

Northeast Georgia Health System

Severe Weather Tabletop Exercise

April 7, 2021



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Preface

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

Capability 1: Healthcare System Preparedness
Capability 3: Emergency Operations Coordination
Capability 6: Information Sharing
Capability 10: Medical Surge

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

The Region B Severe Weather TTX SitMan is tangible evidence of the commitment of Region B 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 Region B Severe Weather 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 Georgia Department of Public Health (GDPH) and the Region B EPT.

Handling Instructions

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

NAME	PHONE	EMAIL
Georgia Mountains Healthcare Coalition (Region B) RCH Northeast Georgia Health System		
Matthew Crumpton, NRP, MEP, CEM-GA, EMHP <i>NGHS Emergency Preparedness Manager</i> <i>Georgia Mountains Health Care Coalition Coordinator</i>	Mobile: 678.630.5955 Office: 770.219.1823	matthew.crumpton@nghs.com

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Introduction

Purpose

The purpose of this exercise is to review both local coordination plans and Region B Coalition plans to address preparedness gaps and identify areas for improvement in response to a regional severe weather scenario.

Scope

This discussion-based exercise focuses on Region B healthcare facilities' and community partners' ability to respond to a regional severe weather 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:

- Review regional and internal plans, policies, and procedures of Region B healthcare facilities and community partners needed to respond to a regional severe weather 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 Region B 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. Each group will present a brief synopsis of its discussion at the end of the tabletop.

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

Scenario Update 1:

The National Weather Service has been monitoring a severe weather system that has been impacting much of the Southeastern United States over the past two days. This fast-moving storm is now entering Georgia and expected to sweep southeast through the metro Atlanta area before impacting the Gainesville region and surrounding counties. In addition to severe thunderstorms, there have been reports of heavy rains, high winds and dime-sized hail. Multiple tornadoes have been spotted along the path of the storm.

Pre-Weather Preparations

- 1. If the Incident Command Center/Emergency Operations Center must be activated:**
 - a. What would trigger the activation of the Incident Command Center?
 - b. How will the Incident Command System (ICS) be set up and maintained?
 - c. What training has command staff received for assigned roles?
 - d. What local community partners would be informed that the command center has been activated?
 - e. What regional partners would be informed that the command center has been activated?
 - f. How might Incident Command activation procedures be modified if the event were to occur at night or on the weekend/holiday?
 - g. Are the command center and backup command center on emergency power?
 - h. Do you have plans to dispatch staff members from your organization to a local EOC, if needed?
 - i. If the local EOC is negatively impacted and cannot be utilized, what backup EOC location(s) might be utilized?
 - ii. How will the use of a back-up local EOC and applicable changes be communicated to community partners and local healthcare providers?
- 2. If a regional severe weather event is anticipated, when and by whom should a regional WebEOC event log be established?**
 - a. How would you expect to be notified of the creation of a regional WebEOC event log?
 - b. How will the need for a GEMA fusion of the event log be determined?
 - c. If a need for fusion is determined, how will this be communicated out to the region?

ACTIVITY

Everbridge Notification (via Email)

[A regional WebEOC event log has been established.
Please log-in and begin monitoring the event.]

3. How often are call trees or other mass-communication mechanisms (i.e. electronic notification systems) updated/validated at each facility?

- a. Who has access to this notification system (if applicable)?
- b. What contact lists at the facility are pre-programmed into the Everbridge notification system?

(NOTE: If unable to access the Everbridge system on site due to power or internet outages, it is likely that regional or state partners could access system remotely and send messages using these pre-programmed lists.)

ACTIVITY

Everbridge Notification (via phone call)

[The following counties in Region B are now under a tornado warning: _____ Counties. All citizens are urged to take shelter immediately.]

4. What preparations will each organization make in response to the tornado warning?

- a. How will on- and off-duty staff members be notified?
- b. What local/regional partners would be notified?
- c. What traditional communications methods (landlines, cell phones, email, pagers, etc.) will be utilized to contact these partners?
 - i. What other redundant communications systems are available?
- d. How will healthcare facilities and response agencies ensure interoperable communications are maintained? (Be sure to consider interactions between the following: local EMA, public safety, RCH, etc.)
- e. How are these facilities/agencies contacted if the primary contact is unavailable?

5. How will utility companies be notified of a loss of service due to severe weather?

- a. What, if any emergency power capabilities are available at your facility?
 - i. If available, which areas of the facility are covered?
 - ii. If none, is your facility capable of accepting (i.e. have the proper wiring) a portable generator?)
 - iii. Who would your facility contact if a backup power source is needed?
- b. How long is your organization capable of sustaining operations with limited or no power?
 - i. What resources (i.e. fuel and oil) are required to keep your generator running 24 hours a day?
 - ii. How will this be communicated internally?
 - iii. How will this information be shared externally?
- c. What steps have been taken to ensure that your organization has priority for utility restoration?
 - i. Who has access, if applicable, to needed utility account numbers?
 - ii. Where is this information stored?

6. What, if any, security measures may be taken in response to the tornado warning?

Scenario Update II:

The storm system affecting much of Region B has now passed. Healthcare facilities and community partners are beginning to conduct facility/agency damage assessments and are determining the numbers of people displaced, injured, and/or deceased in their respective communities. There will likely be an influx in community patients due to the storm.

Community Surge

ACTIVITY
Everbridge Notification
(via text message)

[Participants are asked to update Bed Counts via
GHA911.]

1. **If the Incident Command Center/Emergency Operations Center has already been partially/fully activated:**
 - a. How might the Incident Command operations change following a mass casualty notification?
 - b. How will regional coordination and a common operating picture be maintained throughout the event?
2. **How might the facility ascertain information from the community to gauge the potential influx of victims/patients that result from the severe weather event?**
 - a. Upon receiving notification:
 - i. Which, if any, local community partners will be notified? How?
 - ii. Which, if any, regional partners will be notified? How?
 - b. How will information be received if traditional communications systems are inoperable?
3. **What steps have been taken to educate and prepare staff members for their respective roles in a disaster? Specifically:**
 - a. Those roles within the organization's response?
 - b. Personal/family preparedness roles and responsibilities?
4. **During a regional mass causality response, what are the roles and responsibilities of:**
 - a. Facility staff/corporate staff?
 - b. Locally:
 - i. Emergency Management Agencies (EMAs)?
 - ii. Emergency Medical Services (EMS)?
 - iii. Public Safety?

- iv. County Public Health?
 - v. Elected and appointed officials?
 - c. Regionally:
 - i. Regional Coordinating Hospital (RCH)?
 - ii. District Public Health?
 - iii. Council Coordinators?
 - iv. Other executive team coalition members?
 - d. State:
 - i. State Public Health?
 - ii. Georgia Emergency Management Agency (GEMA)?
 - iii. Georgia Hospital Association (GHA)/Georgia Healthcare Association (GHCA)/other trade associations?
 - e. Others?
- 5. At what point would the facility begin to identify patients/residents for discharge or step-down?**
- a. If moving patients/residents to another facility, what protocols are in place for contacting receiving facilities?
 - b. What regional coordination will be required to place patients/residents?
 - c. What procedures are in place for tracking patients/residents transferred to step-down facilities?
 - i. How are families notified of the transfers?
 - d. What procedures are in place for discharges that have no transportation or family and friends cannot make it to the facility due to damage?
- 6. What plans are in place at each facility to quickly augment staff during a surge?**
- a. Who might be contacted if additional staff is needed?
 - b. What strategies might be utilized to safely manage an extended response with limited staffing?
 - c. What provisions are in place to shelter/house staff members at your organization during an extended response?
- 7. How will on-scene triage be conducted?**
- a. Who is responsible for on-scene triage?
 - b. How will information for on-scene triage be communicated to:
 - i. EMS Providers?
 - ii. Hospitals?
 - iii. Others?

