

# **Tabletop Exercise (TTX)**

## **“Outbreak 2007”**

### **Pandemic Influenza Leadership Tabletop Exercise**



**March 28, 2007**

### **After Action Report (AAR)**

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# After Action Report (AAR)

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## Executive Summary

Campus emergency preparedness involves a cycle of outreach, planning, capability development, training, exercising, evaluation, and improvement. Successful exercises lead to an on-going program of process improvements. This report is intended to assist the University of California, Berkeley (UCB) leadership, Emergency Management, Department Operations Centers (DOC) and collaborating agencies in striving for preparedness excellence by analyzing exercise results and:

- Identifying strengths upon which to maintain and build
- Identifying potential areas for further improvement
- Recommending exercise follow-up actions

The suggested actions in this report should be viewed as recommendations only. In some cases, the University may determine that the benefits of implementation are insufficient to outweigh the costs. In other cases, the University may identify alternative solutions that are more effective or efficient. The University leadership should review the recommendations and determine the most appropriate action and the resources needed (i.e., time, staff, and funding) for implementation.

UC Berkeley conducted a public health infectious disease emergency Tabletop Exercise—"Outbreak 2007"—on March 28, 2007. The 3-hour tabletop exercise was designed to engage the nine (9) Department Operations Centers (DOC) on campus, as well as the participants from the Emergency Operations Center and the Chancellor's Emergency Policy Group. Major areas for discussion involved the processes by which to maintain and monitor wellness of campus and critical campus functions; emergency education and training; communication; issues regarding human resources and supplies; and isolation and quarantine. The 3-part exercise scenario dealt with an outbreak of H5N1 avian influenza on the UCB campus, originating from an influx of faculty, staff, and students with the start of the spring semester. Participants were allowed time to provide feedback through a hot wash and a written Participant Critique Form.

Key strengths identified during this exercise include:

- Ability to collaborate with the nine Department Operations Centers (DOC) and the leadership on campus
- Identification of plans, policies, and procedures that require updating, changing and/or revising
- Willingness to network and develop relationships to improve disaster response

In addition, several successes of this exercise should be recognized, among them:

- The continuation of exercises, meetings, and discussion within and across DOCs
- Exercise participants effectively communicated the short and long-term issues related to the scenario, and in the process, identified gaps in resources, plans, and communications

Throughout the exercise, several opportunities for improvement were identified, including:

- Assessing capability and depth of monitoring and measuring campus wellness
- Developing a system that will allow effective, efficient and rapid decision making processes
- Developing an effective system to communicate risk information internally and externally
- Establishing mechanisms to bridge gaps in human resources issues to ensure business continuity
- Clarifying plans and assessing limits to isolation and quarantine in case of a pandemic influenza outbreak
- Emphasizing inclusion of academia and research into the campus emergency preparedness planning process
- Increasing knowledge of local resources, plans, and procedures

## Part 1: Exercise Overview

**Exercise Name:**

"Outbreak 2007"

**Location:**

150 University Hall  
Berkeley, California  
USA

**Type of Exercise:**

Tabletop

**Purpose:**

The purpose of this discussion-based, tabletop exercise is to engage and prepare campus emergency response leadership, executives, management, and operational emergency response infrastructure to collaboratively examine and identify gaps and vulnerabilities in the development of the Pandemic Influenza Emergency Draft Response Plan and with the intent to build capacity in preventing, protecting, responding to and recovering from an escalating infectious disease event.

**Exercise Date:**

March 28, 2007

**Participating Organizations:**

UC Berkeley Participants:

- UC Berkeley, Chancellor's Emergency Policy Group
- Emergency Operations Center Members
- Department Operations Center Members
  - University Health Services
  - Environment, Health & Safety
  - Human Resources
  - Physical Plant – Campus Services
  - UC Police Department
  - Public Affairs
  - Residential & Student Service Programs
  - Capital Projects
  - Information Services and Technology
- School of Public Health, Center for Infectious Disease Preparedness (CIDP)

City of Berkeley, Public Health Department

**Exercise Design Team:**

*Cindy Lambdin*, RN, MS, Exercise Director, CIDP, ROPE Program Director  
*Dr. Peter Dietrich*, Medical Director, University Health Service  
*Dr. Tomás Aragón*, Medical Director, Center for Infectious Disease Preparedness  
*Tom Klatt*, B.S., M.B.A, Office of Emergency Preparedness, Manager  
*Treacy Malloy*, Office of Emergency Preparedness, Senior Administrative Analyst  
*Sarah K. Nathe*, Manager, Disaster Resistant University  
*Pam Cameron*, RN, MS, Assistant Director of Clinical Services, University Health Services  
*Michelle Deverell*, M.P.H., Pandemic Influenza Consultant, University Health Services  
*Paul Dimond*, Manager, Office of Business, Business Resumption

**Contract Support:**

- Center for Infectious Disease Preparedness, University of California, School of Public Health

**Number of Participants:**

- Participants: 93
- Observers: 1
- Facilitators: 2
- Evaluators: 6
- Scribes: 1

**Funding Source:**

University of California, Berkeley

**Programs:**

University Health Service  
Center for Infectious Disease Preparedness  
Office of Emergency Preparedness  
Vice Provost's Office  
Office of Business Resumption

**Classification:**

Public Record

**Federal Sponsoring Agency/Department:**

None

**Federal Exercise Project Officer:**

None

## Exercise Overview:

The University of California, Berkeley "Outbreak 2007" Tabletop Exercise scenario was based on an H5N1 avian influenza outbreak on campus. It was designed to establish a learning environment for familiarizing university emergency planning entities, as well as local public health agencies & personnel with the issues involved in the response to an infectious disease outbreak in an academic institution. The exercise gave participants an opportunity to evaluate current concepts, plans, and capabilities for responding to an incident that would involve collaboration and interagency operation both internally and externally.

The exercise was designed to:

1. Identify and discuss the primary campus stakeholders in response to pandemic influenza and to ensure business continuity.
2. Identify and discuss criteria which will lead to the activation of campus emergency operations management, and triggers that will lead to the suspension of non-critical activities.
3. Identify and explore the movement of critical information to the stakeholders, public health, students, faculty, and the media.
4. Identify alternative redundancy resources for maintenance of sustained operations.
5. Identify and discuss gaps and vulnerabilities in current campus infrastructure in face of an infectious disease emergency.

Participants were advised that the exercise was designed to be no-fault discussion; they were encouraged to discuss their plans and procedures to the fullest extent possible. At the same time, Evaluators, Scribes & Facilitators collected information in order to assess the status of the response plans of participating agencies during the exercise play discussion.

A participant hot wash immediately followed the exercise, and allowed participants to identify next action steps to proceed toward engaging and preparing campus emergency response leadership, executives, management, and operational emergency response infrastructure to collaboratively examine and develop a Influenza Pandemic Emergency Operations Plan, with the intent to build capacity in preventing, protecting, responding to and recovering from an escalating infectious disease event.

- **Tabletop Exercise:**

This tabletop exercise required collaboration between the UCB Office of the President, Chancellor's Emergency Policy Group, Emergency Operations Center (EOC), DOCs, students from the School of Public Health, members of the Graduate Student Assembly, and personnel from the City of Berkeley to discuss response efforts related to an infectious disease event mainly focusing on collaboration and coordination procedures. Participants from each area were seated around a U-shaped table allowing all participants to see each other, as well as the Facilitator. Overflow participants were seated in the gallery section, but were included in discussion points. Participants were strongly encouraged to fully address issues through a thoughtful, slow-paced, problem-solving discussion method based on meeting specific objectives.

- Hot Wash:

A facilitated hot wash session took place immediately following the close of discussion. Participants provided verbal feedback regarding next action steps to be taken by the group as a whole (or subgroups by jurisdiction or function) based on the exercise discussion. Strengths were identified as well as areas that need improvement. Participants were also queried as to what functional groups/agencies were not present at the exercise, and who they felt would have increased the richness and depth of discussion. Following the hot wash, participants were encouraged to fill out and turn in their Participant Critique Forms.

## **Exercise Evaluation & the Evaluation Team:**

The exercise was designed to provide participants with an opportunity to discuss gaps and vulnerabilities within the current plan and infrastructure in case of an infectious disease event on campus. They were also given the opportunity to identify critical partners and stakeholders that would enhance their collaborative efforts. Through this discussion participants identified strengths, areas requiring attention, and future training needs.

Facilitators, observers and scribes were positioned to capture detailed notes of participant discussion points and issues identified during the exercise and the post-exercise hot wash. Following the hot wash, all participants were asked to complete a participant critique form, which allowed them to provide their observations of the exercise.

In keeping with the no-fault nature of this exercise, the evaluation embodied in this report examines the plans, procedures, and response systems discussed in this tabletop exercise.

The mission of the evaluation team was to observe the exercise and compare participant discussion to the desired results as defined within the exercise objectives. The Evaluation Plan (EVALPLAN) was created by the exercise design team and distributed to the Evaluation Team Members along with all other exercise documents [i.e., Situation Manual (SITMAN) and Influenza Pandemic Emergency Operations Plan (March Draft)].

Scribes are an important component of the evaluation team. Their mission is to record and organize issues raised during the discussion by objective and provide a clear frame of reference for participants to monitor their progress during the exercise. Those acting as scribes must be familiar with the scenario and possess the ability to identify the different time frames of discussion. They must also listen intently for issues raised during the exercise that are relevant to the objective assigned, and record them in a clear and coherent manner. All scribes work under the supervision of the Scribe Leader.

