TABLETOP EXERCISE
SITUATION MANUAL
JUNE 18, 2019

REGION IV
OPERATION WESLEY

Ebola Emergency Preparedness Exercise Program 2018-2020
Georgia Department of Public Health, Health Protection, Emergency Preparedness and Response
University of Georgia, College of Public Health, Institute for Disaster Management

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Preface

The purpose of the exercise series is to test the ability of HHS Region IV Frontline (Tier III), Assessment (Tier II), and Treatment (Tier I) facilities and their associated response partners to respond to patients presenting at various facilities with clinical symptoms of Ebola Virus Disease (EVD) and suspect travel history.

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

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Contents

Preface ***3***

Handling Instructions ***4***

Introduction ***6***

Purpose 6

Scope 6

Exercise Objectives 6

Participants 7

Exercise Structure 7

Exercise Guidelines 7

Assumptions and Artificialities 8

Discussion Questions ***9***

Directions 9

Key Terms Used 9

Appendix A: Identify, Isolate, Inform Flyer ***13***

Appendix B: NETEC Flyer ***14***

Appendix C: CDC Ebola Virus Disease (EVD) Fact Sheet ***15***

Appendix D: Georgia's 3 Tiered System ***17***

Appendix E: Participating HHS Region IV Facilities/Agencies ***18***

Appendix F: Acronym/Abbreviation List ***20***

Introduction

Purpose

The purpose of this exercise is to review individual facility/agency highly infectious disease (HID) response plans, state-level Ebola Virus Disease (EVD) coordination and transport plans, and the HHS Region IV EVD Coordination and Transportation Plan in an effort to address preparedness gaps and identify areas for improvement in response to patients presenting to various facilities with suspected EVD.

Scope

This non-traditional tabletop exercise will focus on the Tier III (Frontline), Tier II (Assessment), and Tier I (Treatment) facilities' responsibilities and response to a patient with suspected EVD. In addition, the exercise will work through the Regional Transport Plan and the ability of its users to effectively activate and coordinate safe transfer of a patient with EVD. Furthermore, it will explore the coordination and interplay between the multiple agencies and jurisdictions and emergency response disciplines.

Exercise Objectives

The following objectives have been identified for this exercise:

- Discuss each component of Identify, Isolate, and Inform procedures for a person presenting to a frontline provider (i.e. primary care, urgent care, Emergency Medical Services (EMS)/Fire, dialysis clinic, pharmacy, school nurse, etc.).
- Define notification and communication procedures between community, regional, and state partners (i.e. internal leadership; Emergency Management Agency (EMA); coalition leadership; local, district, and state public health; EMS; healthcare partners; etc.). Consider notification and communication procedures with media partners.
- Examine just-in-time Personal Protective Equipment (PPE) don/doff training resources and PPE availability for frontline providers.
- Identify and discuss statewide EMS capabilities to transport patients with confirmed EVD or other persons under investigation (PUIs) to include coordination needed between the sending and receiving facilities and the transporting EMS agency and identifying factors involved when discussing the most appropriate method for transportation (i.e. air versus ground).
- Discuss procedures for moving a PUI from an HHS Region IV state to Emory or Regional Treatment Center outside of HHS Region IV. Define criteria for determining and consider factors involved when discussing the most appropriate method for transportation (i.e. air versus ground).
- Discuss various aspects of clinical care to include notification and communication procedures throughout patient care.
- Formulate planning for risk mitigation (e.g. biosafety containment and management with an emphasis on waste management).

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, and/or resolve questions as required. They also take notes of discussion which are used in drafting the Region IV Operation Wesley 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 use the discussion questions provided to guide facilitated conversations surrounding the scenarios identified in this SitMan.

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

> **NOTE:** Once prompted by the core exercise planning team via the Zoom platform to move to the next section, facilities/agencies should move 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.

At the conclusion of each session of the exercise, it is recommended that participants conduct a debriefing. The format of such a debriefing is up to each coalition group/host. Information collected (including strengths and areas for improvement should be reported back to UGA IDM at the conclusion of each session via the Qualtrics survey (http://tinyurl.com/EVDTTXReport). A formalized After Action Report (AAR) from each participating coalition should be submitted to UGA IDM no later than two weeks from the conclusion of the exercise so that a HHS Region IV AAR 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 (i.e., you may use 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.
- This exercise is intended to raise more questions than answers. It is a tool to be used to help assess and improve your current planning.

