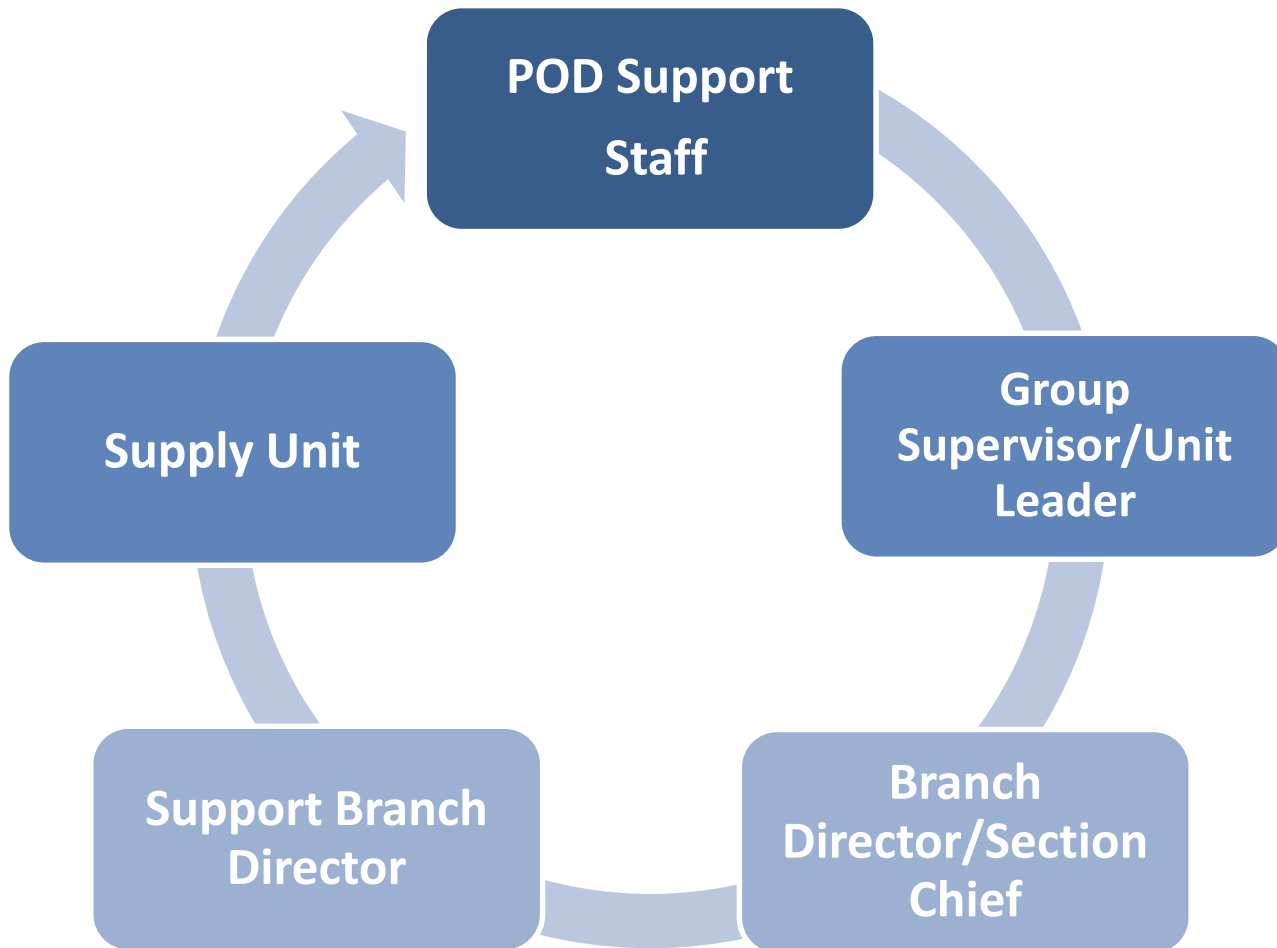


Logistics - Supply Unit

- **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.



