Georgia Mountains Healthcare Coalition

Regional Infectious Disease Transport Network (Region IV Operation Wesley)

Tabletop Exercise

June 18, 2019

AFTER ACTION REPORT

IMPROVEMENT PLAN

PUBLISHED: JULY 2, 2019

Northeast Georgia Health System

Note: This After Action Report (with included Improvement Plan Appendix) aligns selected exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance.

Findings in this report are based upon observations of exercise facilitators and evaluators in addition to feedback provided by exercise participants.

Contents

Handling Instructions

The title of this document is Georgia Mountains Healthcare Coalition Infectious Disease Transport Network (IDTN) (Region IV Operation Wesley) Tabletop Exercise (TTX) After Action Report (AAR).

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

NAME	PHONE	EMAIL
Georgia Mountains Healthcare Coalition RCH Northeast Georgia Health System		
Matthew Crumpton, NRP, MEP, CEM-GA, EMHP *Emergency Preparedness Manager* *Georgia Mountains Healthcare Coalition Coordinator*	Mobile: 678.630.5955 Office: 770.219.1823	matthew.crumpton@nghs.com
Frances Franks, RN, BSN, EMHP *Critical Care, Resource Pool* *Georgia Mountains Healthcare Coalition Clinical Advisor*	Mobile: 334.444.2651	frances.franks@nghs.com

Exercise Overview

Exercise Name	**Georgia Mountains Healthcare Coalition –Regional Infectious Disease Transport Network Tabletop Exercise**
Exercise Date	June 18, 2019
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.
Mission Areas	Prevention, Protection, Mitigation, and Response
Core Capabilities	Cap 1: Foundation for Health Care and Medical Readiness Cap 2: Health Care and Medical Response Coordination Cap 3: Continuity of Health Care Service Delivery
Objectives	❖ 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).
Threat or Hazard	Ebola Virus Disease patient suspected at a frontline provider
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). 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).
Sponsors	Georgia Mountains Healthcare Coalition, Northeast Georgia Health System Regional Coordinating Hospital; Georgia Department of Public Health, University of Georgia
Region B Participating Organizations	29 Participating Healthcare Organizations and Community Partners *(see page 7 for complete listing of Regional participants).*

Exercise Planning and Participation

Exercise Planning Team (EPT)

Representatives of the following organizations participated in the Georgia Mountains Healthcare Coalition Tabletop Exercise planning process by attending scheduled regional exercise planning meetings:

- District 2 Public Health
- Northeast Georgia Health System

Participating Organizations

The following organizations were represented at the Georgia Mountains Healthcare Coalition Tabletop Exercise:

Amedisys Home Health	Georgia Mountains Healthcare	NGMC Lumpkin
ARES Hall Co EMA	Gwinnett Medical Center	NGHS Medical Transport
Banks Co. EMA	Habersham Medical Center	Oaks at Scenic View
Banks Co. Fire/EMS	Hall County EMA	Stephens County EMA
Banks County Coroner	Hall County Fire	Stephens County Health Department
Clearview at Chatuge	Mountain View Health and Rehab	Stephens County Hospital
District 2 Office of EMS	NGMC Barrow	Toccoa Falls College
District 2 PH	NGMC Braselton	Union General Hospital
Friendship Health and Rehab	NGMC Gainesville	University of North Georgia
Gateway Health and Rehab	NGHS Hospice	White County 911

Number of Attendees

Number of Attendees

Logistics/Support……2

Participants……55

TOTAL: 57 attendees

Tabletop Exercise Planning and Preparation

In preparation for the exercise, the following meetings were held:

February 27, 2019	Tabletop Exercise Concepts & Objectives (TTX C&O) & Tabletop Exercise Initial Planning Meeting (TTX IPM)
May 29, 2019	Tabletop Exercise Midterm Planning Meeting (TTX MPM)
June 17, 2019	Tabletop Exercise Final Planning Meeting (TTX FPM)

Executive Summary

The Georgia Mountains Healthcare Coalition Infectious Disease Transport Network Tabletop Exercise was held on June 18, 2019 at the Civic Center in Gainesville, Georgia; as part of the Region IV Operation Wesley TTX, hosted simultaneously across 8 Southeastern States. The 57 Region B participants included representatives from many coalition healthcare facilities, local community response partners, and state and regional support agencies. The purpose of this exercise was 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. The Georgia Mountains Healthcare Coalition tabletop exercise focused on the coalition's ability to respond to a suspected Ebola Virus Disease (EVD) patient at a frontline facility scenario affecting healthcare facilities and their partners across the region. Tabletop participants were seated with county partners in order to facilitate discussion of both local and regional plans. The exercise sought to identify gaps in capabilities that currently exist in both local response plans and the Georgia Mountains Healthcare Coalition's Communication Coordination Plan.

The following areas were recognized as major strengths of the Georgia Mountains Healthcare Coalition during the exercise:

- Most frontline facilities within Coalition B are **aware of and exercise identify, isolate, and inform procedures.** These procedures are regularly tested and include no notice arrivals of symptomatic patients with a positive travel history and exercise calls to 1-866-PUB-HLTH.
- Staff at most frontline facilities in Region B are **adequately trained in donning and doffing procedures of PPE**, with great procedural checklists that are visible in donning/doffing areas.
- All frontline facilities in Region B have **individual highly infectious disease (HID) response plans** that include staffing plans and designated areas to accommodate EVD patient.
- Some Region B facilities have **HID response plans** that specifically address communication, staff monitoring, and EVS procedures while other facilities report including procedures of referring to the CDC website for specific information.
- Most participating facilities were **aware of available community partners and local resources,** and report knowledge and utilization of the **Regional Communication Coordination Plan** and the **resources available through the Georgia Mountains Healthcare Coalition.**

The primary identified regional opportunities for improvement were as follows:

- Though many frontline facilities are familiar with identify, isolate, and inform procedures, there are a few facilities and agencies that remain **unclear on their specific role as a frontline facility** and how their response should look when encountering a patient with symptoms and a positive travel history.
- Most participating facilities identified **gaps in communication of and education on HID response plans and training for staff**, specifically on Persons Under Investigation (PUI) awareness and response activities.
- Some participating facilities either have not identified and designated **adequate isolation areas** to care for a patient suspected of EVD or their designated areas for this are inadequate in some way (i.e. lack of flushable toilet or donning/doffing area).
- Some facilities identified areas of improvements regarding **screening practices and resources** for frontline staff.

Regional Analysis of Core Capabilities

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Summary of Core Capability Performance

Objective	Core Capability	Discussed with No Gaps Identified (N)	Discussed with Some Gaps Identified (S)	Discussed with Major Gaps Identified (M)	Unable to be Discussed (U)
1. The Georgia Mountains Healthcare Coalition will **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.).	Health Care and Medical Readiness		**S**		
2. The Georgia Mountains Healthcare Coalition will **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.	Health Care and Medical Response Coordination		**S**		
3. The Georgia Mountains Healthcare Coalition members will **examine just-in-time Personal Protective Equipment (PPE) don/doff training resources and PPE availability** for frontline providers	Continuity of Health Care Service Delivery		**S**		
4. Georgia Mountains Healthcare Coalition healthcare facilities and response partners will **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).	Health Care and Medical Response Coordination		**S**		
5. The Georgia Mountains Healthcare Coalition will **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).	Health Care and Medical Response Coordination		**S**		

Objective	Core Capability	Discussed with No Gaps Identified (N)	Discussed with Some Gaps Identified (S)	Discussed with Major Gaps Identified (M)	Unable to be Discussed (U)
6. The Georgia Mountains Healthcare Coalition will **discuss various aspects of clinical care** to include notification and communication procedures throughout patient care.	Health Care and Medical Response Coordination		**S**		
7. The Georgia Mountains Healthcare Coalition will **formulate planning for risk mitigation** (e.g. biosafety containment and management with an emphasis on waste management).	Continuity of Health Care Service Delivery		**S**		

Ratings Definitions:

- **Discussed with No Gaps Identified (N):** The targets and critical tasks associated with the capability were discussed in a manner that fully addressed the objective(s) without identifying any operational gaps in current policies, plans, and protocols. Existing policies, plans, and protocols are effective and are not perceived to need additional updates at this time. Staff members are fully trained and understand the existing protocols.
- **Discussed with Some Gaps Identified (S):** The targets and critical tasks associated with the capability were discussed in a manner that addressed the objective(s). While plans are currently in place, some operational gaps were identified. Plans need to be expanded and/or altered to better address identified gaps. Additional training and education on existing plans may also be required.
- **Discussed with Major Gaps Identified (M):** The targets and critical tasks associated with the capability were discussed in a manner that addressed the objective(s). It was recognized that major operational gaps are present. Needed plans, policies, and protocols may not exist. Current plans are not coordinated with coalition partners and will be difficult to effectively operationalize during a regional response. Training and education on any new plans or protocols will be required.
- **Unable to Discuss (U):** The targets and critical tasks associated with the capability were not discussed in a way which allows for evaluation of the identified objective(s).

Analysis of Exercise Objectives

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

Objective I
The Georgia Mountains Healthcare Coalition will 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.).

CORE CAPABILITY: FOUNDATION FOR HEALTH CARE AND MEDICAL READINESS

Strengths:

- ✓ Most frontline facilities within Coalition B are aware of and exercise identify, isolate, and inform procedures. These procedures are regularly tested and include no notice arrivals of symptomatic patients with a positive travel history and exercise calls to 1-866-PUB-HLTH.
- ✓ Most Region B participants have identified Highly Infectious Disease (HID) patients as a risk through conducting hazard vulnerabilities and risks assessments and are aware of regional resources available through the healthcare coalition
- ✓ Some participating organizations report strong confidence in their facility's screening practices that lead to early identification of an HID patient.

