



# Local Partnerships in Emergency Preparedness: A Cumberland County-wide Tabletop Exercise

**January 25, 2006  
9:00 am – 3:00 pm  
The Thomas Room  
749 Broadway, South Portland, Maine**

## **How will your community respond in the event of pandemic influenza, avian flu or SARS?**

Infectious disease disasters such as pandemic influenza will quickly overwhelm the resources of any size community. A coordinated, pre-planned response is critical to maximize your ability to preserve the health and safety of your citizens and responders. This program will help local agencies involved in emergency planning and response to assess and improve readiness for an infectious disease disaster. Community members will work in interdisciplinary teams to:

- clarify roles & responsibilities in an infectious disease emergency
- assess connectivity within and across agencies
- practice working together to respond to an emergency
- promote countywide cooperation & mutual aid
- evaluate current emergency plans & protocols
- understand the role of state agencies, and the resources available to local communities

## **Who should attend this tabletop exercise?**

Representatives of: public health (including Local Health Officers), local emergency management, police, fire, emergency medical services, local government (town managers, selectmen, school board), public works, hospitals, clinics & community health centers are all encouraged to attend.

## **Agenda:**

- 9:00 am – 9:30 am Registration & Breakfast
- 9:30 am – 10:30 am Introductory Presentation: “Community-Based Planning for Emergency Response”
- 10:30 am – 1:00 pm Tabletop Exercise
- 1:00 pm – 1:45 pm Lunch
- 1:45 pm – 3:00 pm Facilitated Debrief

## **Registration:**

**To register for this FREE training – go to: [www.mcph.org](http://www.mcph.org)**

For more information, contact:

**Josh Frances** (617-496-1087, [jfrances@hsph.harvard.edu](mailto:jfrances@hsph.harvard.edu))

**Viki Wills** (207-629-9272, [vwills@mcph.org](mailto:vwills@mcph.org))

**Steven Trockman** (207-662-5142, [trocks@mmc.org](mailto:trocks@mmc.org))

# REGISTRATION FORM

## Local Partnerships in Emergency Preparedness: A Cumberland County-wide Tabletop Exercise

Wednesday, January 25, 2006

9:00 a.m. - 3:00 p.m.

The Thomas Room  
South Portland, Maine

*Please print clearly and please do not use acronyms*

First Name: \_\_\_\_\_ (as you wish it to appear on name badge)

Last Name: \_\_\_\_\_ Last Four Digits of SSN# \_\_\_\_\_

Job Title: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

<b>JOB CATEGORY:</b> <i>(Please check the job description that best matches your PRIMARY position)</i>  <b>CHECK ONLY ONE BOX!</b>	<b><u>Public Health Staff:</u></b> <input type="checkbox"/> Public Health Administrator/Manager <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Public Health Professional <input type="checkbox"/> Other Public Health Staff	<b><u>Key Community and Community Health Care Personnel:</u></b> <input type="checkbox"/> School Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Elected Government Official <input type="checkbox"/> Other Key Community/School Personnel	<b><u>First Responders:</u></b> <input type="checkbox"/> Emergency Medical Technician, Paramedic, Fire/Rescue <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other First Responder
	<b><u>Key Hospital-Based Personnel:</u></b> <input type="checkbox"/> Emergency Room Physician <input type="checkbox"/> Emergency Room Nurse <input type="checkbox"/> Other Hospital Physician <input type="checkbox"/> Other Hospital Nurse <input type="checkbox"/> Infection Control Practitioner <input type="checkbox"/> Hospital Administrator/Manager <input type="checkbox"/> Maintenance/Security Personnel <input type="checkbox"/> Other Hospital Personnel	<b><u>Community-Based Primary Care Providers:</u></b> <input type="checkbox"/> Physician <input type="checkbox"/> Midlevel Practitioner <input type="checkbox"/> Mental and Behavioral Health Professional <input type="checkbox"/> Clinic/Practice Administration <input type="checkbox"/> Other Health Care Personnel	<b><u>Other</u></b> (please specify) _____ _____

To register for this FREE training, please send completed form or register online at [www.mcph.org](http://www.mcph.org):

Maine Center for Public Health, 12 Church Street, Augusta, ME 04330

Telephone: 207-629-9272 Fax: 207-629-9277

**Registration deadline is January 16<sup>th</sup>.**