- 8. How would the procurement of additional supplies that may be needed for surge be coordinated locally/regionally?**
- a. What MOUs or plans are in place to ensure needed assets may be acquired?
 - b. Who would be contacted to assist with resource procurement?
 - i. Locally?
 - ii. Regionally?
 - iii. At the State level?
 - c. How should these resources be requested?
 - d. What coalition resources may be available to assist with a mass casualty/medical surge event?
 - i. How will resources be distributed among coalition members?
 - ii. How will multiple/competing requests for the same resource be resolved? (i.e., if two agencies need the same regional coalition asset, how/who determines which group gets it?)
 - iii. How will resources be transported to those in rural areas?
 - e. Who will be tasked with transporting regional coalition assets?
 - f. How do we track coalition resources deployed during a disaster?

ACTIVITY

WebEOC Post

[The coalition executive committee is requesting all counties post existing resource needs/ concerns via WebEOC log.]

- 9. How will dissemination of unified messaging be coordinated during a mass casualty event?**
- a. How will the decision be made to release information to the public/ media?
 - b. What information will be released to the public?
 - c. Who will share this information?
 - d. Does the community have a plan for establishing a Joint Information Center (JIC)?
 - i. What agency will lead JIC operations in your community?
 - ii. Where will the JIC be located? Will there be multiple locations?
 - iii. What challenges might be faced in more rural counties?

10. If a Multiagency Coordination (MAC) System is needed for the regional response:

- a. What triggers would activate the MAC?
 - i. How would the activation of the MAC be disseminated throughout the region?
- b. What agencies would be involved?

11. What facility/agency specific plans are in place to establish an alternate care site should the surge of victims/patients overwhelm the local healthcare community?

- a. What are some identified, potential, locations for these alternate care sites?
- b. What potential resources are available to assist in the setup of these sites within your community?
- c. How would these areas be staffed with clinical and non-clinical personnel?

12. What resources are available for assisting vulnerable populations (i.e. non-English speaking, pediatrics, behavioral health, hearing impaired, etc.) arriving at each facility?

- a. Locally?
- b. Regionally?
- c. What protocols are in place for requesting these resources?

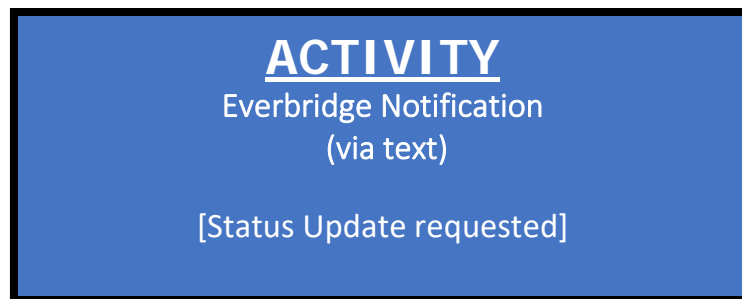
13. How would volunteers be incorporated into response efforts during a medical surge event?

- a. What regional resources are available to supplement local volunteer pools?
 - i. How would these regional resources be requested?
- b. What type of just-in-time training is available for volunteers?
- c. What liability issues may utilizing volunteers present?
- d. What credentialing processes may be used?
 - i. ESAR-VHP (SERVGA)?
 - ii. Others?
- e. What steps may be taken in advance to better facilitate use of disaster volunteers?

Scenario Update III:

Healthcare facilities and community partners are beginning to conduct facility/agency damage assessments. Due to extensive damage to certain structures, it is likely that one or more healthcare facilities will require immediate evacuation to alternate sites.

Evacuation



1. **What processes and/or procedures are in place to decide if a damaged facility is safe to remain in following a tornado event?**
 - a. Who would be involved in the decision-making process:
 - i. Internally?
 - ii. Externally?
2. **What plans are available to help coordinate a healthcare facility evacuation response?**
 - a. Who is responsible for activating:
 - i. Facility specific plans?
 - ii. Local/county emergency plans?
 - iii. Regional/coalition plans?
 - b. What would trigger the activation of the evacuation plan?
 - c. How would the activation of these plans be communicated to local/county partners?
 - d. How will on-scene triage be conducted?
 - i. What partners are involved?
 - ii. What mechanisms are in place to ensure even disbursement of patients across the region?
3. **What are the roles/responsibilities of regional coalition during a healthcare evacuation response?**
4. **What transport resources may be needed to facilitate a healthcare facility evacuation?**
 - a. Specifically, what types of transport resources will be required for each healthcare facility to evacuate?
 - i. EMS units:
 - Advanced Life Support (ALS)?

- Basic Life Support (BLS)?
 - Specialty units (pediatric, bariatric, etc.)?
 - ii. Non-emergency transit resources:
 - Buses?
 - Wheelchair vans?
 - Others?
 - b. From whom will these resources be requested?
 - i. Locally?
 - ii. Regionally?
 - iii. State-wide?
 - c. How will these resources be coordinated to avoid duplication?
 - i. Locally?
 - ii. Regionally?
 - d. How will resources be allocated should multiple facilities need them simultaneously?
- 5. What steps will be taken to monitor and assist with mental health issues that may arise during a healthcare evacuation? Consider:**
- a. Patients/Residents/Victims, etc.?
 - b. Staff members?
- 6. What plans are in place for tracking patients/residents, their medications, and associated supplies/equipment?**
- a. What regional resources are available to assist with patient/resident tracking?
 - b. What role does the coalition play?
- 7. How will the costs incurred during a healthcare evacuation event be tracked, if applicable?**
- a. What documentation is required to obtain reimbursement?
 - i. What expenses must be tracked?
 - ii. How will these expenses be tracked?
 - b. Who is responsible for maintaining records required for reimbursement?
 - c. What is the process for requesting reimbursement through the following channels?
 - i. Individual insurance?
 - ii. Local?
 - iii. State?
 - iv. Federal?
 - v. Others?
 - d. How does this process change without a declaration of emergency?

