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**Draft Date: April 3, 2025**

**SITUATION MANUAL**

A person in a white protective suit and rubber boots in a river

AI-generated content may be incorrect.

**Tabletop Exercise**

APRIL 24, 2025

# PREFACE

## INTRODUCTION

The *2025 Orange County Statewide Medical and Health Exercise* is sponsored by the Orange County Health Care Agency – Emergency Medical Services. This Situation Manual (SitMan) was produced with input, advice, and assistance from the Exercise Planning Team (EPT), comprised of representatives from the Orange County Healthcare Coalition.

This Situation Manual provides exercise participants with all the necessary tools and information to perform their roles in the exercise. Conducting and participating in this exercise is tangible evidence of your community’s commitment to ensuring public safety through collaborative partnerships. These partnerships will enhance preparedness and information-sharing capabilities across the sector.

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# AGENDA

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| --- | --- |
| Time | Activity |
| 8:30 AM ­– 9:00 AM | Registration   * Check-In |
| 9:00 AM – 9:15 AM | Administration, Agenda, and Welcoming Remarks |
| 9:15 AM – 10:00 AM | Module 1   * Scenario, Module 1 Discussion Questions |
| 10:00 AM – 10:45 AM | Module 2   * Scenario Update, Module 2 Discussion Questions |
| 10:45 AM – 10:50 AM | Break |
| 10:50 AM – 11:30 AM | Hotwash / Debrief |
| 11:50 AM – 12:00 PM | Closing Remarks |
| 12:00 PM | Adjourn |

# EXERCISE OVERVIEW

|  |  |
| --- | --- |
| **Exercise Name** | 2025 Orange County SWMHE Tabletop Exercise (TTX) |
| **Exercise Dates** | April 24, 2025 |
| **Scope** | This TTX is planned for the Orange County Health Care Agency – Emergency Medical Services, healthcare coalition partners, healthcare facilities and organizations, and emergency response partners as part of the Statewide Medical and Health Exercise. This TTX will take place on April 24, 2025 from 9:00 AM to 12:00 PM at the [Insert Location]. |
| **PHEP Capabilities** | Emergency Operations Coordination; Information Sharing; Emergency Public Information and Warning; Medical Surge. |
| **HPP Capabilities** | Health Care and Medical Response Coordination; Continuity of Health Care Service Delivery; Medical Surge. |
| **Objectives** | [Each organization should select their appropriate objectives from the list below, remove the rest, and add anymore custom objectives applicable; and ensure the selected objectives align with the discussion questions used.]   1. Validate the ability to activate and staff the Emergency Operations Center (AOC, EOC, HCC, DOC) within one hour of notification. 2. Assess the coordination and communication processes between the EOC, and field personnel during an emergency. 3. Evaluate the implementation of the Incident Command System (ICS or HICS) structure and its effectiveness in managing emergency response operations. 4. Test the functionality and interoperability of communication systems and tools used during emergency operations. 5. Measure the timeliness and accuracy of information sharing and situational awareness among all response partners 6. Alert and notify Hospital Command Center (HCC) staff of the event within fifteen (15) minutes. Activate the Hospital Command Center within fifteen (15) minutes. 7. Develop an Incident Action Plan (IAP) and conduct Incident Briefing and Planning Meeting within the first operational period. 8. Assess the coordination and communication processes between the HCC, and frontline personnel during an emergency. 9. Test the functionality and interoperability of communication systems and tools used during emergency operations. 10. Measure the timeliness and accuracy of information sharing and situational awareness among all response partners. 11. Ensure that all participating agencies can access and share information through designated communication channels within the first hour of the exercise. 12. Discuss options to communicate facility needs to outside sources (e.g., vendors, suppliers, local emergency medical services agency, city/operational area medical health point of contact, corporate health care system) for essential supplies, services and equipment to ensure integrity of resource supply chain. 13. Test the utilization of communications systems (ReddiNet, Med1, DPHC listserv) to share and disseminate actionable information. 14. Effectively notify HCC members of an incident and facilitate ongoing information sharing during a community-wide emergency or disaster 15. Test the activation and deployment of medical surge staff and volunteers within 30 minutes of notification. 16. Test the capability to evacuate patients or respond to a surge in the number of patients related to a disruption in the public water supply to the facility. 17. Ensure appropriate patient placement during a large patient surge by assisting with the identification and coordination of available patient care resources to reduce patient morbidity and mortality by the end of the exercise. 18. Evaluate the triage process and prioritization of patients based on severity within the first hour of surge activation. |
| **Threat/Hazard** | Potential threat to the public water system in Orange County |
| **Sponsor** | The 2025 SWMHE TTX is sponsored by the Orange County Health Care Agency – Emergency Medical Services and the Orange County Health Care Coalition. |

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# GENERAL INFORMATION

## EXERCISE OBJECTIVES AND ASSOCIATED CAPABILITIES

Due to the combination of public health, healthcare, and first responder agencies participating in this exercise, the objectives and tasks for this TTX have been aligned with the Public Health Emergency Preparedness (PHEP) Capabilities and the Healthcare Preparedness Program (HPP) Capabilities. [Each organization should tailor the objectives list to focus on their selected objectives and goals].

