

# Tabletop Exercise Situation Manual

2020 Regional Exercise  
**Scenario: Pediatric Surge**

JANUARY 29, 2020

Hosted by: Georgia Mountains Healthcare Coalition (Region B)  
Location: **Lanier Technical College Ramsey Conference Center**  
**2535 Lanier Tech Drive, Georgia 30507**



*This page intentionally left blank*

## *Preface*

The purpose of the exercise series is to test the ability of Georgia Mountains Healthcare Coalition (GMHC) Region B healthcare facilities and their community partners to respond to a regional pediatric surge event. Reflecting regional capability assessments, the following areas of emergency response were identified by the GMHC (Region B) Exercise Planning Team (EPT) as areas of concern for a regional pediatric surge response:

Foundation for Health Care and Medical Readiness  
Health Care and Medical Response Coordination  
Continuity of Health Care Service Delivery  
Medical Surge

This Situation Manual (SitMan) was produced with input, advice, and assistance from the GMHC (Region B) EPT, following guidance set forth in the Homeland Security Exercise and Evaluation Program (HSEEP).

The GMHC (Region B) Pediatric Surge TTX SitMan is tangible evidence of the commitment of The Coalition's healthcare facilities and community partners to ensure public safety and the highest level care through collaborative partnerships that will prepare them to respond to any emergency.

The GMHC (Region B) Pediatric Surge TTX is an unclassified exercise. The control of information is based more on public sensitivity regarding the nature of the exercise than on actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but participants may view other materials deemed necessary to their performance. All exercise participants may view the SitMan. Exercise participants should use appropriate guidelines to ensure the proper control of information within their areas of expertise and to protect this material in accordance with current jurisdictional directives. Public release of exercise materials to third parties is at the discretion of Northeast Georgia Health System (NGHS) and the Georgia Mountains Healthcare Coalition (Region B) EPT.

## Handling Instructions

The title of this document is Georgia Mountains Healthcare Coalition (Region B) Pediatric Surge Tabletop Exercise Situation Manual (SitMan).

The information gathered in this SitMan is For Official Use Only and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the GMHC (Region B) EPT is prohibited.

At a minimum, the attached materials will be disseminated only on a need-to-know basis and when unattended, will be stored in a locked container or area offering sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.

For more information, please consult the following points of contact:

Georgia Mountains Healthcare Coalition (Region B) RCH Northeast Georgia Health System		
NAME	PHONE	EMAIL
Matthew Crumpton, NRP, MEP, CEM-GA, EMHP <i>Emergency Preparedness Manager</i>	Mobile: 678.630.5955 Office: 770.219.1823	<a href="mailto:Matthew.Crumpton@nghs.com">Matthew.Crumpton@nghs.com</a>
Frances Franks, BSN, RN, EMHP <i>Coalition Clinical Advisor</i>	Mobile: 334.444.2651	<a href="mailto:Frances.Franks@nghs.com">Frances.Franks@nghs.com</a>

## *Table of Contents*

<i>Preface</i> .....	3
<i>Handling Instructions</i> .....	4
<b>Tabletop Exercise Instructions</b> .....	6
Welcome and Purpose .....	6
Scope .....	6
Exercise Objectives and Core Capabilities .....	6
Participants .....	7
Exercise Structure .....	7
Exercise Guidelines .....	7
Assumptions and Artificialities .....	8
<b>Discussion Questions – Pediatric Surge</b> .....	9
Directions.....	9
Module 1: INITIAL NOTIFICATION AND RECEIPT OF INITIAL VICTIMS .....	9
Brief Group Discussion.....	9
Questions .....	9
Module 2: RECEIPT OF REMAINING SURGE PATIENTS .....	10
Questions .....	10
MODULE 3: RECOVERY .....	12
Questions .....	12
<i>Appendix A: Patient Scenarios 1-10</i> .....	13
<i>Appendix B: SAMPLE Required Resources Per Patient Scenario</i> .....	15
<i>Appendix C: Georgia Mountains Healthcare Coalition (Region B) Communications Coordination Plan</i> ....	17
<i>Appendix D: Georgia Mountains Healthcare Coalition (Region B)</i> .....	19
<i>Executive Committee Contacts</i> .....	19
<i>Appendix E: Role of Children’s Healthcare of Atlanta (CHOA)</i> .....	20
<i>Appendix F: New WebEOC Guide</i> .....	21
<i>Appendix G: Region B Coalition Members WebEOC Login Information (password = epr12345)</i> .....	23
<i>Appendix H: Region B Healthcare Facility Bed Counts</i> .....	24
<i>Appendix I: Acronyms</i> .....	25
<i>Appendix J: Regional Coordinating Hospital Area Map</i> .....	26
<i>Appendix K: Public Health Districts Map</i> .....	27
<i>Appendix L: GEMA Regions Map</i> .....	28
<i>Appendix M: Participant Feedback Form</i> .....	29

## Tabletop Exercise Instructions

---

### Welcome and Purpose

Thank you for participating in the 2020 Georgia Mountains Healthcare Coalition (Region B) Pediatric Surge Tabletop Exercise. This exercise is coordinated by the GMHC with Northeast Georgia Health System, led by the Regional Coordinating Hospital – Northeast Georgia Medical Center -- Gainesville.

The purpose of this exercise is to review both local and Regional coordination in an effort to address preparedness gaps and identify areas for improvement in response to a regional pediatric scenario.

### Scope

This discussion-based exercise focuses on GMHC (Region B) healthcare facilities' and community partners' ability to respond to a regional pediatric surge event. This will include reviewing local and regional response plans, as well as, engaging in discussion to address potential gaps that may exist.

### Exercise Objectives and Core Capabilities

The National Planning Scenarios and the establishment of the National Preparedness Priorities have steered the focus of homeland security toward a capabilities-based planning approach. Capabilities-based planning focuses on planning under uncertainty, since the next danger or disaster can never be forecast with complete accuracy. Therefore, capabilities-based planning takes an all-hazards approach to planning and preparation that builds capabilities which can be applied to a wide variety of incidents. HSEEP guidelines and The Joint Commission standards emphasize capabilities-based planning to identify a baseline assessment of their homeland security efforts by comparing their current capabilities against the Core Capabilities List and The Joint Commission standards. This approach identifies gaps in current capabilities and focuses efforts on identifying and developing priority capabilities and tasks for the jurisdiction.

The following **core capabilities** formed the basis for development of the exercise objectives and scenario:

Foundation for Health Care and Medical Readiness  
Health Care and Medical Response Coordination  
Continuity of Health Care Service Delivery  
Medical Surge

The following **objectives** have been identified for this exercise:

- ❖ Review regional and internal plans, policies, and procedures of The GMHC Region's healthcare facilities and community partners needed to respond to a regional pediatric surge event;
- ❖ Review communications plans involving incident notification and ongoing situational awareness among area healthcare facilities, local governments, and regional partners;
- ❖ Review internal surge plans; and,
- ❖ Review procedures for establishing command and control operations

## Participants

Participants respond to the situation presented based on expert knowledge of response procedures, current plans and procedures, and insights derived from training.

Subject matter experts (SMEs) support the group in developing responses to the situation during the discussion. Key planning committee members may also assist with facilitation as subject matter experts during the tabletop exercise.

Facilitators/Evaluators provide situation updates, moderate discussions, and provide additional information or resolve questions as required. They also take notes of discussion and complete Exercise Evaluation Guides (EEGs) which are used in drafting the GMHC TTX After Action Report (AAR).

It is important that all participants at the table take notes and work to identify questions for discussion or possible gaps in capabilities to take back and discuss with their respective group or agency. Improvement planning is extremely important within the exercise cycle and cannot be done without such participation.

## Exercise Structure

For this exercise, participants will review the stated scenario and engage in facilitated group discussions of appropriate response issues. Participants will use the discussion questions provided to guide conversations surrounding local/regional pediatric surge/Mass Casualty Incident (MCI) response and surge capacity. Each group will present a brief synopsis of its discussion at the end of the tabletop.