Appendix A: Acronyms

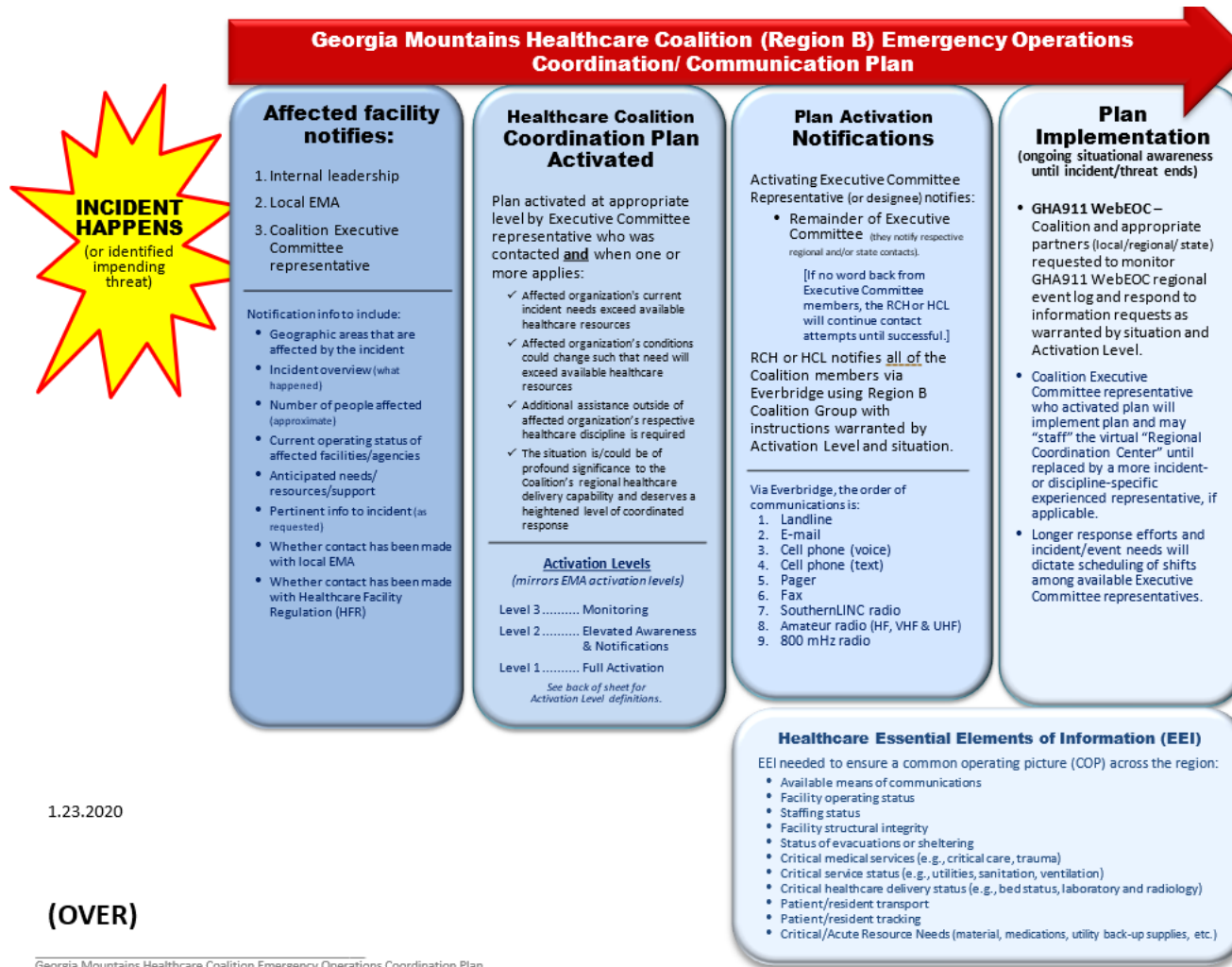
Acronym	Meaning
AAR	After Action Report
ARES	Amateur Radio Emergency Service
CHOA	Children's Healthcare of Atlanta
CC	Command Center
DPS	Public Safety Department
EMA	Emergency Management Agency
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPD	Environmental 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
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
PAPRs	Powered Air Purifying Respirator
PH	Public Health
PIO	Public Information Officer
PPE	Personal Protective Equipment
RACES	Radio Amateur Civil Emergency Service
RCH	Regional Coordinating Hospital
SERVGA	State Emergency Registry of Volunteers of Georgia
SitMan	Situation Manual
SME	Subject Matter Expert
TTX	Tabletop Exercise

Appendix B: Region B Healthcare Facility Bed Counts

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

REGION E	FACILITY TYPE	# LICENSED BEDS	CURRENT CENSUS
BARROW			
Barrow Regional Medical Center	Hospital	56	
Winder Health Care & Rehab Center	Nursing Home	163	
TOTAL			

Appendix C: 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**

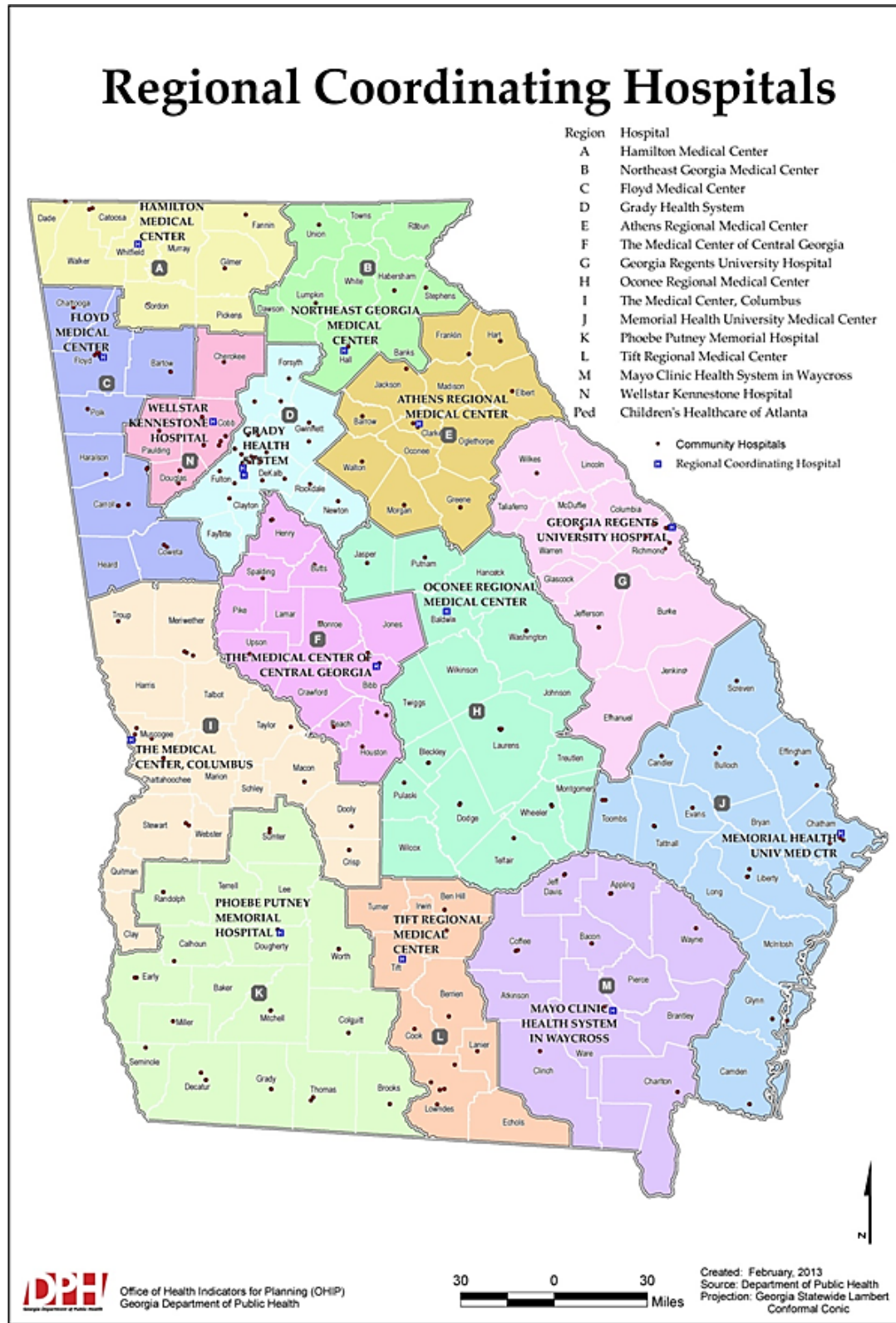
HEALTHCARE DISCIPLINES	CONTACT	HEALTHCARE COALITION EXECUTIVE COMMITTEE REPRESENTATIVE
<ul style="list-style-type: none"> Hospitals Other healthcare disciplines (not represented below) 	➡	Northeast Georgia Health System Matthew Crumpton 770-219-1823 (office) 678-630-5955 (cell)
<ul style="list-style-type: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

