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# San Mateo County Healthcare Coalition Annual Workshop



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# AGENDA

<b>Agenda Item</b>	<b>Time</b>
<b>Registration and Networking</b>	<b>8:45-9:00</b>
<b>Welcome</b>	<b>9:00-9:10</b>
<b>Module 1: Emergency Operations Manual, Medical Health Operational Coordinator/Coordination, Medical Health Resource Requesting</b> <ul style="list-style-type: none"><li><b>San Mateo County Emergency Medical Services: Travis Kusman</b></li></ul>	<b>9:10-10:10</b>
<b>Multi Casualty Incident Panel</b> <ul style="list-style-type: none"><li><b>American Medical Response, American Red Cross, Emergency Medical Services, Fire, Hospital, San Francisco International Airport, San Mateo Medical Center, Terrorism Counter Assault Team</b></li></ul>	<b>10:10-11:00</b>
<b>Module 2: Cybersecurity</b> <ul style="list-style-type: none"><li><b>Federal Bureau of Investigation: Elvis Chan</b></li></ul>	<b>11:00-11:30</b>
<b>Lunch Provided</b>	<b>11:30-12:00</b>



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# AGENDA

Agenda Item	Time
<b>Module 3: Medical Counter Measures (MCM) Presentation</b>	<b>12:00-12:20</b>
<b>MCM Panel</b> <ul style="list-style-type: none"><li>• <b>California Department of Public Health, Environmental Health, Hazmat, Health Emergency Preparedness, Federal Bureau of Investigation, Office of Emergency Services,</b></li></ul>	<b>12:20-1:00</b>
<b>Private Sector Panel</b> <ul style="list-style-type: none"><li>• <b>Cisco Systems, Genentech</b></li></ul>	<b>1:00-1:30</b>
<b>Feedback</b>	<b>1:30-1:35</b>
<b>Interactive Exhibits</b>	<b>1:35-2:00</b>

- **Emergency Operations Manual**
- **Medical Health Operational Area Coordination**
- **Medical Health Resource Requesting**

# MODULE 1



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# MEDICAL HEALTH OPERATIONAL AREA COORDINATION

# Disclaimer

The opinions and views expressed during this presentation are solely those of the speaker and do not necessarily represent those of San Mateo County Health and its employees



# HISTORY

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- Gap in medical and health mutual aid coordination identified
- Need for a structure similar to Fire and Law's Mutual Aid Coordination for resources
- Need for a standardized method for the sharing of information during disaster

# CALIFORNIA PUBLIC HEALTH & MEDICAL EMERGENCY OPERATIONS MANUAL (EOM)



Establish a common operational framework that is applicable statewide



Describe the standardized processes that support the common operational framework



Describe the basic roles, responsibilities and activities of the critically important components of the Public Health and Medical Emergency Response System



Primary focus is the standardization of operational processes between:

Operational Areas (OAs)

Mutual Aid Regions

State (e.g., CDPH and EMSA)



...during unusual events and emergency system activations

# EOM PURPOSE

The EOM does not prescribe the manner in which local governments or Operational Areas conduct their internal business.



In fact, the term “... in accordance with local policies and procedures” is the most common phrase used in the EOM.



Establish baseline expectations that improve coordination within the Public Health and Medical System:

Situation Reporting

Resource Requesting and Management

The role of the MHOAC and RDMHC Programs

# CALIFORNIA CODE, HEALTH AND SAFETY CODE - HSC § 1797.153

§The MHOAC Program is authorized by the California Health and Safety Code Section 1797.153 with designated person(s) filling the MHOAC Position. The MHOAC operates in coordination with and follows procedures consistent with the California Public Health and Medical Emergency Operations Manual (EOM) and the California Medical Mutual Aid Plan.

In each operational area the county health officer and the local EMS agency administrator may act jointly as the medical health operational area coordinator (MHOAC). If the county health officer and the local EMS agency administrator are unable to fulfill the duties of the MHOAC they may jointly appoint another individual to fulfill these responsibilities.

The MHOAC in cooperation with the county office of emergency services, local public health department, the local office of environmental health, the local department of mental health, the local EMS agency, the local fire department, the regional disaster and medical health coordinator (RDMHC), and the regional office of the Office of Emergency Services (OES), shall be responsible for ensuring the development of a medical and health disaster plan for the operational area.

# MHOAC PROGRAM

- o Medical Health Operational Area Coordination / Coordinator
- o Responsible to ensure Medical and health response plans in place to address all 17 functions
- o Coordinates disaster medical and health resources within the operational area (OA)
- o Acts as the single point of contact for resource coordination with the Regional Disaster Medical and Health Coordinator/Specialist (RDMHC/S), the state Emergency Medical Services Authority (EMSA), and the state Department of Public Health (CDPH)



# MHOAC PROGRAM VS MHOAC INDIVIDUAL

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## MHOAC PROGRAM

Authorizes the county health officer and the local EMS agency administrator to jointly act as the Medical Health Operational Area Coordinator (MHOAC) or appoint another individual to fulfill the roll.

## MHOAC INDIVIDUAL

MHOAC Position represents the 24/7/365 single point of contact for the MHOAC program and is responsible for monitoring, ensuring, and procuring medical and health resources during a local emergency or disaster.

# 17 CORE MHOAC FUNCTIONS

1. Assessment of immediate medical needs.
2. Coordination of disaster medical and health resources.
3. Coordination of patient distribution and medical evaluations.
4. Coordination with inpatient and emergency care providers.
5. Coordination of out-of-hospital medical care providers.
6. Coordination and integration with fire agencies personnel, resources, and emergency fire pre-hospital medical services.
7. Coordination of providers of non-fire based pre-hospital emergency medical services.
8. Coordination of the establishment of temporary field treatment sites.