Opportunities for Improvement:

- Education on Identify, Isolate, and Inform: Though many frontline facilities are familiar with identify, isolate, and inform procedures, there are a few facilities and agencies that remain unclear on their specific role as a frontline facility and how their response should look like when encountering a patient with symptoms and a positive travel history.
    - ➢ It is recommended that education and training be conducted regarding identify, isolate, and inform procedures for all entities within the coalition. It is critical that each member of the coalition have a working knowledge of the appropriate procedures when encountering possible EVD or other special pathogen patients.
- Infection Control training for registration/intake staff: Some facilities identified areas of improvements regarding screening practices and resources for frontline staff.
    - ➢ It is recommended that registration and intake staff be included in awareness level training for EVD and other special pathogen patients, with emphasis on travel questions and symptoms to look for.

- Special Considerations in Screening Procedures: During the TTX, many organizations identified special considerations not previously addressed within their individual HID plans.
    - ➢ It is recommended that HID plans include attention to cultural considerations, language barriers, and special populations when screening patients for EVD and other special pathogens.

Objective II
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.).

CORE CAPABILITY: HEALTH CARE AND MEDICAL RESPONSE COORDINATION

Strengths:

- ✓ All Region B participating organizations are aware of community partners and local/regional resources available and report great strength in utilizing the Coalition's Regional Communication Coordination Plan.
- ✓ Most Region B facilities have formal HID Plans that address internal and external communications, EVS procedures, and staff monitoring with an identified Person Under Investigation (PUI).
- ✓ Most Region B facilities are aware of the Everbridge communication platform and its usefulness in mass notification during any incident, including identification of PUI at a frontline facility.

Opportunities for Improvement:

- Education on Regional Communications Coordination Plan: Some Coalition members remain unclear on their specific roles within the Regional Communication Coordination Plan and how regional coordination is achieved in such an incident.
    - ➢ It is recommended that education and training be conducted regarding the regional communications coordination plan. It is critical that each member of the coalition have input into the regional plan and that each organization have a working knowledge of the regional plan.
    - ➢ It is further recommended that discussion and operations-based exercises be conducted following the determination of plan triggers to address operational gaps that may manifest.
    - ➢ Additionally, members of the coalition stated that they are still unclear on what events should trigger the creation of a GHA911 WebEOC event log. This should be addressed in future coalition meetings, discussions and triggers for this may require expansion.

- Coordination of Healthcare Emergencies with Local EMAs: While relationships seemed strong at the local level, there may be a lack of comprehensive understanding of what should and should not be coordinated through local EMA in terms of a healthcare disaster of this nature. This would be true especially when comparing one healthcare discipline vs. another since they are at varying levels of emergency preparedness understanding or activity.

    - It is recommended that all healthcare facilities contact the local EMA to discuss specific roles and responsibilities during a community healthcare emergency. This should cover what resources the EMA could be able to assist in procuring and how situational awareness will be maintained between agencies. It should be noted that specific EMA roles and involvement may vary based upon the specific event and support provided through existing healthcare networks.

Objective III
Examine just-in-time Personal Protective Equipment (PPE) don/doff training resources and PPE availability for frontline providers.

CORE CAPABILITY: CONTINUITY OF HEALTH CARE SERVICE DELIVERY

Strengths:

- ✓ Staff at most Region B facilities are abundantly trained on PPE donning/doffing procedures and special considerations regarding HID patients, with great procedural checklists that are available and visible in donning/doffing areas.
- ✓ Most staff are well-informed of the PPE required in contact of a potential PUI and the differences in resources for a wet versus dry patient.
- ✓ Some healthcare facilities and local communities have resources caches that would be available for use during an HID incident. It is, however, recognized that most of these caches would only be able to support the initial response and that additional support from neighboring counties, the region, or the state may be required. All Region B Coalition members are knowledgeable of the resources available to them through the Georgia Mountains Healthcare Coalition.

Opportunities for Improvement:

- Procuring Additional PPE: While all healthcare organizations noted that they keep some supply of PPE on hand, most recognized that the current PPE supply levels would not be sufficient enough to handle a PUI for an extended duration of isolation while transportation to a Tier 1 facility is coordinated. Most of these partners also expressed concern that supplies are not readily available and that many resources (Tyvek suits, long cuffed gloves, surgical hoods, etc.) have become backordered and usual vendors lack the needed stock.

    - It is recommended that coalition members work together to loosely inventory PPE supply levels to determine what regional gaps are greatest. Additional resources may be made available through realignment (i.e. trading needed items between facilities). Resource needs and

priorities should be communicated up to members of the coalition executive team so that the group can maintain situational awareness and have an understanding of overall regional preparedness.

- Coordination of PPE with Local Fire/Law Enforcement Personnel: Most members of the Georgia Mountains Healthcare (Region B) Coalition noted that local fire departments and law enforcement agencies maintain only minimal biological PPE for staff and that some of these agencies have not been included when considering additional PPE needs and responder concerns.
    - Healthcare facilities and EMS services are encouraged to reach out to leaders within these local agencies to assist with answering questions concerning PPE when encountering an infectious disease. It may be beneficial to pre-package some additional PPE kits which could be made available to local fire departments/law enforcement agencies for use with a suspected PUI.
    - The Georgia Mountains Healthcare Coalition (Region B) should ensure that local fire departments and law enforcement agencies receive needed information and updates concerning Ebola Virus Disease (EVD) and other HIDs. Including these partners in coalition contact/distribution lists will ensure that all response partners are knowledgeable of current threats and needed PPE.
- Additional Ongoing PPE Donning/Doffing Training: Many organizations at the TTX recognize a growing complacency in Donning/Doffing procedures at their facilities; mainly due to the fact that even though encountering a patient with EVD is high risk, it remains low probability on HVA and therefore training and education has the tendency to fall to the way-side.
    - It is recommended that facilities include PPE training during General Orientation for New Hires, Annual Skills Validation for Current Staff, and Just-In-Time refreshers with suspected PUIs or during ID outbreaks.
    - It is further recommended that PPE training include skills validation techniques such as return demonstration of donning and doffing and practicing efficacy utilizing Glow-Germ or Luminescence indicator powder.

Objective IV
Identify and discuss statewide EMS capabilities to transport patients with confirmed EVD or other persons under investigation (PUIs). a. Discuss coordination needed between the sending and receiving facilities and the transporting EMS agency. b. Identify factors involved when discussing the most appropriate method for transportation (i.e. air versus ground).

CORE CAPABILITY: HEALTH CARE AND MEDICAL RESPONSE COORDINATION

Strengths:

- ✓ All Region B facilities as Tier 3 facilities are knowledgeable of the process for requesting patient transport of a HID patient after they've been isolated. The call to 1-866-PUB-HLTH is written in their plan, communicated to staff, and trained on. Staff are aware that all direction regarding transportation coordination of an HID patient will be handled by the State, so making the call early in the Identification process is of utmost importance.
- ✓ Some coalition members noted that there are extremely strong relationships between local healthcare facilities and EMS providers, as well as strong public safety/ first responder involvement in the Georgia Mountains Healthcare Coalition (Region B) exercise program. These groups understand each other's capabilities are prepared to support one another and having these healthcare support partners involved is important as they play a critical role in response coordination.

Opportunities for Improvement:

- Education on Infectious Disease Transport Network (IDTN): Although staff at frontline facilities are aware of the importance of calling 1-866-PUB-HLTH once a PUI is suspected, many report a lack of knowledge of the actual IDTN and find it interesting as well as important in understanding the process of transporting an HID.
    - The Georgia Mountains Healthcare Coalition should facilitate distribution of up to date resources on IDTN education for healthcare partners.
- Education on Ebola Virus Disease (EVD) and other HIDs: Although staff at frontline facilities are aware of the importance of calling 1-866-PUB-HLTH once a PUI is suspected, many report a lack of knowledge of EVD and other special pathogens and find it interesting as well as important in understanding the process of identifying, isolating, and transporting an HID.
    - The Georgia Mountains Healthcare Coalition should facilitate distribution of up to date resources on EVD and other special pathogens education for healthcare partners.
- More IDTN and EVD Resources and Better Visibility: While all facilities are aware of the importance of calling 1-866-PUB-HLTH once a PUI is suspected, many facilities acknowledge that visible reminders of the HID response plan could be improved.
    - It is recommended that Identify, Isolate, Inform procedures instructions be highly visible in all frontline facilities, especially in registration and intake areas. Resources should be electronic and well as paper hard copies. Links to the CDC website and other internet resources can be added to Intranet home screens. An ID resource binder is helpful to keep in points of patient entry.

Objective V
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).

CORE CAPABILITY: HEALTH CARE AND MEDICAL RESPONSE COORDINATION

Strengths:

- ✓ All Region B facilities as Tier 3 facilities are knowledgeable of the process for requesting patient transport of a HID patient after they've been isolated. The call to 1-866-PUB-HLTH is written in their plan, communicated to staff, and trained on. Staff are aware that **all direction** regarding transportation coordination of an HID patient will be handled by the State, so making the call early in the Identification process is of utmost importance.

Opportunities for Improvement:

- More IDTN and EVD Resources and Better Visibility: While all facilities are aware of the importance of calling 1-866-PUB-HLTH once a PUI is suspected, many facilities acknowledge that visible reminders of the HID response plan could be improved.
  - ➢ It is recommended that Identify, Isolate, Inform procedures instructions be highly visible in all frontline facilities, especially in registration and intake areas. Resources should be electronic and well as paper hard copies. Links to the CDC website and other internet resources can be added to Intranet home screens. An ID resource binder is helpful to keep in points of patient entry.
  - ➢ Additional reminders that can be included with IDTN resources:
    - ➢ What to expect during State coordination of patient transport
    - ➢ What to include on a HID patient report to the receiving facility (Information beyond that which is included in a standard patient report)

Objective VI
Define notification and communication procedures throughout patient care.