**Concept of Evaluation:** Evaluation of this tabletop exercise was done by objective; objectives were set forth via the Design Team Members in the planning stages of the exercise. The evaluators worked under the supervision of the Evaluation Group Supervisor and completed the following tasks:

- 1) Reviewed the objectives and discussion points as outlined in the SITMAN
- 2) Evaluators were assigned to specific objectives during the exercise
  - a. All objectives were assigned to the Evaluation Group Supervisor
  - b. Each of the six(6) Evaluation Group Members were assigned objectives
- 3) Observed the entire exercise from participants briefing through the critique
- 4) Gathered information from the discussion consistent with the assigned objectives
- 5) Reviewed initial findings with the entire evaluation team
- 6) The Evaluation Group Supervisor provided the evaluator critique forms, and completed a brief evaluator's summary report to the Exercise Director within 30 minutes after completion of the exercise

Exercise evaluation is performed to determine the participants' ability to engage in discussion to meet the exercise objectives. The evaluators and scribes will identify strengths and

weaknesses as defined by the participants. The evaluators will also identify areas that were not explored or new issues not previously identified through the exercise design process, which are critical to improving overall systems addressed within this exercise. Corrective actions and suggestions are an essential part of the exercise and evaluation process. The goal of the evaluation team is to improve plans and procedures. It is not intended to evaluate individual performances.

## **Part 2: Exercise Goals and Objectives**

The Design Team Members established the following objectives for this exercise:

### **Objectives:**

- 1) Identify and discuss the primary campus stakeholders in response to pandemic influenza.
- 2) Identify and discuss the responsibilities of the University of California, Berkeley to the researchers, faculty/staff, and students, related to pandemic influenza.
- 3) Determine the University line of authority in response to pandemic influenza.
- 4) Identify and discuss criteria which will lead to the activation of campus emergency operations management.
- 5) Identify and explore the movement of critical information to the stakeholders, public health, students, faculty, and the media.
- 6) Identify and discuss the collaboration and communication between campus leadership and public health in response to, and recovery from pandemic influenza.
- 7) Discuss and explore how the campus will maintain sustained operations.
- 8) Identify and discuss the challenges of the "just in time" supply chain and determine alternative redundancy resources for maintenance of sustained operations.
- 9) Identify and discuss triggers that will lead to the suspension of non-critical activities and explore the consequences of suspending activities.
- 10) Identify and discuss gaps and vulnerabilities in current Human Resource Policies and Procedures which influence the capabilities of the campus to respond to and recover from pandemic influenza.

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## Part 3: Exercise Events & Scenario Discussion

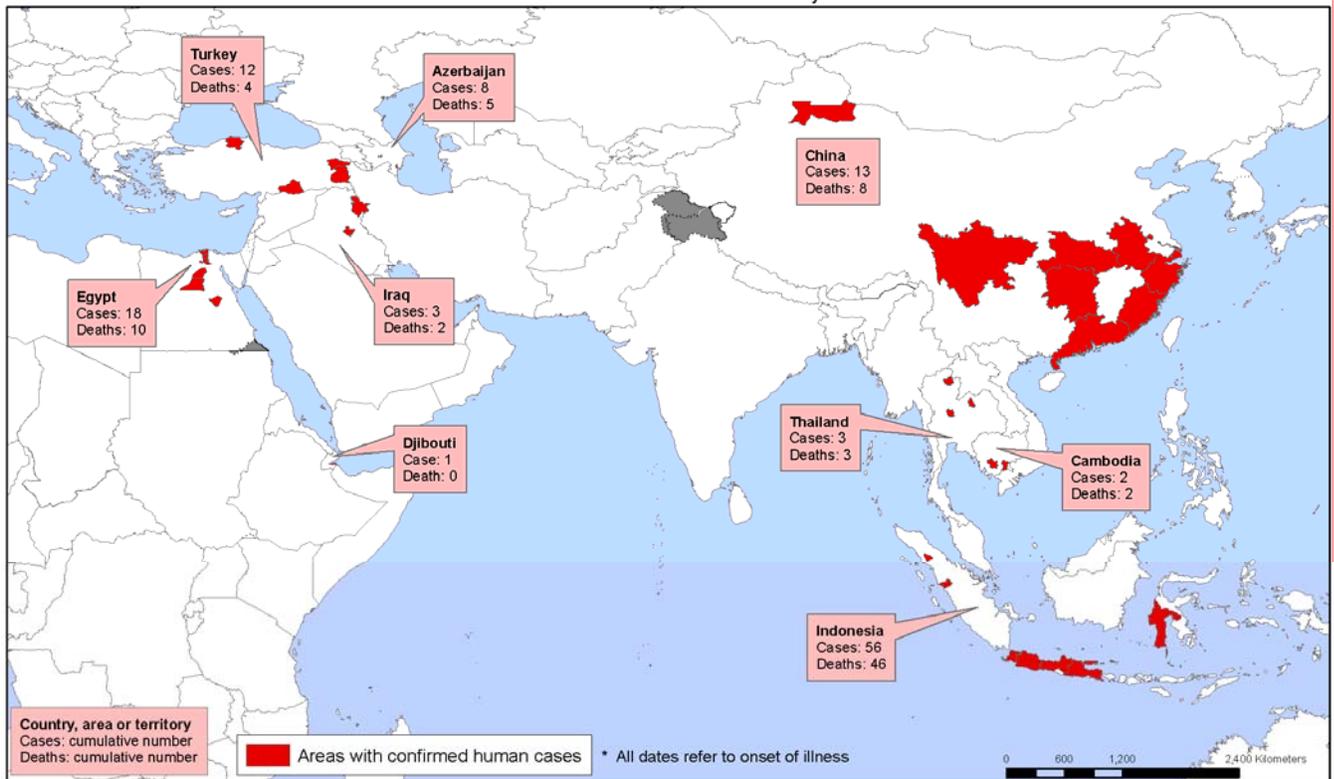
*Prior to the start of exercise discussion, all participants were given an opportunity to introduce themselves and tell the group what area or agency they represented and what position they held within their respective agency. As well, prior to the start of exercise discussion, there were three speakers. Participants were also asked to review the Draft Pandemic Influenza Emergency Response Plan prior to the exercise. Dr. Tomas Aragon reviewed the following information with participants at the beginning of exercise activities: (1) background information on the scenario's infectious agent, H5N1 Avian Influenza, (2) Tabletop Exercise objectives, and (3) Tabletop Exercise instructions.*

### Scenario 1

February, 2007

The world is monitoring the movement of the H5N1 virus in Europe. Concerns about the threat level for the United States seem distant for the average person. However, Epidemiologists and Public Health continue to watch with and track the progress of the virus. The cases of human to human transmission have been limited and are not sustained. It is unclear if the H5N1 virus will become the next pandemic event.

Affected areas with confirmed human cases of H5N1 avian influenza from 1 January to 31 December 2006 \*



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

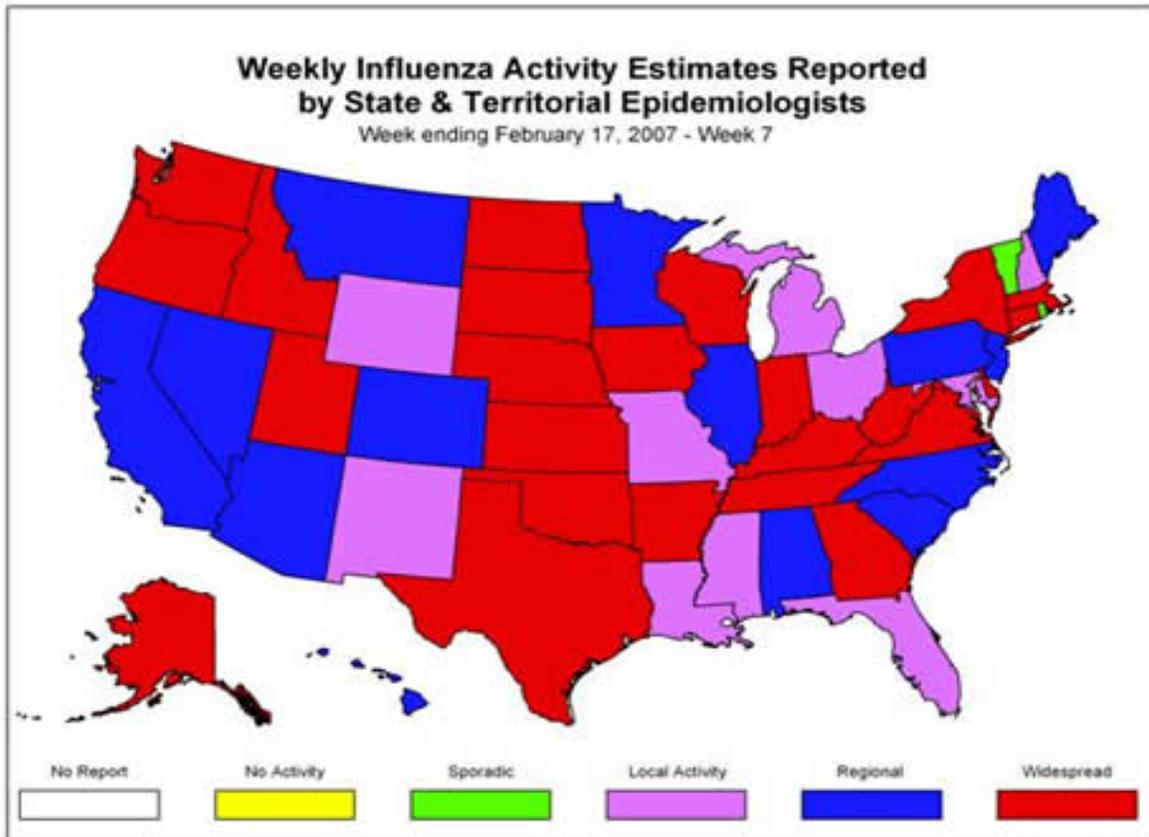
Data Source: WHO / Map Production: Public Health Mapping and GIS  
Communicable Diseases (CDS) World Health Organization

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Seasonal influenza season is well underway across the nation. Twenty-four of the states are reporting in with widespread influenza. California is experiencing influenza in multiple regions. Area hospitals are being taxed with the seasonal surge of patients. Intensive Care Unit beds are at a premium throughout the Bay Area.