**Table 1:TTX Objectives**

| **OBJECTIVES** | **PHEP CAPABILITIES** | **HPP CAPABILITIES** |
| --- | --- | --- |
| 1. Validate the ability to activate and staff the Emergency Operations Center (EOC, HCC, DOC) within one hour of notification. | **PHEP Capability 3: Emergency Operations Coordination** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Assess the coordination and communication processes between the EOC, and field personnel during an emergency. | **PHEP Capability 3: Emergency Operations Coordination** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Evaluate the implementation of the Incident Command System (ICS or HICS) structure and its effectiveness in managing emergency response operations. | **PHEP Capability 3: Emergency Operations Coordination** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Test the functionality and interoperability of communication systems and tools used during emergency operations. | **PHEP Capability 3: Emergency Operations Coordination** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Measure the timeliness and accuracy of information sharing and situational awareness among all response partners. | **PHEP Capability 3: Emergency Operations Coordination** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Alert and notify Hospital Command Center (HCC) staff of event within ten (10) minutes. Activate the Hospital Command Center within ten (10) minutes. | **PHEP Capability 3: Emergency Operations Coordination** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Develop an Incident Action Plan (IAP) and conduct Incident Briefing and Planning Meeting within the first operational period. | **PHEP Capability 3: Emergency Operations Coordination** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Assess the coordination and communication processes between the HCC, and frontline personnel during an emergency. | **PHEP Capability 6: Information Sharing** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Test the functionality and interoperability of communication systems and tools used during emergency operations. | **PHEP Capability 6: Information Sharing** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Measure the timeliness and accuracy of information sharing and situational awareness among all response partners. | **PHEP Capability 6: Information Sharing** | **HPP Capability 2: Health Care and Medical Response Coordination** |
| 1. Review/test the adequacy of the information management plans and technology for gathering intelligence and sharing information internally with employees. | **PHEP Capability 6: Information Sharing** | **HPP Capability 3: Continuity of Health Care Service Delivery** |
| 1. Ensure that all participating agencies can access and share information through designated communication channels within the first hour of the exercise. | **PHEP Capability 6: Information Sharing** | **HPP Capability 3: Continuity of Health Care Service Delivery** |
| 1. Discuss options to communicate facility needs to outside sources (e.g., vendors, suppliers, local emergency medical services agency, city/operational area medical health point of contact, corporate health care system) for essential supplies, services and equipment to ensure integrity of resource supply chain. | **PHEP Capability 6: Information Sharing** | **HPP Capability 3: Continuity of Health Care Service Delivery** |
| 1. Test the utilization of communications systems (ReddiNet, Med1, DPHC listserv) to share and disseminate actionable information. | **PHEP Capability 6: Information Sharing** | **HPP Capability 3: Continuity of Health Care Service Delivery** |
| 1. Effectively notify HCC members of an incident and facilitate ongoing information sharing during a community-wide emergency or disaster. | **PHEP Capability 6: Information Sharing** | **HPP Capability 3: Continuity of Health Care Service Delivery** |
| 1. Test the activation and deployment of medical surge staff and volunteers within 30 minutes of notification. | **PHEP Capability 10: Medical Surge** | **HPP Capability 4: Medical Surge** |
| 1. Test the capability to evacuate patients or respond to a surge in the number of patients related to a disruption in the public water supply to the facility. | **PHEP Capability 10: Medical Surge** | **HPP Capability 4: Medical Surge** |
| 1. Ensure appropriate patient placement during a large patient surge by assisting with the identification and coordination of available patient care resources to reduce patient morbidity and mortality by the end of the exercise. | **PHEP Capability 10: Medical Surge** | **HPP Capability 4: Medical Surge** |
| 1. Evaluate the triage process and prioritization of patients based on severity within the first hour of surge activation. | **PHEP Capability 10: Medical Surge** | **HPP Capability 4: Medical Surge** |

## 

## PARTICIPANT ROLES AND RESPONSIBILITIES

The term *participant* encompasses many groups of people, not just those playing in the exercise. Types of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

* **Players.** Players are personnel who have an active role in discussing their regular roles and responsibilities during the exercise. Players discuss actions in response to the simulated emergency.
* **Observers.** Observers do not directly participate in the exercise; however, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
* **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members may also assist with facilitation as subject matter experts (SMEs) during the exercise.
* **Note Takers**. Note takers are assigned to observe and document certain objectives. Their primary role is to document player discussions, including how and if those discussions conform to plans, polices, and procedures.