CORE CAPABILITY: HEALTH CARE AND MEDICAL RESPONSE COORDINATION

Strengths:

- ✓ All frontline facilities in Region B have individual highly infectious disease (HID) response plans that include staffing plans and designated areas to accommodate EVD patient.

- ✓ Some Region B facilities have HID response plans that specifically address communication, staff monitoring, and EVS procedures while other facilities report including procedures of referring to the CDC website for specific information

- ✓ All Georgia Mountains Healthcare Coalition (Region B) members noted that there are multiple, redundant communications platforms through which notifications are sent and received.

- ✓ All Georgia Mountains Healthcare Coalition (Region B) members noted that they have extremely strong relationships with other emergency preparedness and response partners within their respective communities and throughout the region. Members of the coalition know one another by name and are comfortable interacting with each other during both planning and real-world events. The commitment of coalition members to emergency preparedness is one of the region's greatest assets.

Opportunities for Improvement:

- Lack of Adequate Isolation Area specifically designed for EVD-type patient: Some participating facilities either have not identified and designated adequate isolation areas to care for a patient suspected of EVD or their designated areas for this are inadequate in some way (i.e. lack of flushable toilet or donning/doffing area).

    - ➢ It is recommended that individual facilities keep disease-specific special considerations in mind when designating patient care areas for certain types of isolation. For example, many organizations plan to use their negative pressure isolation room to isolate a PUI of EVD; however, this may not be an ideal location for an EVD patient considering airborne isolation is not necessary and based on other considerations such as:

        - ➢ Does the area have a flushable toilet? If not, how is waste handled?

        - ➢ Does the area have adequate donning/doffing area?

        - ➢ Where is the area located in relation to the nearest patient exit? (this is extremely important when coordinating patient transport)

- Augmenting Healthcare Staffing Levels: Some coalition members noted that staffing would be a primary concern during an incident of suspected PUI presence that lasts longer than anticipated due to transportation coordination.

    - ➢ It is recommended that organizations utilize existing relationships with volunteer and student organizations to recruit possible volunteers. While it is unlikely such volunteers would assist in a clinical capacity, these individuals could reduce the staff workload in other areas to free up additional staff members.

    - ➢ It is further recommended that healthcare agencies consider utilizing volunteers in the SERV-GA system. Upon arrival at the requesting facility, volunteers could be assigned various roles based on identified skill sets and verification of licensure via the State Emergency Registry of

Volunteers of Georgia (SERVGA). SERVGA is a component of the national Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VP) system.

- Lack of Communication of Plan to frontline staff: While all frontline facilities in Region B have individual highly infectious disease (HID) response plans that include staffing plans and designated areas to accommodate EVD patient, some staff are unaware of the plan.
  - Communication, education, and dissemination of the HID plan to frontline staff is equally important to having a plan in the first place.
  - Including frontline staff in plan formulation and exercising is vital in identifying gaps that can exist in HID plan.
- Public Messaging Coordination: Most coalition members agree that coordinating messages during an incident is critical and that establishing a Joint Information Center could be of use in most communities. While there is general informal agreement on information flow among coalition members, few counties have established formal plans to create a JIC or, if included in plans, have truly operationalized this function during a drill or real world event. Additionally, some healthcare facilities do not have their own in-house PIO available, so coordination is required to ensure that their respective clients/patient/residents receive needed information.
  - It is further recommended that the Georgia Mountains Healthcare Coalition (Region B) look into providing additional public information training within the region and share training available opportunities with coalition partners throughout the year.

Objective VII
Formulate planning for risk mitigation (i.e. biosafety containment and management with an emphasis on waste management.)

CORE CAPABILITY: CONTINUITY OF HEALTH CARE SERVICE DELIVERY

Strengths:

- ✓ Most coalition members indicated that their respective organizations consult CDC guidelines when determining the level of PPE needed to respond to any and all infectious disease patients, including those with EVD symptoms.
- ✓ Most healthcare facilities have provided additional and/or refresher training to staff members that may work with an infected individual. This training includes what specific PPE is required and how to don and doff the PPE properly.
- ✓ Some facilities have small PPE supply caches or stockpiles for use during an HID incident. Staff members expressed general confidence that these stockpiles would be enough to support facilities through the isolation period as Tier 3 facilities.

- ✓ Some organizations recognize the stress effect that having an EVD patient in their facility would have on their organization and community, and are aware of Critical Incident Stress Management (CISM) resources available through the Georgia Mountains Healthcare Coalition.

- ✓ Some facilities in the region have designated an adequately engineered isolation area where staff could safety isolate a possible PUI and have thorough, well-thought out operational plans regarding the safe isolation of an EVD PUI.

Opportunities for Improvement:

- Gaps in Waste Management Practices and/or Knowledge of: Some facilities are unclear if their respective HID response plan includes specific and extensive waste management measures necessary in handling biohazardous waste from an EVD patient.

    - ➢ Facility representatives should circle back to their administrative leaders to review their respective HID response plans for accuracy and comprehensiveness.

    - ➢ Coalition partners should be reminded of CDC guidance and resources available to their organizations when planning for HID response.

- HID Planning Gaps in Biosafety Containment: Some facilities were unclear on certain aspects of biosafety containment related to an EVD patient, such as handling patient remains and obtaining/ handling of lab specimens

    - ➢ It is recommended that all Tier 3 facilities be strongly reminded of the importance of referring to the State Epidemiologist on call at 1-866-PUB HLTH for **ALL** questions pertaining to the identification, isolation, and transportation of any suspected PUI and the biohazardous waste produced by them.

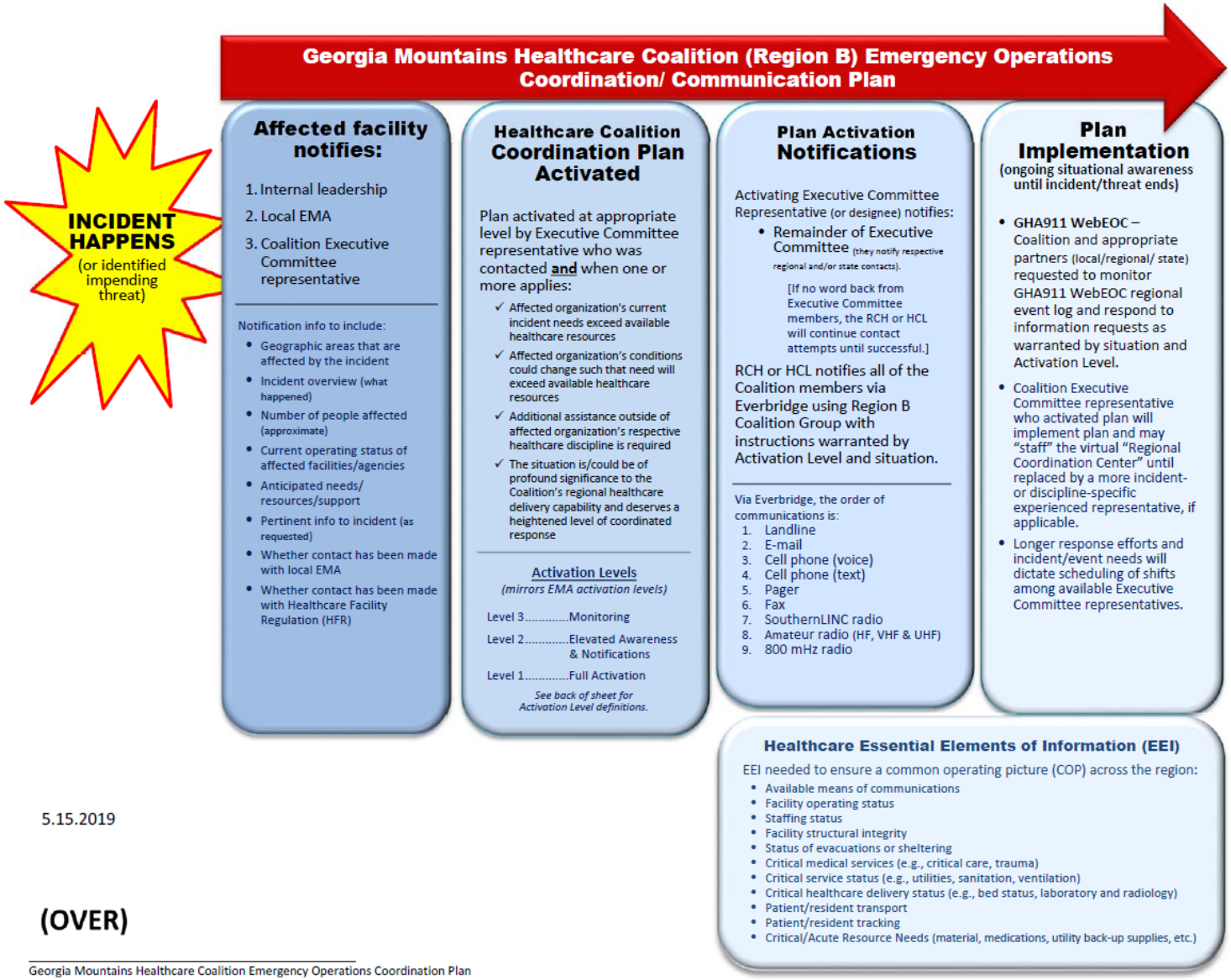
    - ➢ It is further recommended that the Georgia Mountains Healthcare Coalition continue to hold Regional exercises that address Infectious Disease in an effort to exercise existing plans, identify any gaps, disseminate information and education, and communicate resources available to coalition partners through the Healthcare Coalition.

