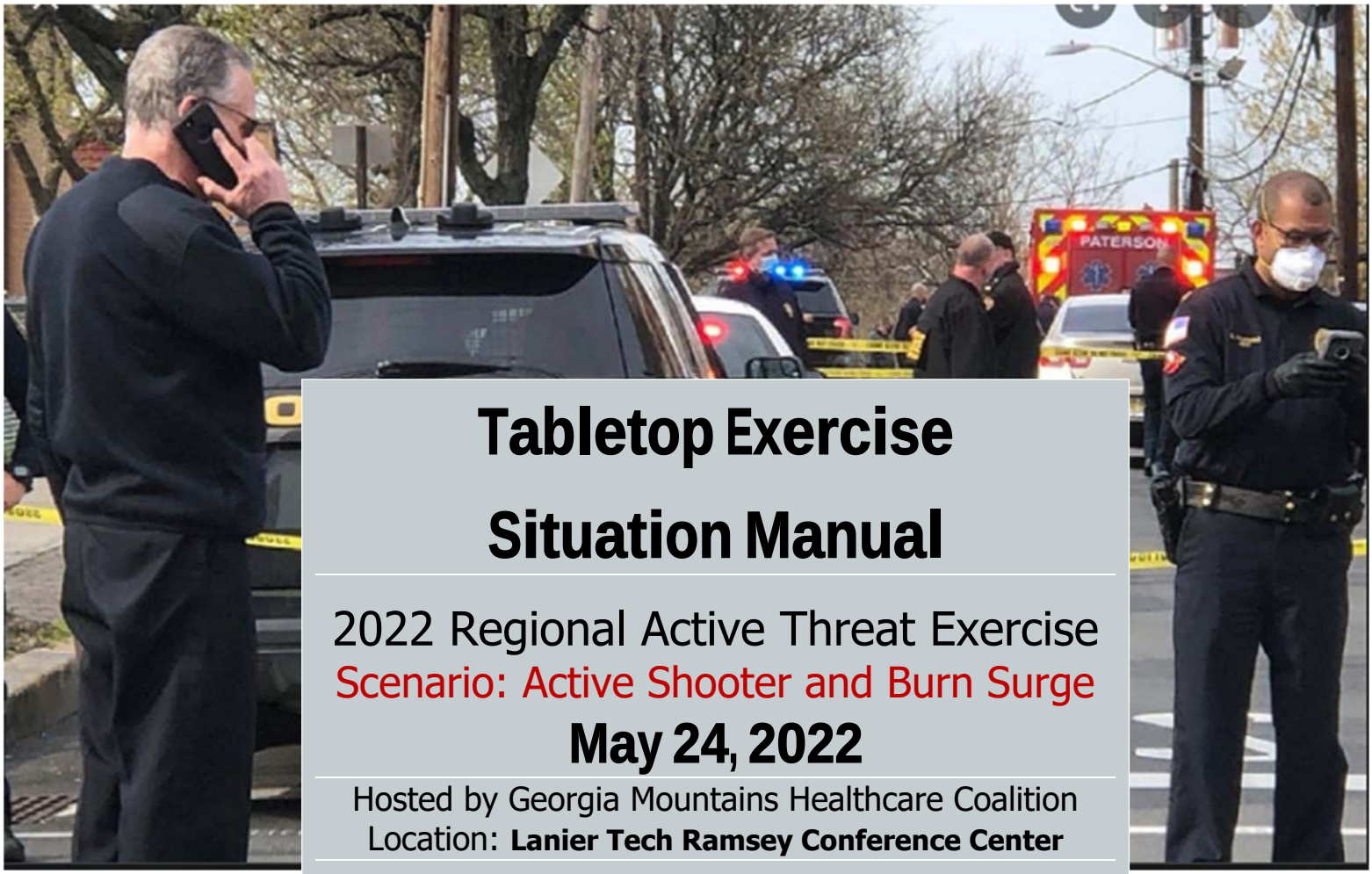

Tabletop Exercise

Situation Manual

2022 Regional Active Threat Exercise

Scenario: Active Shooter and Burn Surge

May 24, 2022

Hosted by Georgia Mountains Healthcare Coalition

Location: **Lanier Tech Ramsey Conference Center**

Preface

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

Capability 2: Health Care and Medical Response Coordination
Capability 4: Medical Surge

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

The GMHC Active Threat/Burn Surge TTX SitMan is tangible evidence of the commitment of Georgia Mountains Healthcare Coalition healthcare facilities and community partners to ensure public safety and the highest-level care through collaborative partnerships that will prepare them to respond to any emergency.

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

Handling Instructions

The title of this document is Georgia Mountains Healthcare Coalition (GMHC) Active Threat/Burn Surge Tabletop Exercise Situation Manual (SitMan).

