



# Local Partnerships in Emergency Preparedness: A Sagadahoc & Lincoln County Tabletop Exercise

*(Intended for Sagadahoc and Lincoln Counties only)*

November 30, 2007

3:00 pm – 7:30 pm

American Legion, Industrial Park Drive  
Boothbay, Maine

## How will your community respond in the event of pandemic influenza?

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
- coordinate hospital to county communications via radio or satellite phone system

## Who should attend this tabletop exercise?

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

## Agenda:

- 3:00 pm – 3:30 pm Registration
- 3:30 pm – 4:15 pm Introductory Presentation: “Community-Based Planning for Emergency Response”
- 4:15 pm – 6:15 pm Tabletop Exercise
- 6:15 pm – 6:45 pm Dinner
- 6:45 pm – 7:30 pm Facilitated Debrief/Hotwash

## Registration:

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

For more information, contact:

Josh Frances, Southern Maine Regional Resource Center (207-662-5142, [Francj2@mmc.org](mailto:Francj2@mmc.org))  
Viki Wills, Maine Center for Public Health (207-629-9272 x212, [vwills@mcph.org](mailto:vwills@mcph.org))

## REGISTRATION FORM

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*Please print clearly and please do not use acronyms*

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

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

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) _____ _____

**Funding provided by Maine CDC.**

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, One Weston Court, Suite 109, Augusta, ME 04330

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

**Registration deadline is November 26<sup>th</sup>.**

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