Supply Requests



Site/Exercise Logistics

- **Exercise Signage – HCA**
- POD Signage – POD Case
- POD Vests or Uniforms
 - 6 Yellow - Command
 - 5 Blue - Planning
 - 80 Red - Operations
 - 25 Orange - Logistics
 - 30 Lime Green – Traffic/Crowd Control
- **Position title template for vests are available online**
- **Site specific signage is the responsibility of city/site**



- **October 18, 2018 – 11:00 - 12:00pm**
- Jay's Catering
 - Boxed lunch
 - Sandwiches
 - Pasta salad
 - Fruit
 - Water



Soda Food only for staff in vests or uniform. Caterer will contact Food Unit Leader once onsite

- Sites Responsible for VIP/Observer Coordination
 - Next to general staff registration



POD General Instructions



General Email will be sent out to ALL POD participants



City of Irvine, Great Park

- Site Information
 - Briefing Location – Palm Court
 - Debrief/Hotwash Location – Palm Court
 - Observer Check-in Location – adjacent to Palm Court
 - VIP Check-in Location – Near general staff registration (Palm Court)

- www.ocalthinfo.com

- Public-Facing Site
 - Flyer
 - Video of vaccination POD

- www.healthdisasteroc.org/prepare/pod

- POD Exercise Media Toolkit
 - Draft Press Release
 - Sample Social Media Messaging
 - Flyer
 - Talking Points
 - Facebook Image
 - Internet Image
 - PSA Multi-Language

- Internal Planning Elements



- October 10th - Medical Countermeasure Delivery – **HCA**
 - Food Order – **HCA**
 - Portable Toilets – **HCA**
 - Media Tool Kit - **HCA**
 - Incentive, pumpkins – **Laguna Beach**
 - Emergency Preparedness Items - **HCA**
 - Thumb drives
 - Bags
 - Radios
 - Final IAPs – **Laguna Niguel**
 - Staffing list –sign in sheet/Registration – **Aliso Viejo/HCA**
 - Org Charts – Aliso Viejo
 - Maps and Mapping Notes - **Irvine**
 - Location Updates
- ***Cities - Send site/city contacts a reminder email regarding walk through and Operations packet review *****