## EXERCISE STRUCTURE

This exercise will be an objective-driven, facilitated exercise. This tabletop exercise is comprised of two modules: each will feature a facilitated discussion regarding responses to a potential widespread water contamination issue and resulting healthcare system actions.

A series of questions following the scenario summary will guide the facilitated discussion in each module. Based on exercise priorities, time dedicated to each module will be managed by the facilitator.

## EXERCISE GUIDELINES

* Actively participate in discussions. Refrain from side conversations that are not relevant to the exercise as they detract from the experience of fellow participants. Step out of the room if there is an urgent need.
* This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
* Respond to the scenario using your knowledge of current response plans and capabilities and insights.
* Decisions are not precedent-setting and may not reflect your organization’s final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
* Respect the observations, opinions, and perspectives of others, as the discussions will explore a variety of policies, decisions, actions, and key relevant issues from different sources.
* Issue identification is not as valuable as suggestions and recommended actions that could improve recovery efforts. Problem-solving efforts should be the focus.

## EXERCISE ASSUMPTIONS AND ARTIFICIALITIES

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively affect their participation. During this exercise, the following apply:

* The scenario for this exercise is fictitious, and does not represent any actual intelligence.
* The scenario is plausible and events occur as they are presented.
* There are no “hidden agendas” or any “trick questions.”
* All players receive information at the same time.
* Assume cooperation and support from other responders, agencies, and organizational entities.

## EXERCISE EVALUATION

Evaluation of the TTX is based on the exercise objectives and aligned core capabilities. Players will be asked to complete a participant feedback form. These documents, coupled with facilitator observations and notes, will be used to evaluate the TTX as well as the overall After Action Report/ Improvement Plan (AAR/IP).

# SCENARIO – MODULE 1

Law enforcement and homeland security officials have identified suspicious activities around key water infrastructure sites in Orange County and have issued warnings to local organizations accordingly. Reports indicate that security cameras at a major reservoir in the county were disabled overnight, and unknown individuals were seen accessing a restricted area near multiple water treatment facilities. An anonymous social media account has posted cryptic messages alluding to an attack on public utilities, heightening concerns of an orchestrated effort.

Over the past 72 hours, emergency departments across Orange County have seen a surge in patients presenting with symptoms including severe gastrointestinal distress, nausea, vomiting, fever, dehydration, and neurological symptoms such as dizziness and confusion. Local laboratories have reported unusual bacterial and chemical contaminants in water samples collected from multiple locations.

The Orange County Health Care Agency (OCHCA), in collaboration with hospitals, clinics, and emergency management personnel, must now determine the scope of the contamination, coordinate patient care, and communicate effectively with the public to prevent further exposure. The County Emergency Operations Center (EOC) has been partially activated, and a multi-agency response is underway. The Water Emergency Response Organization of Orange County (WEROC) has activated their EOC and deployed representatives to the County EOC. The Health Officer is currently considering implementing “do not use” orders and those are expected to be announced very soon.

## DISCUSSION QUESTIONS

Based on the information provided, participate in the discussion concerning the issues raised in this module and identify any additional requirements, critical issues, decisions, and/or questions that should be addressed at this time.

The following questions are provided as suggested general subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. How are we receiving notifications regarding the status of the water system? Who is contacted first and how does the information filter down to those that need to know?
2. What are the first steps we would take if a partial or complete water loss occurs?
3. How would we notify staff and inform them about the event and expected actions? How would you keep them informed?
4. What types of activities would your facility/agency/organization need to start if there was an indication that water supplies may compromised in some way?
5. At what point in this scenario would you notify and activate staff to respond? Would you activate an Emergency Operations Center / Department Operations Center / Hospital Command Center, etc.? How quickly can you notify and activate staff? Are you utilizing the ICS or HICS system for staffing?
6. Does your facility have a plan for loss of water / water contamination / utility failure? At what point in this scenario would that plan be activated?
7. How would your agency/organization’s capabilities be affected if a do not use order was in place for your facility’s water supply?
8. How are your staff reporting on the status of impacts to your patients, to residents, and to staff? Are you able to collect this information to develop a common operating picture of the various impacts? Is this information reported to the EOC/DOC/HCC?
9. Would your organization develop an Incident Action Plan (IAP) and conduct incident briefings and planning meetings for this emergency? How often would you meet?
10. Could your facility/agency/organization operate for an extended period of time with a backup supply of water? What vendors or partnerships would you leverage to secure backup water supplies? (assume all of Orange County is currently affected)
11. What other resources might your facility/agency/organization need to request in this scenario? How would you request this/these resource(s)?
12. What procedures should be followed to:
    1. Sterilize instruments and supplies
    2. Ensure hand hygiene and infection prevention
    3. Collect and test local water sources or patient samples for potential contaminants
    4. Determine if facility operations need to shut down? If patients need to be evacuated or transferred?
13. If a decision is made to evacuate or transfer patients, how can your organization ensure appropriate patient placement and assist with the identification of the necessary patient care resources?
14. If your facility was experiencing a sudden influx of patients with limited bed space, staff, and medical supplies, how would you implement medical surge procedures and deploy surge staff or volunteers? How will healthcare providers prioritize patients based on symptom severity and potential exposure level?
15. If your facility experienced a surge of fatalities, how would you identify morgue surge capacity and 16 activate surge personnel? Would you need to activate a family information center?