Communications with Regional/State Partners

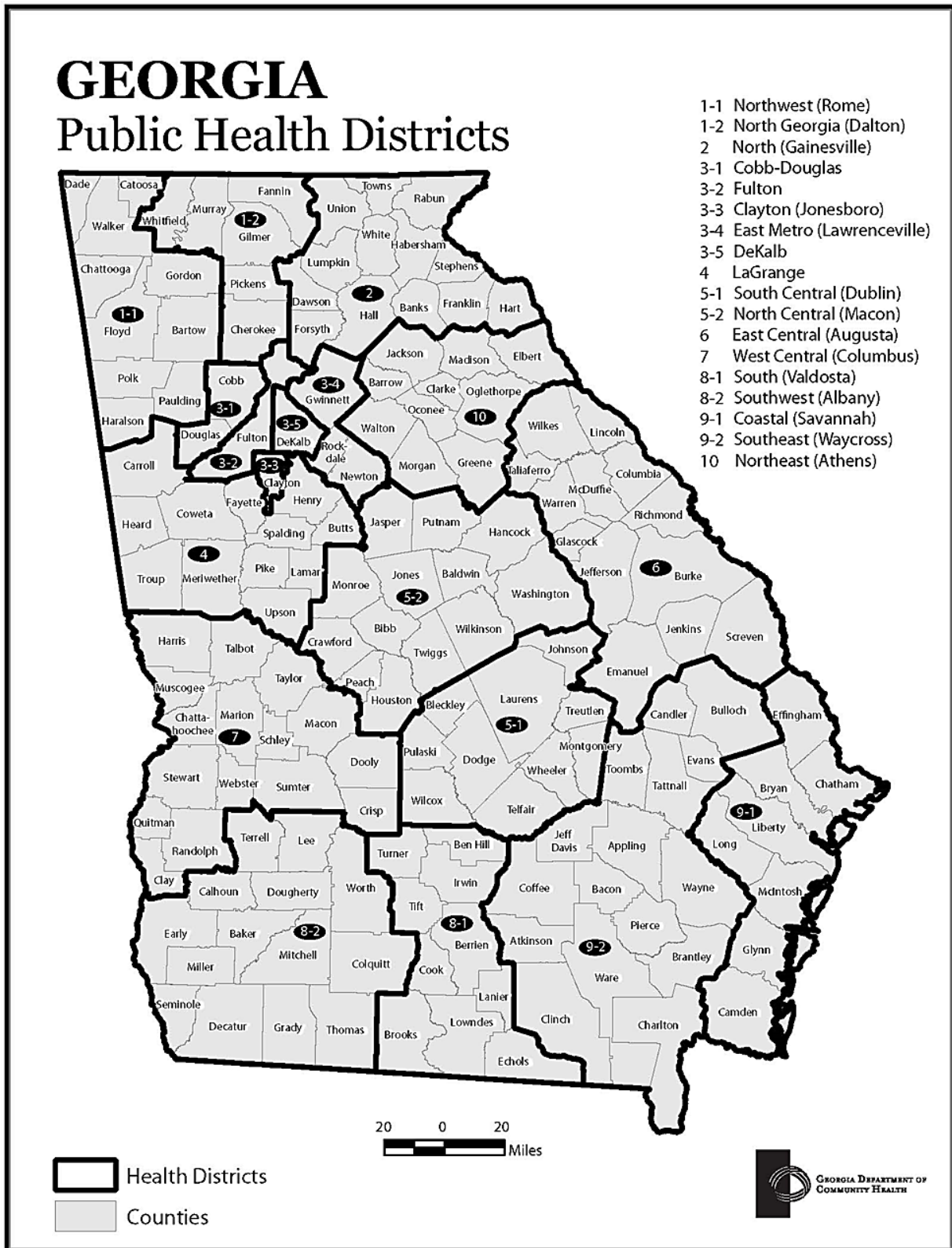
COALITION EXECUTIVE LEADERSHIP REPRESENTATIVE	NOTIFIES THE FOLLOWING
Regional Coordinating Hospital (RCH)	<ul style="list-style-type: none"> GHA Emergency Preparedness Director (notifies other RCHs) GDPH Healthcare Preparedness Program Director
DPH District Emergency Coordinator (or designee)	<ul style="list-style-type: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

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

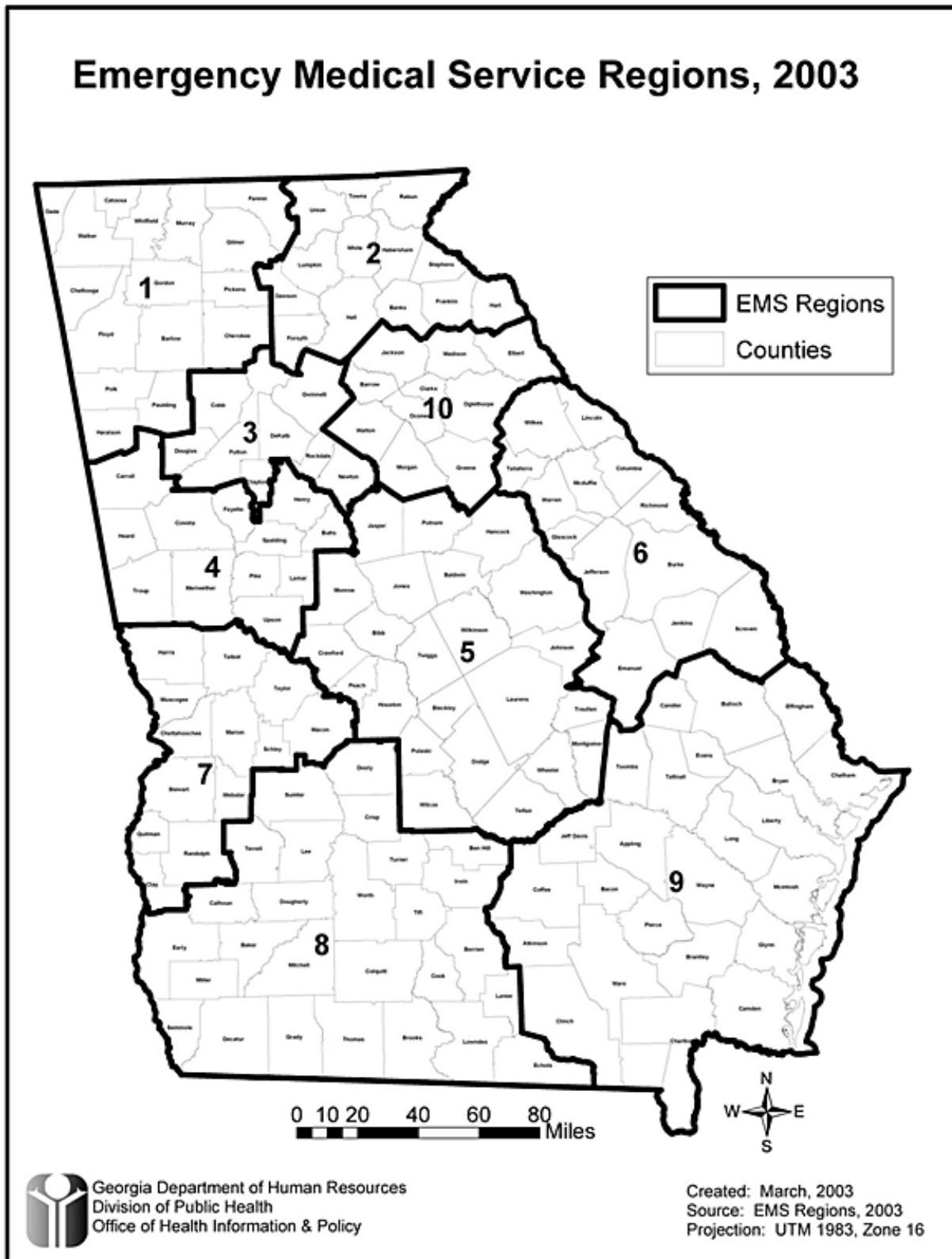
Appendix D: Regional Coordinating Hospital Map



