Please complete this form to indicate intent to participate in the exercise.

Forms should be submitted by no later than **January 31, 2018**

**Save completed document with your facility name in it.**

**EMAIL THIS FORM TO THE OA EXERCISE CONTACTS BELOW:**

**Donna.Johnson3@sdcounty.ca.gov** and **Lorraine.Calzone@sdcounty.ca.gov**

**Type of Provider (Check One)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Hospital Department** |  | **Community Clinic** |
|  | **Medical Examiner** |  | **Long Term Care Facility** |
|  | **Behavioral Health** |  | **Public Health** |
|  | **Community Organization** |  | **EMS Provider** |
|  | **Public Safety Agency** |  | **Department of Environmental Health** |
|  | **Office of Emergency Services** |  | **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Name of Facility or Agency**:

Address:

City:      Zip

Exercise Coordinator or Contact:

Office #:

Fax #:

Cell #:

E-mail:

**If you do not intend to participate in the 2018 NDMS Exercise, please indicate by checking this box and submitting the form.**

**❒ No, my facility is not participating in this exercise.**

Additional forms should be completed for each participating agency, organization or provider. If the organization represented on this form consists of more than one facility, Intent *to* *Participate* **form should be completed for each facility**.

General Information:

Please identify the telephone number(s) you would like the simulation cell or other exercise locations to use in order to contact your Healthcare Facility during the exercise. (These numbers will be included in the exercise communication plan):

***HCC CONTACT NUMBER FOR USE DURING EXERCISE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

|  |  |
| --- | --- |
| Approximate Number of Participants |  |
| Is Media allowed at your Facility during the exercise? | Yes No |
| Are you planning on inviting VIPs or Observers to your Facility?  | Yes No |
| Do you want ARES at your facility? | Yes No |
| Would your facility be interested in MRC Volunteers during the exercise? \*\*\* These volunteers are medical professionals that can be sent through your emergency credentialing program. These are NOT volunteer victims. | Yes NoIf Yes, please complete Mission Request Form |

Exercise Locations and Activities:

Please indicate the level of participation for your agency:

|  |  |  |
| --- | --- | --- |
| Location | Activities | Level of Participation (Circle) |
| **April 20, 2018** | The exercise is scripted for a start time of 0800 and an end time of 1200. Please indicate the hours that your facility / provider will be participating in the exercise:Time and Number of Hours of exercise play: Time: \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ # Hours: \_\_\_\_\_\_\_\_\_\_\_ | Level 1 – Notification and Communications OnlyLevel 2 – Hospital HCC activation, communication, coordination with EMS DOC (MOC), WebEOC, RCS Radio, email, phone, surge of faux patientsLevel 3 – Full Activation and maximum play with outside agencies |

**Exercise Dates and Locations:**

|  |  |  |
| --- | --- | --- |
| Events | Date and Time | Location |
| **Intent Forms Due** | **January 31st**  |  |
| Initial Planning Conference | Wednesday, January 17, 2018Immediately Following HDC | Coronado Room |
| MSEL Planning Meeting | Thursday, February 1, 2018 | EMS DOC/MOC |
| Tabletop | Tuesday, February 20, 2018 | TBD |
| Mid Planning Conference | Tuesday, February 20, 2018Immediately after Tabletop | TBD |
| Final Planning Conference Briefing | Wednesday, March 21, 2018Immediately Following HDC | Coronado Room |
| Controller/Evaluators Training | Wednesday, April 4, 20180900 – 1100 | EMS DOC/MOC |
| Final Document Distribution | By April 4, 2018 | Via email and at Controller and Evaluator trainings |
| Exercise  | Friday, April 20, 2018 | Multiple Locations |
| Exercise Debrief(Controllers and Evaluators attend) | Wednesday, May 16, 2018 | Healthcare Disaster Council  |

**Controller and Evaluators:**

This exercise will have a number of locations active simultaneously. The locations will need to provide their own agency controllers. These controllers will receive training and materials at the Controller/Evaluator Training. This controller will be the agency contact during the exercise if there is information that needs to be passed outside the bounds of the exercise.

In addition to an agency controller, please identify evaluators that are familiar with your plans, policies, and procedures. The purpose of an exercise series is to identify best practices, area for improvement, revisions of local plans, and collaborative training for operational area assets. The evaluation criteria is established from the Department of Homeland Security Homeland Security Exercise and Evaluation Program (HSEEP). To obtain meaningful evaluation it is necessary to identify evaluators for each venue. Please identify one to two evaluators for your agency.

**Controller:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluators:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_