# 17 CORE MHOAC FUNCTIONS

9. Health surveillance and epidemiological analyses of community health status.
10. Assurance of food safety.
11. Management of exposure to hazardous agents.
12. Provision or coordination of mental health services.
13. Provision of medical and health public information protective action recommendations.
14. Provision or coordination of vector control services.
15. Assurance of drinking water safety.
16. Assurance of the safe management of liquid, solid, and hazardous wastes.
17. Investigation and control of communicable disease



# MHOAC/Designee in San Mateo County

- San Mateo County EMS maintains a 24/7 MHOAC On-Call
  - Travis Kusman, MHOAC, RDMHC
  - Linda Allington
  - Shruti Dhapodkar
  - Chad Henry
  - Karishma Patel



# COUNTY HEALTH 24/7 EMERGENCY TEAM

## EMS / MHOAC ON-CALL

Alerted of all incidents within the County

## HEALTH DUTY OFFICER ON-CALL (e.g., earthquake)

## HEALTH OFFICER ON-CALL (e.g., infectious disease outbreak)

## SCOUT/ COUNTY HEALTH FIELD REP ON-CALL (e.g., skilled nursing evacuation)

# MHOAC NOTIFICATION

- An incident that significantly impacts or is anticipated to impact public health, environmental health, or emergency medical services;
- An incident that disrupts or is anticipated to disrupt the OA Public Health and Medical System;
- An incident where resources are needed or anticipated to be needed beyond the capabilities of the OA, including those resources available through existing agreements;
- An incident that produces media attention and/or is politically sensitive;
- An incident that leads to a regional or state request for information or mutual aid; and/or
- An incident in which increased information flow from the OA to the region and the state will assist in the management or mitigation of the incident's impact



# EXAMPLES OF RESOURCE REQUESTS



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MEDICAL SERVICES**

# Examples of Medical Health Resources

Medical → MHOAC

- Healthcare personnel
- Ambulances
- Medications
- Environmental Health support
- Assets used for medical purpose
- Health PIOs

Non-Medical → OES

- Portable toilets
- Non-medical shelter supplies/personnel
- Generators for buildings other than healthcare facilities
- Fuel

# Animal Sheltering

- Shelter host (ARC, City, County) requests Peninsula Humane Society animal sheltering via the Care and Shelter Branch of the OES EOC.



# HOW TO REACH THE MHOAC?

1. VIA REDDINET: SYSTEM CONTACTS – MHOAC ON CALL
2. CALL PUBLIC SAFETY COMMUNICATIONS AND REQUEST THE MHOAC: 650-363-4981



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MEDICAL SERVICES**

# REGIONAL, STATE, AND FEDERAL COORDINATION



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MEDICAL SERVICES**

# Levels of Response/Coordination

**FEDERAL LEVEL** NDMHS Program, ASPR, CDC

**STATE LEVEL** Duty Officer, MHCC, SOC, CDPH

**REGIONAL LEVEL** RDMHC Program, REOC

**OPERATIONAL AREA LEVEL** MHOAC Program, OA EOC

**LOCAL GOVERNMENT LEVEL** Cities, DOC

**FIELD LEVEL** EMS Providers, Healthcare Facilities

# RDMHC Program



- Regional Disaster Medical and Health Coordination Program
- Maintains a 24/7 point of contact to ensure the availability of medical health resources within each region
- Coordinates with MHOAC Programs within Mutual Aid region
- Supports the Medical Health Branch at the REOCs in coordination with CDPH and EMSA
- Coordinates information sharing, situational reporting, and medical and health resource management.

# STATE LEVEL PUBLIC HEALTH AND MEDICAL COORDINATION



CDPH is the lead state agency for public health and environmental health

EMSA is the lead state agency for medical, including emergency medical services

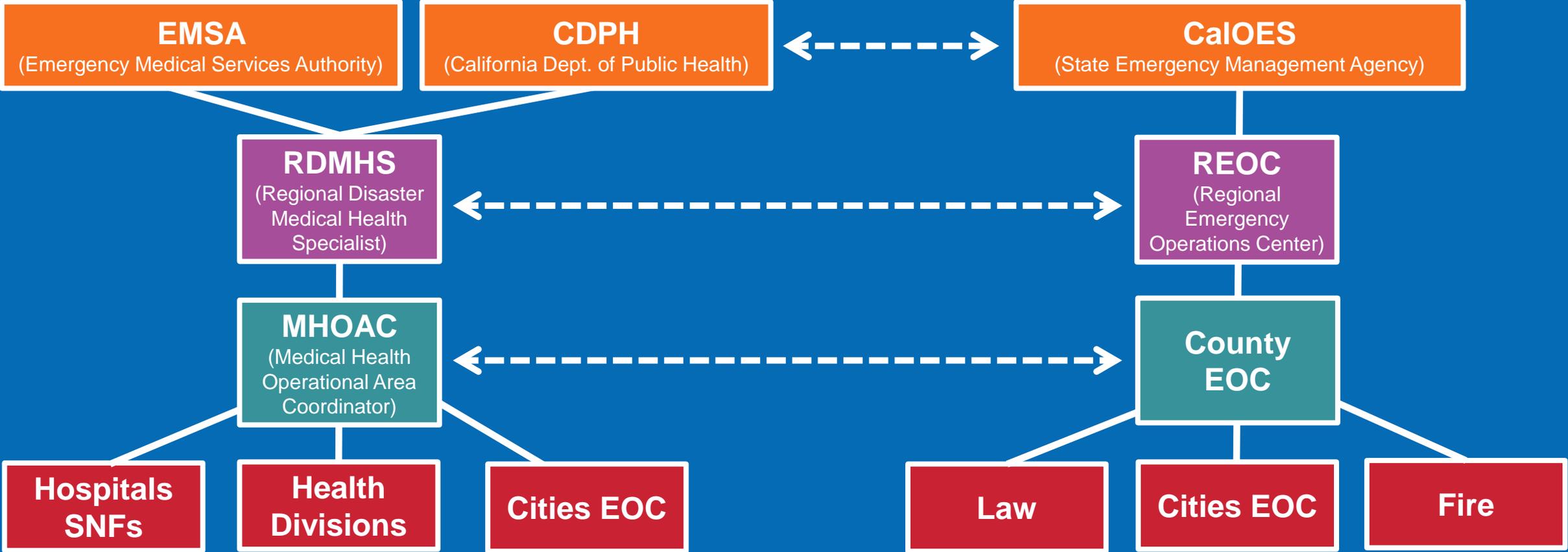
Cal OES, CHHS, and other state agencies, in coordination with CDPH and/or EMSA, provide support as needed

# NDMHS PROGRAM



- National Disaster Medical Health System
- Supports state, local, tribal and territorial authorities following disasters and emergencies by supplementing health and medical systems and response capabilities
- Disaster Medical Assistance Teams (DMAT)
- Trauma and Critical Care Teams (TCCT)
- Disaster Mortuary Operational Response Team (DMORT)
- Victim Information Center Team (VIC)
- National Veterinary Response Team (NVRT)

# Communication Pathway



# RESOURCE COORDINATION



- The MHOAC coordinates medical health resource ordering within the operational area (OA) and through all available suppliers and local caches. General resource requests that are not medical in nature will be referred to OES
- If the MHOAC cannot fulfill a request using local sources, they may request public health and medical resources from outside of the OA via the RDMH
- If regional resources are inadequate or delayed, the RDMH Program will forward the request to the State