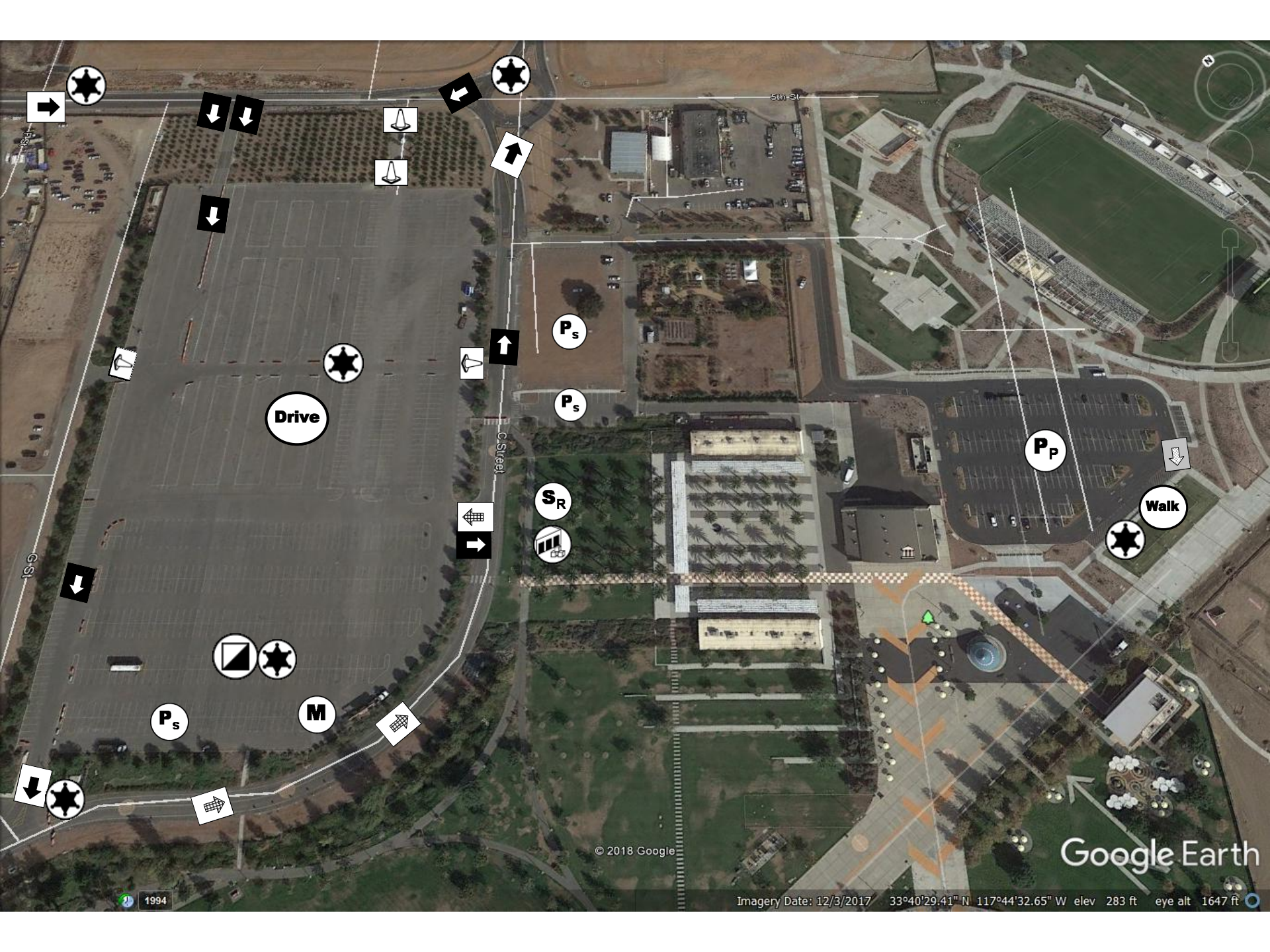
Important Dates

- Wednesday, October 10, 2018 - 9:00 - 10:00
 - Medical Supplies Management and Distribution
 - 1 Civic Center Plaza – R. Simmons
- **October 11th - 1:30-3:30**
 - Field Operations Packet Review
 - Irvine Great Park– Room/location T
- **October 11th - 3:30-5:00**
 - Site Walk Through
 - Irvine Great Park– Room/location TBD