Scenario updates (printed within this manual in blue boxes) will be delivered by the Coalition Exercise Facilitator at the designated times identified in the TTX agenda. This helps ensure that all participant discussions move along at approximately the same pace.

**NOTE:** Once a scenario update is given, groups should move down to that section. It is expected that some questions may not be answered in the allocated time for the exercise and may be revisited in future sections or at alternate events/meetings.

During the open discussion, you should come across yellow boxes within the discussion guide which are labeled “Action Items.” The designated agencies/facilities should conduct the noted action based on the exercise information and estimates of current day census. For example, real bed boards should be updated and agencies should post on their respective GHA911 WebEOC regional event log at the given time. Reference Appendices F and G for additional information on GHA911 WebEOC postings.

At the conclusion of the exercise, a debriefing will be conducted. Information collected (including strengths and areas for improvement) should be reported back so that a Regional After-Action Report may be drafted.

## Exercise Guidelines

- This is an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond based on your knowledge of current plans and capabilities (using only existing assets) and insights derived from training.
- Decisions are not precedent-setting and may not reflect your organization’s final position on a given issue. This is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve response and preparedness efforts. Problem-solving efforts should be the focus.

- Healthcare facilities should bring the exercise day's actual patient/resident census to the tabletop exercise for use during discussions.

### **Assumptions and Artificialities**

In any exercise, a number of assumptions and artificialities may be necessary to complete play in the time allotted. During this exercise, the following apply:

- Healthcare facilities should assume that initial patient/resident census is actual patient/resident census.
- The scenario is plausible, and events occur as they are presented.
- There is no hidden agenda, nor any trick questions.
- All participants receive information at the same time.



## Discussion Questions – Pediatric Surge

### Directions

Based on the information provided, participants will discuss issues raised in the following sessions and identify any additional requirements, critical issues, decisions, or questions that should be addressed at this time.

**The following questions are provided as suggested general subjects that you may wish to address as the discussion progresses.** These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question in this section.

### Module 1: INITIAL NOTIFICATION AND RECEIPT OF INITIAL VICTIMS

#### **Scenario Update: January 29, 2020: (30 min discussion and 15 min brief-back)**

**0945 Hours** Local EMS notifies Med Transport of reports of a school explosion during a rural school assembly. Initial reports indicate as many as 50 children and adults in the area at the time of explosion. Estimated number of casualties is unknown, but initial 911 calls report that the situation is dire.

#### Brief Group Discussion

- What notifications are initially made by the EMCC and how is the information disseminated?

Notes:

#### **ACTION ITEM: Coalition Executive Team**

Start an event log for the pediatric Mass Casualty Incident. Notify coalition of creation/other instructions per communications plan.

**Scenario Update:** Beginning at 1000, the first five patients begin to arrive at the hospital. See patient scenarios 1-5.

#### Questions

1. Is this considered a pediatric disaster? Would your emergency operations plan/hospital command center be activated? Would the county EOC be activated? How is the initial EMS response managed and prioritized?

Notes:

2. Describe specific communications needs and how to address them.

Notes:

3. What are your staffing, supply, and environmental needs at this point?

Notes:

4. How will your organization meet the current demand for pediatric care (beds, staffing, supplies, etc.) considering the specific details listed in the initial 5 patients scenarios?

Notes:

5. What outside resources need to be considered at this time (blood products, fatality resources, EMS for transfers, others)?

Notes:

**ACTION ITEM: All Healthcare Facilities**  
Log on to GHA911.org WebEOC – post update on staff numbers/status (ref EEI identified in Regional Communications Plan)

## Module 2: RECEIPT OF REMAINING SURGE PATIENTS

### **Scenario Update: January 29, 2020: (30 min discussion and 15 min brief-back)**

**1045 Hours** You have now received word from Med Transport that 5 additional pediatric patients are on the way to your facility via EMS with an estimated time of arrival beginning in the next 34 minutes. Parents, the media, and concerned citizens have descended on your organization.

Beginning at 1050, the next five patients begin arriving at the hospital. See patient scenarios 6-10.

### Questions

1. How will you handle the increasing number of injured? Worried well? Hysterical parents? Staff members who may have had children involved in the incident?

Notes:

2. Where and how will you set up triage, family reunification, media areas, and other response areas at the scene and at the hospitals?

**ACTION ITEM: Hospitals & Nursing Homes**

Update bed boards via [GHA911.org](http://GHA911.org).

Notes:

3. Where will you identify and admit all unaccompanied pediatric patients?

Notes:

4. How will you keep track of all the pediatric patients and reunify them with the appropriate family members?

Notes:

5. What supply and resource needs will be critical to address based on the specific additional patient scenarios?

Notes:

6. How is the community working together? Is there competition for resources? How are you communicating with staff, patients, families, etc.?

Notes:

7. If there were numerous fatalities involved, what is the capacity of the local medical examiner and regional forensic center to manage the event?

Notes:

**MODULE 3: RECOVERY****Scenario Update: January 29, 2020: (40 min discussion and 20 min brief-back)**

**1200 Hours** You have received word that all the patients have been cleared from the scene. Patients have been sent to numerous hospitals throughout the region. EMS resources are becoming available to assist with patient transfers

Summary of Casualties

Total Casualties 58

Fatalities 30

**ACTION ITEM: Coalition Executive Team**

Log on to GHA911.org WebEOC – post update on regional status for State and Coalition (ref EEI identified in Regional Communications Plan)

Questions

1. With limited EMS resources available, how do you prioritize which pediatric patients should be transferred to a higher level of care and which ones you can continue to manage internally? How does EMS manage and prioritize their resources during this phase considering the potential long commutes to out-of-area facilities?

Notes:

2. How will the mental health needs of the staff, patients, and community be addressed?

Notes:

3. What steps need to be addressed to assure your organization can return to normal operations?

Notes:

4. If this were a terrorist or criminal event, what additional measures would need to be considered throughout this scenario? What would be different if the explosion resulted in hazardous materials contamination?

Notes:

**ACTION ITEM: All Coalition Members**

Log on to GHA911.org WebEOC – update Coalition with report of EEI. Notify Executive team of critical resource needs/concerns.

## Appendix A: Patient Scenarios 1-10

### SCENARIO #1:

12yo male arrives with parents and is covered with dust in respiratory distress. Expiratory wheezes with retractions and accessory muscle use. HX of asthma, no prior intubations, no PICU admissions. Uses Advair daily and Albuterol PRN.

• P:110, R:30, BP:120/70, O2: 90% GCS 15

#### Medical Considerations:

- ❖ ABCs
- ❖ Oxygen
- ❖ Breathing Treatments
- ❖ Steroids
- ❖ IV Access and fluid replacement

### SCENARIO #2

6yo brought in by ambulance. Screaming she can't see. Multiple lacerations to her face, neck, chest. Large soft tissue avulsion of left mid-thigh with evidence of shrapnel penetrations and active hemorrhaging. Poor peripheral perfusion.

#### Medical Considerations:

- ❖ ABCs
- ❖ Fluids and blood replacement
- ❖ Hemorrhage control
- ❖ Evaluation/flushing of eyes.
- ❖ Escalation to OR (Ortho and General Surgeon)

### SCENARIO #3

7yo female brought in by ambulance with severe respiratory distress and absent breath sounds on the right side. Numerous lacerations across chest and ABD. Tender to the right ABD with distention noted.

• P:140, R:38, BP: 80/50, GCS: 14

#### Medical Considerations:

- ❖ ABCs (Intubation?)
- ❖ Hemothorax
- ❖ Volume replacement (fluids/blood)
- ❖ ABD trauma
- ❖ Escalation to OR (General Surgery)

### SCENARIO #4

11yo male brought in by EMS with facial burns, agonal respirations, lacerations to face and upper neck.

• P:60, R: 4, BP: 80/50, GCS: 4

#### Medical Considerations:

- ❖ ABCs (Intubation to secure airway)
- ❖ Consider TBI vs hypoxia as cause
- ❖ Fluid resuscitation
- ❖ Possible Neurosurgery

### SCENARIO #5

11yo female brought in with teacher. Unresponsive and missing left arm and leg.