Appendix A: Improvement Plan Worksheet

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Start Date	Completion Date
Foundations for Healthcare and Medical Readiness	**Train and Prepare the Healthcare and Medical Workforce**	a. Conduct education and training on Regional Communications Coordination Plan.	Training	Coalition Executive Team	8.21.2019	
		b. Conduct operations-based exercises following the determination of plan triggers to address operational gaps that may manifest	Exercise	Coalition Executive Team	8.21.2019	
		c. Plan, conduct, and evaluate coordinated exercises with healthcare coalition members and other response organizations.	Training	Coalition Executive Team	8.21.2019	
	Ensure Preparedness is Sustainable	a. Ensure its members understand the Role of the Healthcare Coalition	Planning	Coalition Executive Team	8.21.2019	
		b. Utilize upcoming planning meetings and regional events to educate all members on the roles the coalition may play during an extended regional response.	Planning	Coalition Executive Team	8.21.2019	
	Identify Risks and Needs	a. Educate and train on identified vulnerabilities and risks related to Infectious Disease, including special considerations in screening practices for frontline staff.	Training	Coalition Executive Team	8.21.2019	
Health Care and Medical Response Coordination	**Utilize Information Sharing Procedures and Platforms**	a. Assist Healthcare facilities and community partners who are unfamiliar with GHA911 WebEOC and Everbridge with additional information and training	Training	Coalition Executive Team	8.21.2019	
		b. Continue education and training on Regional Communications Coordination Plan	Planning	Coalition Executive Team	8.21.2019	
	Coordinate Response Strategy, Resources, and Communications	a. Coordinate education and training regarding IDTN and EVD; distribute up to date resources and ongoing refreshers	Planning	Coalition Executive Team	8.21.2019	
		a. Complete a resource coordination plan that includes information on request and distribution of resources. This plan should be transparent in its identification of how resource needs will be assessed and what, if any, priority will be given.	Planning	Coalition Executive Team	8.21.2019	
		b. Formalize mobilization and demobilization plans and resource request protocols for use by coalition members - Education on plan and protocol to coalition members	Planning	Coalition Executive Team	8.21.2019	

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Start Date	Completion Date
		c. Establish a JIC and exercise it; Provide PIO Training to representatives across the region.	Training	Coalition Executive Team	8.21.2019	
		d. Ensure that local fire and law enforcement agencies receive needed resources, supplies, information and updates concerning infectious disease response	Planning	Coalition Executive Team	8.21.2019	
Continuity of Health Care Service Delivery	**Maintain access to non-personnel resources during an emergency**	a. Conduct an extensive inventory of regional assets and assemble a database that allows users to know who controls which regional assets, whether they are currently available, and who to contact to request use of a resource.	Planning	Coalition Executive Team	8.21.2019	
	Protect Responders' Safety and Health	a. Coalition members should work together to loosely inventory PPE supply levels to determine what regional gaps are greatest. Additional resources may be made available through realignment.	Equipment	Coalition Executive Team	8.21.2019	
		b. Coordinate PPE with Local Fire/Law Enforcement Personnel by reaching out to leaders within Local Fire/Law Enforcement and answering questions concerning PPE	Equipment	Coalition Executive Team	8.21.2019	
		c. Facilitate additional ongoing PPE Donning/Doffing training and distribution of resources to coalition partners.	Training	Coalition Executive Team	8.21.2019	
	Plan for Continuity of Operations	a. Utilize existing relationships with volunteer and student organizations to recruit possible disaster volunteers. b. Healthcare agencies should consider utilizing volunteers in the SERV-GA system	Planning	Coalition Executive Team	8.21.2019	
	Coordinate Health Care Delivery System Recovery	a. Support individual facility system recovery planning, assessment, and facilitation related to an HID incident.	Planning	Coalition Executive Team	8.21.2019	
		b. Distribute resources and information required to protect the healthcare workforce and further develop healthcare worker resilience.	Equipment	Coalition Executive Team	8.21.2019	
		c. Continue to stress the importance of CDC guidance and contacting the State Epidemiologist at 1-866-PUB-HLTH for all questions and concerns regarding safety and risk mitigation following care of a suspected EVD patient.	Planning	Coalition Executive Team	8.21.2019	

Appendix B: Georgia Mountains Healthcare Coalition (Region B) Communications 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
• Hospitals • Other healthcare disciplines (not represented below)		Northeast Georgia Health System Matthew Crumpton 770-219-1823 (office) 678-630-5955 (cell)
• Public Health		DPH District Emergency Coordinator Mark Palen, District 2 Public Health 770-531-4505 (office) 678-928-1337 (cell)
• Public Health		DPH Healthcare Liaison Donna Sue Campbell, District 2 Public Heath 770-535-6989 (office) 770-851-3089 (cell)
• Local Emergency Management Agencies		Emergency Management Agency (EMA)
• Nursing Homes		Nursing Home (NH) Kerry Smith, NGHS Lanier Park 770-219-8315 (office)
• Emergency Medical Services		Emergency Medical Services (EMS) Scott Masters, NGHS EMS 770-550-6365 (office)
My Organization's Healthcare Coalition Contact:		

Communications with Regional/State Partners

COALITION EXECUTIVE LEADERSHIP REPRESENTATIVE	NOTIFIES THE FOLLOWING
Regional Coordinating Hospital (RCH)	• GHA Emergency Preparedness Director (notifies other RCHs) • GDPH Healthcare Preparedness Program Director
DPH District Emergency Coordinator (or designee)	• District Health Director • State on-call duty officer (855-377-4374)
DPH Healthcare Liaison	• Others as warranted
Emergency Management Agency (EMA)	• GEMA On-Call Field Coordinator • GEMA
Nursing Home (NH) Council Coordinator	• 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)	• Others as warranted
Emergency Medical Services (EMS)	• 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 C: 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

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

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

RCH-Backup- Frances Franks
Critical Care Resource Nurse
Coalition Clinical Advisor
Northeast Georgia Health System
(c) 334-444-2651
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

DPH EC – Mark Palen
District 2 Public Health
(o) 770-531-4505
(c) 678-928-1337
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

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

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

Appendix D: Identify, Isolate, Inform Flyer

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.

Appendix E: NETEC Flyer

Appendix F: CDC Ebola Virus Disease (EVD) Fact Sheet

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.

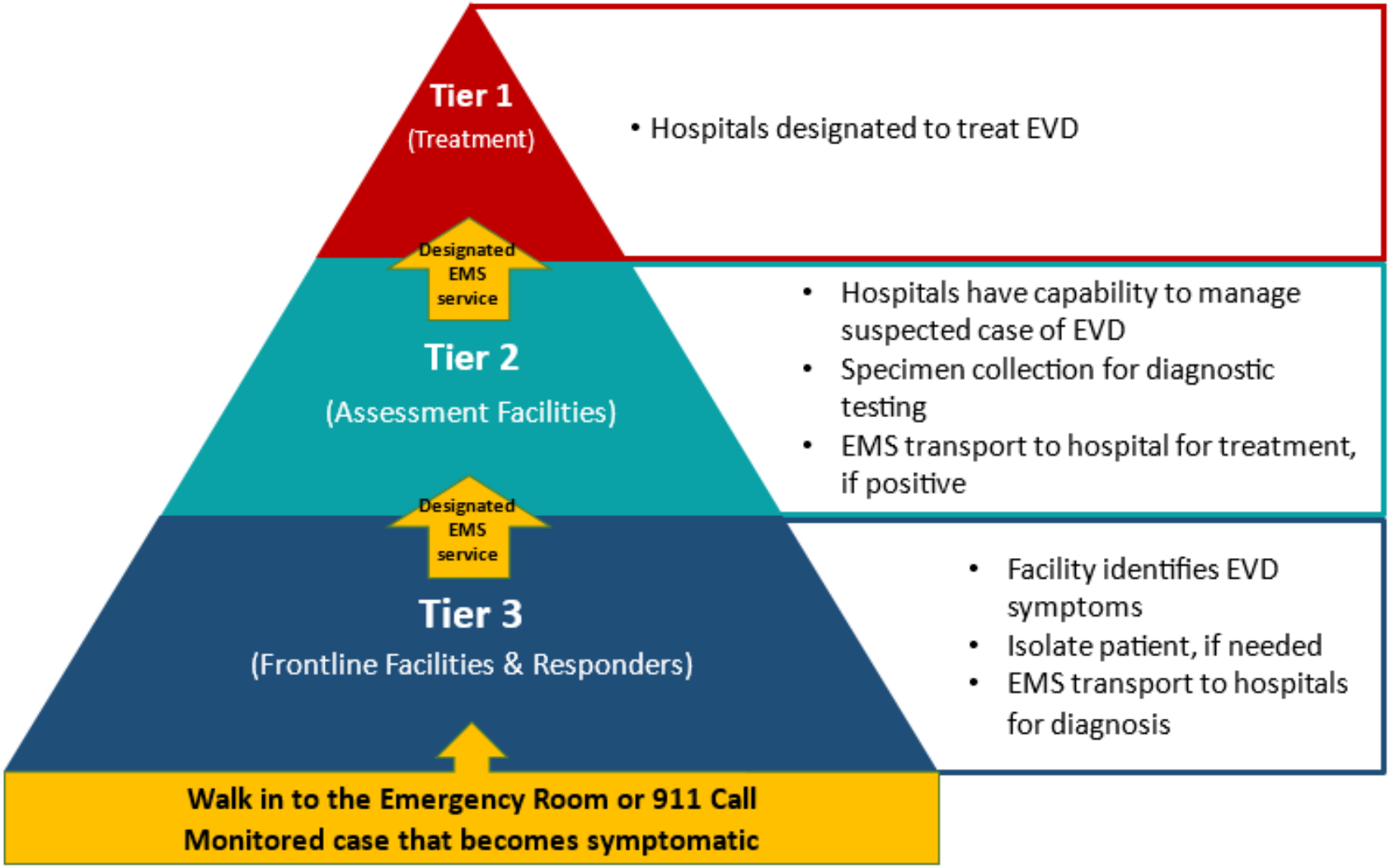
Healthcare workers who may be exposed to people with **EVD** should:

- 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.

