



Texas Department of State Health Services
NOTICE of EXERCISE

Date Submitted:

SECTION I - General Information

A. *Lead/Sponsoring Organization/Provider:

My organization is located within PHR and TSA

B. *Name of Exercise:

C. *Location of Exercise:

D. *Proposed Exercise Date(s): through

E. *Exercise Type: Discussion-Based or Operations-Based

F. Does this exercise address identified gaps in your Risk Assessment? Yes No

G. Is this exercise included in your Training and Exercise Plan? Yes No

H. Would you like your exercise posted to the State Exercise Schedule? Yes No

I. Would you like to be contacted regarding technical assistance? Yes No

J. This exercise is designed to meet the following program requirements (check all that apply):

PHEP/ MCM HPP OTHER

K. *Point(s) of Contact:

Primary Name:

Email: Phone #:

Alternate Name:

Email: Phone #:

SECTION II - Anticipated Participants and Level

L. List Agency, Organization, Jurisdiction, Department, Office or Facility:

Local Regional State Tribal Federal International

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NOTICE of EXERCISE

SECTION III – Program Priorities (Threats, Hazards, Mission Areas, Domains and Capabilities):

M. This exercise will consider the following Threat(s) and Hazard(s):

Natural

Technological

Human-caused

Other

N. Select the appropriate program Capabilities examined by this exercise.

CDC PHEP/MCM

ASPR HPP

Biosurveillance	
	12 - Public Health Laboratory Testing
	13 - Public Health Surveillance & Epidemiological Investigation
Community Resilience	
	1 - Community Preparedness
	2 - Community Recovery
Countermeasures and Mitigation	
	8 - Medical Countermeasure Dispensing
	9 - Medical Material Management & Distribution
	11 - Non-Pharmaceutical Interventions
	14 - Responder Safety & Health
Incident Management	
	3 - Emergency Operations Coordination
Information Management	
	4 - Emergency Public Information & Warning
	6 - Information Sharing
Surge Management	
	5 - Fatality Management
	7 - Mass Care
	10 - Medical Surge
	15 - Volunteer Management

2017-2022 Capabilities	
	1 - Foundation for Health Care and Medical Readiness
	2 - Health Care and Medical Response Coordination
	3 - Continuity of Health Care Service Delivery
	4 - Medical Surge



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O. This exercise aligns with the following National Preparedness Goal Mission Areas & Core Capabilities:

Prevention

Protection

Mitigation

Response

Recovery

SECTION IV – Additional Information and submission instructions

P. Exercise Planning Meeting Schedule (*OPTIONAL*)

Planning Milestone(s) (event name)	Location(s) (venue & street address)	Date(s) (mm/dd/yy)
Concept and Objectives Meeting		
Initial Planning Meeting		
Mid-Term Planning Meeting		
Master Scenario Events List Sync Meeting		
Final Planning Meeting		
Exercise Conduct		
After Action Meeting		

Q. Additional information and/or continuation of sections above:

Thank you for completing this form. The NOE must reach the DSHS Exercise Team no later than **60 days** prior to exercise conduct. Significant changes to this planned exercise must be coordinated with the DSHS Exercise Team prior to conduct.

Internal DSHS Use Only			
Date / Initial			
Date Rcvd /	TA Contacted /	Posted to Profile /	Posted to Schedule /

NOTICE of EXERCISE INSTRUCTIONS

The Notice of Exercise (NOE) form is required to provide advance notice of exercise conduct for planning purposes, situational awareness, and technical assistance. The NOE must reach the DSHS Exercise Team at least **60 days** prior to exercise conduct. Required items are identified with an asterisk (*) on the form and specified in the instructions below.

SECTION I - General Information

Item	Field	Information
A	*Lead/Sponsoring Organization/Provider	Enter name of lead exercise organization or provider e.g. DSHS PHR 11 or Panhandle RAC. Use dropdowns to select your location within a PHR & TSA.
B	*Name of Exercise	Enter name of exercise - stay consistent with participants & documentation.
C	*Location of Exercise	Enter venue/facility and city of main area of exercise play e.g. St David's Medical Center, Austin.
D	*Proposed Date(s)	Enter anticipated conduct date or start/stop dates for multiday exercises.
E	Exercise Type	Select one from the appropriate discussion or operations based dropdown list.
F	Risk Assessment	Select Yes or No.
G	Training & Exercise Plan	Select Yes or No.
H	Exercise Schedule	Select Yes or No. Only limited information (lead organization, conduct date, exercise name, location) is shared on the State Exercise Schedule.
I	Technical Assistance	Select Yes or No. The DSHS Exercise Team will contact you if you select Yes to discuss potential technical assistance.
J	Exercise Intent	Select the program this exercise is designed to meet. Select all that apply e.g. PHEP with HPP provider participation.
K	*Point(s) of Contact	Enter Lead Exercise Planner contact information.

SECTION II - Planned Participating Organizations and Level

L	Agency, Organization, Jurisdiction, Dept.	Enter one participant per line and check the appropriate entity level. Consider PHRs, LHDs, RACs, DDCs, COGs, local providers and private partners.
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SECTION III - Program Priorities (Threats, Hazards, Mission Areas, Domains and Capabilities)

M	Threat(s) and Hazard(s)	Select the main threat and hazard the exercise will address. Select as many related hazards as necessary to frame the exercise e.g. earthquake and resulting dam/levee failure.
N	Domains and Capabilities	Select the appropriate Public Health and Healthcare Preparedness Capabilities - use the columns to guide your programmatic objectives.
O	Mission Areas and Core Capabilities	Select the appropriate Core Capabilities that align with the overall exercise and PHEP Capabilities.

SECTION IV - Additional Information and submission instructions

P	Exercise Planning Meetings	<i>Optional</i> – Enter projected exercise planning meeting date and locations if known.
Q	Additional information	Enter any amplifying or additional information that was not captured above.