MAPS



C St

5th St

C Street

Drive

Pp

Walk

Ps

M

Ps

Ps

SR

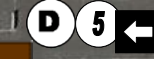
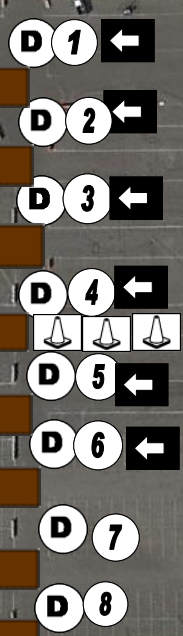
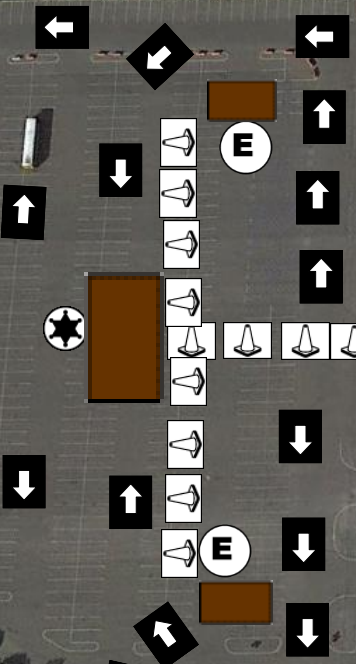