# QUESTIONS?



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# Multi-Casualty Incident

PANEL 1



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# INTRODUCTIONS

Ava Carter, San Mateo Medical Center

Bill Euchner, JPA Fire Liaison

Cameron Christenson, Terrorism Counter Assault Team (TCAT)

Chad Henry, Emergency Medical Services (EMS)

Colleen Sasso, American Red Cross (ARC)

Jeff Airth, San Francisco International Airport (SFO)

Kevin Miller, American Medical Response (AMR)



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# SCENARIO

**At a local farmer's market, a man is seen driving a Ford F150 truck at an alarming rate towards the farmer's market entrance. The truck drives through a barrier and through a crowd of people injuring many. This incident is progressing.**

**It is suspected that the incident is intentional. Initial accounts report 4 are deceased and 15 are injured. Victims are displaying salivation, lacrimation, urination, defecation, gastrointestinal upset, emesis, and miosis (SLUDGEM)**



# INITIAL QUESTIONS

AMR, EMS, Fire, Hospital, TCAT:

- After being initially notified, what actions and existing protocols and procedures are being followed?

EMS:

- Please describe the San Mateo County MCI Plan.

# SITUATIONAL UPDATE

A friend of the suspect notifies law enforcement that minutes before the attack, the suspect posted a manifesto on social media stating how he wants to emulate the Nice, France and New York car attacks. The suspect also explained his desire to be the most famous terrorist in San Mateo County. The intelligence community confirms the suspect works in a facility that produces pesticides and that the incident is being treated as a domestic terrorism incident.

Fire: Once on scene, what actions are being taken?

TCAT: What is the process in approaching and processing the scene?

# SITUATIONAL UPDATE

The suspect crashes his truck into a building and is seen fleeing the scene on foot. Law enforcement is pursuing the suspect and TCAT has secured the farmer's market area. Amongst the chaos, mass panic ensues throughout the area.

AMR, EMS, FIRE, TCAT : What are the main objectives of each agency?

ARC: After being notified of the incident by San Mateo County Health, what are ARC's objectives? How is ARC providing support?

# SITUATIONAL UPDATE

The incident is worse than initially expected, there are now 11 deceased and 50 injured. Roughly 30-40 individuals are displaying SLUDGEM symptoms. San Mateo County requests the CHEMPACK to be delivered to the location.

Fire: What resources are needed to DCON?

SFO: Please explain your experience with the CHEMPACK and the ordering process.

AMR: How are patient needs being addressed when there are insufficient resources to support the injured population?

EMS: What is the process for acquiring additional resources?

# SITUATIONAL UPDATE

There have been reports of high stress, panic attacks, and anxiety among individuals still on scene at the farmers market.

Fire: How would Behavioral Health resources be requested?



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# SITUATIONAL UPDATE

Walking wounded have begun to arrive at hospitals

Hospital: How is the hospital preparing for the surge of patients?

AMR, EMS, Fire, Hospital, TCAT: Who is notifying the public of the incident and how?



# MCI Conclusion

AMR, EMS, Fire, Hospital, TCAT: Who can request additional medical health resources?

ARC: Who is responsible for setting up a family assistance center?

# Cyber Threats

MODULE 2



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# CYBER DIVISION

## FEDERAL BUREAU OF INVESTIGATION

# Forecasting Cyber Threats for 2019 & Breach Prevention Guidelines

SSA Elvis Chan

FBI San Francisco

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- ❖ The views and opinions of the presenter are personal to the presenter and do not necessarily reflect the official policy or position of any agency of the U.S. Government.
- ❖ This presentation should not be considered or construed as legal advice on any individual matter or circumstance.
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# Cyber Threat Continuum



Criminal

Hacktivism

Espionage

Terrorism

State-Sponsored



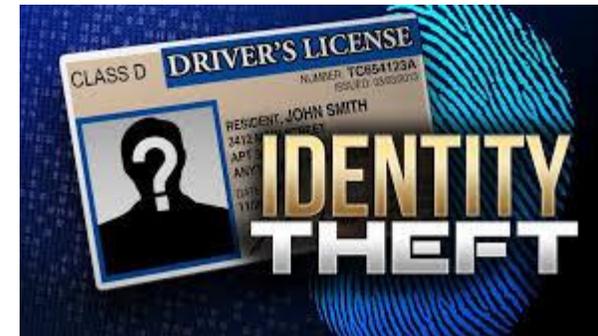
# The Top Five Cyber Threats for 2019



- ❖ Identity Theft
- ❖ Business Email Compromise (BEC)
- ❖ Ransomware
- ❖ Crypto-mining Malware
- ❖ Advanced Persistent Threats

# Identity Theft

- ❖ “New account fraud” happens when an imposter opens lines of credit using personal information of another; this could include utilities, credit card accounts, mortgages, etc.
- ❖ “Synthetic identity theft” happens when an imposter creates a new identity using some information from a victim but altering it in such a way that causes the credit agencies to create “subfiles” for the new accounts.



# Business Email Compromise (BEC)



- ❖ “Bank robbers don't rob banks anymore...they hide behind their computer screens and cover their digital tracks.”
- ❖ In February 2015, Scoular Co, an Omaha-based company, lost \$17.2 Million.
- ❖ U.S. Losses Reported to FBI:
  - \$375 million in 2016
  - \$675 million in 2017
  - \$1 billion estimated in 2018





## United States Model

The Financial Fraud Kill Chain (FFKC) is a partnership between law enforcement and financial entities whose purpose is to recover fraudulent funds wired by victims of any crime type.

FFKC requests are coordinated through the Financial Crimes Enforcement Network (FinCEN) Rapid Response Team and law enforcement entities.





Victims encouraged to notify the following as soon as possible:

1. Financial Institution
2. US Federal Law Enforcement
3. File complaint with ic3.gov
  - IC3 complaints are vetted 24/7 to identify FFKC qualified victims
  - Investigative analysis





## United States Model

The following information is provided to the FinCEN Rapid Response Team requesting initiation of the FFKC:

- Victim name
- Victim location
- Originating Bank Name
- Originating Bank Account Number
- Beneficiary Name
- Beneficiary Bank Account Number
- Beneficiary Bank Location
- Intermediary Bank Name
- SWIFT Number
- Date of Transfer
- Amount of Transfer
- Summary of Incident



# Ransomware

- ❖ Ransomware has become a significant threat to U.S. businesses and individuals.
- ❖ Perpetrators use ransomware to encrypt a user's important files and documents, making them unreadable, until a ransom is paid.
- ❖ Most of the newer ransomware variants collect payment solely in bitcoin.
- ❖ Approximately \$5 billion in damages globally for 2017 vs. \$325 million in 2015.



