



# Engaging Community Partners

a Full-Scale Exercise Experience

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# Presenter

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Coming from the world of Public Health Emergency Preparedness, Ms. Raisner has over a decade of experience supporting emergency activations such as wildfires, PSPS events, COVID-19, points of dispensing, and has led multi-jurisdictional full-scale exercises focused on community engagement.

Ms. Raisner has previously served as Medical Countermeasures Coordinator for local health departments and as a Regional Coordinator for the Bay Area, where she facilitated cross-county collaboration on public health preparedness.

## Disclosure of Relevant Financial Relationships

Ruth Raisner, MPH, AEM reports no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.

# Learning Objectives

## Identify

- Community partners
- Roles and capabilities

## Describe

- Why community partners matter
- How to build partnerships

## Include

- Community partners in planning
- Exercise participation

# Who We Are: NorthBay Health

**Mission:** Improving the well-being of our communities by providing conveniently accessible, high-quality care.

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- Rooted in Solano County
- Independent, non-profit health system serving Solano County since 1959
  - Deeply community-integrated—not part of a larger system
  - Decisions made locally, with community needs in mind
- Two acute-care hospitals:
  - NorthBay Medical Center (Fairfield) – Level II Trauma Center
  - NorthBay VacaValley Hospital (Vacaville)
- Ambulatory Network:
  - Primary care, Urgent Care, Surgical Center, Specialty Clinics, Cancer Center

# Snapshot of Solano County

- **Population:** 453,491
  - 5<sup>th</sup> most racially diverse county in the United States
- **Employment:** Agriculture, Healthcare, Government, Manufacturing
- Region II Mutual Aid
- 5 public hospitals + 1 military hospital
  - NorthBay: Level-2 Trauma Center
    - 2nd highest penetrating trauma volume in Bay Area



# Community Partnerships

- Emergency Management (EM) is not just one program. EM is a multi-disciplinary team effort. Each discipline plays a crucial role in preparing for, responding to, and recovering from emergencies. This extends beyond the hospital.
- Engaging partners lays the groundwork for effective disaster response. Because every jurisdiction is unique, it's essential to involve a diverse range of both traditional and non-traditional stakeholders



# Community Partnerships

## Public Safety & Government



- **Ambulance Providers / Air Medical** – Transport coordination
- **Local Fire Departments** – Hazmat, multi-casualty incident(MCI) response, Decontamination(decon) support
- **Law Enforcement** – Site security, evacuation coordination, crowd control
- **County/City Office of Emergency Services (OES)** – Coordination hub, resource requests, situational awareness
- **Public Health Departments** – Surveillance, medical countermeasures (MCM), outbreak response

# Community Partnerships

## Education & Training Partners



- **Schools & Districts** – Student volunteers, reunification assistance, career day exploration
- **Public Safety Academies** – Student volunteers, exercise simulation
- **Colleges & Universities** – Student volunteers, exercise simulation, medical programs



# Community Partnerships

## Other Essential Partners



- **Faith-Based Organizations** – Emotional/spiritual care, volunteers
- **Salvation Army** – Emergency feeding, logistics, donations coordination
- **Food Pantries** – Sustaining vulnerable populations, emergency food support
- **Long-Term Care Facilities** – Mutual aid, surge planning
- **Dialysis Centers** – Continuity of care for high-risk patients

# The Role of Community in Emergency Preparedness

## Why community engagement matters

### Shared Responsibility

- Disasters impact *entire communities*—no single organization can respond alone.
- Hospitals are *lifelines*, but rely on coordination with public safety, public health, and community groups to function effectively during crises.

### Benefits of Community Engagement

- Improves coordination before, during, and after emergencies
- Reduces duplication of efforts and streamlines communication
- Increases access to resources (personnel, equipment, information)
- Strengthens trust between hospitals and the communities they serve
- Builds shared situational awareness across sectors

# The Role of Community in Emergency Preparedness

## Why community engagement matters

### Building Community Resilience

- Engaged communities recover faster and more equitably
- Promotes a culture of preparedness across sectors
- Helps identify and support vulnerable populations (e.g., non-English speakers, unhoused individuals, dialysis-dependent patients, access and functional needs)

### Whole Community Approach

- Incorporates diverse voices and perspectives in planning
- Encourages inclusion of faith-based groups, non-profits, volunteer orgs, schools, and private sector
- Ensures emergency plans are inclusive and culturally competent

# Building Relationships

Strong partnerships don't happen by accident

## Start Local

### **Hospital Preparedness Program (HPP) Coalitions**

- Tap into existing local and regional partnerships for healthcare coordination
- Access planning tools, training, and shared resources