- Given all of the variables involved in this type of scenario, many questions and potential issues have been omitted in the interests of available time and exercise objectives.

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:

- The scenario is plausible, and events occur as they are presented.
- There is no "hidden agenda", nor any trick questions.
- All players receive information at the same time.
- Information is provided for situational awareness. Participants should realize that in a real event, this information might not be available to them with such immediacy for decision-making. This is an artificiality to allow for a comprehensive discussion.

Discussion Questions

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.

Key Terms Used

Highly Infectious Disease (HID)	Dangerous or emerging special pathogens. *Examples may include: Ebola Virus Disease (EVD), MERS-CoV, etc*.
Ancillary Services	Services provided in a clinical setting beyond basic patient care. *Examples may include: housekeeping, laboratory, radiology, security, etc.*
Frontline Facility	Hospitals and other health care providers that are not designated Ebola assessment hospitals or Ebola treatment centers that have the possibility of a suspected Ebola or other special pathogen patient encounter if a patient were to access the health care system outside of the active monitoring/direct active monitoring program. *Georgia classifies Frontline Facilities as Tier III facilities and considers any provider who may encounter a possible HID patient a Tier III entity (e.g. EMS, dialysis clinic, skilled nursing facility, law enforcement, primary/urgent care, etc.).*
Assessment Facility	Pre-designated facilities that are prepared to receive and isolate a patient under investigation (PUI) for Ebola or other special pathogen and care for the patient until a diagnosis can be confirmed or ruled out, and until discharge or transfer is completed. *Georgia classifies Assessment Facilities as Tier II facilities. There are currently six (6) Tier II Assessment Facilities in Georgia (see Appendix D in SitMan for locations).*
Treatment Facility	Pre-designated facilities that plan to care for and manage a patient with confirmed EVD or other special pathogen for the duration of the patient's illness. *Georgia classifies Treatment Facilities as Tier I facilities. There are currently four (4) Tier I Treatment Facilities in Georgia (see Appendix D in SitMan for locations).*
Regional Ebola and Other Special Pathogen Treatment Facility	Pre-designated facilities that can be ready within eight hours to receive a patient with confirmed Ebola from their region, across the U.S., or medically-evacuated from outside of the U.S., as necessary. These hospitals have enhanced capacity to care for other highly infectious diseases. *Emory University Hospital and Children's Healthcare of Atlanta/Egleston Children's Hospital (Atlanta, Georgia) serve as the Regional Ebola Treatment Center for HHS Region IV.*

TABLETOP EXERCISE SCENARIO: A patient with the clinical symptoms of Ebola Virus disease (EVD) and a suspect travel history has arrived at a frontline provider (Tier 3).

Session A – Identify, Isolate, Inform (45 Minutes)

Questions to Consider

1. How do frontline providers (Tier 3) (e.g. hospitals, other healthcare facilities, EMS, law enforcement, etc.) identify patients displaying symptoms consistent with a highly infectious disease (HID)?

2. If a patient displaying symptoms consistent with a HID is identified, what is the process required to isolate the patient, and inform the patient care team?

3. What is the process to contact the local and state Public Health Departments to ascertain risk?

4. What type of infection control training is provided to your **registration/intake** staff?

5. What is the process to inform ancillary services of a potential HID patient within a frontline provider (Tier 3)?

Session B – Personal Protective Equipment (30 Minutes)

Questions to Consider

1. Based on the information provided by the patient, what personal protective equipment (PPE) would be used/needed by **staff** for a potential patient under investigation (PUI)? *(The patient in question is a **DRY** patient.)*

2. Are staff trained in proper donning/doffing procedures?

3. Are staff members accustomed to working in appropriate PPE?

4. Based on the information provided by the patient, what personal protective equipment (PPE) would be used/needed by the **patient**?