• No vital signs, patient declared DOA on arrival

#### Medical Considerations

- ❖ Where will you put the deceased?
- ❖ Support for family/caregivers (SW)

**SCENARIO #6:**

14yo male with caregiver. He is rather large and head banging. Non-verbal, hitting and biting anyone who approaches. Pt has history of autism and developmental delays. No obvious trauma.

- P:100, R:18, BP: Unable to obtain due to fighting, GCS Unknown (nonverbal); behavior WNL per caregiver.

**Medical Considerations:**

- ❖ ABCs
- ❖ Difficulty assessing for injuries
- ❖ Communication on his level
- ❖ Safety of patient and caregiver with minimal resources (Restraints? Medications?)

**SCENARIO #7:**

5yo male brought in by EMS. Pt has a history of seizures and has been known to have break through seizures (tonic clonic) requiring rectal valium.

- P:95, R:18, BP: 100/70, GCS 15

**Medical Considerations:**

- ❖ ABCs
- ❖ Seizure precautions
- ❖ Who will watch the child?

**SCENARIO #8**

7yo female who is ventilator dependent (neuromuscular disorder) arrives via EMS. She also receives continuous feeds through her g-tube. She has a metabolic condition and requires continuous feeds to prevent hypoglycemia. Both her home ventilator and feed pump were damaged in the blast. EMS has bagged via trach without difficulty. She is alert and at baseline.

**Medical Considerations:**

- ❖ ABCs
- ❖ Needs ventilator
- ❖ Needs pump with formula. What else could you do if pump/formula is not available?

**SCENARIO #9:**

9yo male is brought in by EMS with bleeding from right arm. He has several lacerations to face and other extremities. He is lethargic and only opens his eyes to painful stimulation. On exam he has an open fracture of the humerus with mild active bleeding. He has an alert bracelet that states he has Congenital Adrenal Hyperplasia (CAH). No signs of trauma to his head.

- P:136, R:14, BP:86/48, BSG: 28mg/Dl; Pt is breathing effectively at this time but needs 100% O2 (NRB).

**Medical Considerations:**

- ❖ ABCs
- ❖ CAH patients need stress doses of steroid to prevent hypotension and hypoglycemia. Hypoglycemia needs to be corrected immediately and in some cases more than once.
- ❖ Pain control once awake
- ❖ Stress dose of steroids

**SCENARIO #10:**

8yo male found unresponsive near the scene. He has obvious head trauma with open wound to the back of the head. No other obvious injuries.

- P:50, R:8, BP:130/60, GCS: 6

**Medical Considerations:**

- ❖ ABCs
- ❖ Hypertonic Saline/ 3%
- ❖ C Spine
- ❖ Neuro consult

### Appendix B: SAMPLE Required Resources Per Patient Scenario

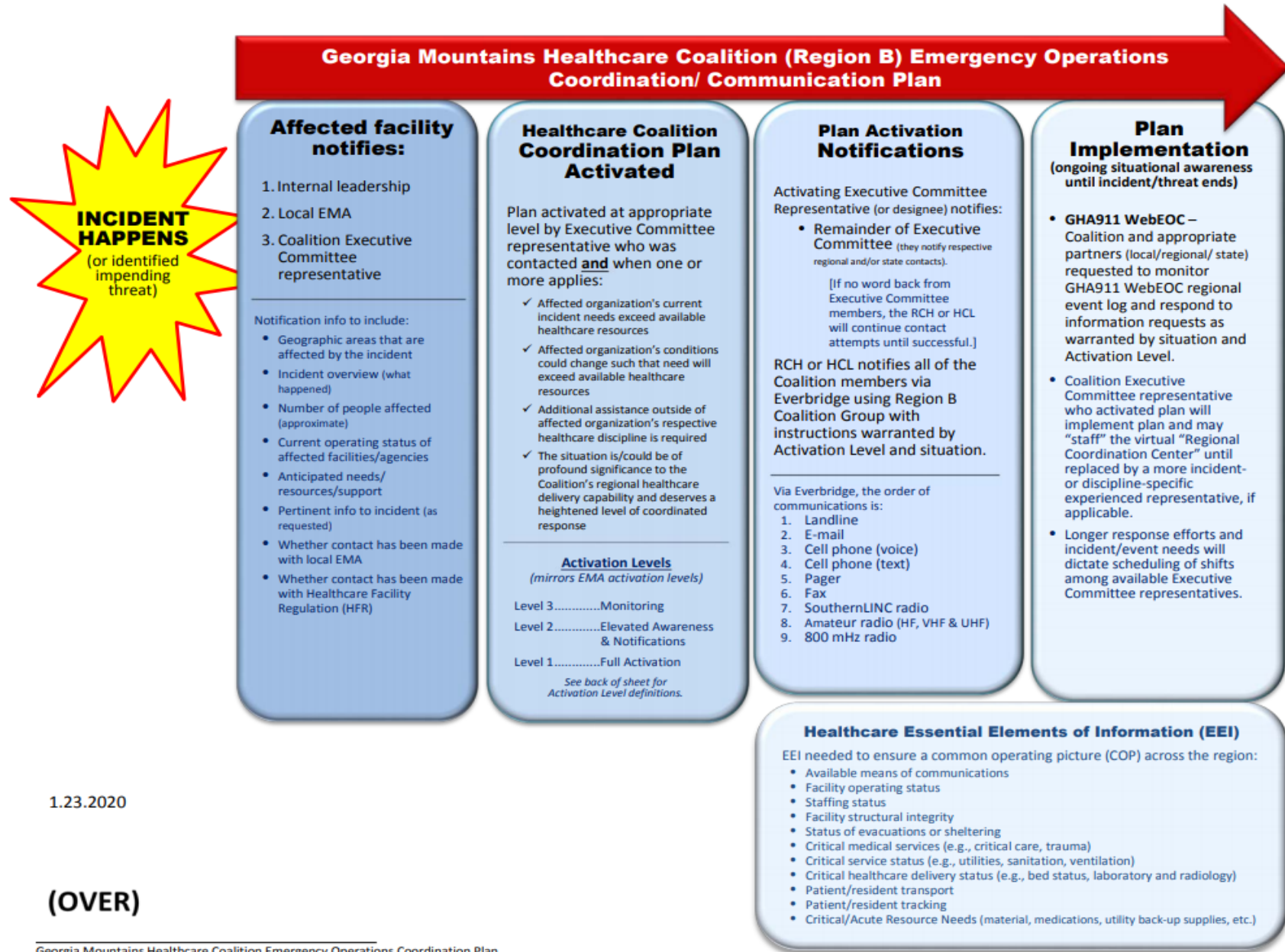
Supplies	Quantity Readily Available in ED	Total Quantity Needed for Scenarios	Scenario #1	Scenario #2	Scenario #3	Scenario #4	Scenario #5	Scenario #6	Scenario #7	Scenario #8	Scenario #9	Scenario #10
Pediatric ETT		3			1	1						1
Pediatric Non-rebreather		3		1	1						1	
Pediatric Nasal Cannula		1										1
Pediatric CO2 Confirmation Device		3			1	1						1
Pediatric BVM (Mask & Bag)		3			1	1						1
Pediatric Nebulizer mask		1	1									
Nebulizer Set-up		1	1									
IV Catheter 24 & 22g		21	2	4	5	4					2	4
Pediatric IO Needles + Connectors		5		1	1	1					1	1
IV Tubing		11	1	3	2	2					1	2
Blood Tubing		3		1	1							1
Saline Bag		15	1	4	3	2					2	3
Pressure Bag		4		1	1	1						1
IV Pump		5	1	1	1	1						1
Blood (O-)		6		2	2							2
Cardio/Resp Monitor		6	1	1	1	1					1	1
Chest Tube Set up with tube		1			1							
General Dressing Supplies		5		1	1	1					1	1
Pediatric Hemorrhage Tourniquet		1		1								
Saline for irrigation (at least 500ml)		6		2	1	1					2	