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

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

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

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Table of Contents

Tabletop Exercise Instructions

Welcome and Purpose

Thank you for participating in the 2022 Georgia Mountains Healthcare Coalition (GMHC) Active Threat Tabletop Exercise. This exercise is coordinated by the GMHC with Northeast Georgia Health System, led by the Regional Coordinating Hospital – Northeast Georgia Medical Center -- Gainesville.

The purpose of this exercise is to review both local and regional coordination in an effort to address preparedness gaps and identify areas for improvement in response to a regional active shooter/burn surge scenario. Additionally, it will facilitate the validation of assumptions of the HCC Burn Surge Annex document recently composed and adopted by the GMHC.

Scope

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

Health Care Preparedness and Response Capabilities

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

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

- **Capability 2: Health Care and Medical Response Coordination**
  Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans
- **Capability 4: Medical Surge**
  Objective 1: Plan for a Medical Surge
  Objective 2: Respond to a Medical Surge

Exercise Objectives

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

The following exercise design objectives are focused on understanding the concept of operations of the ***HCC Burn Surge Annex*** and developing recommended actions and procedural adjustments to address potential gaps or problem areas:

- Review existing burn care assets and identify gaps that may occur in a burn-related mass casualty incident.
- Review agency/facility role in a burn mass casualty incident.
- Validate assumptions in the GHMC Burn Surge Annex.

Roles

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

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

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

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

Exercise Structure

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

Each module begins with a scenario update that summarizes the key events occurring within that time period. A series of questions following the scenario summary will guide the facilitated discussion of critical issues in each of the modules

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

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

Exercise Guidelines

- This is an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond based on your knowledge of current plans and capabilities (using only existing assets) and insights derived from training.

- Decisions are not precedent-setting and may not reflect your organization's final position on a given issue. This is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve response and preparedness efforts. Problem-solving efforts should be the focus.
- Healthcare facilities should bring the exercise day's actual patient/resident census to the tabletop exercise for use during discussions.

Assumptions and Artificialities

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

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

Discussion Questions – Active Threat/Burn Surge

Module 1: The Incident

Scenario Update: May 24; 0900 Hours It is a pleasant spring day just before lunchtime with temperatures approaching 76F. A landscaping crew notices a red Ford Mustang approach the medical office building at an accelerated speed and park illegally in front of the building. A white male exits the vehicle dressed in blue jeans and a red flannel shirt. Upon exiting the car, he reaches into the backseat and pulls out a black backpack and is soon observed entering the medical office building through the front door. A front seat passenger appears to move over to the driver's seat.

Shortly after the male enters the building, the landscaping crew hears loud screams and "popping noises" similar to gun shots coming from inside the medical office building. Several visitors and patients are then seen fleeing the building. After several minutes, the gunman exits the building and gets back in the red Ford Mustang, which leaves the scene at a high rate of speed.

Key Issues

- Lone gunman has entered the front of the building – initial notification by cell phone from inside the building
- Several visitors and staff members have fled the building
- Popping noises that sound like possible gun fire

Questions

1. In your current position, what are your initial actions and the actions of the staff? Are these actions written into your emergency management plan?

2. What alerts and notification mechanisms are in place to ensure that the coalition members and partners are aware of the incident?

3. How does the GMHC support this response?
    a. If the coalition has an operations center, how is this activated, staffed, and what functions does it serve? How does it interface with the EOC?
    b. If the coalition functions are conducted by/at the jurisdictional EOC, how rapid is the activation? Who provides coordination and supports the healthcare needs?

c. How will the HCC support resource allocation decisions in a scarce resource environment (e.g., transportation, staff, supplies)?

4. What information is most important when notifying emergency responders at this time? Why?

5. What are your facility's procedures for securing the physician's office and keeping visitors, patients, and staff safe in an Active Shooter event? What other actions would you take at this point? Could these be accomplished at this point in the scenario?

6. What does your emergency organizational structure look like? Who is in charge?

7. What is the facility's procedure for securing the building and keeping patients, visitors, and staff safe?

8. What other actions should be taken by patients, visitors, or staff?

9. If doors to critical facility components are locked, how does law enforcement obtain access?

10. Does your facility have pre-established safe refuge areas and multiple escape routes?

11. Does your facility have maps and master key sets available to law enforcement outside of the building?

12. What preparations would your organization make to accommodate a potential surge of victims at your facility?

13. What are the plans for triage and admission of patients/residents during a medical surge? Reverse triage?

MODULE 1 NOTES

Module 2: The Response

Scenario Update: **May 24; 0908 Hours** Local law enforcement officials arrive on scene within five minutes of the first 911 call from an employee cell phone inside the building. Police quickly enter the medical office building in and confirm that the popping noises were indeed gun shots as they have encountered several wounded or dead patients and staff members on the floor. They begin a systematic search of the building for the intruder and call for the county bomb squad to respond on location as they have found a black backpack near the elevator on the 3rd floor that appears suspicious and could contain an improvised explosive device. The landscaping crew remains outside at the Incident Command Post to give the police officers more information about the intruder.