The campus has been affected by influenza as the influx of faculty, staff, and students become more deeply immersed in their winter studies. Students have been back in classes since the second week of January. The winter season has not been severe, however, intermittent cold snaps and rain, have forced students in doors to escape the elements.

Students traveling abroad over the winter holiday appear to be experiencing a higher incidence of influenza symptoms with the predominant symptoms including: high fever, headache, malaise, general body aches, poor appetite. A smaller group of students living in Unit 2 are experiencing more severe symptoms, including shortness of breath and increasing high fevers. Three students were seen at University Health Services last week and were transferred to Alta Bates Hospital for evaluation and treatment. All three students have been hospitalized and diagnosed with atypical pneumonias. Unit 2 is one of the larger residences for students on campus and houses 1372 students in single, double, and triple rooms. More students appear to be experiencing flu-like symptoms this year, in spite of the active influenza vaccine program sponsored by the University Health Services. University Health Services (UHS) staff is concerned about the lack of effectiveness in vaccinated faculty, staff, and students. The UHS team is determining the need to take additional action to mitigate the increasing numbers of students with influenza.



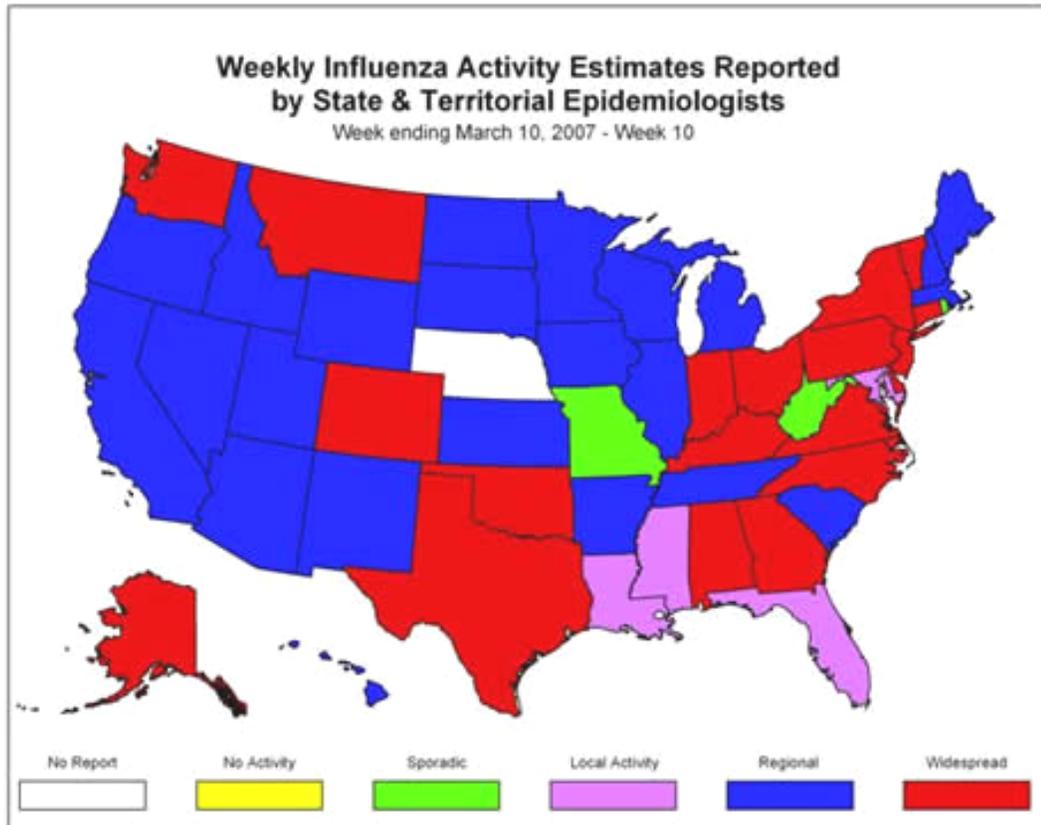
**Discussion Questions:**

1. Who is the leadership person in charge of faculty, staff, and student welfare at this time?
2. Who are the primary stakeholders?
3. What are the responsibilities of UC Berkeley to the faculty, staff and students at this time?
4. How will communications be established with the identified stakeholders?
5. What are the gaps and vulnerabilities identified within the scenario that need to be identified and prioritized for action?
6. Which person and/or groups will be responsible for monitoring and identifying the changing status of illness on campus?
7. Is the current situation considered an "emergency"? What actions will need to be taken at this time?

**Scenario 2**  
March 24, 2007

The global community continues to watch the evolution of the H5N1 virus. Recently two new victims were identified in Laos. Both victims died and were confirmed to have been infected with the H5N1 virus. Research continues to evaluate the efficacy in using Tamiflu, in light of a noted increase in behavioral changes by people in Japan who had been prescribed the medication. Additionally, there have been advances made on the vaccination front. In February, 2007, the FDA approved the first H5N1 vaccine. The vaccine will require two doses, given twenty-eight days apart. Currently, the effectiveness is being measured at 45% following the currently protocol. The new vaccine is not completely effective and continues to raise cause for concern. Three (3) million doses of vaccine have been added to the Strategic National Stockpile, and will be increased to a projected five (5) million more doses by the close of 2007.

Spring Break is quickly approaching the University of Berkeley campus. Faculty, staff, and students are all waiting in eager anticipation of the much needed break. The Bay Area has been blessed with a break in the winter season with an early, warm, spring-like atmosphere. Students have moved many activities outdoors in an effort to escape the pressures of their studies. Influenza season appears to be decreasing across the nation. Nineteen states are continuing to show widespread influenza illness.



Washington State is being particularly hard hit this season. The winter has been brutal with multiple snow storms hitting the Northwest. There has been a slight improvement on the influenza front. Influenza activity seems to be declining slightly in Washington State. School absenteeism reports have dropped dramatically. No influenza outbreaks have been reported in long-term care facilities and pneumonia influenza deaths are within normal limits.

SEA-TAC International Airport, Isolation and Quarantine station has sent a notification of concern to the Centers for Disease Control and Prevention (CDCP) regarding a United Airlines passenger aircraft which arrived from Hong Kong earlier in the day. Flight # 862/322 arrived in Seattle via San Francisco after a sixteen hour flight. Reports to the CDC indicate a family of four who joined the flight in Hong Kong had become ill during the flight. The family was returning from Laos where they had been involved in a family funeral honoring a 15 year old female. The victim's two college age cousins were profoundly affected by her untimely death. The mother and father recognized that their two daughters were not feeling well, but were convinced that it was due to the stress of grief and travel. The daughters were exhibiting the following symptoms, fever of 100.8, cough, headache, and general malaise. The staff at the Isolation and Quarantine station was notified upon arrival of the aircraft on the tarmac. Following assessment, including viral testing, the family was allowed to return to their home, just outside of Seattle.

Within 48 hours, the CDC confirmed that testing on both of the students was positive for H5N1 influenza. The local public health department in Seattle was notified and sent public health personnel to the family's home for follow up. Upon arrival, public health staff was told that both of the girls, though not feeling well, had driven back to the dorms at UC Berkeley the previous day. Both girls were concerned about being away from the University and falling further behind in their studies. Both parents were placed in isolation until public health could evaluate if they had become infected with the H5N1 virus.

### **Scenario 2 Discussion Questions:**

1. How would University officials receive information about this infectious disease event?
2. Who is the leadership person(s) in charge of faculty, staff, and student welfare at this time?
3. What is the UC Berkeley line of authority in an infectious disease event?
4. Who are the primary stakeholders?
5. What are the responsibilities of UC Berkeley to the faculty, staff and students at this time?
6. How will communications be established with the identified stakeholders?
7. How will individuals be identified for inclusion to collaborate and coordinate communications?
8. What are the gaps and vulnerabilities identified within the scenario that need to be identified and prioritized for action?

9. Which person and/or groups will be responsible for monitoring and identifying the changing status of illness on campus?
10. What triggers/indicators will be monitored to determine "campus wellness?"
11. Is the current situation considered an "emergency"?
12. How will day to day operations change at this time?
13. What actions will need to be taken at this time?
14. What factors will be considered in determining "suspension of classes?"
15. What factors will be considered in determining the suspension of non-critical activities?
16. What factors will be considered in determining "continuation of research activities?"