Supplies	Quantity Readily Available in ED	Total Quantity Needed for Scenarios	Scenario #1	Scenario #2	Scenario #3	Scenario #4	Scenario #5	Scenario #6	Scenario #7	Scenario #8	Scenario #9	Scenario #10
Pain Medication (morphine, fentanyl, etc.)		4		1	1	1					1	
Asthma Medication (Including Steroids)		1	1									
RSI Medication		2			1	1						
Mannitol/3%		0										
Behavioral Medication		1						1				
ABXs (ancef, rocephin, etc.)		4		1		1					1	1
Dextrose/Steroids		1									1	
Ventilator		3			1	1				1		
Feeding Pump/Bag/Tubing		1								1		

Ophthalmology		0										
Orthopedics		1									1	
Neurosurgery		1										1
General Surgery		3		1	1							1
SW		3					1	1	1			
RT		5	1		1	1				1		1
RN		15	1	2	2	2	1	1	1	1	2	2



## Appendix C: Georgia Mountains Healthcare Coalition (Region B) Communications Coordination Plan



1.23.2020

(OVER)

Georgia Mountains Healthcare Coalition Emergency Operations Coordination Plan

GEORGIA MOUNTAINS HEALTHCARE COALITION  
EMERGENCY OPERATIONS COORDINATION PLAN

### Activation Levels

#### Level 3 Activation – Monitoring

Considered business as usual/normal duty activity where no incidents or threats are affecting facilities in the Region. Coalition members are practicing basic situational awareness, and any notifications or actions that need to be made will be communicated by the RCH to state-level agencies and Coalition partners as part of their everyday responsibilities.

#### Level 2 Activation – Elevated Awareness & Notifications

Considered a phase of heightened awareness due to a perceived or pending threat to the Region. The level of communication among Coalition members will increase in order to maintain a higher level of situational awareness. Coalition members should review plans and check resources/supplies as a response to this level of activation.

##### Level 2 Activation will consist of the following sequence of notifications:

1. The facility/organization who learns of pending threat will alert their organization leadership and staff, in accordance with their internal protocols.
2. Facility will notify county EMA Director of incident/threat.
3. Facility will notify designated Coalition Executive Committee representative
  - Notified Coalition Executive Committee representative (or designee) will notify:
    - Other Coalition Executive Committee representatives who will notify:
      - appropriate regional-/state-level partners
    - All Coalition members, as appropriate, who will notify:
      - Internal leadership and community partners, as appropriate
4. Executive Committee representative who activated Coordination Plan (or designee) may activate Regional Command Center and start a GHA911/WebEOC event log *for the Region* (named: Georgia Mountains Region [incident] [start date of incident; xx-xx-xx]).

#### Level 1 – Full Activation of Coalition

Activation will occur when a facility or multiple facilities in Region have been or will be affected by an incident/threat, and may need assistance and/or resources.

##### Level 1 Activation will consist of the following sequence of events:

1. Facility will follow their emergency operations plan, and alert their organization leadership and staff of incident/threat.
2. Facility will notify their county EMA Director of incident/threat.
3. Facility will notify designated Coalition Executive Committee representative.
  - Notified Coalition Executive Committee representative will contact other Coalition Executive Committee representatives
    - Coalition Executive Committee representatives will notify appropriate regional-/state-level partners
  - Notified Coalition Executive Committee representative (or designee) will notify all Coalition members
    - Coalition partners will notify their internal leadership and community partners as appropriate
4. Involved facility(ies) will follow their internal protocols and plans to manage the event.
5. Involved facilities will start a GHA911/WebEOC Event log for the event *for their facility*.
6. Executive Committee representative who activated Coordination Plan (or designee) will activate Regional Command Center and start a GHA911/WebEOC event log *for the Region* (named: Georgia Mountains Region [incident] [start date of incident; xx-xx-xx]).
7. Depending on the scope and severity of the event, the RCH may consider the handoff of RCH duties to another region.

Georgia Mountains Healthcare Coalition Emergency Operations Coordination Plan

### Coalition Members' Executive Committee Representative

HEALTHCARE DISCIPLINES	CONTACT	HEALTHCARE COALITION EXECUTIVE COMMITTEE REPRESENTATIVE
<ul style="list-style-type: none"> <li>• Hospitals</li> <li>• Other healthcare disciplines (not represented below)</li> </ul>		Northeast Georgia Health System Matthew Crumpton 770-219-1823 (office) 678-630-5955 (cell)
<ul style="list-style-type: none"> <li>• Public Health</li> </ul>		DPH District Emergency Coordinator Mark Palen, District 2 Public Health 770-531-4505 (office) 678-928-1337 (cell)
<ul style="list-style-type: none"> <li>• Public Health</li> </ul>		DPH Healthcare Liaison Donna Sue Campbell, District 2 Public Health 770-535-6989 (office) 770-851-3089 (cell)
<ul style="list-style-type: none"> <li>• Local Emergency Management Agencies</li> </ul>		Emergency Management Agency (EMA) Casey Ramsey 770-519-2418 Diedra Moore 706-677-3163
<ul style="list-style-type: none"> <li>• Nursing Homes</li> </ul>		Nursing Home (NH) Kerry Smith, Pamela Desrochers 770-219-8315 (office) 770-219-8683
<ul style="list-style-type: none"> <li>• Emergency Medical Services</li> </ul>		Emergency Medical Services (EMS) Scott Masters, NGHS EMS 770-550-6365 (office)
<u>My Organization's Healthcare Coalition Contact:</u>		

### Communications with Regional/State Partners

COALITION EXECUTIVE LEADERSHIP REPRESENTATIVE	NOTIFIES THE FOLLOWING
Regional Coordinating Hospital (RCH)	<ul style="list-style-type: none"> <li>• GHA Emergency Preparedness Director (notifies other RCHs)</li> <li>• GPH Healthcare Preparedness Program Director</li> </ul>
DPH District Emergency Coordinator (or designee)	<ul style="list-style-type: none"> <li>• District Health Director</li> <li>• State on-call duty officer (855-377-4374)</li> </ul>
DPH Healthcare Liaison	<ul style="list-style-type: none"> <li>• Others as warranted</li> </ul>
Emergency Management Agency (EMA)	<ul style="list-style-type: none"> <li>• GEMA On-Call Field Coordinator</li> <li>• GEMA</li> </ul>
Nursing Home (NH) Council Coordinator	<ul style="list-style-type: none"> <li>• Georgia Mountains Region Nursing Home Administrators</li> <li>• Georgia Health Care Association (GHCA)</li> <li>• Neighboring Nursing Home Council Coordinator</li> </ul>
Federally Qualified Community Health Center (Other Healthcare Provider Representative)	<ul style="list-style-type: none"> <li>• Others as warranted</li> </ul>
Emergency Medical Services (EMS)	<ul style="list-style-type: none"> <li>• Regional EMS Program Director, State Deputy Director of EMS, Director of EMS, EMS Directors in Georgia Mountains Region, EMS agencies in affected region and/or neighboring regions</li> </ul>

NOTE: Media will only be notified by Incident Commander of affected facility/scene.

