**Incident Resource Coordination and Management Worksheet**

**SECOMEX15 – DUE MAY 30, 2015**

* **Notification of Exercise by SE EMS via MNTrac Coordination Invite.**
  + **Received at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **MNTrac Coordination Center Room Invitation and Participation**
  + **Invitation Received at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + **Entered Coordination Center Room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + **Identify the Service you’re representing by typing in the room the name of your service.**
  + **Check** [**http://www.semndhc.org/ems-exercise-information/**](http://www.semndhc.org/ems-exercise-information/) **for scenario details.**
  + **Documentation Tools completed *(completed documents should be emailed to*** [***holly.hammann@state.mn.us***](mailto:holly.hammann@state.mn.us) ***) (Tools will also be available on the semndhc website and in MNTrac room resources.)***
    - **Evacuation Identification Worksheet**
    - **Incident Resource Coordination and Management Worksheet**
  + **Document the Hospital you contacted in the MNTrac Room** 
    - **Hospital Contacted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + **Mutual Aid Contact – Contact One Service you have an agreement with**
    - **Who did you contact and how \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
    - **Document this contact in MNTrac (no personal phone numbers or information please).**
    - ***SE10 Olmsted, Wabasha, Winona, La Crosse (Tri-State)***  
      ***SE11 Dodge, Goodhue, Rice, Steele***  
      ***SE12 Freeborn, Fillmore, Houston, Mower***
  + **Engage in Private Chat with Holly Hammann-Jacobs, EMSRB or Don Hauge, SE EMS**
* **Contact Primary Hospital via two methods of communication (please provide contact information)** 
  + **Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + **Landline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + **Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + **Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + **Radio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(SEE NEXT PAGE)**

**Please identify the following:**

1. Who are your Mutual Aid partners and what resources do they have? Please provide copies of the agreements.
   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. At the time of this exercise what resources would you have available to respond this incident?
   1. Staff # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Ambulances \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Who would you contact to access Regional assets such as a Disaster Trailer or the SE EMS Task Force?
   1. Primary Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Secondary Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Tertiary Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. For what types of incidents might you find Regional Assets useful?(list below)

* **Complete the following documents: (meeting 80% requirements results in $$$ for your agency)**
  + **This Checklist**
  + **Communications Survey**
  + **Evacuation Identification Worksheet**

***Return all documents to*** [***holly.hammann@state.mn.us***](mailto:holly.hammann@state.mn.us) ***or***

***PO Box 305, Lewiston, MN 55952***