5. Are staff trained in proper donning/doffing procedures of **patients**?

6. What personal protective equipment (PPE) would be used/needed by staff for a <u>wet</u> patient?

Session C – Patient Care (45 Minutes)

Questions to Consider

1. What type of infection control training is currently being provided to your **patient care** staff?
2. What special considerations are necessary for your HID patient care area?
    a. Bathroom accommodations
    b. Room communication
    c. Visibility
    d. Work Flow
        i. Donning/Doffing Locations
3. Who will collect the laboratory specimens?
4. How are emergency clinical procedures performed when caring for a suspected PUI or confirmed EVD patient?
5. What is your staffing model?
6. What are the clinical patient continuity of care plans for transport?

Session D – Patient Transport (45 Minutes)

SCENARIO UPDATE: The frontline provider (Tier 3) has informed the local and state public health departments about the person under investigation and all parties agree there is a need to perform further evaluation. Transportation arrangements for the patient should be made to facilitate further testing at an Assessment Facility (Tier 2) or Treatment Facility (Tier 1).

Questions to Consider

1. What is the process for requesting the need for patient transport?
2. What is the process for a sending facility to coordinate with the selected transportation service provider(s)?
3. What information should you include on a HID patient report from the sending facility to the receiving facility? *(Think about information beyond that which you might include in a standard patient report.)*
4. What is the process for a transportation service provider(s) to coordinate with the designated receiving facility?
5. What are the procedures for moving an EVD patient to Emory or other Regional Treatment Center outside of HHS Region IV?

Session E – Risk Mitigation (45 Minutes)

Questions to Consider

1. Do you have a plan for communicating to your internal staff and currently hospitalized patients and families to let them know what is happening?

2. What environmental infection control processes are required once the patient leaves the patient care area at the sending facility?

3. What is the waste management/disinfection plan for equipment and materials used to care for the patient who is a PUI or has tested positive for EVD?

4. What are your plans related to handling patient remains?

5. How do you perform employee temperature monitoring once the patient has been transferred and has been confirmed to have EVD after evaluation at the receiving hospital?

6. Do you have an alternate location for patient care in the event of a facility emergency?

Identify, Isolate, Inform:

Management of Patients Who Present With Possible Ebola Virus Disease or Other Significant Communicable Disease

WHO: Public Safety

- 911 Dispatch Centers
- Fire Departments
- EMS Services
- Law Enforcement

WHAT: Travel History

- Does the individual have a positive travel history? *
- Is the individual exhibiting sign and or symptoms of Ebola or other significant communicable disease
- Has that person come in contact with someone who is sick or has a positive travel history ? *

WHEN: If YES then…

- Isolate the individual and select proper PPE *
- Contact 1-866-PUB-HLTH for assistance in determining if the individual/patient should be transported to a specialized facility and if that individual needs to be transported with a transport unit from the State of Georgia's Infectious Disease Transport Network (IDTN).
- The on-call Medical epidemiologist will guide the caller as to the appropriate action for safest and most efficient and appropriate management of the individual.

- Travel History: Travel to a known area where significant communicable diseases are prevalent. Travel must have occurred with in the known incubation period.
- Proper PPE: As appropriate for Respiratory, Direct Contact or Droplet transmission of the suspected/known disease or virus.
- Public Health On-Call Medical Epidemiologist: 1-866-782-4584 or 1-866-PUB-HLTH

We Protect Lives.

NETEC

THE NATIONAL EBOLA TRAINING AND EDUCATION CENTER

EMORY UNIVERSITY

University of Nebraska Medical Center | Nebraska Medicine

NYC HEALTH+ HOSPITALS | Bellevue

Funded By:

ASPR ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

ABOUT US

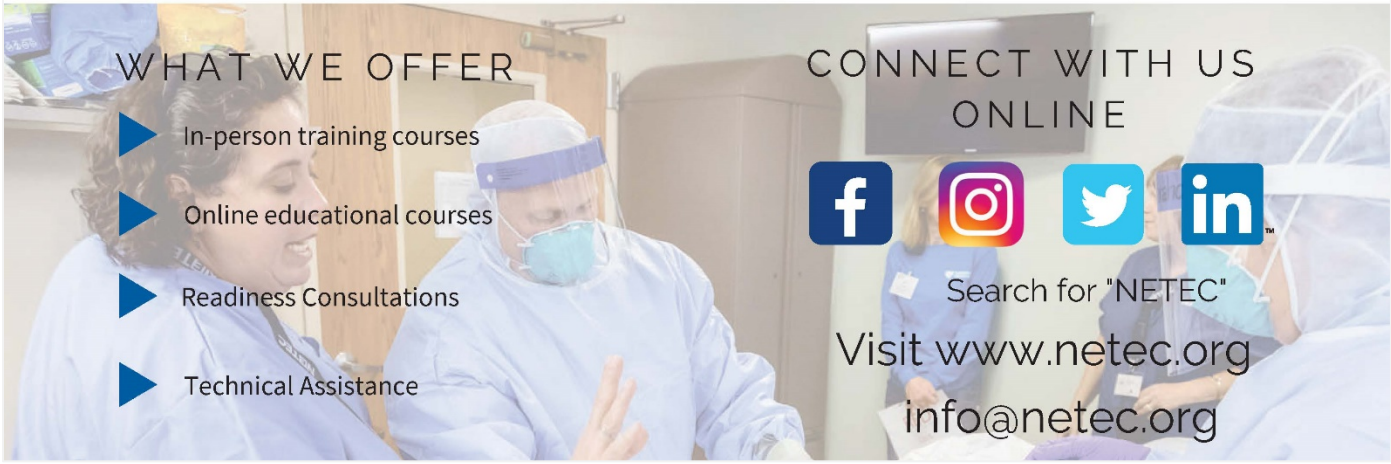
The National Ebola Training and Education Center is comprised of faculty and staff from **Emory University, the University of Nebraska Medical Center/Nebraska Medicine and NYC Health + Hospitals/Bellevue**. All three of these health care institutions have safely and successfully treated patients with Ebola and have worked diligently to share their knowledge with other health care facilities and public health jurisdictions.

MISSION

To increase the capability of United States public health and health care systems to safely and effectively manage individuals with suspected and confirmed special pathogens.

VISION

A sustainable infrastructure and culture of readiness for managing suspected and confirmed Ebola and other special pathogen incidents across United States public health and health care delivery systems.



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Ebola Virus Disease (EVD)

Ebola Virus Disease (EVD) is a rare and deadly disease most commonly affecting people and nonhuman primates (monkeys, gorillas, chimpanzees).

There are six known species of viruses within the genus *Ebolavirus*: Ebola virus (*Zaire ebolavirus*), Sudan virus (*Sudan ebolavirus*), Taï Forest virus (*Taï Forest ebolavirus*, formerly *Cote d'Ivoire ebolavirus*), Bundibugyo virus (*Bundibugyo ebolavirus*), Reston virus (*Reston ebolavirus,)* and Bombali virus (*Bombali ebolavirus*). Of these, only four are known to cause disease in people (Ebola, Sudan, Taï Forest, and Bundibugyo viruses). Reston virus is known to cause disease in nonhuman primates and pigs, but not in people. It is unknown if Bombali virus, which was recently identified in bats, causes disease in either animals or people.

Ebola virus was first discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Since then, outbreaks have occurred sporadically in Africa. The natural reservoir host of Ebola viruses remains unknown. However, based on the nature of similar viruses, experts think the virus is animal-borne, with bats being the most likely reservoir.

Transmission

How the virus first infects a person at the start of an outbreak is not known. However, experts think the first patient becomes infected through contact with an infected animal such as a fruit bat or nonhuman primate.

People can be infected with the Ebola virus through direct contact (like touching) with:

- Blood or body fluids (urine, saliva, sweat, feces, vomit, breast milk, semen) of a person who is sick with or has died from EVD
- Objects (such as clothes, bedding, needles, and syringes) contaminated with body fluids from a person sick with EVD or a body of a person who died from EVD
- Blood or body fluids of infected fruit bats or nonhuman primates such as apes and monkeys
- Semen from a man who recovered from EVD (through oral, vaginal, or anal sex)

Ebola virus CANNOT spread to others when a person has no signs or symptoms of EVD. Additionally, the virus is not spread through the air, by water, or in general, by food. However, in certain parts of the world, Ebola virus may spread through the handling and consumption of bushmeat (wild animals hunted for food). There is no evidence that mosquitos or other insects can transmit Ebola virus.