Scenario Update: **May 24; 0915 Hours** Suddenly an explosion occurs as evacuation of the building continues. There are several casualties including some first responders. Some of the people fleeing the scene have obvious burn injuries and heavy smoke is leading to inhalation wounds. For the local hospital, the first wave of patients from EMS is expected in 15 minutes but patients may begin arriving via private vehicles to the ER or potentially other facilities such as urgent cares.

Key Issues

- Local law enforcement is now on scene and begins search of building
- Finding of suspicious looking black backpack
- Numerous casualties are confirmed and begin to mount
- Explosion causing multiple burn injuries
- Hospital prepares for surge
- Security threat continues for the community

Questions

1. How does the arrival of law enforcement change the response landscape?
2. Where would you establish an incident command post to assist law enforcement with their response?
3. What are your initial actions upon notification of this incident? What do you need to do to activate your disaster plan? Do you have a burn surge plan? If yes, how is it activated?
4. Would there be any expectations that your healthcare workers might assist in the coordination of triage and pre-hospital treatment with on-scene incident command and EMS?
5. How do you deal with internal and external communications?
6. What specific information about the incident would you release to the media at a news conference or in a news release? What topics would you address? What information will need to remain closely held?
7. How could your facility access real-time expert assistance via consultation with a Burn Center Physician, either through a nearby Burn Center or through a state or regional Burn Coordination

Center, Medical Operations Coordination Center, etc.? Are the other hospitals in the area using these same resources?

8. Does your facility have Burn Triage cards or other quick reference resources?

9. How many burn patients is your facility prepared to handle?
    1. Do you provide burn inpatient care?
    2. What supplies do you have on-hand to manage burn patients?
    3. What staff do you have on-hand to manage a surge of burn patients?
    4. What burn care training does your hospital emergency department and inpatient staff have?
    5. Do you have a plan to provide just-in-time burn care training?

10. What changes to your facility disaster plan are needed to accommodate a burn surge?

11. In the event that your facility's burn capacity is exceeded, or you do not provide burn services, how would you address referring these cases to a larger and/or burn specialty hospital?
    a. What is the current referral process for a critically ill patient and how would this change in this incident?
    b. How would you prioritize/triage multiple burn referrals *from* your facility?
    c. Does your facility have written agreements with burn referral centers to expedite patient transfer?
    d. What patient transportation resources would you need?

MODULE 2 NOTES

Module 3: The Recovery

Scenario Update: **May 24; 920 Hours** Local news agencies pick up the chatter from law enforcement agencies on police scanners and begin to broadcast news of the incident "LIVE". Initial reports indicate that an NGPG Administrator and a physician have been shot and killed. Emergency Medical Service ambulances have been dispatched and begin to arrive on location at the incident staging area. Several staff members run from the rear of the medical office building shouting that the man is no longer in the building and has shot and killed several staff members. The staff members along with the landscaping crew are providing information about the shooter to law enforcement personnel. Staff members state the shooter was the husband of a patient that recently died due to complications of colon cancer. Meanwhile, first responder teams enter the medical office building, and continue evacuation of the building and triaging victims. Law enforcement begins a multi county manhunt for the red Mustang.

Scenario Update: **May 24; 1132 Hours** Jefferson Police Department locate the red Ford Mustang on New Salem Church Rd and attempt to pull the suspect over. The suspect pulls over in the parking lot of the New Salem Baptist Church. As law enforcement attempts to apprehend the suspect, the individual shoots the passenger in the head and turns the gun on himself committing suicide.

Meanwhile, your facility has now received significant numbers of patients and your surge capacity has been exceeded. You must stabilize and treat the burn patients at the local hospitals for now, in addition to others who are not burned and have also sustained critical injuries.

Summary of Casualties

Total Casualties 18 (5 Burn)

Fatalities 10

Key Issues

- Several patient, visitors, and staff members have been killed or seriously injured
- Multiple Burn Injuries are identified
- Patients and staff member families begin to learn of the unfolding events and flock to the facility
- Continued media inquires
- Surge capacity at hospital

Questions

1. What will be the immediate effects on staff, patients, and families?

2. What type of emotional support is in place for your staff members?

3. What system is in place to deal with families of the deceased?

4. Do you have the resources to provide immediate and long-term stress management and/or mental health services to your personnel? If not, how could those services be delivered? Who will notify next of kin dead, wounded?

