Exercise Brunswick Charlie 2020 Questionnaire and Confirmation of Participation

Due date: 15 December 2019

# Introduction

Thank you for your interest in participating in Exercise BRUNSWICK CHARLIE 2020. On 02 June 2020, New Brunswick Emergency Measures Organization will host a full-scale emergency response Command Post Exercise (CPX) supported by regional, provincial, and federal institutions. The overall objective of Exercise BRUNSWICK CHARLIE 2020 is to validate the preparedness of municipalities to respond to and recover from a severe province wide weather event (A Severe Heat Wave followed by a Tropical Storm). Some possible impacts could involve: wildfires, power outages, public health/medical issues, search and rescue, wind damage to critical infrastructure, localized flooding, lightning strikes and a requirement for evacuations.

This questionnaire will be used to help guide the development of the exercise to meet the objectives of each participating organization. The results of this questionnaire will also assist the Exercise Design Team (EDT) in identifying and resolving any conflicting requirements early in the planning stage.

Completion of this questionnaire also serves as your organization’s confirmation of participation in Exercise BRUNSWICK CHARLIE 2020. Please send completed questionnaires to NBEMO Exercise Control via email at: [brunswickex@gnb.ca](mailto:brunswickex@gnb.ca) NLT 15 Dec, 20-19

Once we receive your questionnaire, we will be contacting you if further information is required to discuss your responses and requirements in detail.

Questions regarding the exercise or assistance in completing the questionnaire should be directed to:

NBEMO

Phone: 1-800-561-4034

Email: [brunswickex@gnb.ca](mailto:brunswickex@gnb.ca)

Greg MacCallum

Director NBEMO

Dept. of Public Safety

# Contact Information

Please identify a primary and secondary point of contact (POC) for your organization. If possible your POC should not be a potential player in the exercise since they will have access to privileged exercise-related material. The POCs will serve as trusted agents, supporting the exercise development process to ensure that all your organizations’ objectives are met. Additionally, POCs should attend the three planning conferences.

|  |  |
| --- | --- |
| **Organization** | |
| Organization Name: |  |
| Branch or Division, if appropriate: |  |
| **Primary Point of Contact** | |
| Name: |  |
| Position: |  |
| Phone Number: |  |
| Email: |  |
| **Secondary Point of Contact** | |
| Name: |  |
| Position: |  |
| Phone Number: |  |
| Email: |  |
| **Communications Point of Contact (if different from above)** | |
| Name: |  |
| Position: |  |
| Phone Number: |  |
| Email: |  |

# Objectives

Exercise objectives are what you want to achieve within your own community.

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| --- | --- |
| **Objectives** | |
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# Level of Play

Exercise BRUNSWICK CHARLIE 2020 will be a one-day exercise, from 8AM-8PM. Please indicate below whether you are able to participate for the full exercise, or only part of it.

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| --- | --- | --- | --- | --- | --- |
| **Exercise Availability** | | | | | |
|  | | Availability  (Atlantic Time) | | If “Other”, indicate exercise window | |
| Indicate your organization’s availability for the exercise. |  | 0800 - 2000 | Other | Start Time | End Time |
|  |  |  |  |  |
|  | | | | |

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| --- | --- | --- | --- | --- | --- |
| **EOC Activation** | | | | | |
| Will your organization activate an Emergency Operations Centre (EOC) during the exercise? | Yes | | No | | |
|  | |  | | |
| If yes, to what level will your EOC be prepared to be activated? |  | Full | | Partial | None |
|  |  | |  |  |
|  |  | |  |  |
| Where is the EOC located that will be in play for the exercise? (provide address if possible) |  | | | | |

# Simulated Media

For Exercise BRUNSWICK CHARLIE 2020, a robust simulation cell will be used to simulate the intense **media coverage** during an emergency. Several methods are available for delivering content to your organization’s communications group, including phone calls, emails, web news articles and social media from simulated journalists.

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| --- | --- | --- |
| **Simulated Media** | | |
| Would your organization like to test handling of media requests (e.g., enquiries from journalists and production of press releases and official messaging) in a simulated environment during the exercise? | Yes | No |
|  |  |

If no, advance to the following section. If yes, indicate the approximate number (e.g. 1 call per hour) or volume (high/medium/low) of content your organization would like to receive.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Morning** | **Afternoon** | **Evening** | **N/A** |
| Phone Calls |  |  |  |  |
| Emails |  |  |  |  |
| Chit Chat |  |  |  |  |

Indicate the contact information for where the content will be directed within your organization.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Media Contact Information** | | |
| Phone Calls | *Name/Division/Number* | | |
| Emails | *Name/Division/Email* | | |
| Chit Chat | *Organization’s Chit Chat handle* | | |
| Will your organization be monitoring simulated online news activity? | | Yes | No |
|  |  |
| Will your organization be holding a simulated press conference? | | Yes | No |
|  |  |
| Will your organization be producing press releases during the exercise? | | Yes | No |
|  |  |

Please indicate any specific requests (e.g., key words or phrases, themes, etc.) for the content of any media communication injects.

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| --- | --- |
| **Media Communication Inject Requirements** | |
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# Other Requirements

Please provide any additional restraints/requests or comments: All media requests would be directed to our Central Office in Fredericton.