### **Scenario 3**

April 30, 2007

The campus is into its sixth week of pandemic influenza. Campus operations are running at 50% of staffed capacity. Over 3000 students remain in residential housing. Many students who have been living in fraternity and sorority houses are asking to be allowed to move into the dorms and away from other sick students. The following residence halls have been impacted with illness: Clark-Kerr, Bowles, Unit 1, Unit 2, Unit 3, Foothill, Stern, TUD Wada Apartments, Freeborn Hall. University Village infections are more closely aligned with family units and are sporadic throughout the complex. There are reports of increasing illness among the custodial and food service workers on campus. Many custodians and food service workers have been working extended hours to meet the needs of those students and staff unable to leave the residential halls. Food Services is reporting difficulty in getting food supplies for dissemination. Many area food distribution centers are only working at 40% capacity. Additionally, food supplies coming into the Bay Area from outside the state are slow in coming.

University Health Services (UHS) is reporting an inability to find or access medications for symptom management. Alta Bates hospital is running over capacity and is unable to take any more students, staff or faculty from the UC Berkeley campus. UHS is continuing to work collaboratively with the City of Berkeley and Alameda County Health Departments. City of Berkeley and Alameda County Public Health resources are at an all time low. Many health workers have fallen ill. Area hospitals are unable to find sufficient numbers of staff for internal operations and cannot offer any support to other agencies and organizations asking for assistance.

With consistently decreasing resources, some staff members are talking about utilizing faculty and staff in various ways to keep the university going. Calls are being received in the Office of Human Resources and what can be done to force people to work in other areas.

Reports are coming from the CDC and California Department of Health Services that the slight decrease in new infections may be short lived. Based on past history, pandemic influenza has been seen in waves and is cautiously encouraging communities prepare for another wave in the near future.

There are rumors being circulated over the campus that research facilities are being given priority for supplies and resources coming in. UHS staffs are reporting questions being posed by the students asking why faculty and researchers are being given priority for medications arriving to the Tang Center. A scuffle broke out between students and staff when supplies were intercepted enroute to UHS at the supply delivery area. Minor injuries are being reported for staff involved in the scuffle. UHS is requesting additional security to protect the facility.

**Scenario 3 Discussion Questions:**

1. Who is the leadership person(s) in charge of faculty, staff, and student welfare at this time?
2. What is the UC Berkeley line of authority in an infectious disease event?
3. Who are the primary stakeholders?
4. What are the responsibilities of UC Berkeley to the faculty, staff and students at this time?
5. What are the gaps and vulnerabilities identified within the scenario that need to be identified and prioritized for action?
6. What triggers/indicators will be monitored to determine "campus wellness?"
7. How will day to day operations change at this time?
8. What actions will need to be taken at this time?
9. What factors will be considered in determining "suspension of classes?"
10. What factors will be considered in determining the suspension of non-critical activities?
11. What factors will be considered in determining "continuation of research activities?"
12. What are the critical factors in the utilization of faculty and staff in non-traditional functions?
13. What structure is currently in place to support changing roles and functions in an infectious disease emergency?

## Participant Hot Wash:

*The following points were noted by participants and recorded by Evaluators and Scribes -*

### Participant Identified Gaps and Vulnerabilities Classified into Four (4) Timeframes

Scenario “1”	Scenario “2”	Scenario “3”	HOT WASH
Traveling staff/students create mechanism for transmission of influenza throughout the campus	Informal exposure between victims and fellow students	Human Resource Issue <ul style="list-style-type: none"> <li>- Re-assignment of staff policy</li> <li>- What is currently in place?</li> <li>- How is staff chosen for re-assignment?</li> </ul>	Immediate need for clear messaging and collaboration
System to assess absenteeism rate	Formal communication -- timing concerns	Continuity of Operations <ul style="list-style-type: none"> <li>- Payroll</li> <li>- UHS</li> <li>- Research</li> </ul>	Access to Subject Matter Experts (SME) is essential
Identify person who would recognize/identify triggers	How would victims be identified if the victims do not self-present?	Transportation: exposure risks for those involved in transport.	Access to campus leadership and information dissemination to stakeholders essential.
Recognition of vulnerability of Unit 2, high rise building	**How would communications systems work? Mon – Friday, After-hours, weekends, holidays Between Public Health and the campus? Between UHS and the Emergency Policy Group? Between campus to faculty, staff, students, etc?	Student Withdrawal Policy questioned. How would it happen? Would it be the same as in “day to day” operations?	Exercise addressing pandemic influenza as a progressive problem was important and helped to better identify problems at various stages of the epidemic.

Scenario "1"	Scenario "2"	Scenario "3"	HOT WASH
Monitoring System	Victim education	**Monitoring of "wellness" in University Village of concern. Out of the direct line of "vision"	** Quarantine solution remains unresolved and will need more planning
Concerns raised about facilities, staff PPE	Communication chain: How does it work? CDC → Parent → Children → ?	What is the current system for utilizing volunteers? How are they identified? Where would they report? What "just in time" training would be necessary?	Identification of missing stakeholders: Researchers
Health Infrastructure Capacity → Shift systems from "day to day" ops to emergency management structure. What will that look like in a gradual escalation?	**Public Health and Law Enforcement linkage? How does this take place?	Possible asset? Personnel sharing across organizational boundaries	Need to assess the long term effect of closure
Identified asset: educate residential staff to be one of the mechanisms for active surveillance	HIPPA concerns regarding infectious patient and family members		Economic Impact of sustained illness on campus and community will be devastating.
Concerns expressed on campus capability to implement Rapid Quarantine	Exposure potential – victim identification		Need to balance consequence management with "real world" impact
Concerns raised about communications capabilities: systems, messaging	Residential Summer Camps increase the summertime population on campus. Medical Screening for summer camp participants?		Managing "fear factor", i.e., resources and cumulative exposure potential
Monitoring other campus sites for activities and response	Student/Ill roommate template instructions		**Assess capability in financial responsibility to employees over the short and long-term.

Scenario "1"	Scenario "2"	Scenario "3"	HOT WASH
Risk Communications Activities: Rumor control management, "fearful variables"	Redundancy Systems <ul style="list-style-type: none"> <li>- Janitorial "Just in Time" training</li> <li>- IS &amp; T</li> <li>- "Surge Staff" for communications support</li> </ul>		Need to identify what to do with "healthy students"
**Staged response levels need to be identified along with specific actions to be executed.	Collaboration between UHS and PH essential <ul style="list-style-type: none"> <li>- Isolation of victims</li> <li>- Pre-identified isolation rooms</li> <li>- Capacity of isolation rooms</li> <li>- PPE and "Just in Time" training for those caring for isolated victims</li> </ul>		Identify how the university could help the broader community. What assets do we have that could be shared?
**Major Barrier: Inability to make rapid decisions	Quarantine Capabilities of concern		**Evaluation of the food supply chain, maintenance, and capability to stockpile supplies
Infrastructure needs to make behavioral change to an environment of infection control reduction strategies: Hand Sanitizing Stations(example)	Surge capacity for Surveillance <ul style="list-style-type: none"> <li>- Resources : the School of Public Health</li> <li>- Residential staff</li> </ul>		**Recommendation of life safety training to be included for all incoming freshmen students and transfer students, including personal preparedness, first aid, CPR
** Needed focus on personal preparedness	Public Notification of event occurrence with consistent messaging and instructions		Assess research animal wellness. There are approximately 50,000 research animals on campus.

Scenario "1"	Scenario "2"	Scenario "3"	HOT WASH
Security assessment: concerns raised about entry points to campus. Easy access, inability to secure the area at each entry point.	Staff absenteeism may be dictated by strong self-preservation. Will need to include appropriate PPE to continue to function		
Inter-university transportation, visitors also an invisible mechanism for infection mechanism.	Students may refuse to live in the dorm related to potential exposure risk. What redundancy plans are in place to deal with this situation?		
**Stakeholder identified: Research Funders	Large Public Space Protocol: Is there one in place? If not, who makes this protocol and how will it be enforced?		
** Risk Communication issue – how to get "good intel" to insure accurate messaging for students/parents/staff/faculty	**Group identifies the need for "Full EOC Activation"		
**Internal communications with Academia a major gap	Isolation issues → High Rise Buildings harder to maintain for RSS staff, but more efficient for security resource allocation → Apartments better for RSS staff, but more challenging for security		

Scenario "1"	Scenario "2"	Scenario "3"	HOT WASH
"Just in Case" vs " Just in Time" training	PPE to Students in the dorm? Hand gel? Allowed to attend classes if living in the same dorm as infected students?		
Infectious student transportation methods/staff	**Campus Wellness Monitoring System <ul style="list-style-type: none"> <li>- Not in place well ( incomplete)</li> <li>- Need to assess current wellness monitoring capabilities</li> </ul>		
Discrimination issues: people being treated differently, either real or perceived.	Suspension of classes of concern. Suspension would be at the discretion of the Chancellor and dependent on where on the semester timeline the current decision would be made.		