## *Appendix D: Georgia Mountains Healthcare Coalition (Region B)*

### *Executive Committee Contacts*

RCH - Matthew Crumpton  
Emergency Preparedness Manager  
Coalition Coordinator  
Northeast Georgia Health System  
(o): 770/219-1823  
(c): 678/630-5955  
[matthew.crumpton@nghs.com](mailto:matthew.crumpton@nghs.com)

EMA - Casey Ramsey  
Hall County EMA  
Captain of Special Operations  
Department Safety Officer  
Hall County Fire Services  
(o) 770-503-3215  
(c) 770-519-2418  
[cramsey@hallcounty.org](mailto:cramsey@hallcounty.org)

LTC - Kerry Smith  
Executive Director of Long Term Care  
New Horizons Lanier Park  
(o) 770-219-8315  
(c) 678-773-5229  
[kerry.smith@nghs.com](mailto:kerry.smith@nghs.com)

Coalition Clinical Advisor- Frances Franks  
Critical Care Resource Nurse  
Northeast Georgia Health System  
(c) 334-444-2651  
[frances.franks@nghs.com](mailto:frances.franks@nghs.com)

DPH HCL - Donna Sue Campbell  
Emergency Preparedness Healthcare Liaison  
Coalition Facilitator  
District 2 Public Health  
(o) 770-535-6989  
(c) 770-851-3089  
[DonnaSue.Campbell@dph.ga.gov](mailto:DonnaSue.Campbell@dph.ga.gov)

DPH EC – Mark Palen  
District 2 Public Health  
(o) 770-531-4505  
(c) 678-928-1337  
[Mark.Palen@dph.ga.gov](mailto:Mark.Palen@dph.ga.gov)

EMA – Diedra Moore  
Banks County EMA / E-911  
(o) 706-677-3163  
(c) 706-658-5120  
[dmoore@co.banks.ga.us](mailto:dmoore@co.banks.ga.us)

LTC-Pamela Desrochers  
Manager of Long Term Care  
New Horizons Limestone  
(o) 770-219-8683  
(c) 706-769-0670  
[Pamela.Desrochers@nghs.com](mailto:Pamela.Desrochers@nghs.com)

Hospital - Cecil Solaguren  
Environment of Care Director  
Union General Hospital  
(706) 994-3619  
[cecilsolaguren@uniongeneral.org](mailto:cecilsolaguren@uniongeneral.org)

## Appendix E: Role of Children's Healthcare of Atlanta (CHOA)

Children's Healthcare of Atlanta (CHOA) has contracted with the Georgia Hospital Association (GHA) to act as the Specialty Coordinating Hospital (SCH) for pediatrics with the state of Georgia. In the event of a disaster, CHOA will assist facilities and regions with pediatric patient needs. **CHOA Transfer Center can facilitate the acceptance of pediatric patients.**

If the scope of the event exceeds the resources of CHOA, we will work with those facilities within Georgia that have pediatric inpatient capabilities for patient placement. CHOA's is also a signatory to the Southeastern Regional Pediatric Disaster Network and is in contact with numerous pediatric hospitals across the Southeast (Tennessee, North Carolina, South Carolina, Florida, Kentucky, Alabama, and Mississippi). This organization has a memorandum of understanding to support each other in the event of a disaster involving pediatrics.

For assistance with pediatric patient placement, please call the  
**Children's Healthcare of Atlanta Transfer Center**

**404-785-7778 or 1-888-785-7778**

### **Additional responsibilities of the Specialty Coordinating Hospital (SCH)**

#### **Children's Healthcare of Atlanta will:**

- Provide **technical assistance** for hospitals in the development of plans and exercises as well as during real world emergencies upon request.
- Assistance may include providing additional staffing, sharing expertise and distribution of specialty care supplies and equipment through **mutual aid** during a disaster or evacuation.
- Participate in **regional drills** to offer pediatric expertise and to encourage pediatric patients to be included in drill casualties to better prepare for world events

*For more information on Children's role as the SCH for pediatrics, please contact Kristopher Mattson at 404-785-7191.*

### **Children's Healthcare of Atlanta Overview**

- CHOA is comprised of three (3) separate hospitals: Egleston, Scottish Rite and Hughes Spaulding.
  - **Egleston** is the only designated Level 1 Pediatric Trauma Center in the state.
  - **Scottish Rite** is the only designated Level 2 Pediatric Trauma Center in the state.
  - **Hughes Spaulding** has Pediatric Emergency Department and pediatric general care capabilities.
- Between the 3 campuses, CHOA has over 500 licensed pediatric beds!
- Currently this includes 58 pediatric intensive care beds combined in 2 PICU's, Neonatal Intensive Care Units (NICU) a Cardiac Intensive Care Unit (CICU) and Technology Dependent Unit (TDICU). Egleston has ECMO capabilities as well.
- CHOA has all pediatric sub-specialties and will accept pediatric patients in transfer when beds are available.

CHOA can assist with the transport of patients. CHOA can provide ground transportation with up to 7 ambulances and 1 helicopter. CHOA can also assist with fixed wing transport.



### **Additional CHOA Contacts**

- **Trauma intake line for EMS:**
  - 404-785-5082 or
  - State HEAR or
  - MED Channel 2 or 3
- **Children's Transport**
  - 404-785-6540 or
  - 1-800-325-6540

## Appendix F: New WebEOC Guide

### WebEOC quick reference guide

Opening WebEOC: Website Link -  
<https://gdphepr.webeocasp.com>

- Click Accept

#### Logging In

- Enter Username: Use the following format

HCC-Letter of Region space

Name of Facility

- Password: epr12345
- Click login

**DO NOT CLICK CONTINUE YET!!!!**

#### Selecting your Position and Incident

- Select position: The exact same as your username. #3
- Choose given incident name **OR** HCC-Letter of your Region- Monthly Events-Month/year
- Click continue

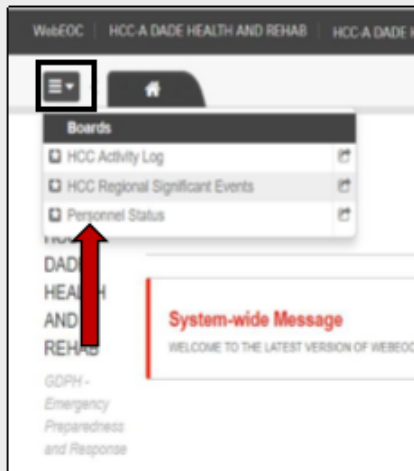
#### Adding Additional Login Information

- Additional Login Information: Please add YOUR information then click continue

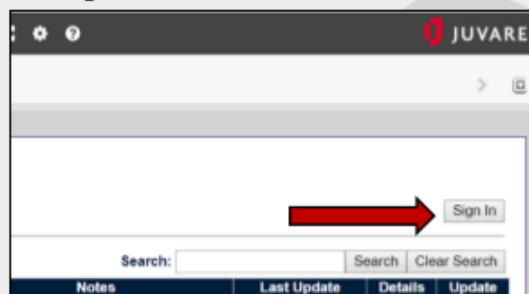


## WebEOC quick reference guide

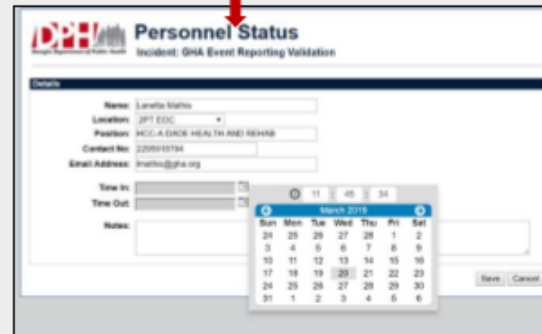
- Go to control panel (box with 3 lines and down arrow) to the left and choose personnel status in the drop down box.



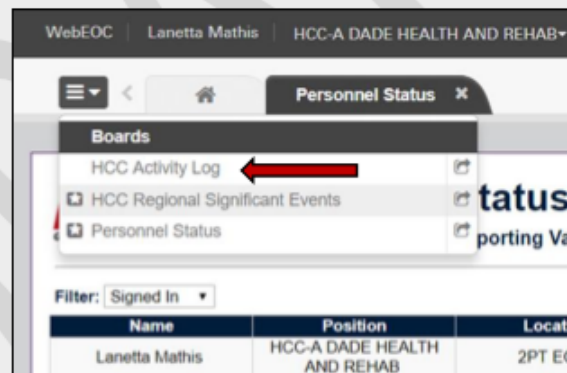
- Click the Sign in button on your right



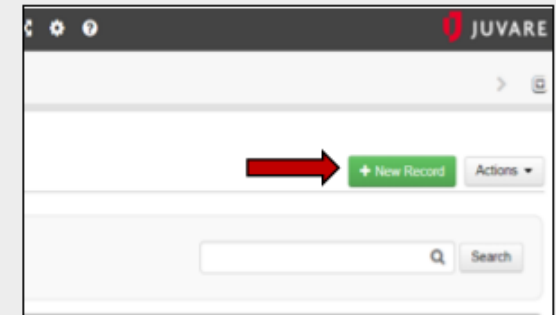
- Click on Calendar next to time in and choose date then click save



- Go to Control Panel and select HCC Activity Log



- Click on Green New Record button to your right



- Enter all information relating to event



- Don't forget to sign out of your shift by going back to the personnel status board and click update by your name, then select the calendar next to time out and then click save.