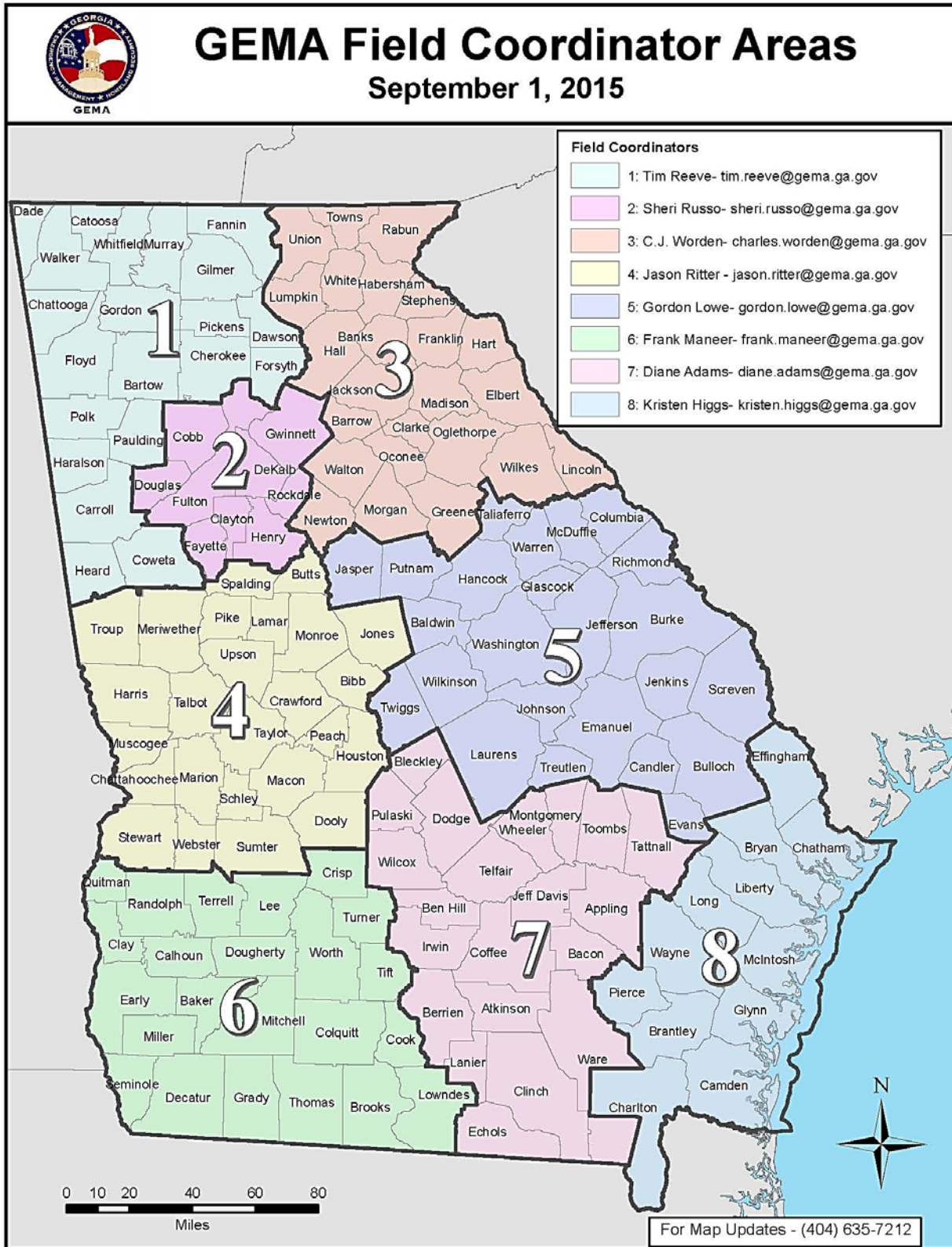
Appendix E: Public Health Districts Map



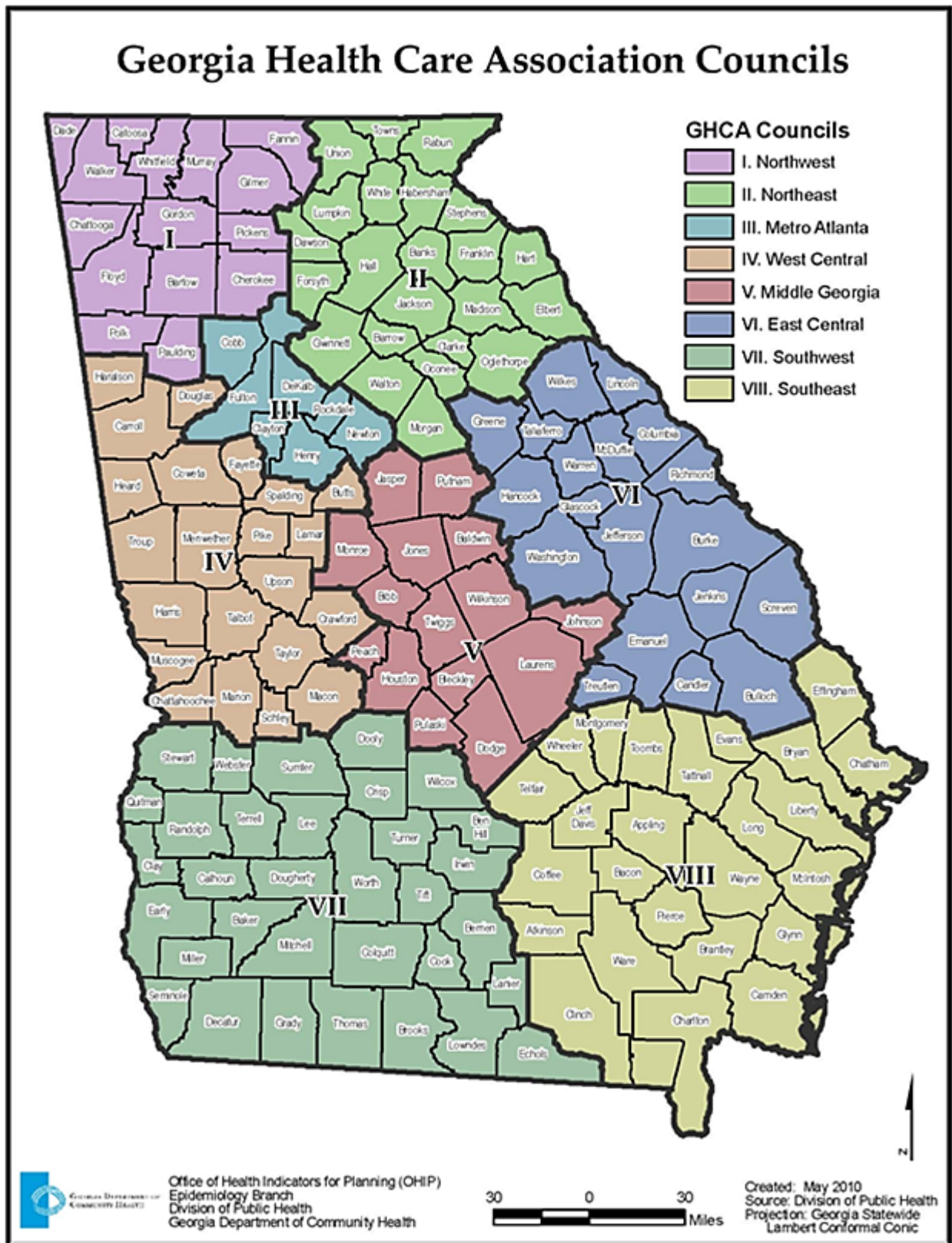
Appendix F: Emergency Medical Service Regions Map