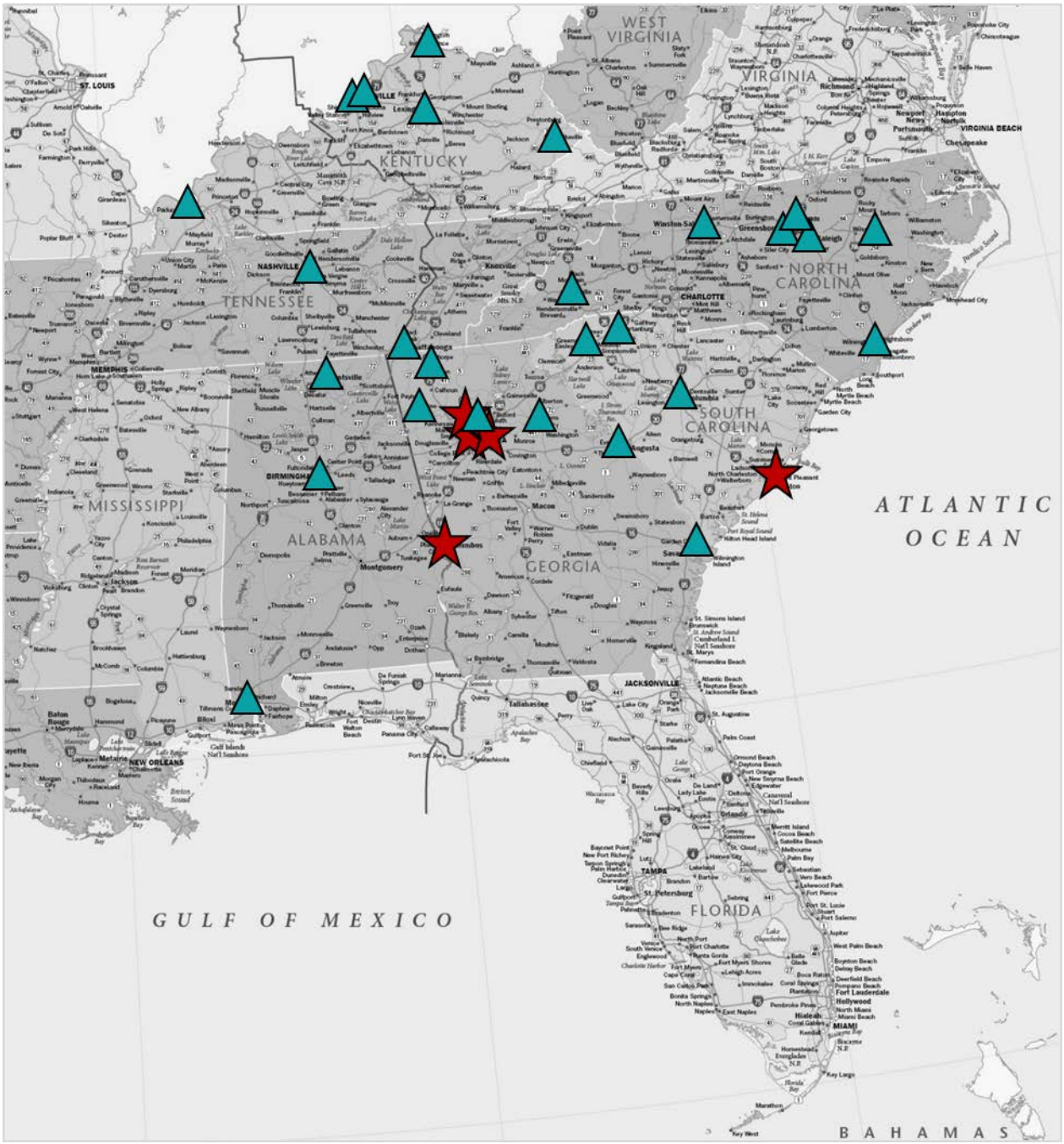
For more information about Ebola Virus Disease, visit www.cdc.gov/vhf/ebola/

Updated: 10/18/2018

Appendix G: Georgia's 3 Tiered System



Appendix H: 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 I: Georgia Mountains Healthcare Coalition (Region B) Facility Bed Counts

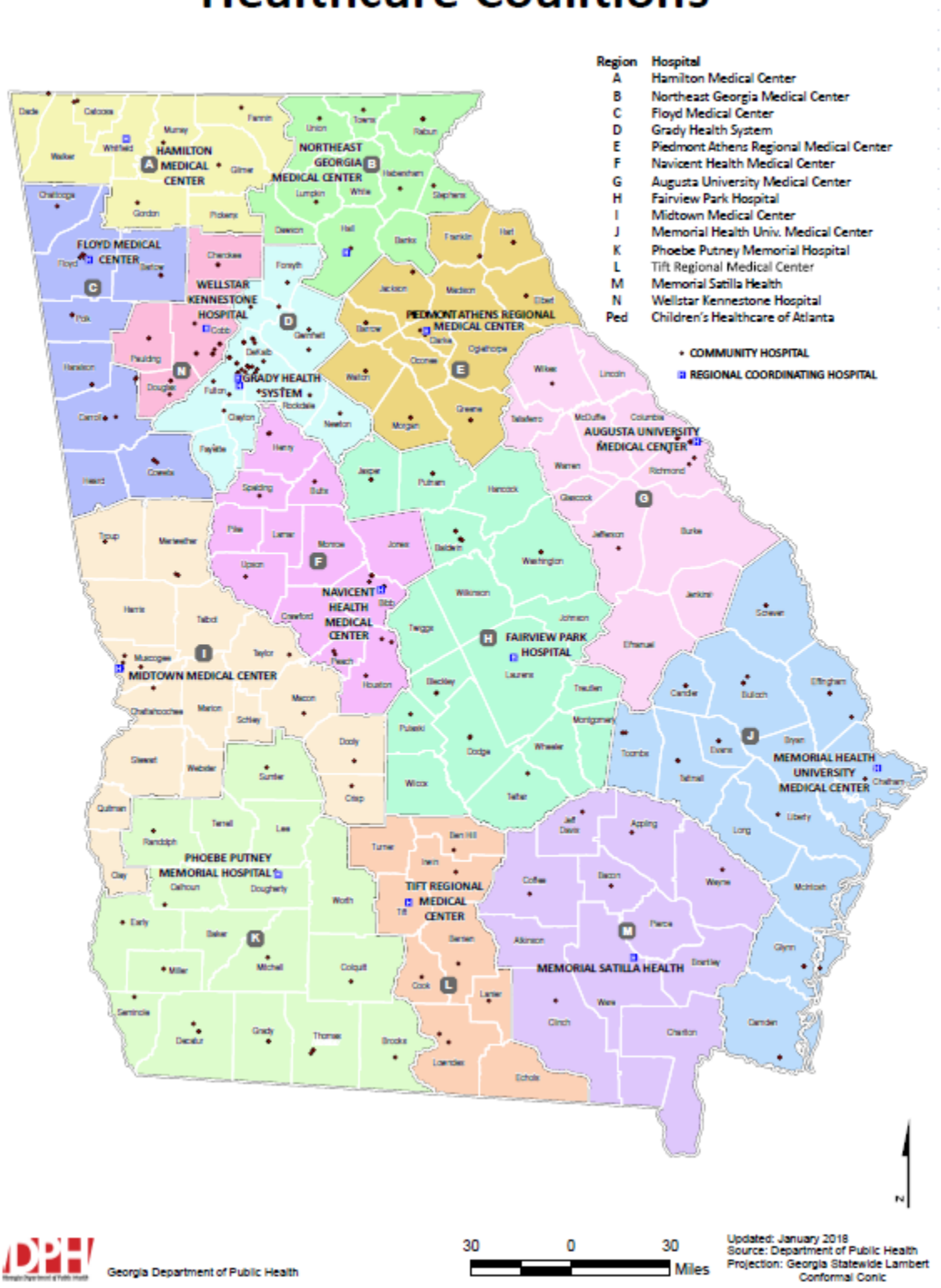
REGION B	FACILITY TYPE	# LICENSED BEDS	CURRENT CENSUS
BANKS			
	TOTAL		
BARROW (Region E)			
Northeast Georgia Medical Center - Barrow	Hospital	56	
Winder Health Care & Rehab Center	Nursing Home	163	
	TOTAL		
DAWSON			
	TOTAL		
HABERSHAM			
Habersham County Medical Center	Hospital	53	
Habersham Home	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	
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	
	TOTAL		
LUMPKIN			
Northeast Georgia Medical Center - 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	24	
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		