### Appendix G: Region B Coalition Members WebEOC Login Information (password = epr12345)

HCC-B A HELPING HAND HOME CARE	HCC-B Gainesville Eye Center	HCC-B NGMC Gainesville
HCC-B Ability Pediatric Therapy	HCC-B Gainesville Fire Department	HCC-B NGMC Lumpkin
HCC-B Advanced Eye Surgery Center	HCC-B Gainesville Pain Surgery Center	HCC-B NIGHTINGALE SERVICES
HCC-B Affinis Hospice Gainesville	HCC-B Gainesville Pain Surgery Center/Friendship Surgery Center	HCC-B NORTH GEORGIA ASSISTED LIVING
HCC-B Affinity Living Facility	HCC-B Gainesville Police Dept.	HCC-B North Georgia Eye Surgery Center
HCC-B Amedisys Home Health Gainesville	HCC-B GATEWAY HEALTH AND REHAB	HCC-B North Georgia Medical Transport
HCC-B Amedisys Home Health Toccoa	HCC-B GEMA Homeland Security	HCC-B North Georgia Technical College
HCC-B American Red Cross	HCC-B Georgia Medport	HCC-B Northside Foot & Ankle Outpatient Surgery Center
HCC-B Avita Community Partners	HCC-B GEORGIA PALS	HCC-B Northwoods Retirement Home
HCC-B Banks Co. Coroner's Office	HCC-B GOLD CITY Health and Rehab	HCC-B Oaks at Braselton
HCC-B Banks Co. EMA	HCC-B Gold City Personal Care Home	HCC-B Oaks Scenic View
HCC-B Banks Co. Fire and EMS	HCC-B Good Shepherd Clinic of Dawson County Inc	HCC-B PHYSICAL THERAPY SPECIALISTS
HCC-B Bell Minor Home	HCC-B Habersham Co. EMS	HCC-B PROFESSIONAL HEALTH SERVICES
HCC-B BLACK BEAR TREATMENT CENTER	HCC-B HABERSHAM COUNTY MEDICAL CTR	HCC-B PROFESSIONAL THERAPY SERVICES
HCC-B Blairsville Police Dept.	HCC-B Habersham EMA/911	HCC-B Pruitt Home Health Gainesville
HCC-B Brasstown Manor	HCC-B HABERSHAM HOME	HCC-B Pruitt The Oaks Limestone
HCC-B Brenau University	HCC-B Hall County 911	HCC-B PRUITTHEALTH HOME HEALTH
HCC-B Brighter Morning Personal Care Home	HCC-B Hall County ARES	HCC-B PRUITTHEALTH HOSPICE GAINESVILLE
HCC-B Capstone Hospice	HCC-B Hall County EMA	HCC-B Pruitthealth TOCCOA
HCC-B Chatuge Regional Hospital	HCC-B Hall County Fire Services	HCC-B Rabun Co. EMA
HCC-B CHATUGE REGIONAL NURSING HOME	HCC-B Hall County Sheriff's Dept	HCC-B Rabun Co. EMS
HCC-B Chelsey Park Health and Rehabilitation	HCC-B Healing Hands Community Clinic	HCC-B Region 2 Office of EMS and Trauma
HCC-B Coalition Coordinator	HCC-B HELP AT HOME	HCC-B RESCARE HOMECARE
HCC-B Coalition Facilitator	HCC-B HMC Home Care	HCC-B Rose Blossom Personal Care Home
HCC-B COMFORT KEEPERS #473	HCC-B HOME CARE MATTERS	HCC-B SOUTHERN COMPANIONS
HCC-B COMPREHENSIVE NURSING CARE INC	HCC-B HOME INSTEAD SENIOR CARE	HCC-B Specialty Clinics of Georgia
HCC-B CORNERSTONE COUNSELING CENTER	HCC-B HOMENURSE INC GAINESVILLE	HCC-B Specialty Orthopaedics Surgery Center
HCC-B Country Heritage Personal Care Home	HCC-B HOSPICE OF NORTHEAST GEORGIA MEDICAL CENTER	HCC-B Stephens Co. EMA
HCC-B Dahlonega Assisted Living and Memory Care	HCC-B Interactive Neighborhood for Kids	HCC-B Stephens Co. EMS
HCC-B Davita Gainesville Dialysis	HCC-B K B HEALTH TECHNOLOGY	HCC-B STEPHENS COUNTY HOSPITAL
HCC-B Davita Jesse Jewell	HCC-B Lanier Interventional Pain Center	HCC-B Tanglewood Personal Care Home
HCC-B Dawson Co. Emergency Services	HCC-B Legacy Link	HCC-B The Heritage House Senior Living
HCC-B Dawson Co. EMS	HCC-B Lumpkin Co. EMA	HCC-B The Landings of Gainesville Assisted Living Facility
HCC-B Dawson County Fire Department	HCC-B Lumpkin Co. Emergency Services	HCC-B The Oaks Limestone
HCC-B Demorest Fire Dept.	HCC-B Manor Lake Assisted Living	HCC-B Toccoa Falls College
HCC-B District 2 Public Health	HCC-B MAXIM HEALTHCARE SERVICES	HCC-B Towns Co. EMA
HCC-B Dogwood Bluff Personal Care Home	HCC-B Med Transport NGH5 Primary Care	HCC-B Towns Co. EMS
HCC-B Encompass Home Health	HCC-B MEDLINK GAINESVILLE	HCC-B Union Co. EMA
HCC-B Ethica Health	HCC-B MedLink Georgia Inc - Colbert	HCC-B Union County Dialysis
HCC-B Evergreen Terrace Personal Care Home	HCC-B MedLink Georgia Inc - Royston	HCC-B UNION COUNTY NURSING HOME
HCC-B First Baptist Church - Gainesville	HCC-B Memorial Ambulance	HCC-B Union General Ambulance Service
HCC-B Foothills Retirement Home	HCC-B Miss Willie's Manor	HCC-B UNION GENERAL HOSPITAL
HCC-B Fresenius Dialysis Habersham	HCC-B Miss Willie's Manor II	HCC-B University of North Georgia
HCC-B Fresenius Dialysis Toccoa	HCC-B Morningside of Gainesville	HCC-B VILLAGE NURSING CARE INC
HCC-B Fresenius Gainesville	HCC-B Mountain Breeze	HCC-B Vine Senior Care
HCC-B Fresenius Lake Lanier	HCC-B Mountain Lakes Medical Center	HCC-B VISITING ANGELS
HCC-B Fresenius Medical Care Braselton	HCC-B MOUNTAIN VIEW HEALTH and REHAB	HCC-B White County EMA
HCC-B Fresenius Medical Care Hall County	HCC-B Mt. Sinai Wellness Center	HCC-B White County EMS
HCC-B FRIENDSHIP HEALTH AND REHAB	HCC-B NEW HORIZONS LANIER PARK	HCC-B White County Public Safety
HCC-B GA Mountains Health Services	HCC-B NEW HORIZONS Limestone	HCC-B WILLOWBROOKE COURT AT LANIER VILLAGE ESTATES
HCC-B Gainesville Endoscopy Center	HCC-B NGMC Braselton	HCC-B WILLOWWOOD NURSING CENTER