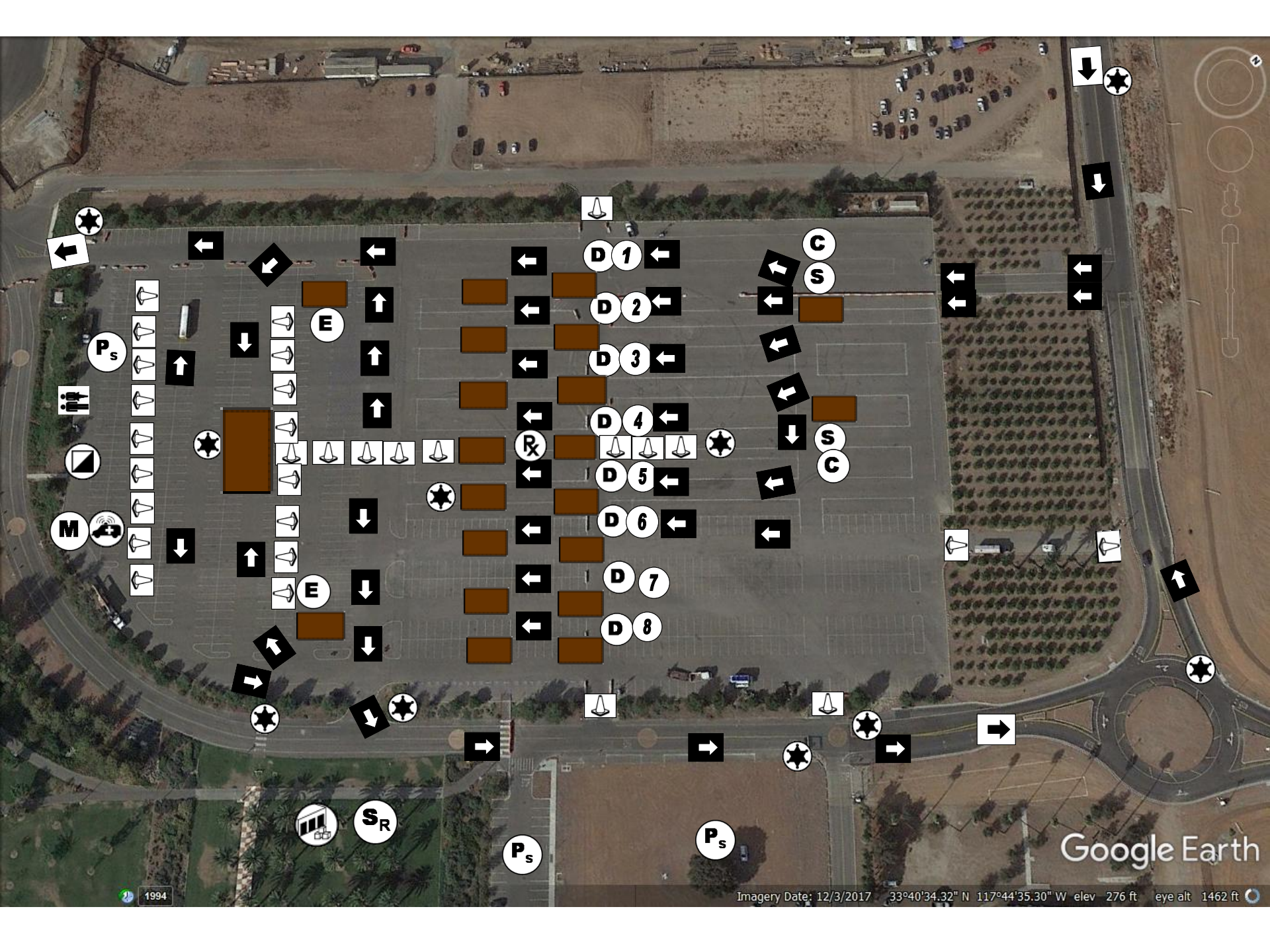
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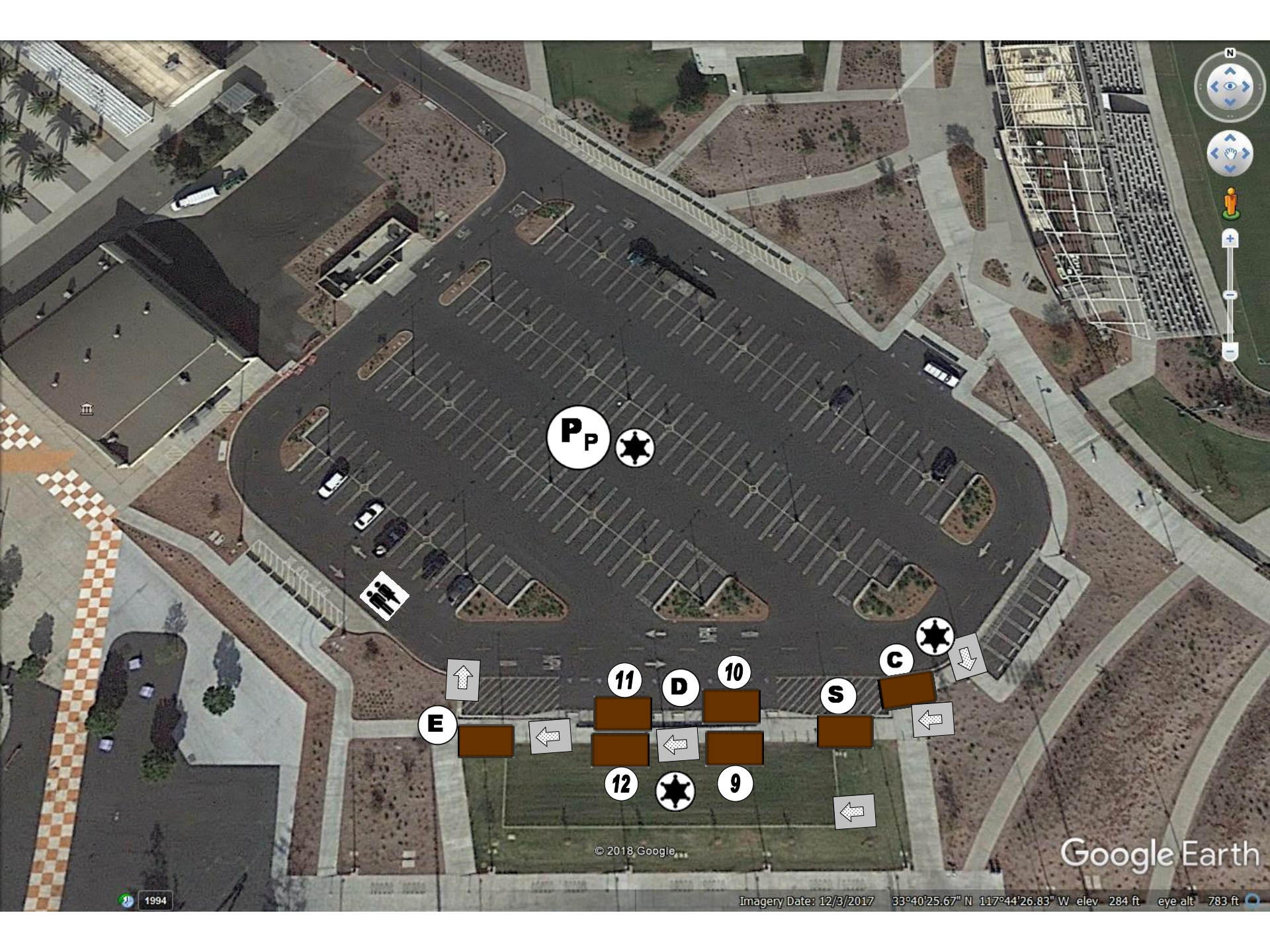
Imagery Date: 12/3/2017 33°40'29.41" N 117°44'32.65" W elev 283 ft eye alt 1647 ft