Signs and Symptoms

Symptoms of EVD may appear 2 to 21 days after exposure to the virus, but the average is 8 to 10 days. A person infected with Ebola virus is not contagious until symptoms appear. Signs and symptoms of EVD include:

- Fever
- Severe headache
- Fatigue
- Muscle pain
- Weakness
- Diarrhea
- Vomiting
- Stomach pain
- Unexplained bleeding or bruising

Risk of Exposure

Healthcare providers, family, and friends in close contact with EVD patients are at the highest risk of getting sick with EVD because they may be exposed to infected blood and body fluids. During an outbreak, EVD can spread quickly within healthcare settings. Infection control measures, like screening patients for signs/symptoms of EVD and practicing proper personal protective equipment procedures, must be in place to ensure exposure to Ebola virus does not occur.

Ebola viruses are found in several countries. Past EVD outbreaks have occurred in the following countries:

- Democratic Republic of the Congo (DRC)
- Gabon
- Guinea
- Ivory Coast
- Liberia
- Republic of the Congo (ROC)
- Sierra Leone
- Sudan
- Uganda

National Center for Emerging and Zoonotic Infectious Diseases
Division of High-Consequence Pathogens and Pathology (DHCPP)

Diagnosis

Early symptoms of EVD such as fever, headache, and weakness are not specific to Ebola virus infection and are seen in patients with more common diseases, like malaria and typhoid fever. To determine whether Ebola virus infection is a possible diagnosis, there must be a combination of 1) symptoms suggestive of EVD **AND** 2) a possible exposure to the virus within 21 days before onset of symptoms.

If a person has early symptoms of EVD and there is reason to believe the virus should be considered, the patient should be isolated and public health professionals notified. Samples from the patient should be collected and tested to confirm infection. Ebola virus can be detected in blood after onset of symptoms. It may take up to three days after symptoms start for the virus to reach detectable levels.

Treatment

Symptoms of EVD are treated as they appear. When used early, basic interventions can significantly improve the chances of survival. These include:

- Providing fluids and electrolytes (body salts) through infusion into the vein (intravenously).
- Offering oxygen therapy to maintain oxygen status.
- Using medication to support blood pressure, reduce vomiting and diarrhea and to manage fever and pain.
- Treating other infections if they occur.

Recovery from EVD depends on supportive care and the patient's immune response. People who recover from EVD develop antibodies that can last for 10 years. It is not known if people who recover are immune for life or if they can become infected with a different species of Ebola virus. Some survivors may have long-term complications such as joint and vision problems.

There is currently no antiviral drug licensed by the U.S. Food and Drug Administration (FDA) to treat EVD in people. Drugs that are being developed to treat Ebola virus infection work by stopping the virus from making copies of itself.

Prevention

When living in or traveling to a region affected by the Ebola virus, there are ways to protect yourself and prevent the spread of the virus. Practicing good hand hygiene is an effective method of preventing the spread of dangerous germs, like the Ebola virus. Proper hand hygiene means washing hands often with soap and water or an alcohol-based hand sanitizer.

While in an area affected by Ebola virus, you should AVOID:

- Contact with blood and body fluids (such as urine, feces, saliva, sweat, vomit, breast milk, semen, and vaginal fluids).
- Items that may have come in contact with an infected person's blood or body fluids (such as clothes, bedding, needles, and medical equipment).
- Funeral or burial rituals that require handling the body of someone who died from EVD.
- Contact with bats and nonhuman primates or blood, fluids, and raw meat prepared from these animals (bushmeat) or meat from an unknown source.
- Contact with semen from a man who had EVD until you know the virus is gone from the semen.

After returning from an area affected by Ebola virus, monitor your health for 21 days and seek medical care immediately if you develop symptoms of EVD.

There is currently no vaccine licensed by the FDA to protect people from Ebola virus. However, an experimental vaccine, proven highly protective against the virus in trials, is currently approved for use during an outbreak while awaiting FDA approval.

