| Exercises                                   | Awardees must have tested the operational capability of the following medical surge components:<br>1. Interoperable communications and Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR VHP);<br>2. A tabletop component to test the MOUs that are in place in partnerships/coalitions within the areas selected (further information on what these MOUs should contain is<br>described below in the Partnership/Coalition description below); and<br>3. Fatality Management, Medical Evacuation, Tracking of Bed Availability (at least 2 of these other Level-One capabilities). |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|
| Provide a brief overview of your state's ex | exercise activities during this funding period. Major Strengths (3) Areas of Improvement (3)   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |

| Capabilities<br>Tested | Types of Exercise |
|------------------------|-------------------|
|                        | Tabletop Exercise |
| Select One             | (TTX)             |
| Select One             | Exercise Type     |

This section needs to expand.....

| Based on this exercise, what should future exercises focus on? | What capabilities will be addressed? |
|--|--------------------------------------|
|  | Select One                           |

## HIDE

## Capability Type

Select One National Incident Management System (NIMS) Exercises, Evaluation and Corrective Actions Needs of At-Risk Populations Interoperable Communications Tracking of Bed Availability (HAvBED) ESAR-VHP Fatality Management Medical Evacuation / Shelter-in-Place Partnership / Coalitiion Development Alternate Care Sites (ACS) Mobile Medical Assets Pharmaceutical Caches Personal Protective Equipment Decontamination Medical Reserve Corps Critical Infrastructure Protection (CIP)

Seminar Workshop Tabletop Exercise (TTX) Games Drill Functional Exercise (FE) Full Scale Exercise (FSE)

Exercise Type

| Education and Pre  | paredness Training      |                                       | This needs to be set up in a way that a separate<br>blank box appears with a response of "Other". |  |                        |  |  |  |
|--------------------|-------------------------|---------------------------------------|---|--|------------------------|--|--|--|
| Training Categorie | es (Select from ONE of  | category)                             |   |  |                        |  |  |  |
| Provider Class     | Disaster Specific Class | Incident<br>Command<br>Specific Class | Type of<br>Training   | Overarching Requirement or<br>Sub Capability Addressed | # Personnel<br>Trained |  |  |  |
|                    |                         | •                                     | . · ·   |  |                        |  |  |  |
|                    |                         |                                       |   | National Incident Management                           |                        |  |  |  |
| Select One         | Select one              | Select One                            | Select One  | System (NIMS)  | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One<br>Select One  | Select One   | 0<br>0                 |  |  |  |
|                    |                         |                                       |   | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One<br>Select One  | Select One<br>Select One                               | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | Ő                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       | Select One  | Select One   | 0                      |  |  |  |
|                    |                         |                                       |   |  |                        |  |  |  |

# **HIDE THIS AREA**

| Incident Command/Evaluation Specific |
|--------------------------------------|
| Select One                           |
| HICS                                 |
|                                      |
| ICS 100                              |
| ICS 200                              |
| ICS 300                              |
| ICS 400                              |
| ICS 700                              |
| ICS 800                              |
| HSEEP                                |
| Other                                |
|                                      |
| Class Type                           |
| Select One                           |
| Class                                |
| Seminar                              |
| Conference                           |
|                                      |
| Medical Clsses                       |

Select One Advanced Cardiac Life Support (ACLS) Advanced Burn Life Support (ABLS) Advanced Pediatric Life Support (APLS) Pediatric Advanced Life Support (PALS) Basic Trauma Life Support (ATLS) Pre-Hospital Trauma Life Support (PHTLS) Basic Life Support (BLS) Advance Radiological Life Support (ARLS) Basic Radiological Life Support (BRLS) Other

#### Disaster Classes

Select one Core Disaster Life Support (CDLS) Basic Disaster Life Support (BDLS) Advanced Disaster Life Support (ADLS) Other Select One National Incident Management System (NIMS) Exercises, Evaluation and Corrective Actions Needs of At-Risk Populations Interoperable Communications Tracking of Bed Availability (HAvBED) ESAR-VHP Fatality Management Medical Evacuation / Shelter-in-Place Partnership / Coalitiion Development Alternate Care Sites (ACS) Mobile Medical Assets Pharmaceutical Caches Personal Protective Equipment Decontamination Medical Reserve Corps Critical Infrastructure Protection (CIP)

OA and Capabilities

| NIMS Implement        | ation | Activi |  |   |   | us of ea                  | icipating<br>ch activit<br>X = Achi<br>IP = In P<br>UNK = N | y. The c<br>ieved,<br>rogress, | hoices a | are: |       | op down | boxes to | ,  |
|-----------------------|-------|--------|--|---|---|---------------------------|---|--------------------------------|----------|------|-------|---------|----------|----|
| Participating         |       |        | edness:<br>ning Preparedness: Training |   |   | Information<br>Management |   | Command and Management         |          |      | ement |         |          |    |
| Healthcare Facilities | 1     | 2      | 3                                      | 4 | 5 | 6                         | 7   | 8                              | 9        | 10   | 11    | 12      | 13       | 14 |
|                       |       |        |  |   |   |                           |   |                                |          |      |       |         |          |    |
|                       |       |        |  |   |   |                           |   |                                |          |      |       |         |          |    |
|                       |       |        |  |   |   |                           |   |                                |          |      |       |         |          |    |
|                       |       |        |  |   |   |                           |   |                                |          |      |       |         |          |    |



| Partnership/Coalition Status      |              |          | Address the folowing Items:<br>a. The name of the partnership/coalition<br>b. The location of the partnership/coalition<br>c. The participant healthcare organizations and other partners<br>d. Number and type of MOUs that exist |                         |                          |  |  |  |  |
|-----------------------------------|--------------|----------|--|-------------------------|--------------------------|--|--|--|--|
| Name of Partnership/<br>Coalition | Area Covered | Location | Names of the Participant Healthcare<br>Organizations or Partners   | # of MOUs<br>that Exist | Types of MOUs that Exist |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |
|                                   | Select One   |          |  |                         | Select One               |  |  |  |  |

## HIDE

Types of MOUs Select One Contract Based General Agreement Both Contract and General Agreement

Area Covered

Select One Local Regional Statewide Combination