### **City Council & Board of Supervisor Meetings**

- Understand local priorities and decision-makers
- Present hospital capabilities and preparedness goals

### **Local Emergency Planning Committees (LEPCs)**

- Participate in planning for hazardous materials and all-hazard incidents

# Building Relationships

## Get to Know Your Community

### Get Involved & Be Visible

#### Attend Community Events & Health Fairs

- Build trust and name recognition before a disaster

#### Engage Through Public Information Officers (PIOs)

- Coordinate messaging and risk communication efforts

#### Host or Join Joint Exercises

- Invite partners to participate in hospital drills
- Volunteer as evaluators in other agency exercises
- Don't be afraid to participate in larger exercises

# Training Together, Responding Together

Practicing with partners builds confidence, coordination, and capability

## Joint Training Matters

- Real-world coordination begins in the planning room.
- Training together develops shared language, trust, and familiarity across agencies.
- Exercises reveal blind spots and clarify assumptions about roles and responsibilities.
- Builds muscle memory for high-stress situations — especially for clinical and support staff who may not respond regularly.

# Training Together, Responding Together

## Types of Exercises to Consider

### **Workshops**

- Develop, assess, or validate capabilities through collaborative discussions

### **Tabletop Exercises (TTX)**

- Low-cost, discussion-based; great for reviewing roles, policies, or new threats

### **Functional Exercises (FE)**

- Tests specific functions like communication, resource ordering, or surge protocols

### **Full-Scale Exercises (FSE)**

- Hands-on scenarios that simulate real events and involve multiple partners

# Training Together, Responding Together

## Tips for Successful Training with Partners

- Start small, then scale — even a 30-minute drill builds momentum
- Share After Action Reports (AARs) across agencies
- Include “injects” that test coordination, communication, and resource needs
- Follow up: debriefs help capture lessons and sustain engagement

# Hazardous Material – Multi-Casualty Incident Full-Scale Exercise (Hazmat MCI)

Do you want to play?

How it started:

- NorthBay's Trauma Coordinator serves as the clinical advisor for Solano County's Healthcare Coalition (HCC).
  - Works with local fire departments and Emergency Medical Services (EMS) to conduct trainings throughout the county.
- Vallejo Fire Department reached out to our Trauma Coordinator, asking if we wanted to play in their drill. What started out as a local incident drill, evolved into a multi-agency full-scale exercise, with a hospital-based full-scale component.

**Timeline:** 30 days to full-scale execution



# Hazmat MCI Full-Scale Exercise

## Homeland Security Exercise and Evaluation Program (HSEEP)

**HSEEP** provides a standardized, flexible approach to designing, conducting, and evaluating exercises.

- 1. Foundation** – Set objectives based on plans, real incidents, and hospital priorities
- 2. Design & Development** – Create scenario, developed injects, coordinated logistics
- 3. Conduct** – Facilitate exercise with real-time coordination and communication
- 4. Evaluation** – Collect observations using evaluator guides and hotwash feedback
- 5. Improvement Planning** – Draft an After-Action Report (AAR) and Improvement Plan (IP)

# Hazmat MCI Full-Scale Exercise

## HSEEP - Exercise Documents

Exercise Documents

- Incident Command System (ICS) Forms
- Hazmat Incident Response Plan (HIRP)
- Hazmat Incident Response Checklist (HIRC)
- Hazmat Incident Response Worksheet (IRW)
- Hazmat Incident Response Report (IRR)
- Hazmat Incident Response Summary Report (ISR)
- Hazmat Incident Response Debriefing Worksheet (IDW)

- Patient Victim Card Deck
- Sign-In Sheet
- Participant Guide, Just-in-Time-Training (JITT)
  - Job Action Sheets
- Evaluator Guide
- Participant Feedback Forms
  - paper or electronic with QR code

### Post-Exercise Documentation:

- Collect Evaluator Guides and Participant Feedback Forms
- Conduct “HotWash” exercise debrief with all participants
- After-Action Report
- Improvement Plan

# Hazmat MCI Full-Scale Exercise

## Exercise Objectives

1. Test use of Reddinet to receive notification of MCI event.
2. Activate Hospital Command Center (HCC) within ten (10) minutes from Reddinet notification from ED.
3. Set up and operate hospital decontamination zone and MCI Triage zones.
4. Demonstrate effective triage of patients.
5. Verify patient decontamination procedures.
6. Assess hospital surge capacity to manage a high influx of patients.