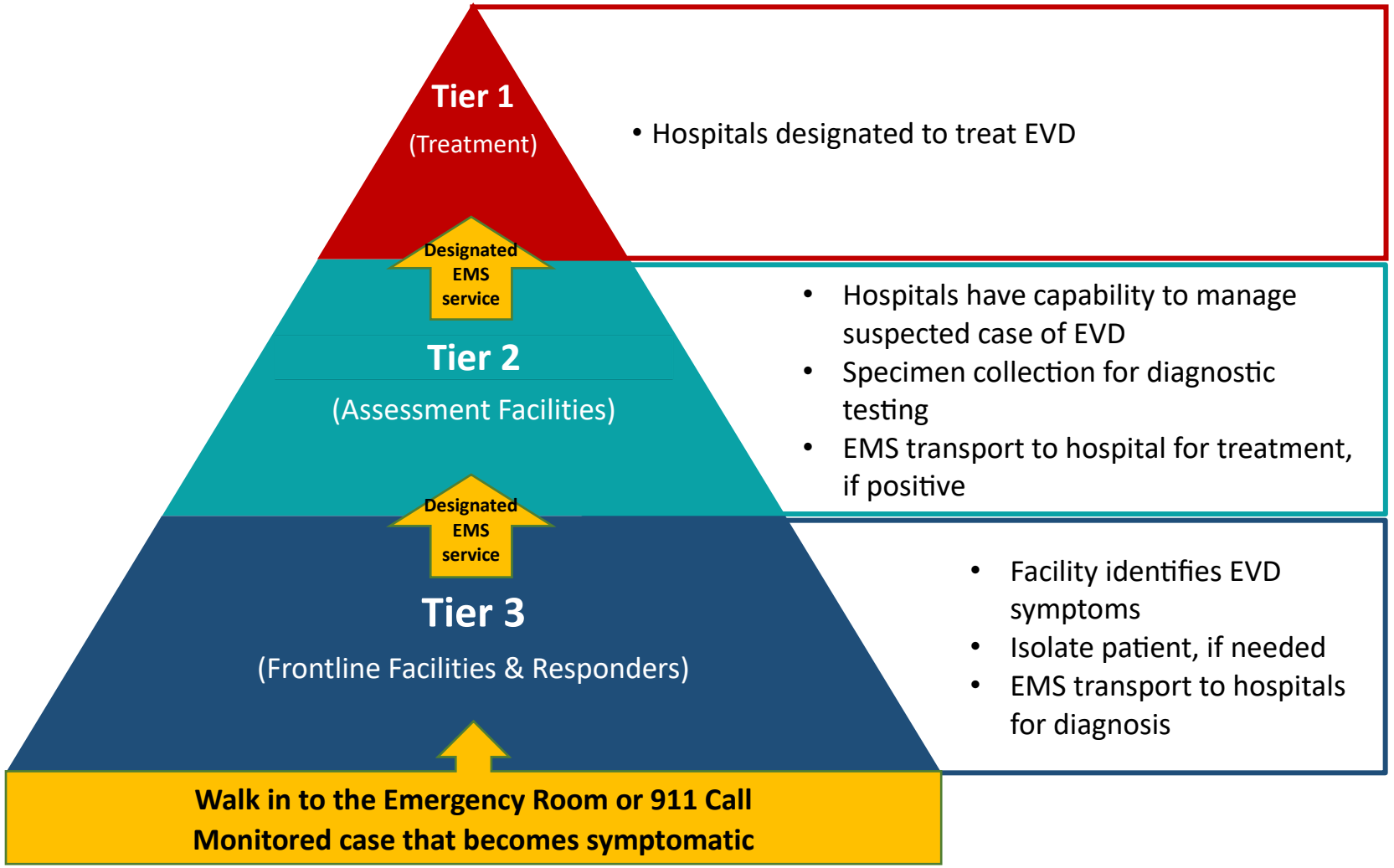
Healthcare workers who may be exposed to people with EVD should:

- Wear appropriate personal protective equipment (PPE).
- Practice proper infection control and sterilization measures.
- Avoid direct contact with the bodies of people who have died from EVD.
- Notify health officials if you have direct contact with blood or body fluids of a person sick with EVD.