Appendix G: GEMA Regions Map

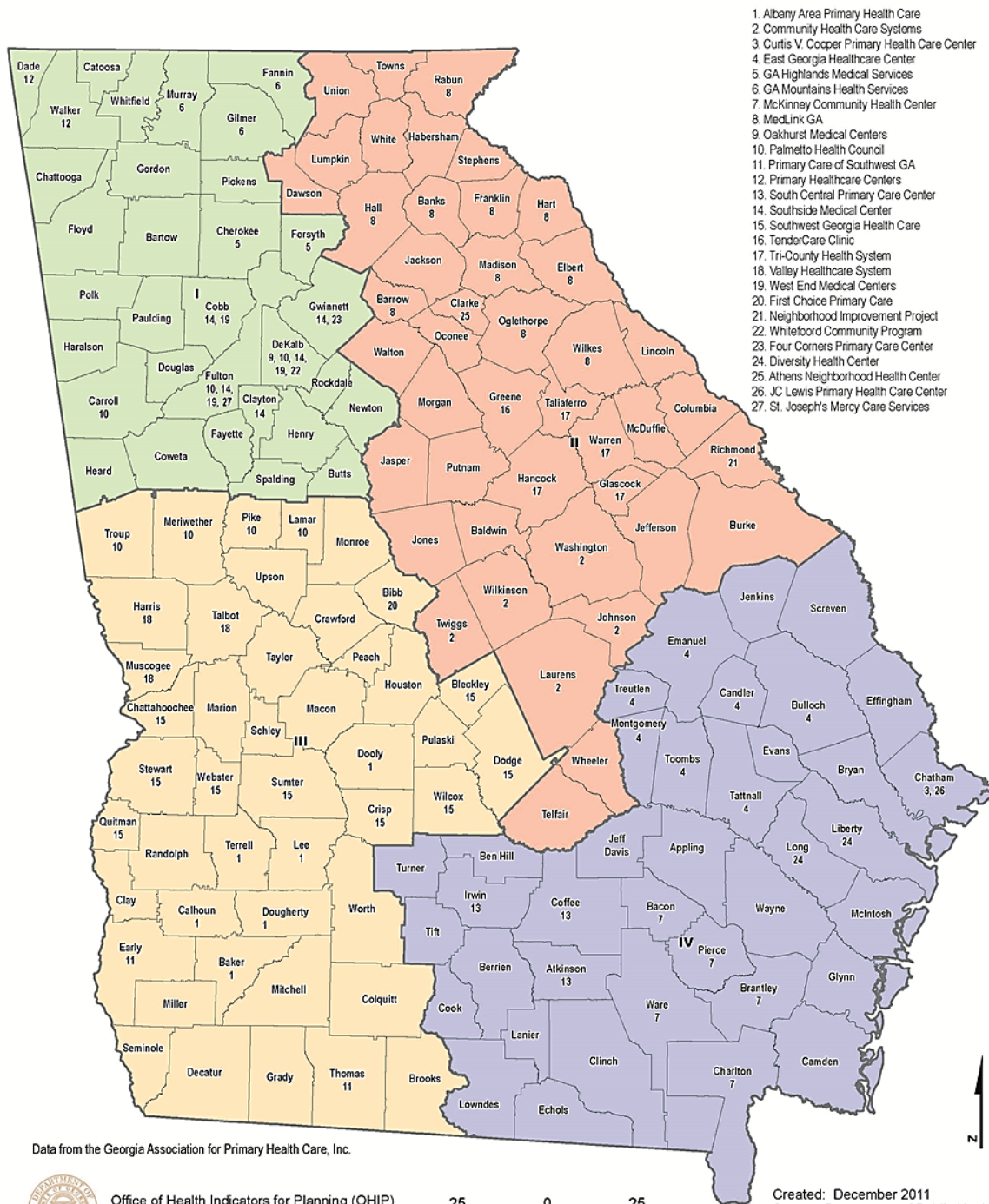


*Appendix H: Georgia Health Care Association Council Map
(Nursing Homes)*



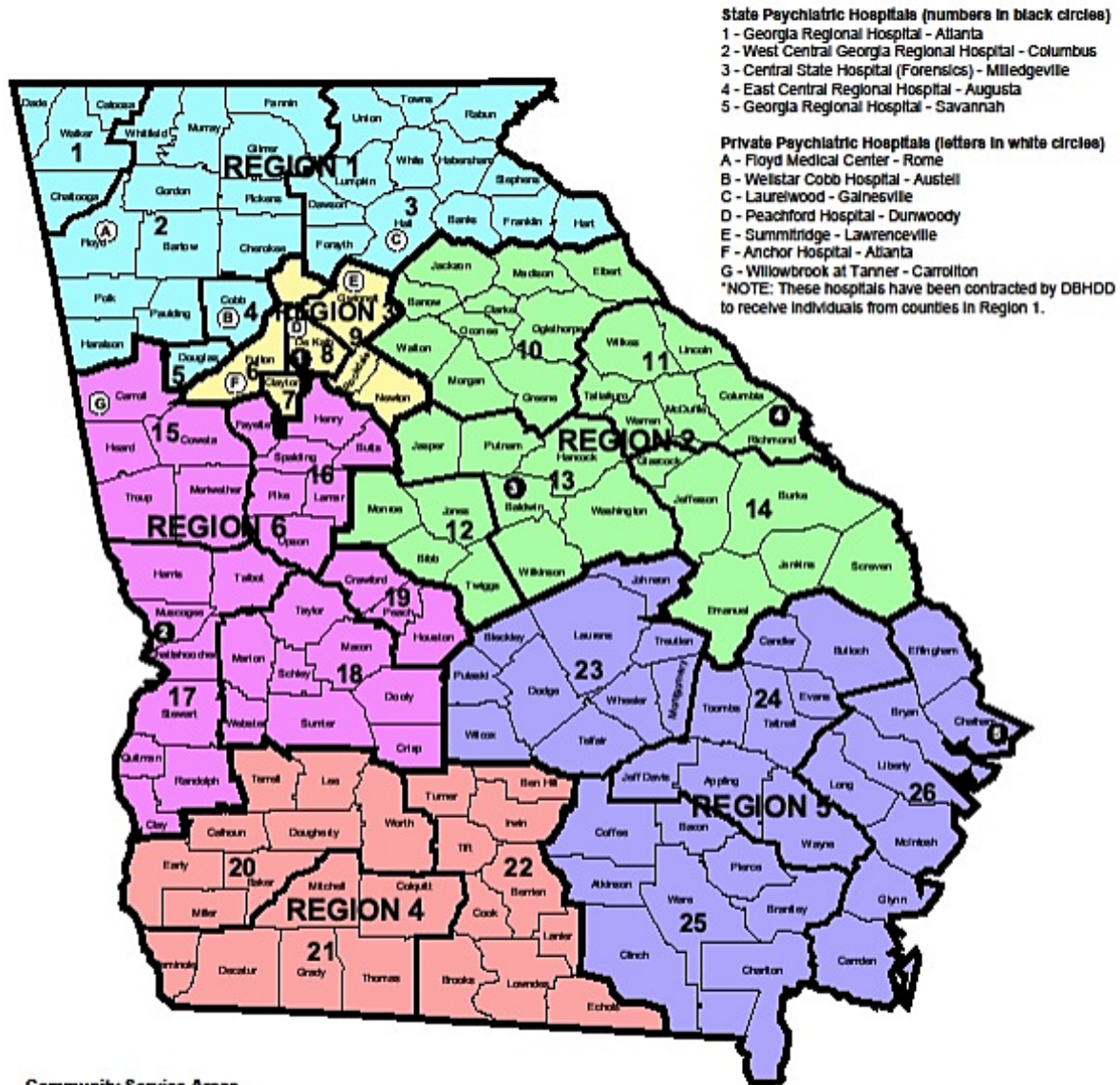
Appendix I: GAPHC Emergency Preparedness Regions Map
(Community Health Centers)

GAPHC Emergency Preparedness Regions



Appendix J: GDBHDD Regional Map

Georgia Department of Behavioral Health and Developmental Disabilities State Psychiatric Hospitals, Private Hospitals (Contracted) and Community Service Areas



Community Service Areas

- | | | |
|---|---|---|
| 1 - Lookout Mountain Community Services | 10 - Advantage Behavioral Health Systems | 19 - Phoenix Center Behavioral Health Services |
| 2 - Highland Rivers Community Service Board | 11 - CSB of East Central Georgia (Serenity Behavioral Health) | 20 - Albany Area Community Service Board |
| 3 - Avita Community Partners | 12 - RiverEdge Behavioral Health Center | 21 - Georgia Pines Community MH/MRSA Services |
| 4 - Cobb Community Service Board | 13 - Oconee Community Service Board | 22 - Behavioral Health Services of South Georgia |
| 5 - Douglas Community Service Board | 14 - Ogeechee Behavioral Health Services | 23 - Community Service Board of Middle Georgia |
| 6 - Fulton County MHDDAD | 15 - Pathways Center for Behavioral & Developmental Growth | 24 - Pineland Area Community Service Board |
| 7 - Clayton Community Service Board | 16 - McIntosh Trail Community Service Board | 25 - Union Behavioral Health (formerly Satilla CSB) |
| 8 - DeKalb Community Service Board | 17 - New Horizons Community Service Board | 26 - Gateway Community Service Board |
| 9 - View Point Health (formerly GRN CSB) | 18 - Middle Flint Behavioral Healthcare | |