### Appendix H: Region B Healthcare Facility Bed Counts

REGION B	FACILITY TYPE	# LICENSED BEDS	CURRENT CENSUS
<b>BANKS</b>			
<b>TOTAL</b>			
<b>DAWSON</b>			
<b>TOTAL</b>			
<b>HABERSHAM</b>			
Habersham County Medical Center	Hospital	137	
Habersham Home	Nursing Home	84	
The Oaks Scenic View Skilled Nursing	Nursing Home	148	
<b>TOTAL</b>			
<b>HALL</b>			
Willowbrooke Court At Lanier Village Estates	Nursing Home	64	
New Horizons Limestone	Nursing Home	134	
The Oaks- Limestone	Nursing Home	104	
Willowwood Nursing Center	Nursing Home	100	
The Bell Minor Home	Nursing Home	104	
Northeast Georgia Medical Center	Hospital	557	
NGHS Braselton	Hospital	100	
New Horizons Lanier Park	Nursing Home	118	
<b>TOTAL</b>			
<b>LUMPKIN</b>			
Northeast Georgia Medical Center - Lumpkin	Hospital	49	
Chelsey Park Health and Rehabilitation	Nursing Home	60	
Gold City Health and Rehab	Nursing Home	102	
<b>TOTAL</b>			
<b>RABUN</b>			
Mountain Lakes Medical Center	Hospital	25	
Mountain View Health Care	Nursing Home	113	
<b>TOTAL</b>			
<b>STEPHENS</b>			
Stephens County Hospital	Hospital	96	
Pruitt Health - Toccoa	Nursing Home	181	
<b>TOTAL</b>			
<b>TOWNS</b>			
Chatuge Regional Hospital	Hospital	137	
Chatuge Regional Nursing Home	Nursing Home	112	
<b>TOTAL</b>			
<b>UNION</b>			
Union General Hospital	Hospital	45	
Union County Nursing Home	Nursing Home	150	
<b>TOTAL</b>			
<b>WHITE</b>			
Friendship Health and Rehab	Nursing Home	89	
Gateway Health and Rehab	Nursing Home	60	
<b>TOTAL</b>			

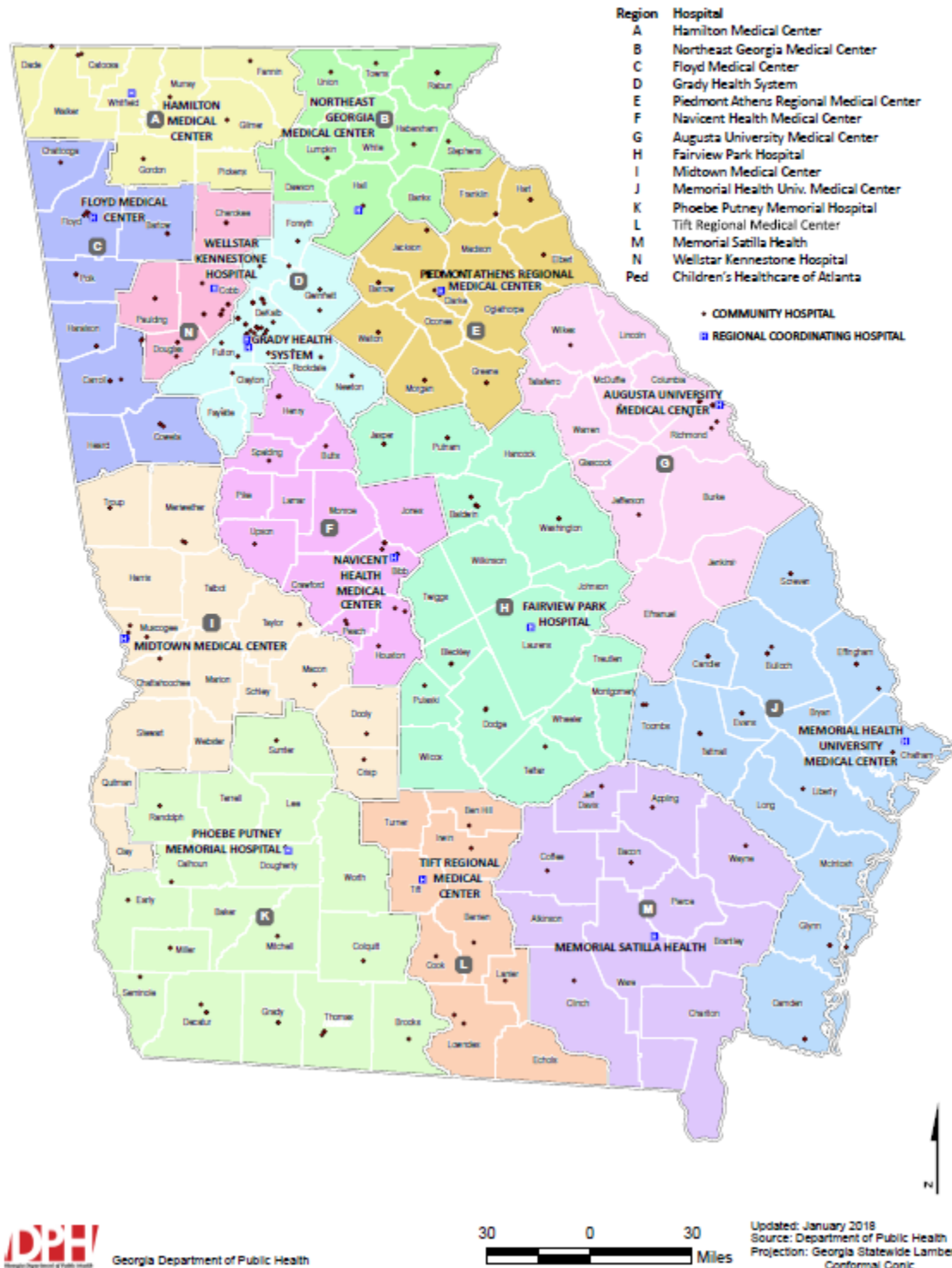


## Appendix I: Acronyms

Acronym	Meaning
AAR	After Action Report
ARES	Amateur Radio Emergency Service
CHOA	Children's Healthcare of Atlanta
EI	Essential Elements of Information
EMA	Emergency Management Agency
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPD	Environmental Protection Division
EPT	Exercise Planning Team
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
ESF	Emergency Support Function
FSE	Full Scale Exercise
GAPHC	Georgia Association for Primary Health Care
GDBHDD	Georgia Department of Behavioral Health and Developmental Disabilities
GDPH	Georgia Department of Public Health
GEMA	Georgia Emergency Management Agency
GHA	Georgia Hospital Association
GHCA	Georgia Health Care Association
HCC	Healthcare Coalition Coordinator
HCF	Healthcare Coalition Facilitator
HICS	Hospital Incident Command System
HSEEP	Homeland Security Exercise Evaluation Program
HVA	Hazard Vulnerability Assessment
HVAC	Heating, Ventilation, and Air Conditioning
ICS	Incident Command System
ISC	Internal Surge Capacity
IT	Information Technology
JIC	Joint Information Center
LE	Law Enforcement
LEPC	Local Emergency Planning Committee
MOU	Memorandum of Understanding
MSEL	Master Scenario Event List
NIMS	National Incident Management System
PAPR	Powered Air Purifying Respirator
PIO	Public Information Officer
PPE	Personal Protective Equipment
RCH	Regional Coordinating Hospital
SERVGA	State Emergency Registry of Volunteers of Georgia
SitMan	Situation Manual
SME	Subject Matter Expert
TTX	Tabletop Exercise