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## Part 4: Analysis of Discussion by Objective

*Notes from Evaluators, Scribes and Facilitators have been compiled to address the specific objectives targeted during the TTX discussion.*

**Objective 1:** Identify and discuss the primary campus stakeholders in response to pandemic influenza.

→ **Objective Met, Consensus Reached**

- *Objective 1a: Identified the primary campus stakeholders in response to pandemic influenza—As demonstrated by:*

**Participants' discussion points:**

Participants' recognizing the need to expand the stakeholders' group to include:

- Academia and Research
- Funding Donors—Domestic & International
- Prospective students and families
- Animal laboratory researchers

→ **Objective Not Met, No Consensus**

- *Objective 1b: Discussed each of the identified primary stakeholder's functions in response to pandemic influenza—As demonstrated by:*

Although identification of primary campus stakeholders was successful, the functions of those stakeholders were not discussed.

**Objective 2:** Identify and discuss the responsibilities of the University of California, Berkeley to the researchers, faculty/staff, and students, related to pandemic influenza.

→ **Objective Met, Consensus Reached**

- *Identified the responsibilities of the University of California, Berkeley to the researchers, faculty/staff, and students related to pandemic influenza—As demonstrated by:*

**Participants' discussion points:**

- Collection and dissemination of information
- Provide information and disseminate illness prevention protocols
- Inclusion of planning for surge capacity
- Provide Personal Protective Equipment and adjunct staff training
- Mobilization of volunteers to assist in response; create system to train, track, credential and deploy volunteers
- Providing information to sustain the University over a prolonged period of time—continuity of operations

**Objective 3:** Determine the University line of authority in response to pandemic influenza.

→ **Objective Met, Partial Consensus Reached**

- *As demonstrated by:*

**Participants' discussion points:**

- The roles of leadership/decision makers in a pandemic—the Chancellor, CEPG vs. UHS -Medical Director vs. City of Berkeley Public Health Officer
- Triggers for shifting away from business as usual and cause leadership to execute structural change
- The role of the Berkeley Health Officer and her authority related to Isolation & Quarantine

**Objective 4:** Identify and discuss criteria which will lead to the activation of campus emergency operations management.

→ **Objective Partially Met, Partial Consensus Reached**

- *As demonstrated by:*

Objective 4 was approached through the mechanisms of the "Lessons Learned" from the SARS outbreak. However, this objective was partially met as participants did not identify or discuss criteria which would allow concreteness and a progressive activation of campus EOC. Once there was a clear cut case of pandemic infection identified through the scenario, campus EOC activation was clear.

**Objective 5:** Identify and explore the movement of critical information to the stakeholders, public health, students, faculty, and the media.

→ **Objective Partially Met, Partial Consensus Reached**

- *As demonstrated by:*

**Participants' discussion points:**

- Need for PIO in the Emergency Policy Group and early involvement of PIO
- The SARS experience required the campus to broaden its list of stakeholders
- Lessons learned from SARS—
  - Communication did not always run smoothly
  - Public relations was not continually involved
  - Decision makers acted without the benefit of the PR perspective on all the implications of those actions
- Mechanisms for communicating education and emergency information
- Communications flow—need to identify existing methods

**Objective 6:** Identify and discuss the collaboration and communication between campus leadership and public health in response to, and recovery from pandemic influenza.

→ **Objective Met, Consensus Reached**

- *Objective 6a: Identify and discuss the collaboration and communication between campus leadership and public health in response to pandemic influenza— As demonstrated by:*

**Participant's discussion points:**

- City of Berkeley Public Health Department's Health Officer discussed the process of disseminating information and also investigation of the infectious event
- University Health Services identified their role as liaison up to the Emergency Policy Group

→ **Objective Not Met, No Consensus**

- *Objective 6b: Identify and discuss the collaboration and communication between campus leadership and public health in recovery from pandemic influenza— As demonstrated by:*

The shortfall of time allocated for discussion affected the ability to ascertain information into the recovery process

**Objective 7:** Discuss and explore how the campus will maintain sustained operations.

→ **Objective Partially Met, Partial Consensus Reached**

*Objective partially met due to time constraint.*

- *As demonstrated by:*

**Participants' discussion points:**

- Emergency Policy Group discussed at length how the university business continuity plans were developed
- Recognition by participants of the degree of economic impact of sustained illness on campus and the community
- The reduction in personnel assets will have great impact
- Reassignment of staff policy: Human Resources must look into possibility of assigning staff into non-traditional roles
- Explored financial impact of high volumes of students petitioning withdrawal, and discussed any policy changes needed to be made in response to this
- Consensus on utilizing pool of unaffected students and community volunteers to participate in response

**Objective 8:** Identify and discuss the challenges of the "just in time" supply chain and determine alternative redundancy resources for maintenance of sustained operations.

→ **Objective Partially Met, Partial Consensus Reached**

*Objective partially met due to time constraint*

- **Objective 8a:** *Identified and discussed the challenges of the "just in time" supply chain—As demonstrated by:*

**Participants' discussion points:**

- RSSP recognizing lack of storage space to accommodate onsite inventory for a prolonged period of time
- Police Department recognizing how limited their resources are to establish security during isolation & quarantine and limited resource redundancy backfill
- Recognizing the lack of space to inventory PPE
- Identified gap between real time demands for PPE and the supply from vendors

→ **Objective Not Met, No Consensus**

*Due to time constraint*

- **Objective 8b:** *Determined alternative redundancy resources for maintenance of sustained operations—As demonstrated by:*

The shortfall of time allocated for discussion affected the ability to ascertain information into alternative redundancy resources for maintenance of sustained operations

**Objective 9:** Identify and discuss triggers that will lead to the suspension of non-critical activities and explore the consequences of suspending activities.

→ **Objective Partially Met, Partial Consensus Reached**

*Due to time constraint*

- *As demonstrated by:*

**Participants' discussion points:**

- There are likely no binary triggers of open and closing the campus, but rather a continuum of choices
- Selection and retention of a broad based CEPG pandemic subcommittee will assist in interpreting and acting upon trigger information
- Trigger decisions should be made with an understanding of all stakeholders interests
- Need for Public Health experts to make recommendations in a timely manner
- Triggers should be identified and decisions reached as a result of collaboration between PH experts and the University.

**Objective 10:** Identify and discuss gaps and vulnerabilities in current Human Resource Policies and Procedures which influence the capabilities of the campus to respond to and recover from pandemic influenza.

→ **Objective Partially Met, Consensus Reached**

*Even though due to time constraints the objective was only partially discussed, consensus was obtained on the identified issues*

- *As demonstrated by:*

**Participants' discussion points:**

- Reassignment of Staff Policy
- Education related to the non-traditional assignments
- Current illness policies amended to minimize or eliminate infection transfer
- Compensation and insurance policies during prolonged time of illness
- Will the case of staff becoming ill while on duty be identified as a workman compensation issue?

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## **Part 5: Conclusions & Recommendations**

The University of California, Berkeley "Outbreak 2007" Tabletop Exercise was a rare and highly valuable opportunity that brought together campus emergency response leadership, executives, management, students and operational emergency response infrastructure, as well as local government personnel to collaborate in the development of the Pandemic Influenza Emergency Draft Response Plan. The main intent behind this exercise was to build capacity in preventing, protecting, responding to and recovering from an escalating infectious disease event.

It is evident that much work has been done related to preparing for public health infectious disease emergencies in the UCB campus. However, there were clear gaps and vulnerabilities identified by the participants through the discussion.

Exercise Participants identified several lessons learned for improvements in the UC Berkeley emergency response infrastructure's ability to respond to a pandemic infectious disease outbreak.

### **Major recommendations include:**

- Follow the process for efficient decision making articulated in the Influenza Pandemic Emergency Operations Plan
- Educate students and staff on the proper usage of the People Locator
- Continue education and training of key staff on standard precautions for infection control as a part of normal operations
- Educate students on life safety, including how to reduce the risk of influenza/hand hygiene, CPR, etc.
- Continuously improve communications plans and infrastructure
- Establish mechanism for "Just-in-Time" training to essential roles
- Exercise isolation and quarantine procedures
- Review and update plans for business continuity in light of pandemic scenario
- Utilize university-wide surveillance network to monitor campus wellness
- Utilize CDC based algorithm to guide response activities to an infectious event

Participating agencies can use the results of this exercise to further refine plans, procedures, and training needed to respond to a pandemic infectious disease event. Additional exercises should be conducted to test the improvements instituted as a result of this exercise, as well as to further foster an environment of communication, networking, and education among exercise participants, agencies and jurisdictions.

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## Appendices

### Appendix A: Improvement Plan

Objectives	Recommendations	Improvement Actions	Responsible Party/Agency	Completion Date
Objective 1: Identify and discuss the primary campus stakeholders in response to pandemic influenza.	1. Create an inventory of staff skills and experience that go beyond their current job responsibility.			
	2. Ensure the inclusion of academia, research, domestic and international donors, local unions, public health and counseling agencies.			
	3. Assess critical academic/research enterprises on campus (possibly a self-assessment)			
	4. Begin dialogue with direct reports and			

	department staff on pandemic issues.			
	5. Demonstrate continued collaboration with city, county and state.			
	6. Increase focus on top leadership—policy groups streamlining of decision process.			
	7. Develop or review job action sheets for volunteer positions.			
	8. Train appropriate staff to be part of an active surveillance network.			
	9. Be informed of stakeholder's availability to perform important functions/ take on additional duties.			