# Crypto-mining Malware



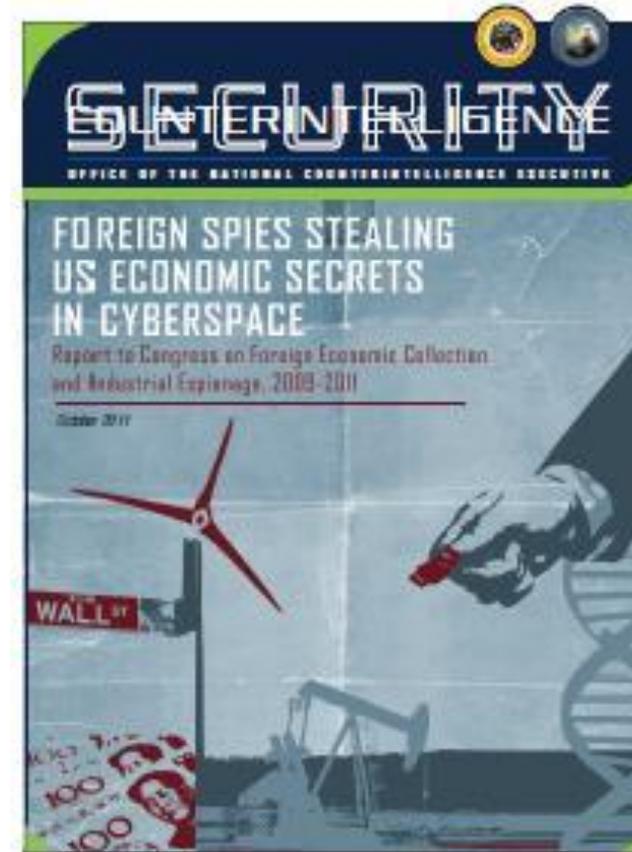
- ❖ Crypto-jacking: malware used take over a computer's resources and use them for cryptocurrency mining without a user's explicit permission.
- ❖ Towards the end of 2018, it appears botnets are being repurposed for deploying crypto-mining malware.
- ❖ Easier than ransomware because the criminal doesn't need to interact with the victim.
- ❖ Some research indicates a 459% increase in illicit cryptocurrency mining malware detections since 2017.\*

\*<https://www.cyberthreatalliance.org/joint-analysis-on-illicit-cryptocurrency-mining/>

# APT – Who?

Who is doing it?

- ❖ China
- ❖ North Korea
- ❖ Iran
- ❖ Russian



Foreign Spies Stealing US Economic Secrets in Cyberspace  
Office of the Director of National Intelligence  
Published: October 2011  
[http://www.dni.gov/reports/20111103\\_report\\_fecie.pdf](http://www.dni.gov/reports/20111103_report_fecie.pdf)

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# APT– What?



What is going on?

- ❖ State sponsored adversaries are pursuing sensitive U.S. information and proprietary technologies.
- ❖ U.S. company networks house this information and may be vulnerable to exploitation.



# APT – Why?



Why do they do it?

- ❖ Meet intelligence collection requirements
- ❖ Acquire information for advantage
  - Military
  - Economic
  - Political
- ❖ Target key individuals with access
- ❖ Create future opportunities



# Case Study - North Korea



- ❖ In February 2016, hackers hacked the Bangladesh Central Bank via the SWIFT remittance service. The hackers stole approximately \$81 million.
- ❖ In May 2017, WannaCry ransomware cryptoworm was unleashed.
- ❖ South Korean intelligence officials are pointing toward North Korea as being the responsible party behind a string of cryptojacking cases across the country.

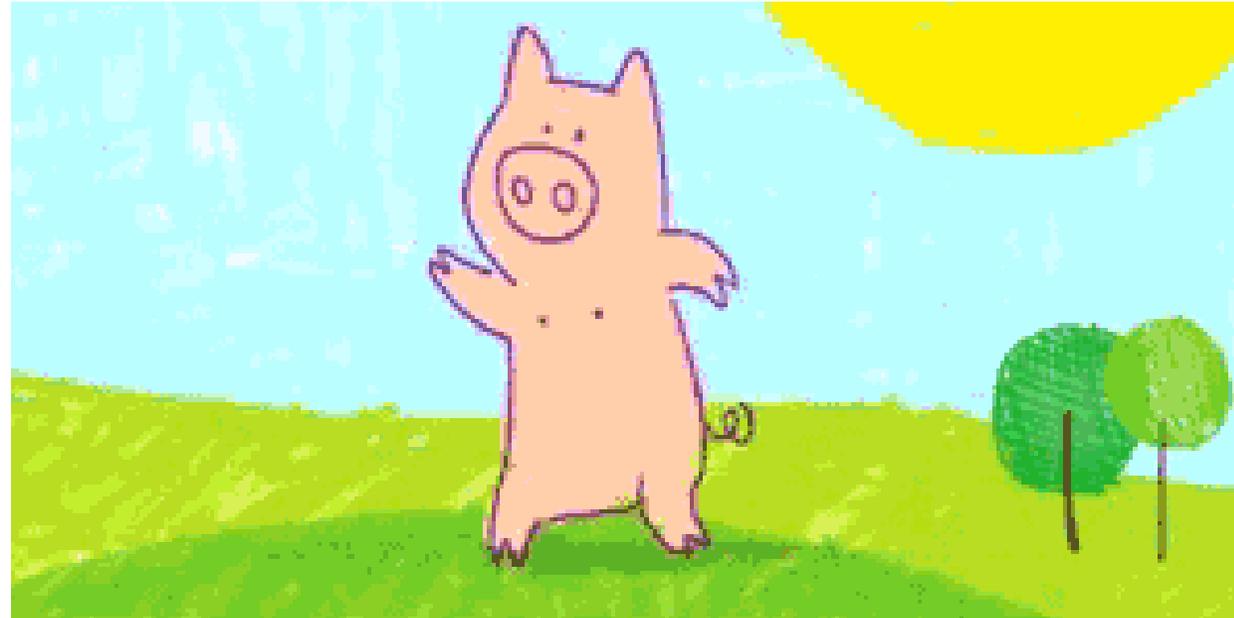


# How Are They Doing This?





# Why Does Social Engineering Work?



“The user’s going to pick dancing pigs over security every time” *Bruce Schneier*

