Exercise	s	2. A tabletop component to test the MOUs that are in place described below in the Partnership/Coalition description be	ns for Advance Registration of Volunteer Health Professionals (ESAR VHP); the in partnerships/coalitions within the areas selected (further information on what these MOUs should contain is						
		exercise activities during this funding period.	Major Strengths (3)	Areas of Improvement (3)					
i Tovide a brief	overview or your state s	exercise activities during this failuring periodi	inajor Guenguis (6)	races of improvement (o)					
1									
1									
1									
			•	•					
Capabilities									
Tested	Types of Exercise								
	Tabletop Exercise								
Select One	(TTX)								
Select One	Exercise Type	This section needs to expand							
Select One	Exercise Type								
Select One	Exercise Type								
Select One	Exercise Type								
Select One	Exercise Type								
Select One Select One	Exercise Type								
Select One	Exercise Type Exercise Type								
Select One	Exercise Type	_							
Select One	Exercise Type	-							
Select One	Exercise Type	-							
Select One	Exercise Type	-							
Select One	Exercise Type	7							
Select One	Exercise Type	7							
Select One	Exercise Type								
Select One	Exercise Type								
Based on this	exercise, what should fut	ure exercises focus on?	What capabilities will be addresse	d?					
			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

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)

Exercise Type

Seminar Workshop

Tabletop Exercise (TTX)

Games Drill

Functional Exercise (FE)

Full Scale Exercise (FSE)

	paredness Training	category)	This needs to be set up in a way that a separate blank box appears with a response of "Other".					
Provider Class	Disaster Specific Class	Incident Command Specific Class	Type of Training	Overarching Requirement or Sub Capability Addressed	# Personnel Trained			
Select One	Select one	Select One	Select One	National Incident Management System (NIMS) Select One S				
			Select One Select One Select One Select One Select One	Select One Select One Select One Select One Select One	0 0 0 0			

Select One Select One

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 (BTLS) Advance Trauma Life Support (ATLS)

Pre-Hospital Trauma Life Support (PHTLS)

Basic Life Support (BLS)

Advance Radiological Life Support (ARLS)

Basic Radiological Life Support (BRLS)

Disaster Classes

Core Disaster Life Support (CDLS) Basic Disaster Life Support (BDLS)

Advanced Disaster Life Support (ADLS)

0

OA and Capabilities

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)

Instructions: List all participating healthcare facilities. Use the drop down boxes to indicate the status of each activity. The choices are:

X = Achieved,
IP = In Progress,
UNK = No report or status known.

NIMS Implementation Activities

Participating	Adoption		Preparedness: Planning Preparedness: Training		Information Management		Command and Management							
Participating Healthcare Facilities	1	2	3	4	5	6	7	8	9	10	11	12	13	14



- Address the folowing Items:
 a. The name of the partnership/coalition
 b. The location of the partnership/coalition
 c. The participant healthcare organizations and other partners
 d. Number and type of MOUs that exist

		Names of the Participant Healthcare	# of MOUs	Types of MOUs
	Location	Organizations or Partners	that Exist	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
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Select One				Select One
Select One				Select One
	Select One	Select One	Area Covered Location Organizations or Partners Select One Select One Select One Se	Area Covered Location Organizations or Partners that Exist Select One Select One Select One Select One

Partnership/Coalition Status

HIDE

Types of MOUs

Select One

Contract Based

General Agreement

Both Contract and General Agreement

Area Covered

Select One

Local

Regional

Statewide

Combination