Google Earth

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

1994



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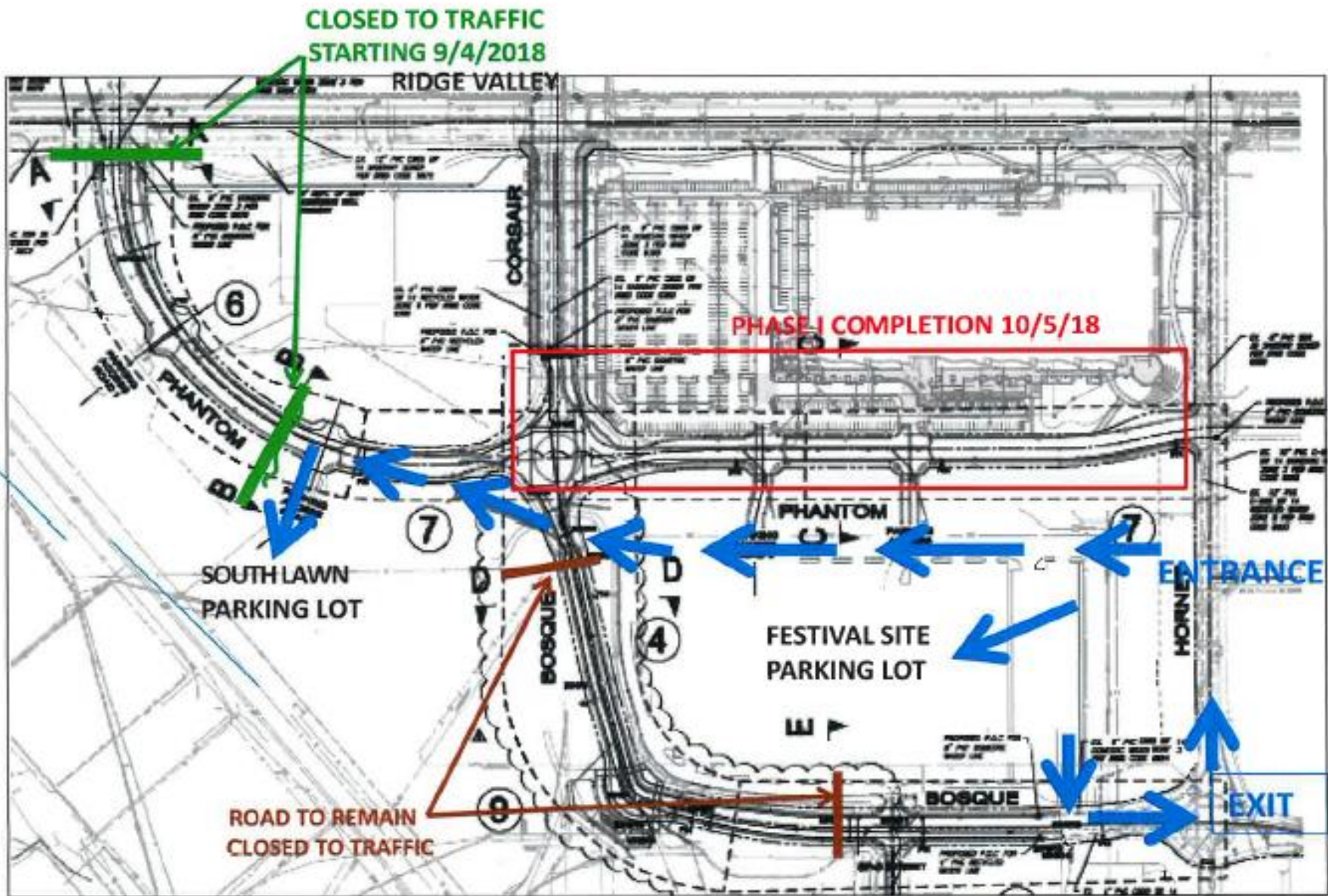


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Google Earth

1994

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



MAP OF ACCESS TO PARKING LOTS WHILE A PORTION OF PHANTOM IS CLOSED FOR CONSTRUCTION WORK NEAR RIDGE VALLEY

Questions



Thank You!