# Social Engineering and Social Media

- ❖ Non-technical kind of intrusion that relies heavily on human interaction and often involves tricking other people to break normal security procedures
- ❖ **ALMOST ALL businesses and executives have web presence**
- ❖ Results of Social Engineering
  - 15% of Americans use social media to report when they have left the home\*

\*<http://homesecurityblog.protectamerica.com/category/home-security-information/page/3/>



# Guidance - Prevention

Our guidance for private industry:

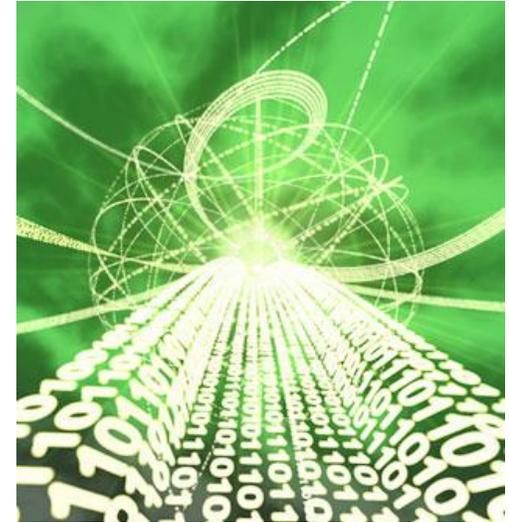
- ❖ Establish Security Policies...then prioritize
- ❖ Support Established Security Policies
- ❖ Monitor and Analyze Network Traffic
- ❖ Assess Vulnerabilities
- ❖ Configure Systems for Security (may mean \$\$)
- ❖ Support/Provide Training for Employees



# Guidance - Prevention

Our guidance for private industry:

- ❖ Maintain good patch management and software upgrades.
- ❖ Create a mobile device action plan.
- ❖ Regular backup copies of critical data.
- ❖ Control physical access to computers and servers.
- ❖ Secure your wireless networks.
- ❖ User access management.
- ❖ Password management and two-factor authentication.



# Guidance – Incident Response



Our guidance for private industry after an incident:

- ❖ Follow your emergency plan and start protecting your data.
- ❖ Call the local FBI field office.
- ❖ Preserve original media as evidence (if not, ask if they can make a forensic image).
- ❖ Request your IT specialists conduct analysis from a copy instead of the original (if possible).
- ❖ Gather all pertinent log files (DNS, Firewall, Proxy, System Event Logs).
- ❖ Contact ISP for additional logs and possibly provide filtering.
- ❖ Conduct a damage assessment (including damage valuation).

# What the FBI does not do



- ❖ Take over their systems.
- ❖ Repair their systems.
- ❖ Share their proprietary information with competitors.
- ❖ Provide their investigation-related information to the media or your shareholders.

# What can the FBI do for you?



- ❖ Investigate
  - National and global reach
  - Combined technical skills and investigative experience
  - Long-term commitment of resources
- ❖ Forensics
  - Silicon Valley Regional Computer Forensics Laboratory (SVRCFL)
  - Keeps options open for your company
- ❖ Analyze Patterns and Links
- ❖ Bring national security concerns to the U.S. Intelligence Community

# Online Resources

- ❖ [ic3.gov](http://ic3.gov) - Internet Crime Complaint Center
- ❖ [fbi.gov/investigate/cyber#How-to Protect Your Computer](http://fbi.gov/investigate/cyber#How-to Protect Your Computer)
- ❖ [Staysafeonline.org](http://Staysafeonline.org) – National Cyber Security Alliance
- ❖ [dhs.gov/topic/cybersecurity](http://dhs.gov/topic/cybersecurity) – DHS
- ❖ [Identitytheft.gov](http://Identitytheft.gov) - FTC
- ❖ [Abagnale.com](http://Abagnale.com) – Frank Abagnale/Identity Theft



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# Lunch Break



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# Medical Countermeasures

MODULE 3



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# Medical Countermeasures Plan: An Overview or Medical Countermeasures 101



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# Questions

**Have you ever heard of the following:**

- **Medical Countermeasures or MCM?**
- **Strategic National Stockpile or SNS?**
- **Class A Biological Agents?**
- **Direct delivery?**
- **Points of Dispensing (PODs)?**
- **Standardized Emergency Management System or SEMS?**



# Rules of Engagement

**If you've a question, please stop me and ask.\***

\* I am not a medical or public health kind of guy.



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# Today's Presentation

## Purpose:

Provide an understanding of California's MCM distribution plan and the capabilities of the Strategic National Stockpile (SNS) to include state and local roles and responsibilities.

## Learning Objectives:

- Describe California's MCM distribution plan
- Describe the purpose and mission of the Strategic National Stockpile

## Cheesy Tabletop Exercise:

Anything to justify a free lunch



# Why an MCM Plan?

- A large-scale public health event can quickly overwhelm local and state resources
- Resources = MCM (pharmaceuticals and medical supplies)
- Examples
  - Class A Biological Agents
  - Nerve Agents
  - Nuclear detonation