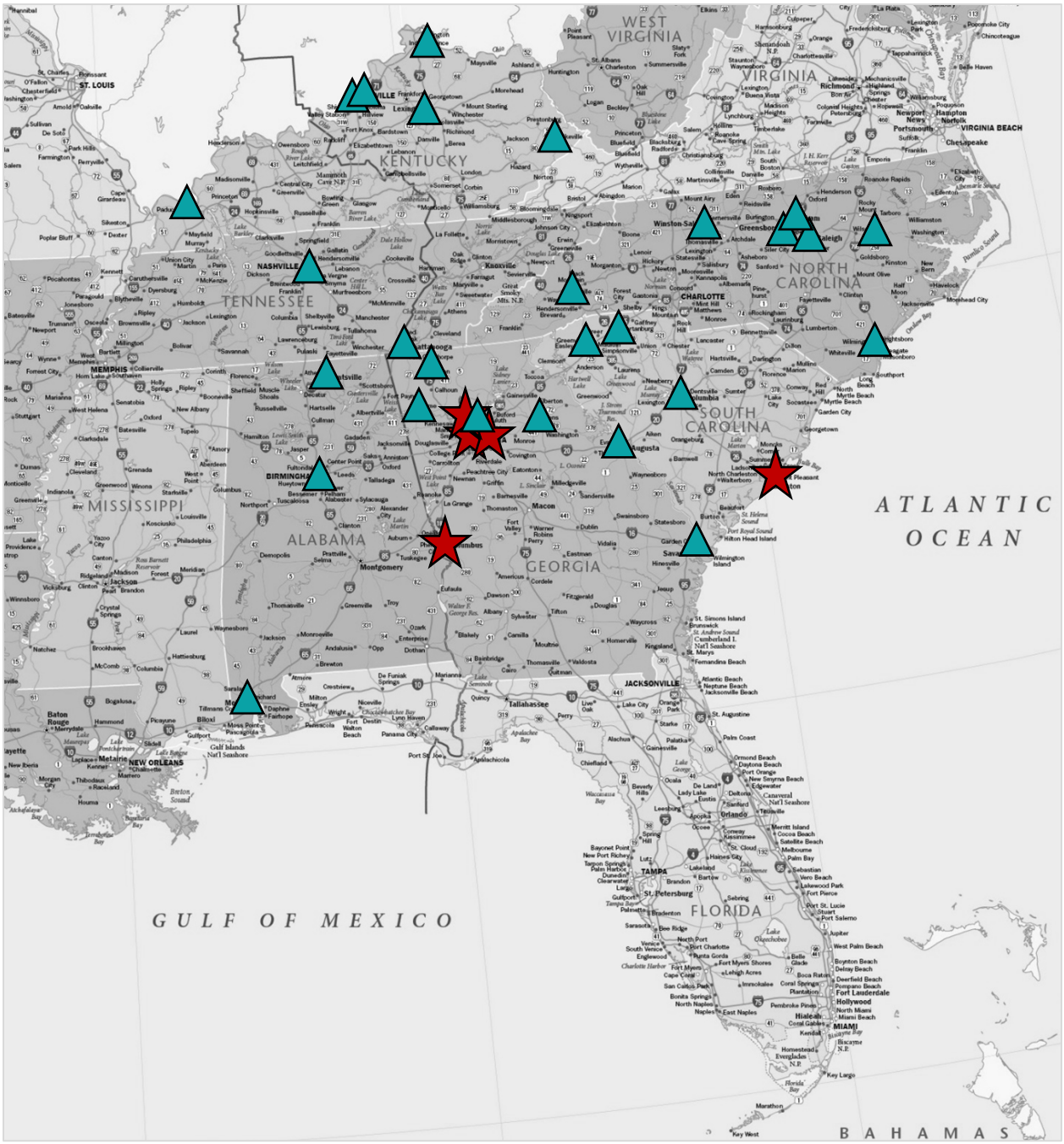
For more information about Ebola Virus Disease, visit www.cdc.gov/vhf/ebola/

Updated: 10/18/2018

Appendix D: Georgia's 3 Tiered System



Appendix E: Participating HHS Region IV Facilities/Agencies



Tier 1 (Treatment Hospitals)