# Hazmat MCI Full-Scale Exercise

## Exercise Schedule

Time	Personnel	Activity	Location
08:00	Controllers and exercise staff	Sign-In for Exercise	NBMC – ED Ambulance Bay
08:15	Controllers and exercise Staff	Just-In-Time Training	NBMC – ED Ambulance Bay
09:00	All	<b>Exercise starts</b>	NBMC – ED Ambulance Bay
09:00	ED Technician	Receive Reddinet MCI Alert	NBMC – ED Desk
09:05	AC	Receive MCI alert from ED Technician	NBMC AC Office
09:10	AC/AOC	AC notifies AOC of MCI. AOC activated ICC.	NBMC AC Office/ Admin Office
09:15	Exercise Staff	Site set-up for decon and triage	NBMC – ED Ambulance Bay
09:30	Exercise Staff	Receive air transport	NBMC – ED Ambulance Bay
09:45	Exercise Staff	Arrival of MCI patients - ground	NBMC – ED Ambulance Bay
10:00	Exercise Staff	Receive air transport	NBMC – ED Ambulance Bay
11:00	All	<b>Exercise ends</b>	NBMC – ED Ambulance Bay
11:15	All	Hotwash and Participant Feedback Forms	NBMC – ED Ambulance Bay
11:30	All	Clean-up Exercise site	NBMC – ED Ambulance Bay

# Hazmat MCI Full-Scale Exercise

## Day-Of Exercise

- Set up single shower for small-scale decon
- Set up MCI triage zone
- Received 1 air transport
- Received 1 ground transport
- Triageed 30+ “patients” in ambulance bay



# Hazmat MCI Full-Scale Exercise

## Evaluation: Areas of Strength and Opportunity

### Strengths

- Cross-departmental collaboration and participation.
- Tested new protocols.
- Incident Command activated quickly.
- Good communication among players on site of exercise.
- Hands-on experience exercise.

### Areas of Opportunity

- Identified issues with single-shower decon set-up process.
  - Flash water heater did not work
- Radio communications with California Highway Patrol (CHP) did not work.
- Additional medical supplies and engineering supplies identified.
  - Triage zone tarps, MCI go-cart, body bags
  - Water key for hose, toolbox in disaster trailer
- Identify additional decon training opportunities.

# Hazmat MCI Full-Scale Exercise

## After-Action Report: Improvement Plan

Observation	Corrective Action	Primary Responsible Organization
Upon receiving Reddinet notification, ED tech notified the Administrative Coordinator (AC), the AC notified the Administrator on-call (AOC), and the AOC activated HCC.	Continue to practice communication lines between ED, AC, and AOC.	ED
	Conduct training for AOC's on the "First 15 Minutes" IC Protocol.	EM
	Re-evaluate org chart positions and build out 3-deep.	EM
CHP Air ring-down to ED MedNet did not work.	Investigate why the MedNet radio is not working.	SEC
	Give EMS line number to CHP as an alternative communication line.	ED
Additional supplies needed in the disaster trailer.	Order toolbox with hose key and place in trailer	EM
	Order body bags to store in disaster trailer.	EM
First time setting up the single-shower decon configuration. Identified hot water heater not working, hose was not long enough	Troubleshoot hot water heater not working.	ENG
	Designate longer hose to be pre-connected to hot water heater for quicker deployment.	ENG
process for decon treatment of unaccompanied minors was unclear.	Review decon procedures and revise policy for inclusion of minors.	EM
Staff noted that there is no one place, or cart with medical supplies for an MCI	Develop portable/deployable MCI cart with both adult and pediatric supplies.	EM

# Conclusion

## What to Do

### Identify Who

- Public Safety & Government
- Education & Training Entities
- Volunteer Response Organizations
- Other Essential Partners, non-traditional partnerships

### Describe Why

- Shared Responsibility
- Benefits of Community Engagement
- Building Community Resilience
- Whole Community Approach
- Builds confidence, coordination, and capability

### How to Start

- Start Local
- City Council & Board of Supervisor Meetings
- Local Emergency Planning Committees
- Get Involved & Be Visible
- Engage Through Public Information Officers
- Host or Join Joint Exercises

- Emergency planning, exercise planning
- Train together
- Workshops, Tabletop Exercises, Drills, Functional Exercises, Full-Scale
- After-Action Review

# Additional Resources

- FEMA Design and Development Templates
  - <https://preptoolkit.fema.gov/web/hseep-resources/design-and-development>
- HHS ASPR - Technical Resources, Assistance Center, and Information Exchange (TRACIE)
  - <https://asprtracie.hhs.gov/>
- CDPH – California Statewide Medical Health Exercise
  - [https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe\\_exercises\\_scenario.aspx](https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe_exercises_scenario.aspx)
- CDPH – California List of Local Health Services/Offices
  - <https://www.cdph.ca.gov/pages/localhealthservicesandoffices.aspx>



Questions?





# Thank You!

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