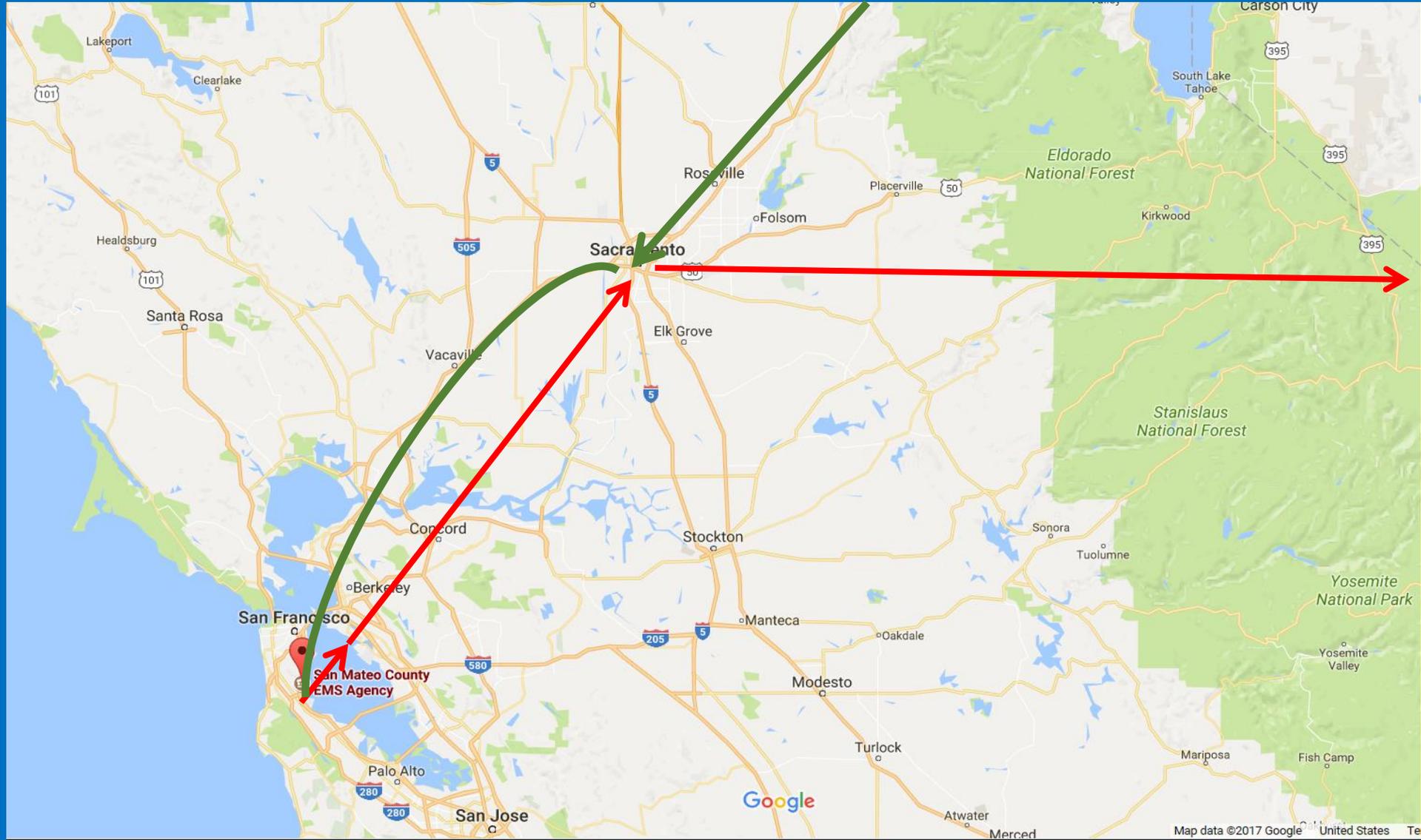
# CA MCM Plan



- **State:**
  - **Requesting**
  - **Fulfillment**
  - **Receive and distribute**
  
- **Local Health Department:**
  - **Requests**
  - **Receive and distribute**
  - **Dispense**



# CA MCM Plan



# The SNS Mission

**Prepare and support partners and provide the right resources at the right time to secure the nation's health**



# What is this SNS?

- 1999: HHS and the CDC establishment of the National Pharmaceutical Stockpile (NPS).
- 2001: 11 September 2001, a Push Package is successfully deployed to NYC in response to the attacks on the World Trade Center
- 2003: NPS becomes the SNS



# What is this SNS?

- 2005: Hurricanes Katrina & Rita
- 2009: H1N1 Response
- 2010: Haiti Earthquake
- 2012: Superstorm Sandy
- 2017: Hurricane Harvey, Irma & Maria
- 2018: DSNS moves to ASPR, HHS
- 2019: Seven billion dollar portfolio



# SNS Formulary

## Based on Category A Threat Agents:

- Smallpox
- Anthrax
- Botulism
- Viral Hemorrhagic Fevers
- Plague
- Tularemia



## Other Threats:

Nerve Agents, Radiological & Pandemic Influenza

## Medical Supplies

- IV Administration
- Airway Management
- Wound Care
- Burn & Blast Care



## Pharmaceuticals

- Radiation Countermeasures
- Antibiotics (Oral & IV)
- Nerve Agent Antidotes
- Vaccines & Antitoxins
- Antivirals



# SNS Formulary



## 12-Hour Push Package:

- Ill-defined threat, broad-spectrum
- Oral antibiotics, intravenous, airway management, pediatrics, medical/surgical items
- 12 total, strategically staged
- Each package:
  - 130 containers
  - Fits in a wide-body cargo aircraft
  - Eight 53' tractor-trailers
  - 500,000 10-day antibiotic regimens



## Managed Inventory:

- Threat is identified, necessary resources are known
- Majority of CDC's SNS inventory (96%)
- Shipped on pallets
- Formulary of MI includes:
  - Pharmaceuticals (vaccines, antitoxins, antivirals, nerve agent antidote)
  - Medical Supplies (wound, burn & blast care)