***NOTE:** Numbered Service Areas are for identification purposes only.

DBHDD Office of Decision Support & Information Management (Updated: 06/17/2014)

Appendix K: Georgia ARES Districts

Georgia Amateur Radio Emergency Service Districts



Appendix L: Government Emergency Telecommunications Service (GETS) Fact Sheet



**Homeland
Security**

Office of Emergency Communications

May 2013

Government Emergency Telecommunications Service

The Government Emergency Telecommunications Service (GETS) is a capability offered by the Department of Homeland Security's Office of Emergency Communications (OEC). Developed in response to a growing need for priority communications for select users, GETS enhances call completion for select wireline (landline) users when abnormal call volumes exist. Assigned on a case-by-case basis, GETS access is extended to only those Federal, State, local, tribal and select private sector users who support national security and emergency preparedness (NS/EP) activities. During times of network congestion, GETS users are granted priority communications by dialing the universal access number (710-627-GETS) using common telephone equipment and entering a personal identification number. Once authenticated, GETS calls will receive priority over regular calls; however, GETS calls do not preempt calls in progress or deny the general public's use of the telephone network. GETS is in a constant state of readiness.

WHO USES GETS?

Access to the GETS program is restricted to those users with NS/EP roles, traditionally those with command and control functions critical to management of, and response to, national security and emergency situations, particularly during the first 24 to 72 hours following an event. GETS supports critical Continuity of Government and Continuity of Operations efforts; Federal, State, local, territorial, and tribal emergency preparedness and response communications; non-military executive branch communications systems; critical infrastructure protection networks; and non-military communications networks.

During Hurricanes Irene, Isaac, and Sandy, over 99 percent of calls made via GETS were successfully completed.

WHY SHOULD YOU ENROLL?

GETS users rely on landline communications services to perform critical functions, including those areas related to leadership, safety, maintenance of law and order, finance, and public health. Acts of terrorism, including cyber attacks, natural disasters, power outages, cable cuts, and software problems can cripple the telephone services of an entire region. Congestion alone can prevent access to circuits. The NS/EP community needs the ability to increase the likelihood their calls will go through in times of crisis. GETS users have historically experienced call completion rates at or above 90 percent during actual emergencies.

WHAT ELSE SHOULD YOU KNOW?

- GETS is available nationwide and can also be accessed from international locations.
- GETS can be accessed through the Defense Switched Network, FTS2001/Networx, the Diplomatic Telecommunications Service, and the Federal Emergency Management Agency Switched Network.
- GETS calls may be placed from cellular and satellite phones.
- GETS calls over cellular networks are most effective when used in conjunction with the Wireless Priority Service, a similar service managed by OEC that offers authorized users priority treatment on the wireless networks.
- GETS access is restricted to individuals with NS/EP responsibilities. Traditionally, users must meet those responsibilities outlined in Executive Order 13618, Assignment of National Security and Emergency Preparedness Communications Functions.
- There is no charge to enroll in GETS or to make calls to the familiarization line.

FOR ADDITIONAL INFORMATION

Please contact the DHS Priority Telecommunications Service Center at 866-627-2255 or 703-676- 2255, via email at GETS@HQ.DHS.GOV, or visit www.dhs.gov/gets

Version 5/13

Appendix M: Wireless Priority Service (WPS) Fact Sheet



**Homeland
Security**

Office of Emergency Communications

May 2015

WIRELESS PRIORITY SERVICE

Congestion on wireless (cellular) networks caused by natural and/or man-made disasters can affect emergency response capabilities by limiting call completion for public safety and national security and emergency preparedness (NS/EP) personnel. The Wireless Priority Service (WPS), offered by the Department of Homeland Security Office of Emergency Communications (OEC), was developed to address the growing need for priority communications for select cellular users. WPS enhances call completion for select users when excessive call volumes exist. OEC offers WPS access to eligible federal, state, local, tribal, and select private sector users supporting NS/EP activities. During times of network congestion, WPS users receive priority calling to the desired destination number from an authorized user's cell phone.

WHO IS ELIGIBLE FOR WPS?

Enrollment in the WPS program is reserved for select users who support public safety and NS/EP activities, traditionally those with command and control functions that are critical to management of, and response to, national security and emergency situations, particularly during the first 24 to 72 hours following an incident. WPS supports critical Continuity of Government and Continuity of Operations; federal, state, local, territorial, and tribal (FSLTT) emergency preparedness and response communications; non-military executive branch communications networks and systems; and critical infrastructure protection networks.

In the wake of the April 2013 Boston Marathon, response and recovery calls made through WPS received a 93 percent call completion rate.

WHY SHOULD YOU ENROLL?

WPS users rely on cellular communications to perform critical functions, including those areas related to leadership, safety, maintenance of law and order, finance, and public health. Acts of terrorism, such as cyber-attacks, natural disasters, power outages, and software problems, can cripple the telephone services of an entire region.

Congestion alone can prevent access to circuits. WPS can be extremely beneficial during an emergency in which the public telecommunications networks are degraded by congestion or damage to the infrastructure. NS/EP personnel enrolled in WPS have a greater chance of call completion on an operational cellular network than those without the service.

WHAT ELSE SHOULD YOU KNOW?

- WPS is complementary to, and can be most effective, when used in conjunction with the Government Emergency Telecommunications Service (GETS). GETS is the landline priority service offered and managed by OEC and has the same eligibility requirements as WPS.
- WPS is available in all nationwide networks and some regional networks including: AT&T, C Spire, Cellcom, GCI, SouthernLINC, Sprint, T-Mobile, U.S. Cellular and Verizon Wireless.
- WPS is an add-on feature to existing commercial wireless services; no special phones are required.

- Users can apply for WPS through OEC.
- WPS users are responsible for any service provider charges for activation, service, and per-minute usage associated with WPS. Wireless carriers can charge a one-time activation fee of up to \$10.00, a monthly access charge of no more than \$4.50, and a maximum of \$0.75 per minute for WPS calls.
- OEC is responsible for WPS infrastructure enhancements and the day-to-day management of WPS.
- WPS operates in a constant state of readiness.
- To invoke WPS, enter * 272 and destination number on a WPS-enabled phone.
- OEC recommends including WPS in operational plans and communications exercising.

FOR ADDITIONAL INFORMATION

Please contact the DHS Priority Telecommunications Service Center at 866-627-2255 or 703-676-2255, via email at

WPS@DHS.GOV, or visit WWW.DHS.GOV/WPS.

Version 5/15

Appendix N: 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 within the state of Georgia. In the event of a disaster, CHOA will assist facilities and Regions with pediatric patient needs. CHOA's Transfer Center can facilitate the acceptance of pediatric critical care and medical/surgical inpatient care.

Children's Healthcare of Atlanta has 3 campuses, Egleston, Scottish Rite and Hughes Spalding. Egleston is the only designated Level 1 pediatric trauma center in the state, while Scottish Rite is the only designated Level 2 pediatric trauma center. Between the 3 campuses, CHOA has over 500 licensed pediatric beds. Currently, this includes 58 pediatric intensive care beds. In addition to 2 PICUs, CHOA has Neonatal Intensive Care Units (NICU), a Cardiac Intensive Care Unit (CICU) and Technology Dependent Intensive Care Units (TICU). Egleston has ECMO capabilities. Children's has all pediatric sub-specialties and will accept pediatric patients in transfer when beds are available.

If the scope of the event exceeds the resources of CHOA, Children's will work with those facilities within Georgia that have pediatric intensive care units. In addition, Children's is a signatory to the Southeastern Regional Pediatric Disaster Network. As such, CHOA is in contact with numerous pediatric hospitals across the southeast (TN, NC, SC, FL, KY, AL, and MS) that have a memorandum of understanding to support each other in the event of a disaster involving pediatrics.