Objectives	Recommendations	Improvement Actions	Responsible Party/Agency	Completion Date
<p>Objective 2: Identify and discuss the responsibilities of the University of California, Berkeley to the researchers, faculty/staff, and students, related to pandemic influenza.</p>	<p>1. Year round education and communication about prevention and personal preparedness to faculty, staff, students and parents. Consider integrating this into orientation to UCB and CalSO.</p>			
	<p>2. Include faculty, staff, students and parents in the planning procedure and/or ensure information is being relayed to these groups.</p>			
	<p>3. Recognize the uniqueness and different needs of various student populations (in particular those with special needs).</p>			

Objectives	Recommendations	Improvement Actions	Responsible Party/Agency	Completion Date
Objective 3: Determine the University line of authority in response to pandemic influenza.	1. Establish early and rapid decision making and decision disseminating process.			
	2. Develop established protocols to appoint leadership in case of an emergency.			
	3. Develop decision-based algorithm for infectious disease event management.			

Objectives	Recommendations	Improvement Actions	Responsible Party/Agency	Completion Date
Objective 4: Identify and discuss criteria which will lead to the activation of campus emergency operations management.	1. Smaller group Tabletop Exercises to clearly identify triggers, with subgroups focusing specifically on communication and psychological impact.			
	2. Work with Chancellor's Emergency Policy Group to develop a trigger driven action plan.			
	3. Review and revise the Pandemic Influenza plan to include identified triggers.			

Objectives	Recommendations	Improvement Actions	Responsible Party/Agency	Completion Date
Objective 5: Identify and explore the movement of critical information to the stakeholders, public health, students, faculty, and the media.	1. Assess communication and information technology infrastructure for "surge capacity" and sustained operations.			
	2. Establish centralization of communication.			
	3. Maintain and update emergency communication trees.			
	4. Develop an organized and efficient system to track incoming and outgoing messages to reduce duplication of efforts.			
	5. Establish clear external and internal communication protocol & leadership:  -Who is responsible?			

	<p>-How does the communication happen?          -What mode of communication will be used?          -Who needs to receive information?          -How will fear, panic and rumor be dealt with?</p>			
	<p>6. Regularly test communication infrastructure &amp; notification systems and create a list of redundant modes of communication.</p>			
	<p>7. Design communication paths from EOC Policy Communication to campus departments, colleges and schools.</p>			

Objectives	Recommendations	Improvement Actions	Responsible Party/Agency	Completion Date
Objective 6: Identify and discuss the collaboration and communication between campus leadership and public health in response to, and recovery from pandemic influenza.	1. Establish interagency communication early and often with agencies such as City of Berkeley Public Health, Department of Health Services, Center for Disease Control, etc.			
	2. Collaborate with City Public Health to ensure coordinated relaying of public messages.			

Objectives	Recommendations	Improvement Actions	Responsible Party/Agency	Completion Date
Objective 7: Discuss and explore how the campus will maintain sustained operations.	1. Develop list of essential services.			
	2. Identification of needed supplies, type, funding, storage and vendor.	✓ Submit list of supplies to leadership for funding.		
	3. Exercise procedures for isolation and quarantine and locate facilities to be used for quarantine purposes.			
	4. Review and revise the following Human Resources policies:  -Illness policies -Reassignment of Staff -Industrial exposure policy to include workers' compensation information			

Objectives	Recommendations	Improvement Actions	Responsible Party/Agency	Completion Date
Objective 8: Identify and discuss the challenges of the "just in time" supply chain and determine alternative redundancy resources for maintenance of sustained operations.	1. Assess campus physical plant for onsite facilities to store food, PPE, and other essential resources.			
	2. Develop a critical list of resources to be prioritized for onsite storage.			

Objectives	Recommendations	Improvement Actions	Responsible Party/Agency	Completion Date
Objective 9: Identify and discuss triggers that will lead to the suspension of non-critical activities and explore the consequences of suspending activities.	1. Development of a decision-based algorithm which identifies triggers and subsequent actions for implementation.			

Objectives	Recommendations	Improvement Actions	Responsible Party/Agency	Completion Date
Objective 10: Identify and discuss gaps and vulnerabilities in current Human Resource Policies and Procedures which influence the capabilities of the campus to respond to and recover from pandemic influenza.	1. Train "non-essential" staff to replace "essential" roles in case of a pandemic and determine procedure for re-assignment of staff.			
	2. Establish protocol for compensation and mental health counseling for health staff.			
	3. Establish system for continued recruitment, training and credentialing of volunteers.			

## Appendix B: Participant List

### Participants

#### I. Executives

##### A. Chancellor’s Emergency Policy Group &/or Chancellor’s Cabinet Pandemic Preparedness Subcommittee

Name	Position Title/Organization
Ron Coley	Associate VC-Administration
John Cummins	Assoc. Chancellor—Chief of Staff
Lisa Bolivar (Representing Beth Burnside)	VC-Research
Nathan Brostrom	VC-Administration
Richard Fateman	Academic Senate
Shel Waggener	Assoc. VC—Information Services & Technology
Steve Lustig	Assoc. VC—Health & Human Services
Susie Catillo-Robson	Associate VC- Admissions & Enrollment
Victoria Harrison	Assoc. VC & Chief of Police
Tomas Aragon	Center for Infectious Disease Preparedness

##### B. Pandemic Preparedness Work Group

Name	Organization
Irene Hegarty	Community Relations
Janet Barreman	City of Berkeley, Health Dept.
Jeannine Raymond	Human Resources
Joe Duggin	Assoc. Dean, Graduate Division
Karen Warren	Student Affairs Coordinator, VC—Student Affairs Office
Linda Rudolph	City of Berkeley, Health Dept.
Maira Perez	Grad Division CAO
Peter Hoenig	RSSP

#### II. PLANNERS

##### A. TRAINING AND EXERCISE PLANNING GROUP

Name	Organization
Cindy Lambdin	UC Berkeley, CIDP
Michelle Deverell	UC Berkeley
Pam Cameron	UC Berkeley
Peter Dietrich	UC Berkeley
Sarah Nathe	UC Berkeley
Tom Klatt	UC Berkeley
Treacy Malloy	UC Berkeley

**B. DOC REPRESENTATIVES**

Name	Organization
Beth Piatniza	CP
Tim Little	CP
Pat Goff	EHS
Alma Valencia	EHS
Steve Maranzana	EHS
Quig Driver	EHS
Ave Tolentino	EHS
Steve Garber	HR
Joyce Harlan	HR
Walt Hagmaier	IST
Tanya Jansen	IST
Steve McConnell	PA
Sara Shirazi	PP-CS
Steve Baez	PP-CS
Farouq Abdulhadi	PP-CS
Angela Wade	PP-CS
Bob Krambuhl	PP-CS
Marty Takimoto	RSSP
Bob Oehler	RSSP
Bill Crowel	RSSP
Shirley Ferentinos	RSSP
Mike Laux	RSSP
Lt. Doug Wing	UCPD
Sgt. Ben Hartnett	UCPD
Harris Masket	UHS
Carol Turner	UHS
Paula Flamm	UHS

**III. EOC (Emergency Operations Center) Members  
 MANAGEMENT**

Name	Organization
Capt. Guillermo Beckford	EOC Director
Janet Gilmore	PIO
Elizabeth Stage	Student Affairs Officer
Walter Wong	Student Affairs Officer
Tessa Michaels	Liaison Officer
Brandon De Francisci	Safety Officer
Sandra Wasson	PIO

### OPERATIONS

Name	Organization
Capt. Margo Bennett	Section Coordinator
Mark Freigberg	EHS
Claudia Covello	Medical
Cliff Frost	Communications
Kelly Haberer	Communiations
Ken Schmitz	Physical Plant
Joel Wishnoff	Inspections
Eddie Bankston	Care and Shelter
Valerie Neumann Zylla	Repair & Construction

### PLANNING & INTELLIGENCE

Name	Organization
Emily Marthinsen	Section Coordinator
Eric Ellisen	Section Coordinator
Esther Gulli	Section Coordinator
Janet Brewster	FASDI
David Johnson	Damage Assessment
Tom Ventresco	Damage Assessment
Sherree Wiezer	EMA Liaison

### LOGISTICS

Name	Organization
Sarah Hawthorne	Section Coordinator
Nimfa Damm	Contracts & Equipment
Steve Garber	Personnel/Volunteers
Valerie Ventre-Hutton	Personnel/Volunteers

### FINANCE & ADMINISTRATION

Name	Organization
Stephanie Siri	Section Coordinator
Dwight Hendrix	Accounting/Audit
Lisa Vanderfin	Accounting/Audit
Cecilia Chang	Planning & Budget
Andrew Goldblatt	FEMA Documentation & Recovery

**OTHERS**

Name	Organization
Bob Charbonneau	UC Office of the President—Emergency Management
Kevin Confetti	UC Office of the President—Risk Management
Patti Owen	Asst. Vice Provost, Academic Personnel
John Kaso	School of Public Health
Pam Riby	School of Public Health
Joshua Daniels	Graduate Student Assembly
Marta Filipski	Graduate Student Assembly
Christopher Yopp	Graduate Student Assembly
Mary Jaccodine	University Health Services—Evaluator

## **Appendix C: Participant Evaluations**

### *Part 1: Recommendations and Action Steps*

#### **Maintain/Monitor Wellness of Campus**

1. Clarify elements /responsibility for monitoring wellness of the campus community including the animals.
2. Develop an "active" surveillance network to include RSSP staff, health workers and others as appropriate to identify a developing situation as early as possible.
3. Identify principle mechanism to track student/staff absenteeism in case of a Pandemic and communicate to campus staff. People Locator vs other.