# SCENARIO – MODULE 2

The County Health Officer has implemented a “do not use” order for all county residents and businesses, and issued public guidance that residents should use bottled water or boil their tap water before consumption until further notice. It is unclear how long this advisory will be in place. County emergency management and public health officials have begun working on resource requests to bring in outside sources of water to distribute to healthcare facilities, though scarce resource allocation standards may be in place to prioritize initial supplies. The Water Emergency Response Organization is working with all potable water districts to assess the impacts of each region. The severity of the impact is unknow at this time.

Several facilities and organizations across the county have requested backup water supplies, prompting the activation of the State Operations Center (SOC) and Medical and Health Coordination Center (MHCC) at the state level to help coordinate emergency requests as well.

## DISCUSSION QUESTIONS

Based on the information provided, participate in the discussion concerning the issues raised in this module and identify any additional requirements, critical issues, decisions, and/or questions that should be addressed at this time.

The following questions are provided as suggested general subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. What systems will be affected by a loss of water? Do these systems have any redundancies? Which systems will impact patient care first? Second?
2. How will healthcare facilities collaborate with the local health care coalition (HCC) as well as local and state public health agencies to determine the source of the contamination and share information?
3. How can the health care coalition assist local public health and emergency management in allocating scarce backup water supplies according to level of need? Does your organization have any systems that could be used to assist (e.g., dashboards, crisis care criteria, etc.)?
4. What resources and equipment are immediately available, and how are they mobilized?
5. How much water does your organization/facility have stored on site? (Potable and non-potable)
6. What backup communication methods and systems do you have available to communicate with your staff, with leadership, and with external agencies if the primary communication method were not available?
7. What external agencies would you inform of the potential water disruption? How do you notify and communicate with your partners?
8. How could you assist other facilities/agencies affected by the water emergency if your facility/agency is not affected (e.g., your facility/organization is closed or is not operating)? What resources could you provide?
9. At this point, would you inform patients and their families of the situation? How much information would you divulge to them? How would you inform those that have future appointments of the situation?
10. What public messaging would you need to craft by this point in the scenario? Who would you coordinate with for messaging? Who are your audiences? Is your messaging accessible to all?
11. How can hospitals and public health officials prevent panic and misinformation while ensuring people take the necessary precautions?
12. If your facility or organization receives backup water supplies, how are you planning to ensure the security of these supplies? Especially if it becomes public knowledge that your organization has received them?
13. What behavioral health needs do you anticipate during a medical surge response / evacuation / facility shutdown? For patients? Staff? The community? How can you allocate resources accordingly?
14. What regulatory or infrastructure improvements should be considered to prevent similar incidents in the future?
15. How would we prioritize patient care to try and avoid evacuation?
16. At what point would we make the decision to begin evacuating patients?
    1. What patients would be evacuated, in what order?
    2. Where will they go?
    3. What partners can assist us in evacuating patients?

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# NOTES

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# APPENDIX A: ACRONYMS

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| --- | --- |
| AAR | After Action Report |
| AAR/IP | After Action Report / Improvement Plan |
| AMR | American Medical Response |
| ARC | American Red Cross |
| CDC | Centers for Disease Control and Prevention |
| CDPH | California Department of Public Health |
| CST | Civil Support Team |
| DOC | Department Operations Center |
| EOC | Emergency Operations Center |
| EPT | Exercise Planning Team |
| FBI | Federal Bureau of Investigation |
| FEMA | Federal Emergency Management Agency |
| FSE | Full Scale Exercise |
| HAZMAT | Hazardous Materials |
| HCC | Health Care Coalition |
| HPP | Hospital Preparedness Program |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| IP | Improvement Plan |
| MCM | Medical Countermeasures |
| MHOAC | Medical and Health Operational Area Coordinator |
| OCHCA | Orange County Health Care Agency |
| PHEP | Public Health Emergency Preparedness |
| SITMAN | Situation Manual |
| SME | Subject Matter Expert |
| TTX | Tabletop Exercise |
| WEROC | Water Emergency Response Organization of Orange County |

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# APPENDIX B: TTX SLIDE DECK

Available at: [Insert Location]

# APPENDIX C: REFERENCE INFORMATION

1. To Be Inserted