HHS REGION IV DESIGNATED TREATMENT FACILITY	
Emory University Hospital	Atlanta, GA
GEORGIA	
Children's Healthcare of Atlanta – Egleston Hospital	Atlanta, GA
Grady Health	Atlanta, GA
Piedmont Columbus Regional Midtown	Columbus, GA
SOUTH CAROLINA	
Medical University of South Carolina	Charleston, SC

Other Participating Agencies

ALABAMA
Alabama Department of Public Health
FLORIDA
Florida Department of Health – Orlando
Florida Department of Health – Tallahassee
GEORGIA
Georgia Department of Public Health
Georgia Office of EMS
KENTUCKY
Kentucky Department of Public Health
NORTH CAROLINA
North Carolina Office of EMS
SOUTH CAROLINA
South Carolina Department of Health and Environmental Control
TENNESSEE
Tennessee Department of Health

Tier 2 (Assessment Hospitals)

ALABAMA	
Huntsville Hospital	Huntsville, AL
UAB Hospital	Birmingham, AL
USA Health University Hospital	Mobile, AL
GEORGIA	
Augusta University Medical Center	Augusta, GA
Emory University Hospital Midtown	Atlanta, GA
Floyd Medical Center	Rome, GA
Hamilton Medical Center	Dalton, GA
Memorial Health University Medical Center	Savannah, GA
Piedmont Athens Regional Medical Center	Athens, GA
KENTUCKY	
Baptist Health Paducah	Paducah, KY
Norton's Children's Hospital	Louisville, KY
Pikeville Medical Center	Pikeville, KY
St. Elizabeth Healthcare	Edgewood, KY
University of Kentucky Healthcare	Lexington, KY
University of Louisville Hospital	Louisville, KY
NORTH CAROLINA	
Duke University Hospital	Durham, NC
Mission Hospital	Asheville, NC
New Hanover Regional Medical Center	Wilmington, NC
North Carolina Baptist Hospital	Winston-Salem, NC
University of North Carolina Hospital	Chapel Hill, NC
Vidant Medical Center	Greenville, NC
WakeMed Health	Raleigh, NC
SOUTH CAROLINA	
Prisma Health Upstate	Greenville, SC
Prisma Health Midlands	Columbia, SC
Spartanburg Medical Center	Spartanburg, SC
TENNESSEE	
Erlanger Hospital	Chattanooga, TN
Vanderbilt University Medical Center	Nashville, TN

Appendix F: Acronym/Abbreviation List

AAR/IP	After Action Report / Improvement Plan
ACS	Alternate Care Site
ANSI/AAMI	American National Standards Institute/Association for the Advancement of Medical Instrumentation
ASPR	Assistant Secretary for Preparedness and Response
CDC	Centers for Disease Control and Prevention
CONOPS	Concept of Operations
DOD	Department of Defense
DOT	Department of Transportation
ED	Emergency Department
EEG	Exercise Evaluation Guide
EM	Emergency Management
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ETC	Ebola Treatment Center
EVD	Ebola Virus Disease
FE	Functional Exercise
FSE	Full Scale Exercise
FEMA	Federal Emergency Management Agency
HCW	Health Care Worker
HEPA	High-Efficiency Particulate Air
HHS	Department of Health and Human Services
HICS	Hospital Incident Command System
HID	Highly Infectious Diseases
HPP	Hospital Preparedness Program (also see NHPP)
HSEEP	Homeland Security Exercise Evaluation Program
ICS	Incident Command System
IDTN	Infectious Disease Transport Network

IP	Improvement Plan (also see AAR/IP)
LE	Law Enforcement
MSEL	Master Scenario Events List
MOU	Memoranda of Understanding
NETEC	National Ebola Training and Education Center
NHPP	National Hospital Preparedness Program (also see HPP)
NIMS	National Incident Management System
OSHA	Occupational Safety and Health Administration
PAPR	Powered Air Purifying Respirator
PI	Principal Investigator
POC	Point of Contact
PPE	Personal Protective Equipment
PUI	Persons Under Investigation
RESPTC	Regional Ebola and other Special Pathogens Center (formerly RTC)
SCDU	Serious Communicable Disease Unit
SIM	Simulation
SitMan	Situation Manual
SME	Subject Matter Expert
SOP	Standard Operating Procedure
TTX	Tabletop Exercise