#### **Education and Training**

1. Identify and train key staff on universal precautions for infection control e.g. RSSP and service staff, as a part of normal operations.
2. Educate students on life safety issues, including how to reduce the risk of influenza/hand hygiene, CPR etc upon arrival on campus.
3. Education on personal preparedness for faculty, staff, students and parents. Consider integrating into orientation to UCB and CalSO.
4. Identify and train appropriate staff to be a part of an active surveillance network.
5. Review job action sheets for volunteer positions and modify to account for pandemic influenza scenario.
6. Training Residential Hall staff in the process for moving students from quarantine locations so as to prepare them for EOC use.

#### **Communication**

1. Review internal Departmental communication channels for targeted communications to everyone in the Department.
2. Maintain emergency contact lists- phone trees. Consider need for automation.
3. Periodic tests of emergency communication infrastructure.
4. Avoid relying on web based communication alone.
5. How would urgent communication differ on the week-ends, evenings, holidays?
6. Communications planning for those outside of central campus including critical stakeholders.
6. Create master list of critical stakeholders to facilitate communication.
7. Make managing fear and rumors a high priority.

8. Prepare educational and informational materials in advance where possible (e.g. use of PPE).
9. Plan to handle large phone volume of medical questions despite maximum use of other communication channels?
10. Early involvement of PIO in policy decisions.
11. Interagency communication early and often, e.g. City of Berkeley Public Health, DHS, CDC.
12. Assess whether adequate phone lines could be dedicated to handling large volume of calls for information regarding pandemic influenza and how long it would take to put it in place.
13. Decision making process—cannot make it quick

### **Human Resources**

1. Test assumption that workers are willing to take on essential tasks when others were missing in the pandemic environment. John Hopkins has survey tool that may be useful (W2R).
2. Re-assignment of staff- how will this happen?
3. Inventory of staff skills and experience that go beyond current role. Any other untapped campus/community resources?
4. Continuity of operations with reduced staff – payroll
5. Mechanism for ongoing recruitment, training, credentialing of volunteers. Students may be willing to provide some support here.
6. Establish expectation/mechanism for cross training to essential roles. Prioritize roles for cross training and set a timeline.
7. Personal preparedness (home, work) education

### **Supplies**

1. Plan to stockpile essential supplies e.g. PPE, hand sanitizers etc. Identify storage space for same.
2. Develop MOUs with critical suppliers
3. Clarify priorities for the distribution of supplies and establish who would dispense supplies in a disaster.

### **Isolation and Quarantine**

1. Follow up meeting with UHS, Police, EH&S and RSSP to review plans and clarify as needed. Clarify when isolation is no longer a viable strategy.
2. Plan an exercise to test plan.
3. Assess need to limit access to campus- critical responder identification?
4. Clarify security requirements for isolation space.

### **Critical Campus Functions**

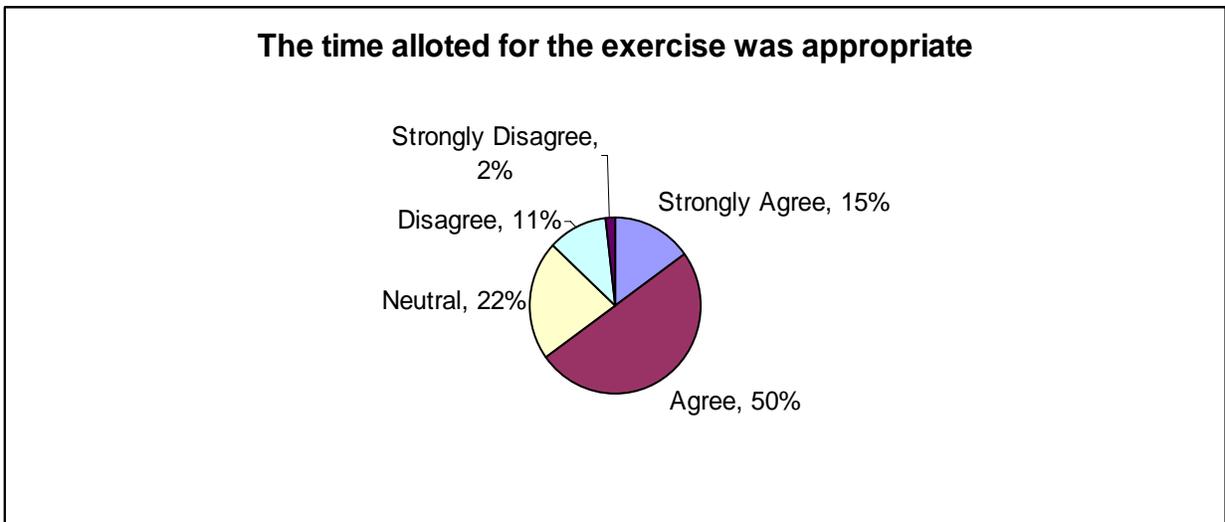
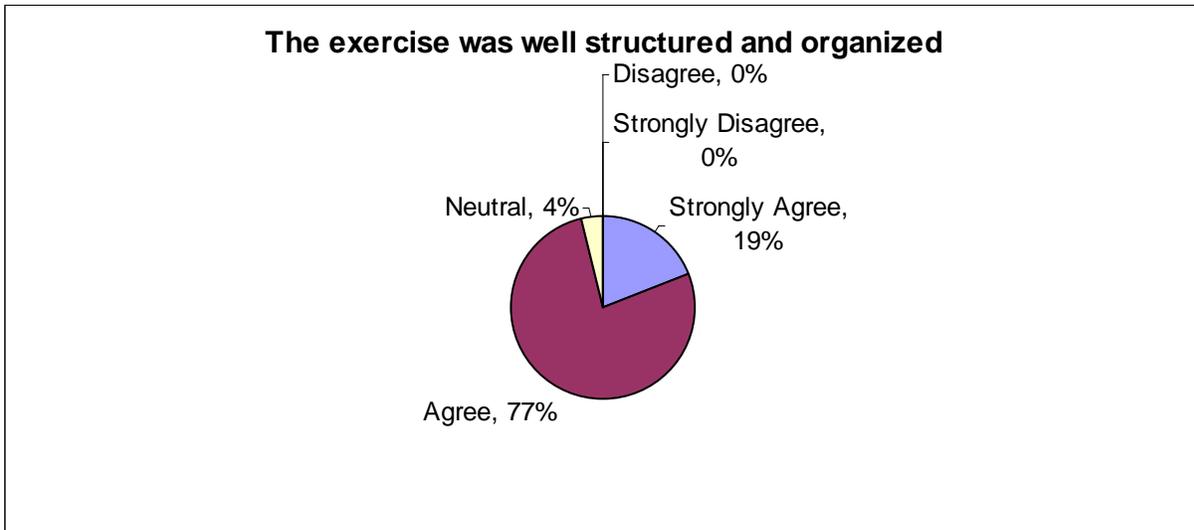
1. Identify campus critical functions outside of DOCs that must be maintained in a pandemic scenario and review plan for continuity of operations e.g. academic mission, critical research etc.
2. Explore and expand distance based learning options.
3. What IST support is needed to allow large numbers of employees to work from home or students to access web based materials? Do we have the assets to accomplish this goal with the redirection of current resources? Are there any gaps that may require additional funding?
4. Review plans for continuity of operations and business resumption in light of pandemic scenario and update as needed.

### **UCOP/Other UCs**

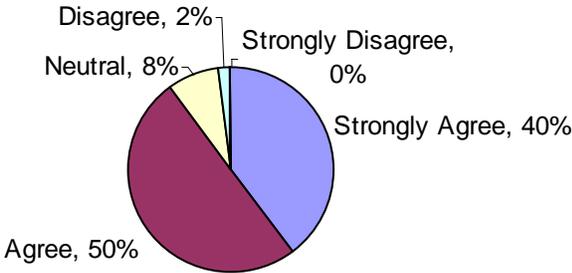
1. Collaborate with UCOP and other UCs to identify mutual support and sharing pandemic plans.
2. Develop a formalized system-wide medical surveillance network.
3. Strive for a consistent approach to policies around pandemic planning.
4. Provide input into pandemic influenza policy development at UCOP.