# SNS Formulary

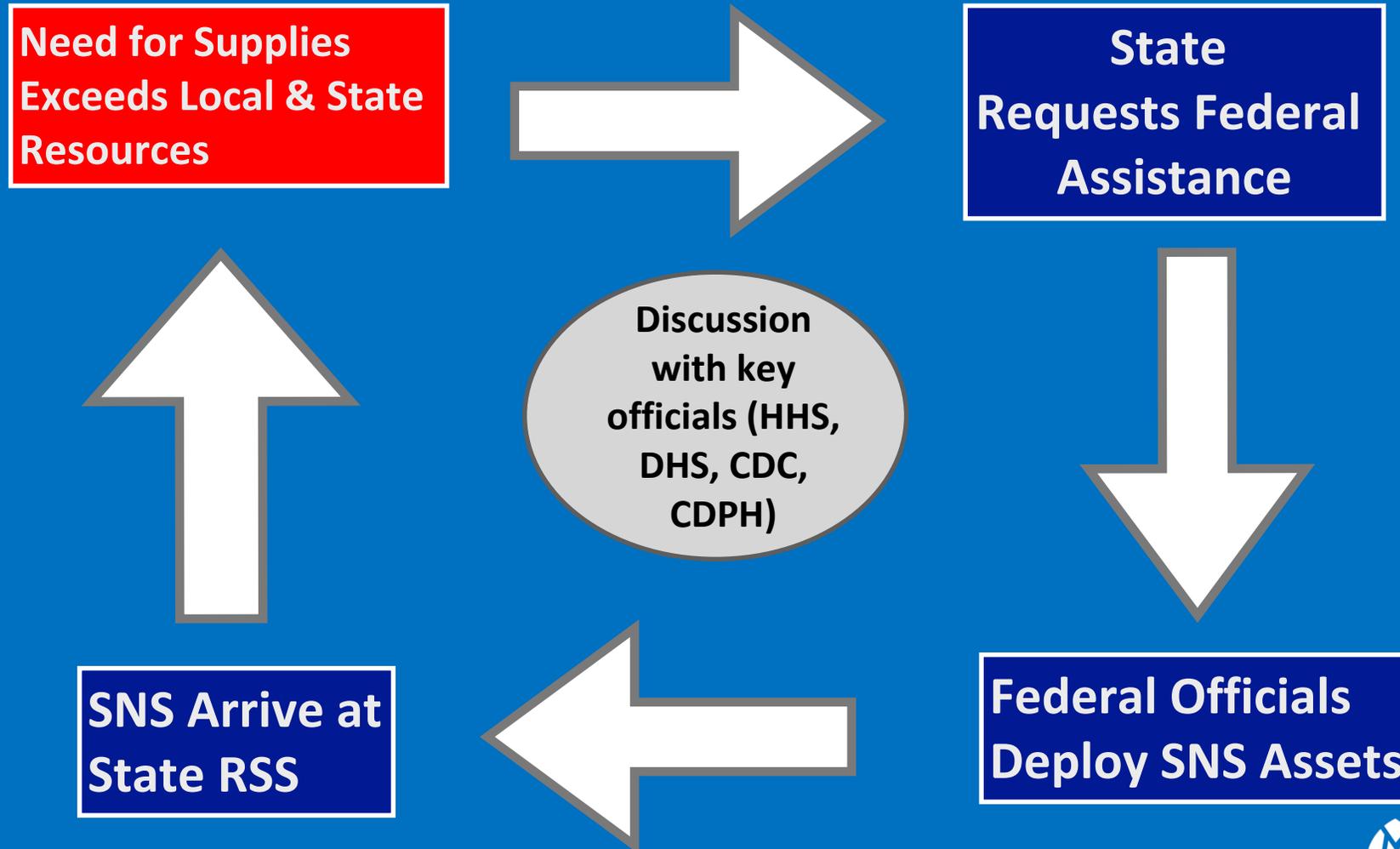


## Two other pieces to the SNS:

1. Federal Medical Stations
2. CHEMPACK Program



# SNS Asset Request Flow



# Cheesy TTX



## San Mateo County MCM Tabletop Exercise



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# Cheesy TTX



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# Cheesy TTX



# Cheesy TTX



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# Cheesy TTX



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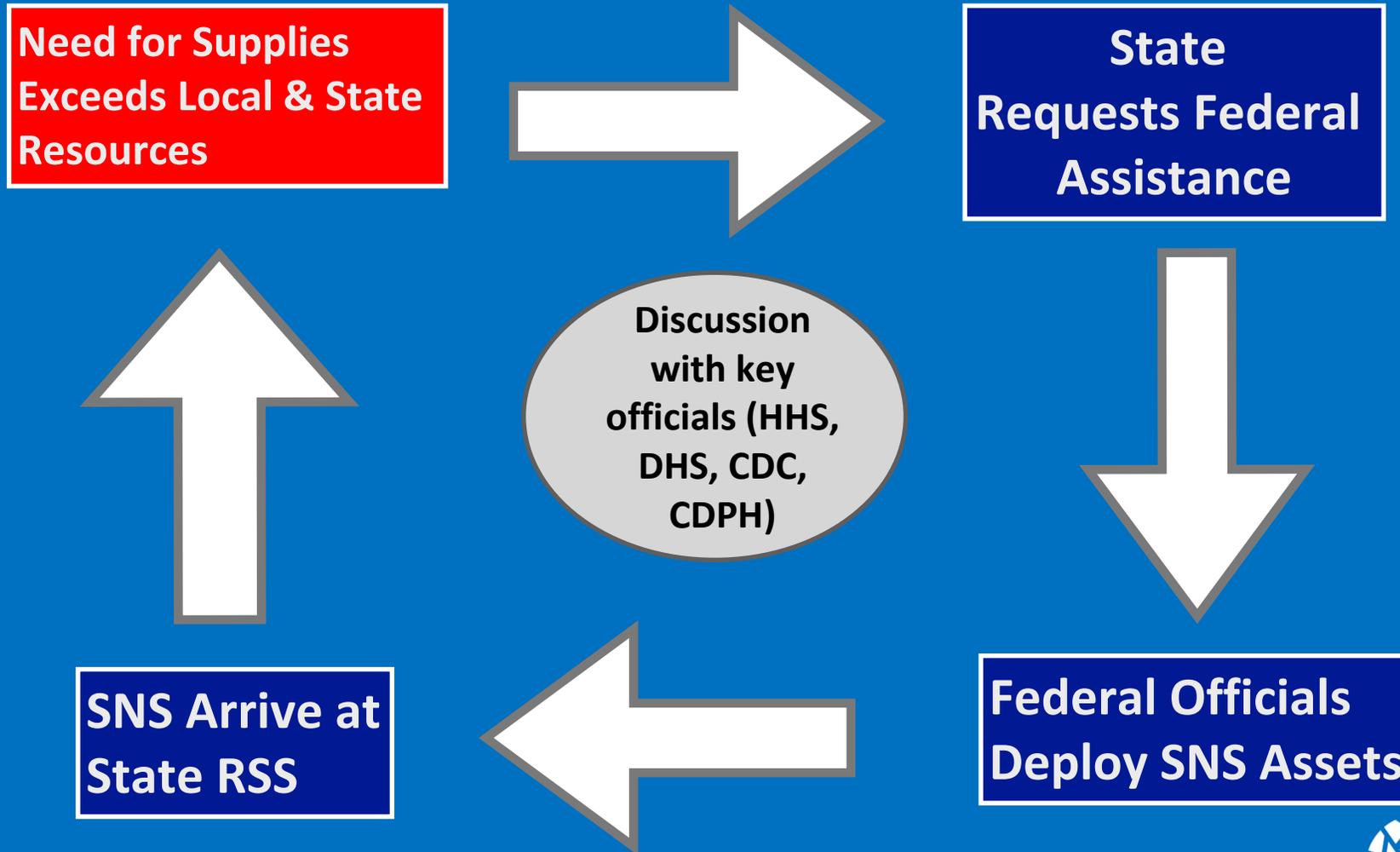
# Cheesy TTX