Appendix J: Acronyms

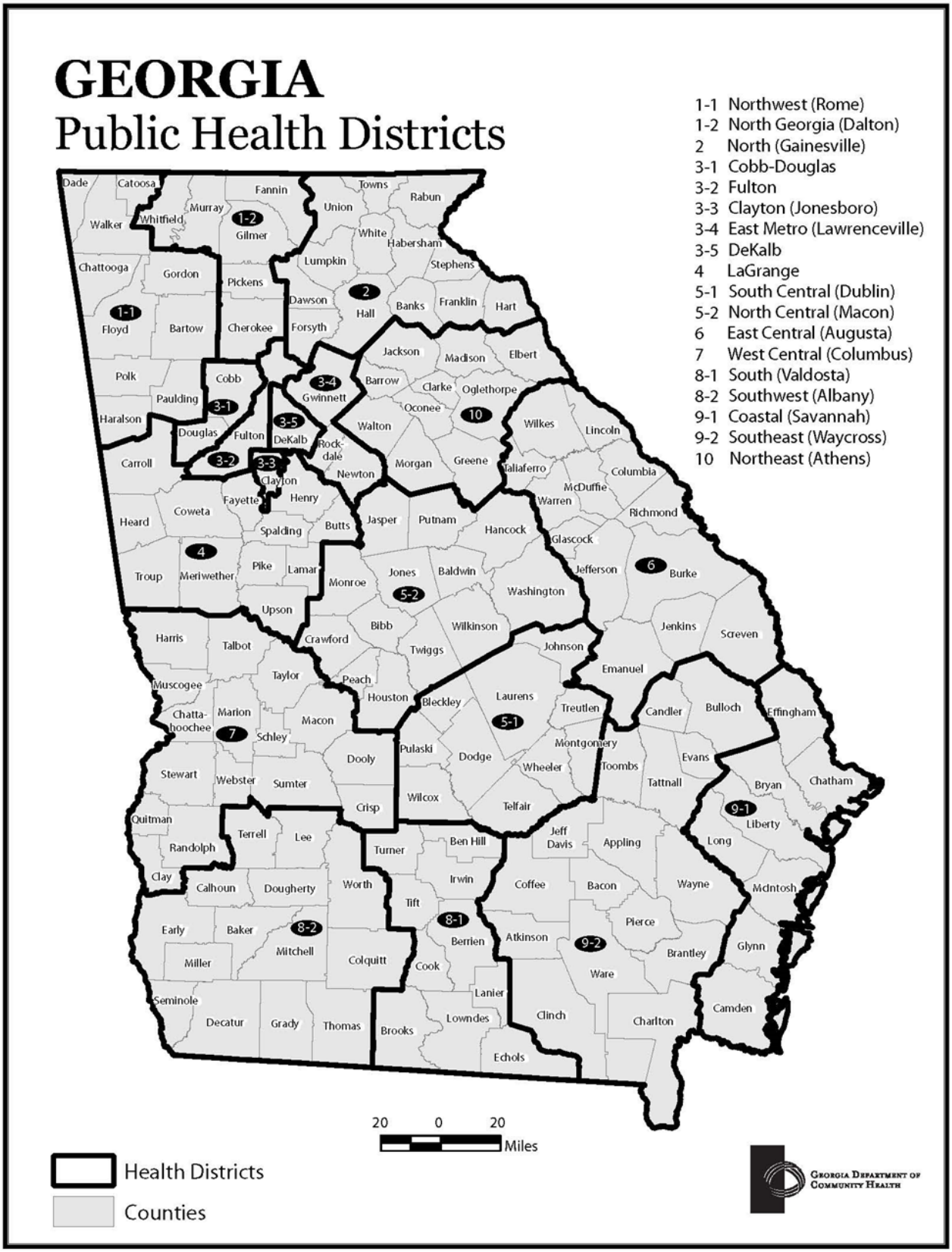
Acronym	Meaning
AAR	After Action Report
ACS	Alternate Care Site
ANSI/AAMI	American National Standards Institute/Association for the Advancement of Medical Instrumentation
ARES	Amateur Radio Emergency Service
ASPR	Assistant Secretary for Preparedness and Response
CDC	Centers for Disease Control and Prevention
CHOA	Children's Healthcare of Atlanta
CONOPS	Concept of Operations
DOD	Department of Defense
DOT	Department of Transportation
ED	Emergency Department
EEI	Essential Elements of Information
EM	Emergency Management
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
ETC	Ebola Treatment Center
EVD	Ebola Virus Disease
FE	Functional Exercise
FEMA	Federal Emergency Management Agency
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
HCW	Health Care Worker
HEPA	High-Efficiency Particulate Air
HHS	Department of Health and Human Services
HICS	Hospital Incident Command System
HID	Highly Infectious Disease
HPP	Hospital Preparedness Program (also see NHPP)
HSEEP	Homeland Security Exercise Evaluation Program
HVA	Hazard Vulnerability Assessment

Acronym	Meaning
HVAC	Heating, Ventilation, and Air Conditioning
ICS	Incident Command System
IDTN	Infectious Disease Transport Network
IP	Improvement Plan
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
NETEC	National Ebola Training and Education Center
NIMS	National Incident Management System
OSHA	Occupational Safety and Health Administration
PAPR	Powered Air Purifying Respirator
PI	Principal Investigator
PIO	Public Information Officer
POC	Point Of Contact
PPE	Personal Protective Equipment
PUI	Persons Under Investigation
RCH	Regional Coordinating Hospital
RESPTC	Regional Ebola and other Special Pathogens Center (formerly RTC)
SCDU	Serious Communicable Disease Unit
SERVGA	State Emergency Registry of Volunteers of Georgia
SitMan	Situation Manual
SME	Subject Matter Expert
SOP	Standard Operating Procedure
TTX	Tabletop Exercise
UGA IDM	University of Georgia Institute for Disaster Management

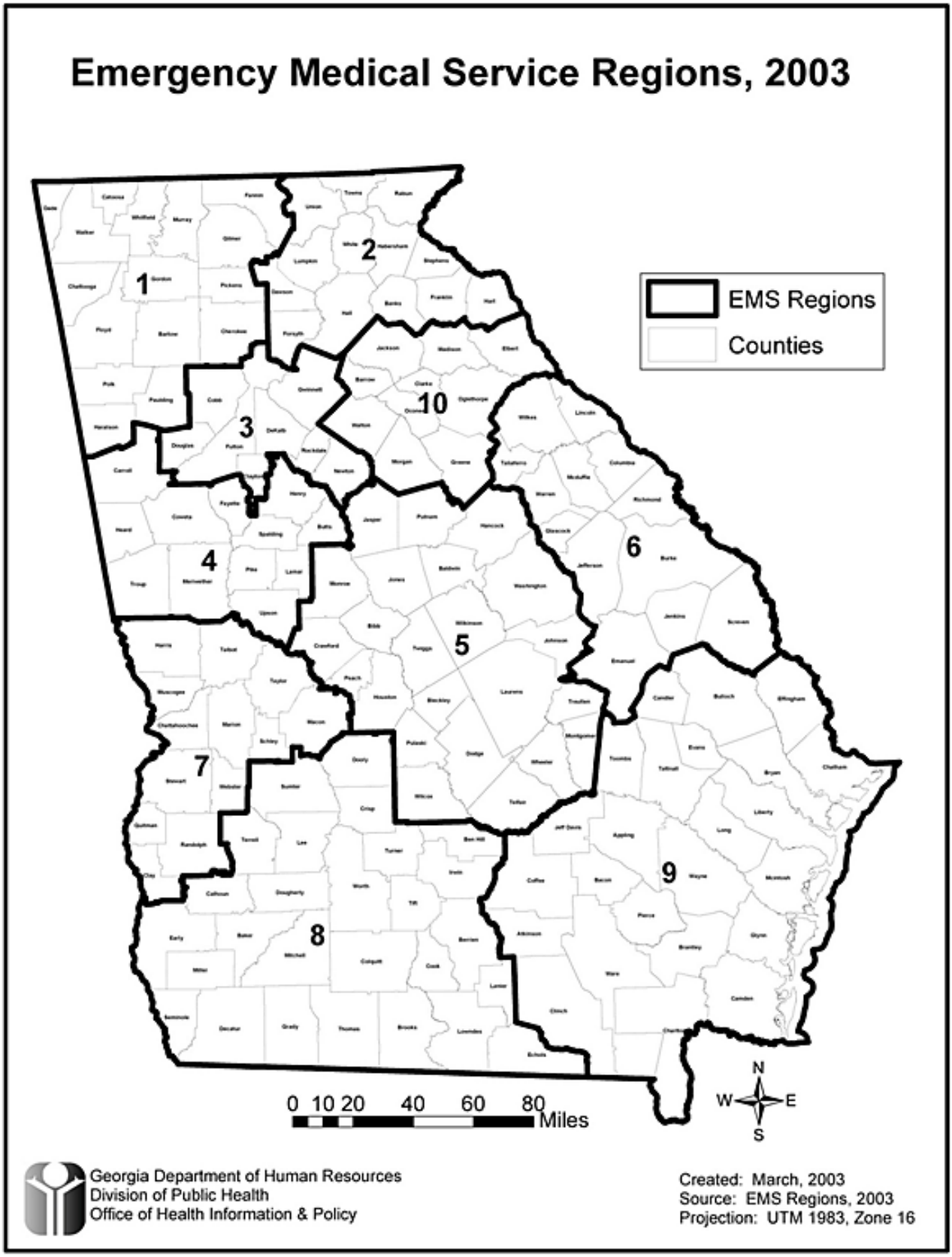
Appendix K: Regional Coordinating Hospital Area Map