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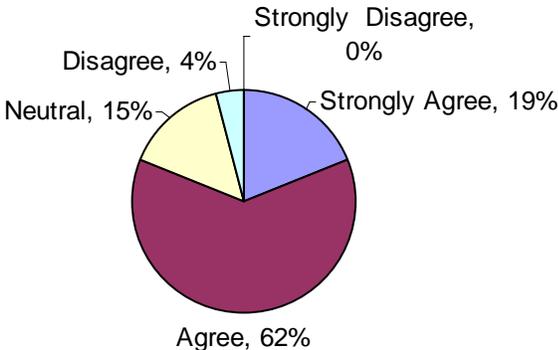
## Exercise Design & Conduct Participant Assessment Factors



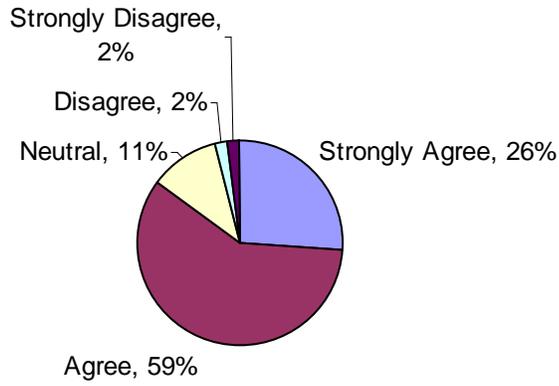
**The exercise scenario was plausible and realistic**



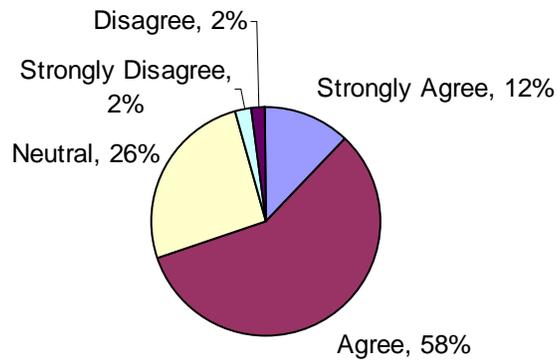
**The scenario adequately set the stage for discussion questions**



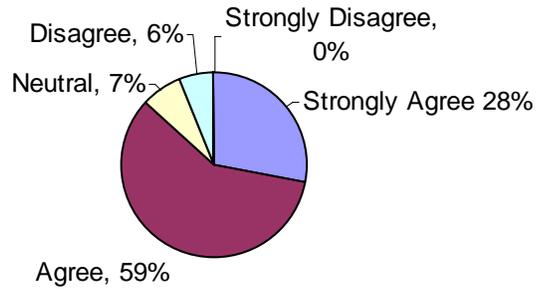
**The background information was useful**



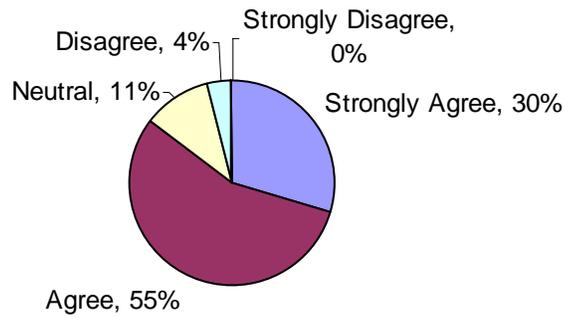
**The Situation Manual or Exercise Plan was a valuable tool throughout the exercise**



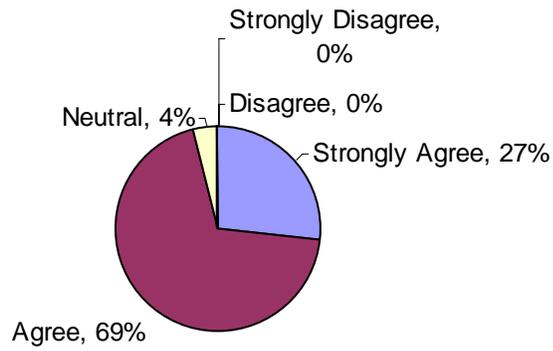
**Participation in the exercise was appropriate for someone in my position**



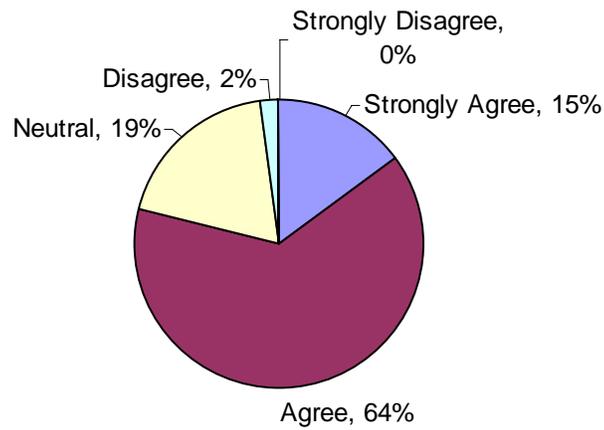
**The participants included the right people in terms of level and mix of discipline**



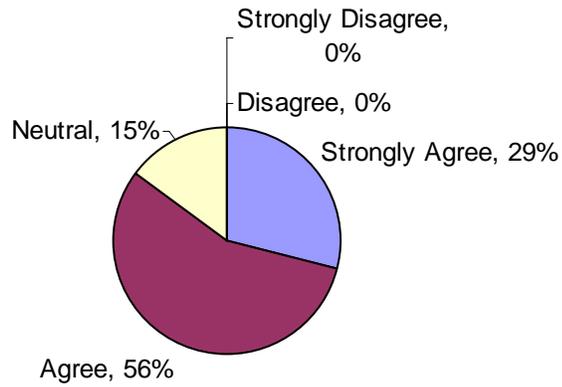
**The information exchanged during the exercise discussion was of high quality**



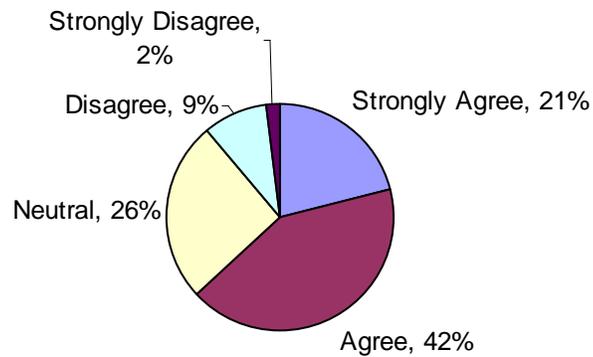
**The exercise discussion stayed focused and on track**



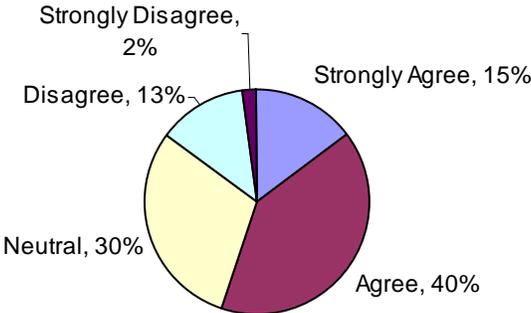
**I will use knowledge gained at this exercise to suggest ways that my organization can improve its emergency planning activities**



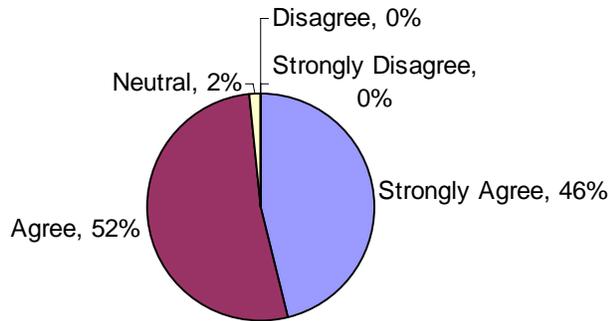
**As a representative of my organization, I had a clear understanding of the role my organization should play if called upon under the scenario presented**



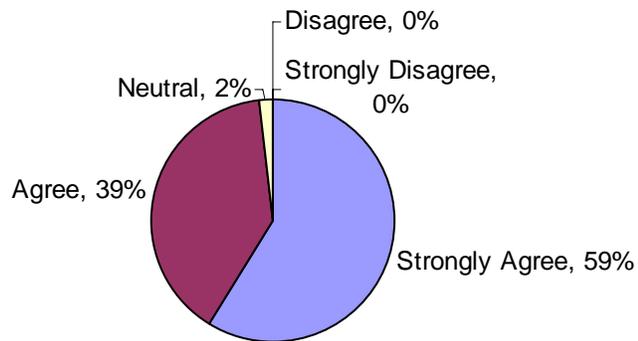
**I am confident in my organization's ability to perform its designated duties in a public health emergency**



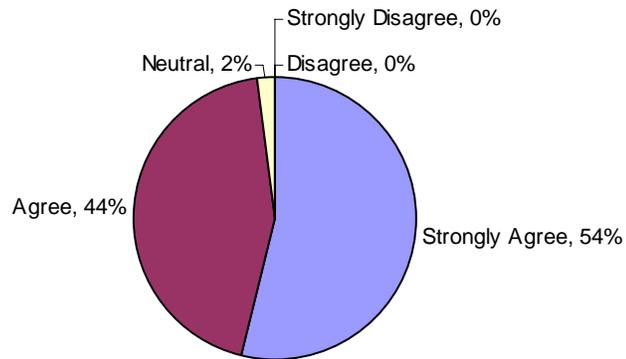
### Facilitator was knowledgeable



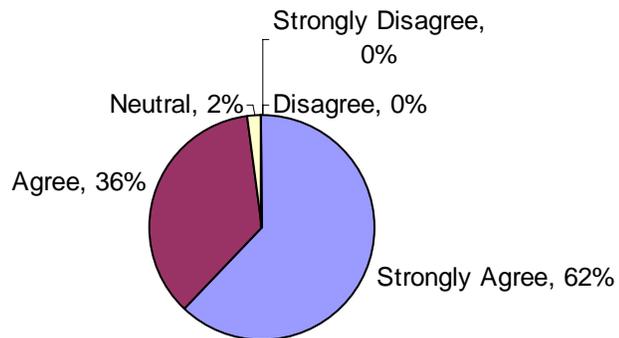
### Facilitator was understandable



### Facilitator was motivated and interesting



### Facilitator was prepared



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