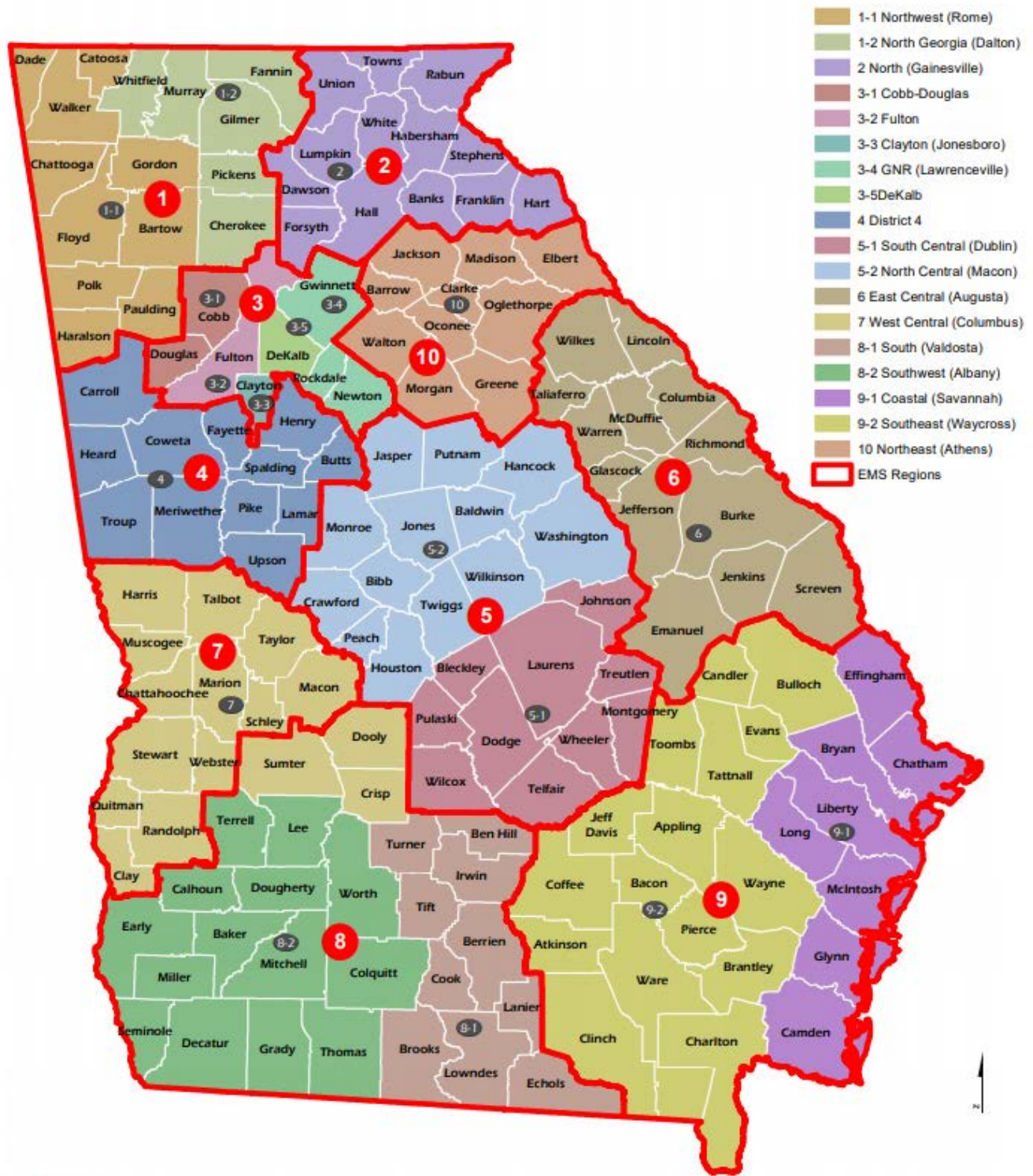
## Appendix J: Regional Coordinating Hospital Area Map

# Healthcare Coalitions



### Appendix K: Public Health Districts Map

## Georgia Public Health Districts and EMS Regions



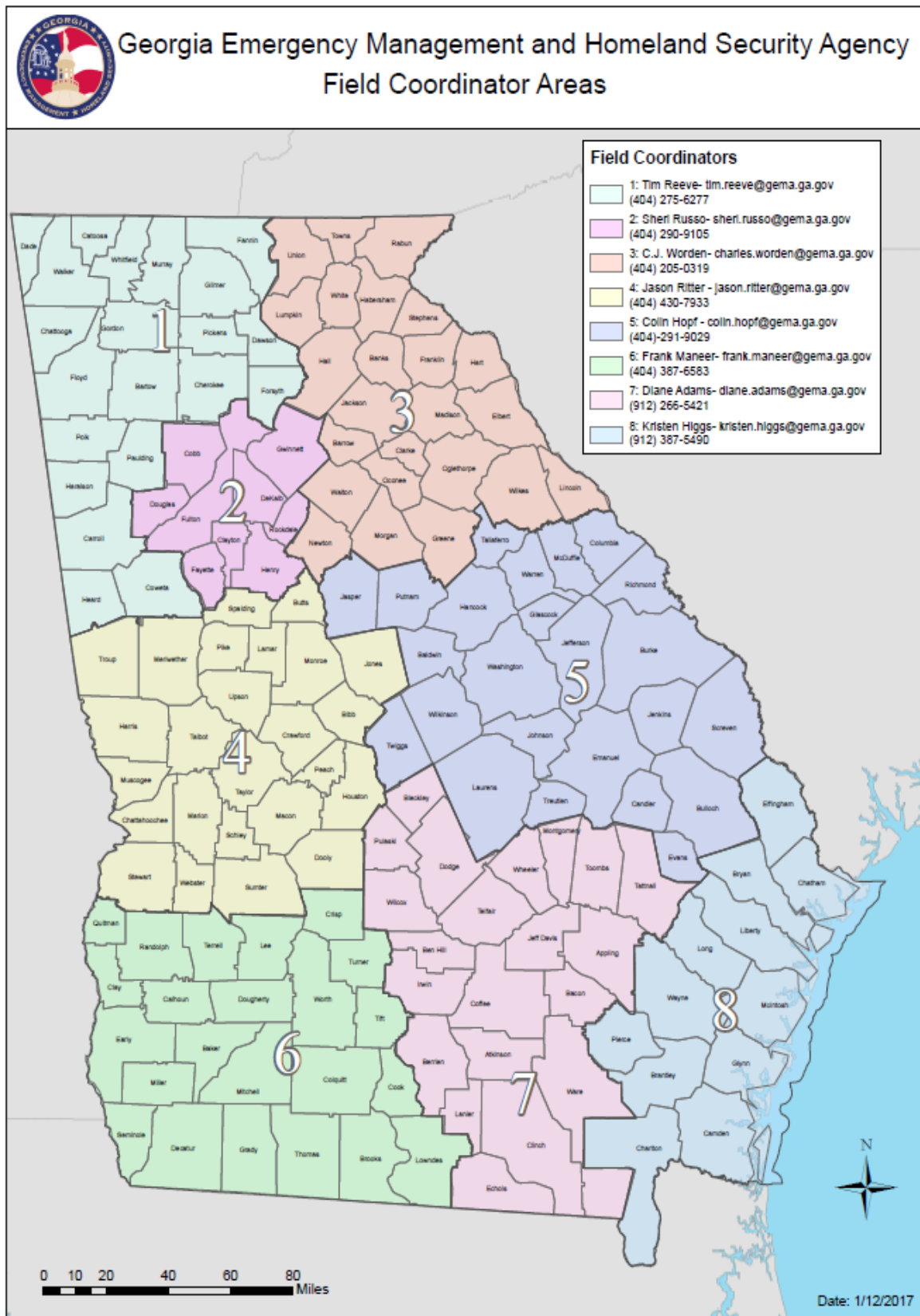
Office of Health Indicators for Planning (OHIP)  
Georgia Department of Public Health

0 12.5 25 50 Miles

Created: June 2018  
Source: Department of Public Health  
Projection: Georgia Statewide Lambert Conformal Conic



## Appendix L: GEMA Regions Map



*Appendix M: Participant Feedback Form***PARTICIPANT FEEDBACK FORM****Recommendations and Action Steps**

I. Based on the events of today, list the **TOP THREE strengths** you identified during the exercise.

- 1.) \_\_\_\_\_  
\_\_\_\_\_
- 2.) \_\_\_\_\_  
\_\_\_\_\_
- 3.) \_\_\_\_\_  
\_\_\_\_\_

II. Based on the events of today, list the **TOP THREE** issues and/or areas identified that **need improvement**.

- 1.) \_\_\_\_\_  
\_\_\_\_\_
- 2.) \_\_\_\_\_  
\_\_\_\_\_
- 3.) \_\_\_\_\_  
\_\_\_\_\_

III. Identify the **action steps** that should be taken to address the issues identified above.

- 1.) \_\_\_\_\_  
\_\_\_\_\_
- 2.) \_\_\_\_\_  
\_\_\_\_\_
- 3.) \_\_\_\_\_  
\_\_\_\_\_

Please provide any recommendations on how this could be improved or enhanced.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Thank you for your participation!**