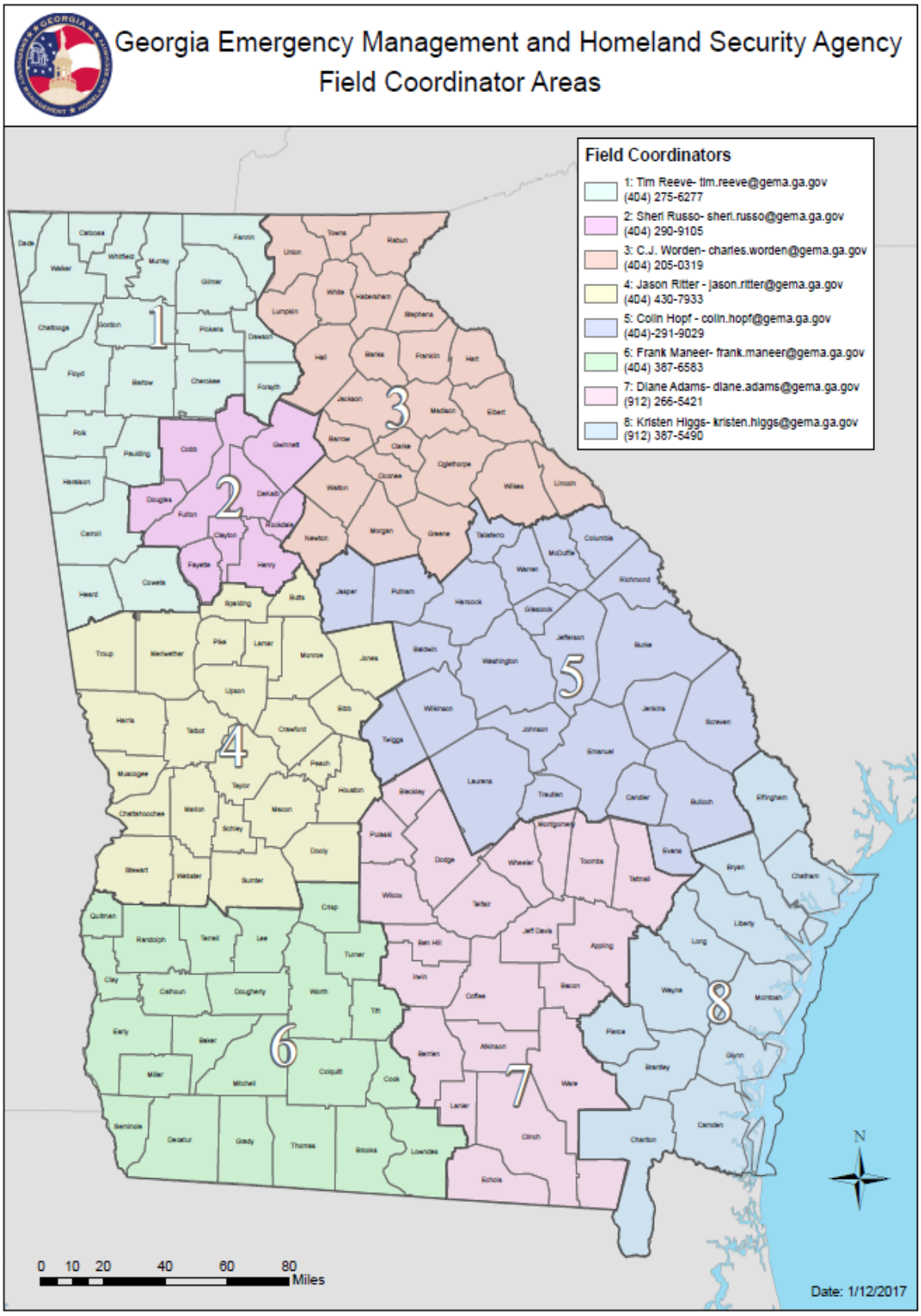
Appendix L: Public Health Districts Map



Appendix M: Emergency Medical Service Regions Map

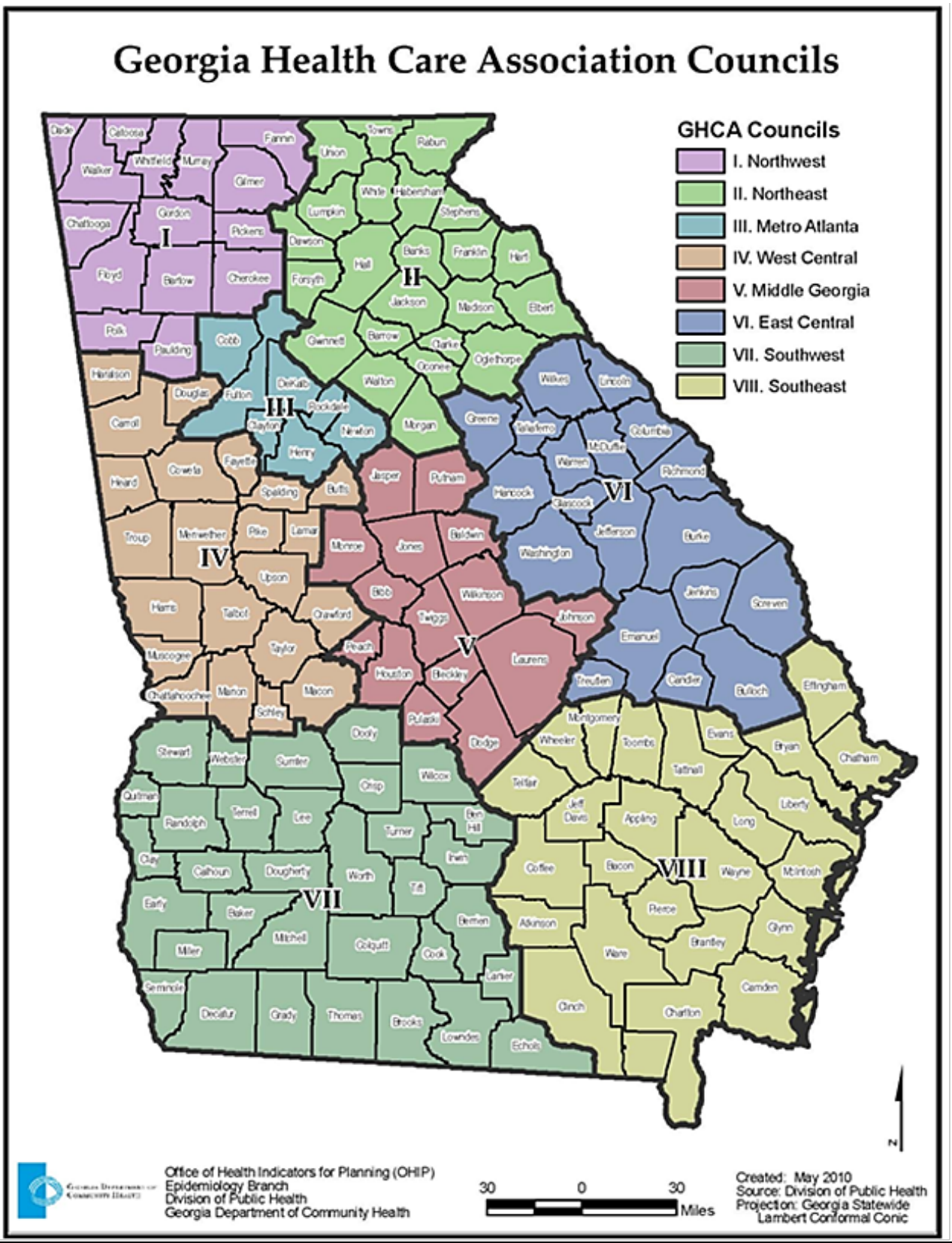


Appendix N: GEMA Regions Map

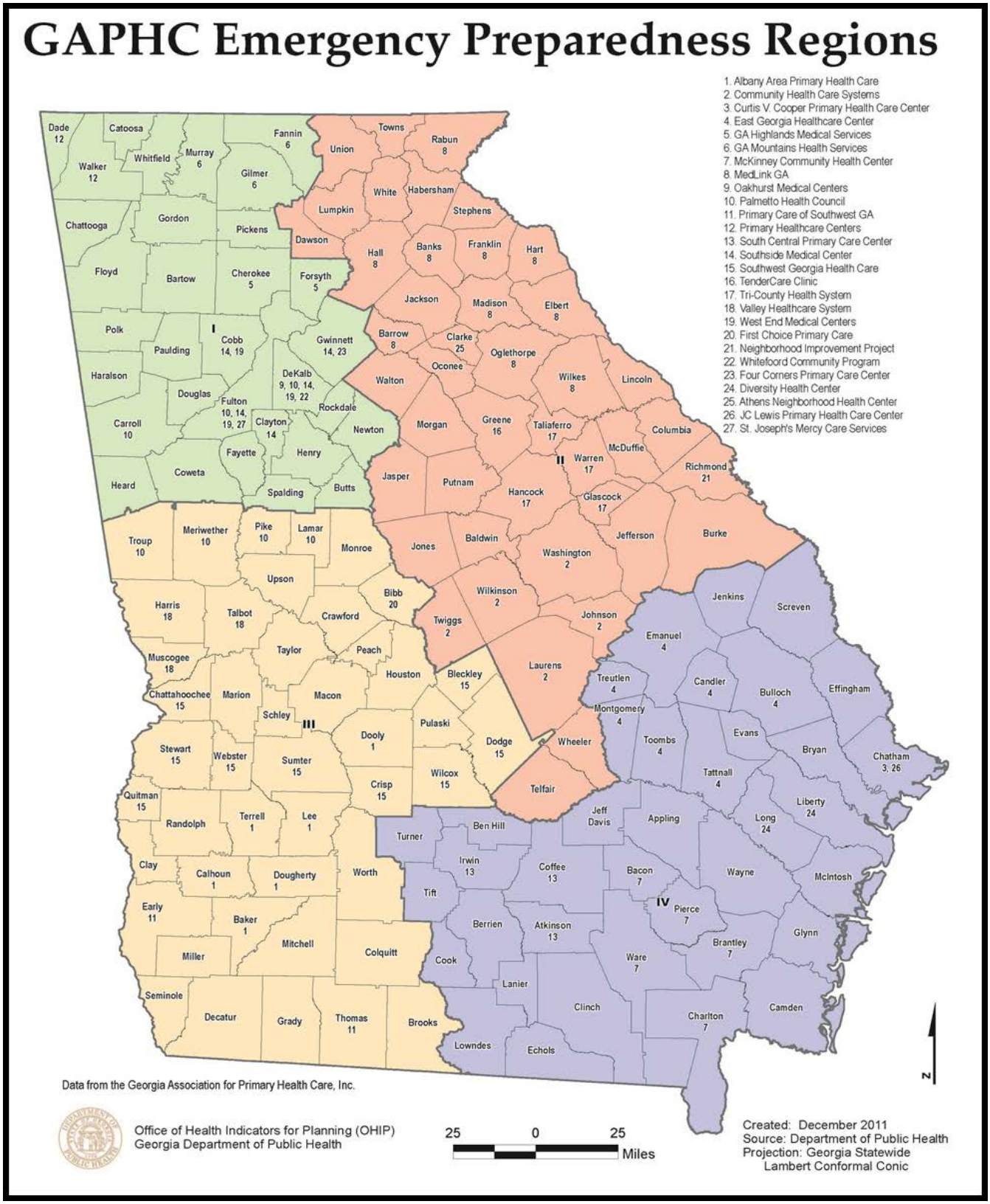


Appendix O: Georgia Health Care Association Council Map

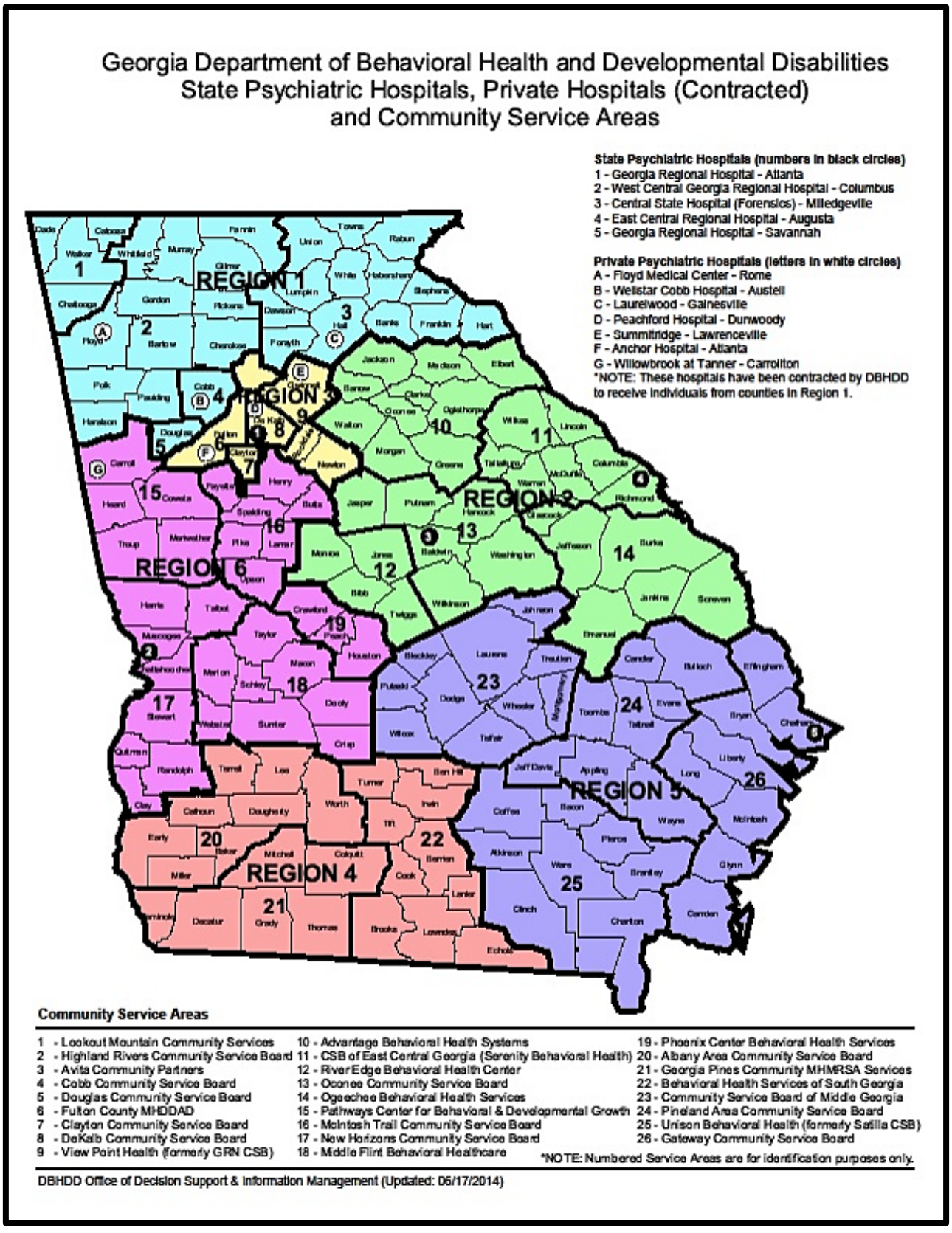
(Nursing Homes)



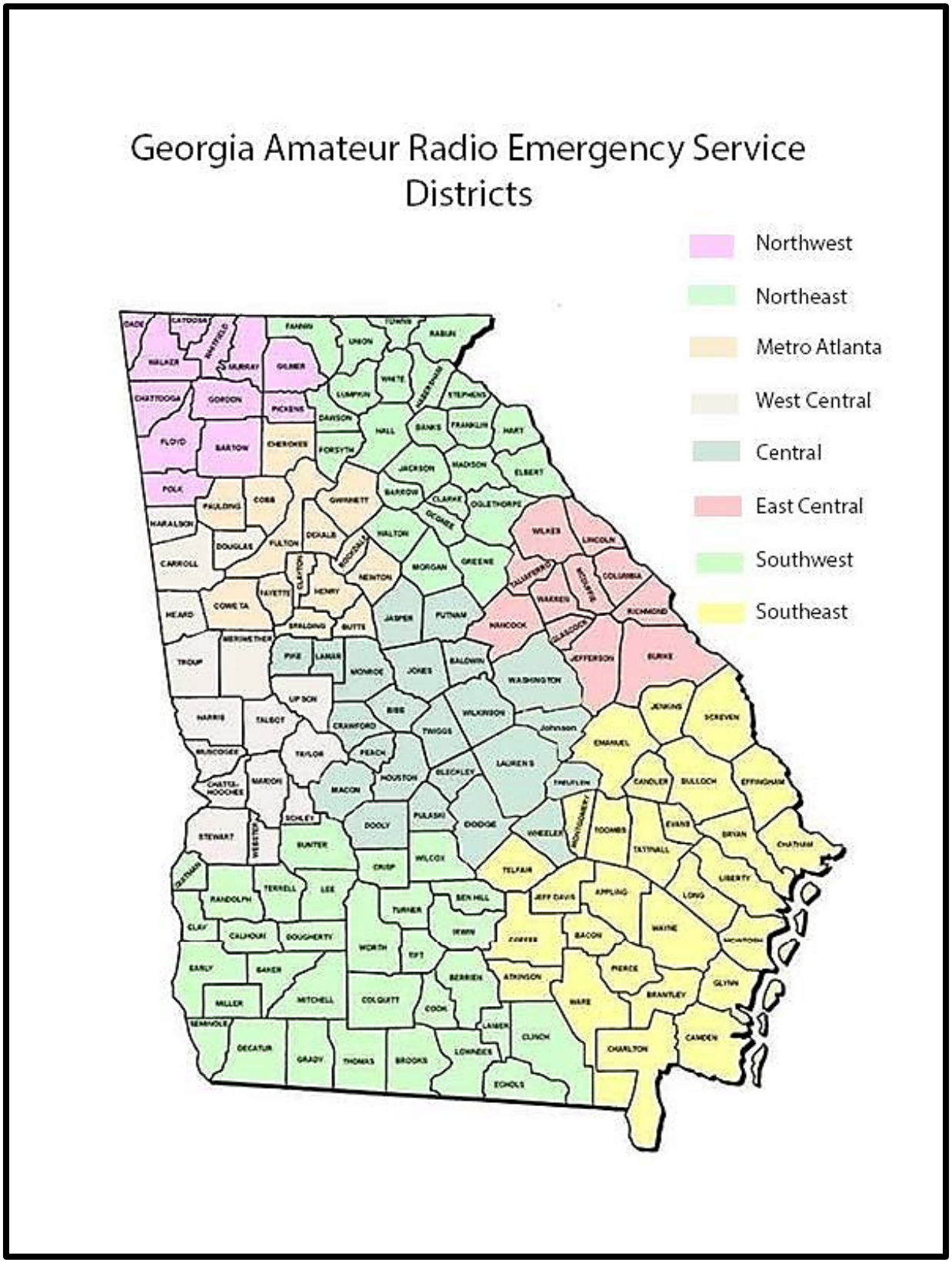
Appendix P: GAPHC Community Health Centers Map



Appendix Q: GDBHDD Regional Map



Appendix R: Georgia ARES Districts



Appendix S: FEMA/HHS Region Map

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

May 2013

Goverment 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 likeliness 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 U: 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.

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