In addition to the hospitals that provide critical care services, CHOA also monitors inpatient pediatric beds across the state of Georgia and can assist with acceptance of medical/surgical pediatric patients within the state.

Children's Healthcare of Atlanta can assist with the transport of patients. CHOA can provide ground transportation with up to 7 ambulances and 1 helicopter. In addition, CHOA may be able to provide a second helicopter based on availability of staff and flight crew. CHOA can assist with fixed wing transport. Children's transport teams can provide Advanced Life Support crews, including nurses, paramedics and respiratory therapists.

CHOA will provide technical assistance for hospitals in the development of plans and exercises as well as during real world emergencies upon request. This may include providing additional staffing, sharing expertise and distribution of specialty care supplies and equipment through mutual aid during a disaster or evacuation.

**To contact the CHOA Transfer Center, please call (404)785-7778 or (888)785-7778.
To reach Children's Transport, please call (404)785-6540.**

For additional information on Children's Healthcare of Atlanta's role as the Specialty Coordinating Hospital for pediatrics, please contact Greg Pereira at (404)785-6530.

Appendix O: GHA911WebEOC Quick Guide

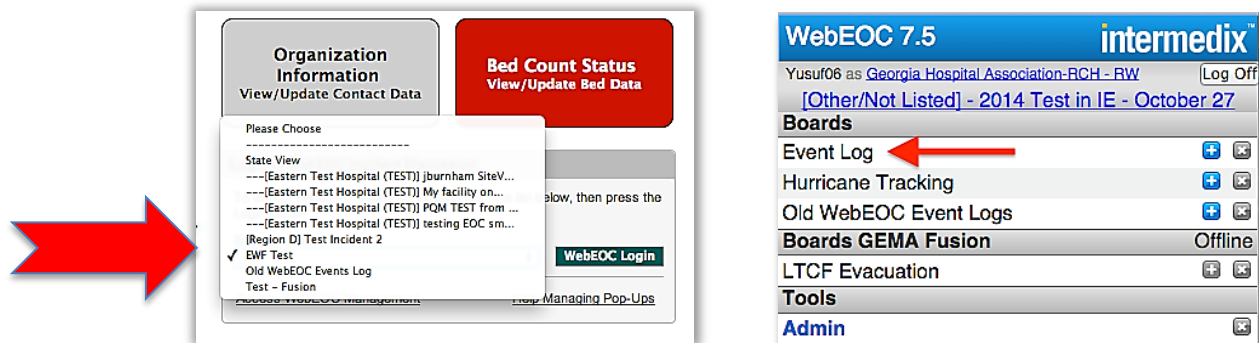
Accessing WebEOC and Posting to Event Logs

****You will need a GHA911 account to access WebEOC. If you do not have an account, please go to the GHA911 homepage and click the “Register Now” button on the right-hand side of the screen.****

- Use your username and password to log into GHA911.
- Locate box labeled “Login to WebEOC Incident Discussion” (directly below the “Organizational Information” and “Bed Count Status” buttons.)
- Use the drop-down menu to select the incident you’d like to log into.
- Click the green “WebEOC Login” button. (Note: It is important to make sure you log into the correct incident.)

After clicking the WebEOC login button, the control panel will appear in a new popup window.

- Click “Event Log” to enter the incident discussion.




After clicking the Event Log link in the previous step, the event log will open in another popup window.

To Post a New Comment:

- Click the “Add New Comment” button and the new comment data entry form will appear.
- Enter your comments and attach any files you’d like to attach.
- Click the “Save Comment” button.

The image shows a 'New Comment' form. It has a title bar 'New Comment' and a section 'Add New Comment'. Below this are fields for 'Created By: Yusuf Demo', 'Date / Time: 11/10/2014 00:30:11', and 'Comments: Eastern Test Hospital has adequate staffing and supplies at this time. Bed counts updated on status boards.' A red arrow points to the 'Comments' field. Below the 'Comments' field is an 'Attachment' section with a 'Choose File' button. At the bottom are 'Save Comment', 'Cancel', and 'Spell Check' buttons.The image shows an 'Event Log' window. It has a title bar 'Event Log' and a section '- 2014 Test in IE - October 27'. Below this are 'Add New Comment' and 'Print' buttons. A red arrow points to the 'Add New Comment' button. Below the buttons is a search bar with 'Search' and 'Reset' buttons. At the bottom is a table with columns 'Organization', 'Created By', and 'Attachment'.

Your comment will then appear in the event log. Comments from other users will show up in real time as they are posted. **To download an attached file. Just click on the file icon in the attachment column.**

Date	Event	Comments	Organization	Created By	Attachment
11/10/2014 at 12:42 am	[Other/Not Listed] - 2014 Test in IE - October 27	Thanks!	Eastern Test Hospital (TEST)	Yusuf Demo	
11/10/2014 at 12:42 am	[Other/Not Listed] - 2014 Test in IE - October 27	Got it. Thanks!	Eastern Test Hospital (TEST)	Yusuf Demo	
11/10/2014 at 12:40 am	[Other/Not Listed] - 2014 Test in IE - October 27	Please see attached file with instructions on how to manage popups.	Georgia Hospital Association-RCH	Yusuf Rahman	
11/10/2014 at 12:38 am	[Other/Not Listed] - 2014 Test in IE - October 27	Thanks for posting an update Eastern Test Hospital.	Georgia Hospital Association-RCH	Yusuf Rahman	
11/10/2014 at 12:32 am	[Other/Not Listed] - 2014 Test in IE -	Eastern Test Hospital has adequate staffing and supplies at this time. Bed counts updated on status boards.	Eastern Test Hospital (TEST)	Yusuf Demo	

<<<< << Page 1 of 1 >> ☐ Disable Refresh **intermedix**


To Find a Comment:

As the incident goes on, the event log will get longer. If you need to find information regarding a specific topic, you can enter part of the comment, facility name, or the user in the search field, then click the “Search” button. This will filter the comments down to only those that meet the search criteria.

Filter the list of
based column for
ion, Created by

Comments	Organization	Created By	Attachment
----------	--------------	------------	------------



Search Filter					
Enter text in the field below to filter the list of comments. The search will check each text based column for a match (Comments, Organization, Created by and Attachment).			<input type="text"/> <input type="button" value="Search"/> <input type="button" value="Reset"/>		
Date	Event	Comments	Organization	Created By	Attachment
11/10/2014 at 12:40 am	[Other/Not Listed] - 2014 Test in IE - October 27	Please see attached file with instructions on how to manage popups.	Georgia Hospital Association-RCH	Yusuf Rahman	

To Print an Event Log:

You may also print an event log so that you can have a hard copy to take with you. Just click the print button to get a standard print dialog box.

Print
Total: 1 page


Destination
Pages ☒ All ☐ e.g. 1-5, 8, 11-13
Paper size Letter
Layout ☒ Portrait ☐ Landscape

Event Log Display

Incident: [Other/Not Listed] - 2014 Test in IE - October 27

Search Filter

Enter text in the field below to filter the list of comments. The search will check each text based column for a match (Comments, Organization, Created by and Attachment).

Date	Event	Comments	Organization	Created By	Attachment
11/10/2014 at 12:42 am	[Other/Not Listed] - 2014 Test in IE - October 27	Thanks!	Eastern Test Hospital (TEST)	Yusuf Demo	
11/10/2014 at 12:42 am	[Other/Not Listed] - 2014 Test in IE - October 27	Got it. Thanks!	Eastern Test Hospital (TEST)	Yusuf Demo	
11/10/2014 at 12:40 am	[Other/Not Listed] - 2014 Test in IE - October 27	Please see attached file with instructions on how to manage popups.	Georgia Hospital Association-RCH	Yusuf Rahman	
11/10/2014 at 12:38 am	[Other/Not Listed] - 2014 Test in IE -	Thanks for posting an update Eastern Test	Georgia Hospital	Yusuf	