

2026 HCRI Medical Response & Surge Exercise (MRSE) Resource Sufficiency Questions

This form should be used to indicate whether your facility would have adequate resources to support medical surge resulting from the scenario presented.

* Required

1. Facility Name *

2. Respondent Name *

3. Email *

Please enter an email

4. Phone Number *

5. Please indicate if your facility would have enough of the following personnel, pharmaceuticals, and resources for a medical surge incident (trauma) presented in the MRSE 2026 scenario/victim list: *

	Yes	No	N/A
Critical Care Physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical Care Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma, Emergency Department, and Perioperative Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics, Neonatal, and Obstetric Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Department Beds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Medicine/Surgical or General Inpatient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ICU Beds (incl. SICU, MICU, CCU)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical Unit Beds (Pre-op, Post-op, and Procedural)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Pediatric Unit Beds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric ICU Beds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood Products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical Equipment and Supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplies needed to administer pharmaceuticals, blood products, and IV fluids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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