**San Mateo County, you've got  
Anthrax!**

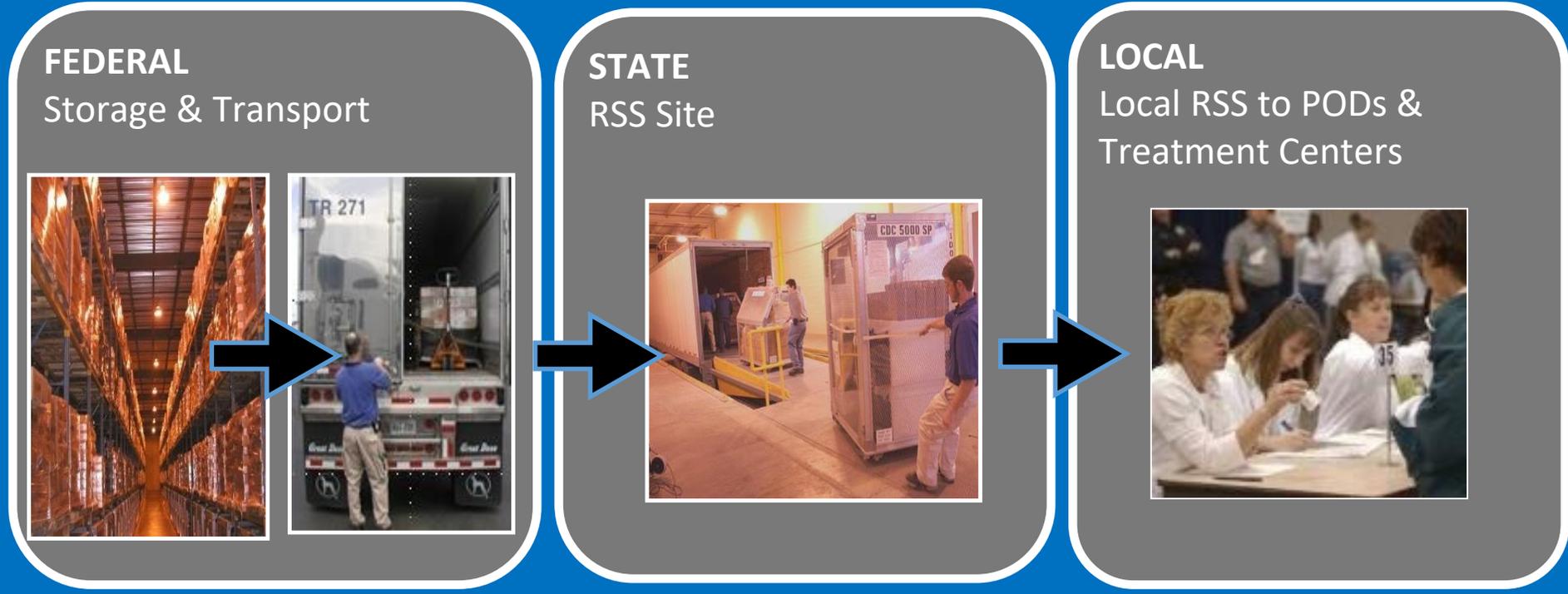
**So now what?!**



# Cheesy TTX



# Cheesy TTX



# Recap of Today

## Purpose:

Provide an understanding of California's MCM distribution plan and the capabilities of the Strategic National Stockpile (SNS) to include state and local roles and responsibilities.

## Learning Objectives:

- Describe California's MCM distribution plan
- Describe the purpose and mission of the Strategic National Stockpile
- 

## Cheesy Tabletop Exercise:

We justified our free lunch





# Contact Information

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# Medical Counter Measures

PANEL 2



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# INTRODUCTIONS

Alan Hendrickson, California Department of Public Health (CDPH)

Jeff Norris, Office of Emergency Services (OES)

Jeff Thorne, Hazardous Materials (Hazmat)

Shruti Dhapodkar, Health Emergency Preparedness (HEP)

Todd Piantedosi, Federal Bureau of Investigation (FBI)

Waymond Wong, Environmental Health (EH)



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# SCENARIO

During routine surveillance, the California Department of Public Health Lab alerts San Mateo County Health and Public Safety Communication that a filter has tested positive for anthrax.



# ANTHRAX 101

- Found naturally in the soil.
- Enters the body through the skin, lungs, or gastrointestinal system.
- As little as twelve spores are needed for symptoms to occur
- Roughly 80-90% of individuals recover with treatment and 10% recover without treatment
- Individuals may start exhibiting symptoms within eight hours



# QUESTIONS

HEP: What are the initial steps taken after County Health has been notified of the incident?

FBI: After being notified by San Mateo County Health, what other agencies are being notified? How is a threat determined to be credible?



# SITUATIONAL UPDATE

The location where the filter was picked up has been identified as a park in a residential area in South San Francisco. FBI believes it to be a credible threat. San Mateo County health requests Hazmat to conduct environmental sampling and for the 95<sup>th</sup> CST to prepare plume modeling



# QUESTIONS

Hazmat: What is environmental sampling and are there additional resource that are needed?

EH: How does EH provide support in a response?

OES: What steps does OES take to request the 95<sup>th</sup> CST? What other actions is OES taking to support the incident?

# SITUATIONAL UPDATE

Environmental sampling conducted by Hazmat, 95<sup>th</sup> CST, and EH all come back positive for anthrax. Based on information given by the FBI and environmental sampling, the Health Officer activates the MCM Plan and recommends mass prophylaxis

HEP: What is the process for mass prophylaxis for San Mateo County?  
How are additional drugs requested?

CDPH: How would the National Strategic Stockpile play a role in this response?

# SITUATIONAL UPDATE

Mass panic ensues and people break into local pharmacies and steal drugs. The County Manager asks for assistance from OES to help mitigate panic.

OES: What agencies are working together to calm the public?

HEP: Now that drugs have been made available to the county, how are they being distributed?



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# MCM Conclusion

Hazmat, EH, OES, FBI: The county has had three potential CBRNE incidents in the last year that required Hazmat and EH's response and participation, what are some lessons and takeaways from these events?

# Private Sector

PANEL 3



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# INTRODUCTIONS

Dustin Li, Cisco Systems

Kyle Childers, Genetech



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# QUESTIONS

1. Provide a quick overview of the company's activities
2. What are some threats the company faces? Are there mechanisms in place to mitigate these threats?
3. Do any special systems and/or capabilities exist for the company? If so, please explain.

# QUESTIONS

4. Does the company have any special disaster response systems and/or capabilities? If so, please explain.
5. Please provide any real-world examples and explain how threats are addressed.
6. What stakeholders does the company currently engage in disaster planning efforts? Please elaborate on any public/private relationships that the company maintains.



# Feedback



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# SAN MATEO COUNTY HEALTH

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650-573-2009

# Interactive Exhibits



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