5. How do you keep staff members from the media?

6. How will your business recover and cleanup from carnage? How do you bring the physician's office back to a sense of "normal" after an incident of this magnitude? Does your operation have a Continuity of Operations Plan –COOP?

7. What resources does your facility have onsite if you need to provide ongoing care instead of transferring a critical burn patient or patients with smaller burns? If on-site staff would be required to care for these patients, is there a staff sharing mechanism or agreement(s) to support this? Are telemedicine capabilities available? Has a common point of contact been identified for clinical advice?

8. How does the HCC Burn Surge Annex address this kind of scenario?

9. How will transportation be coordinated for these patients?

10. What is the mechanism for tracking these patients through the referral process?

11. What is the media strategy at this time? Will interviews and access to the site be allowed at this point? How will this be decided? How will it be coordinated?

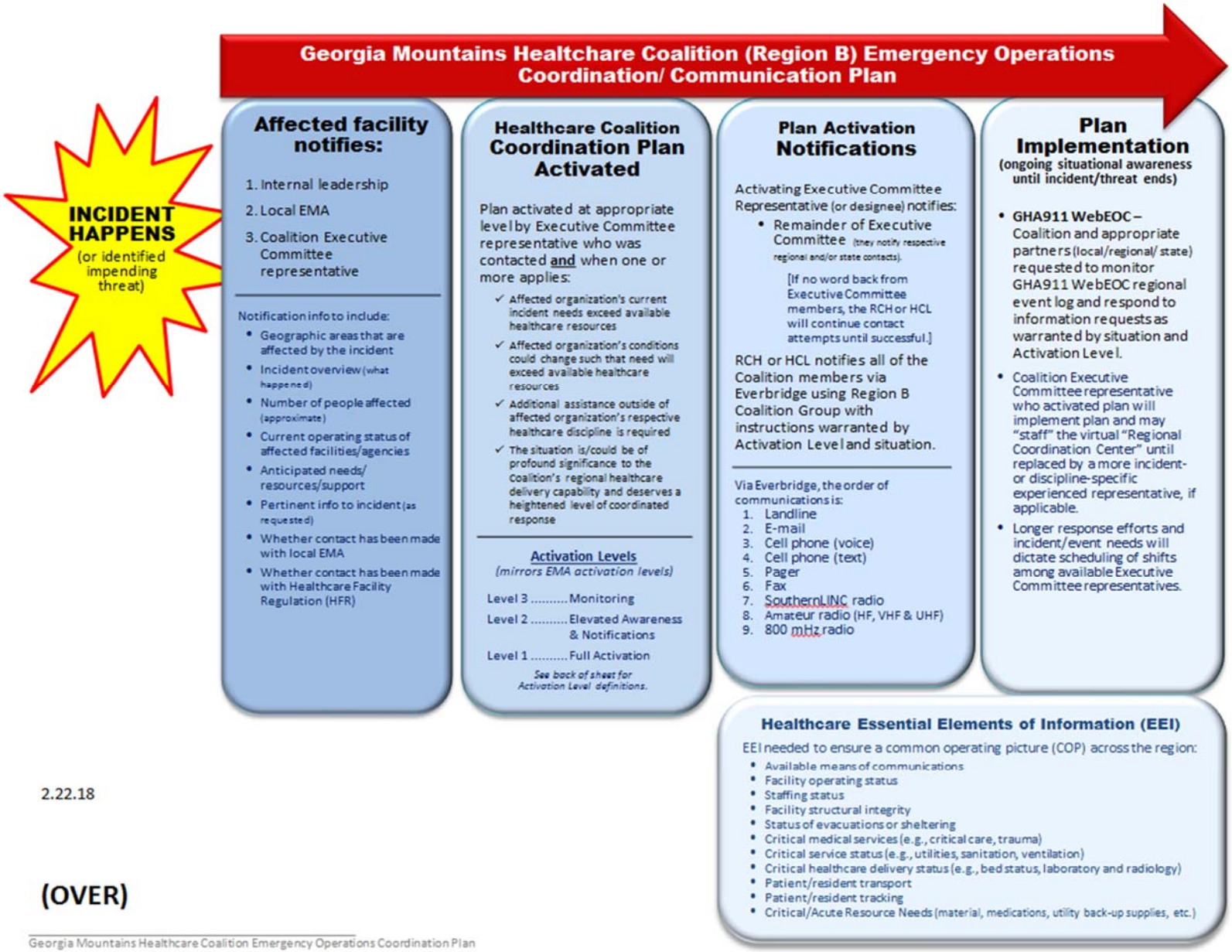
12. How would inquiries from private citizens seeking information on missing loved ones be handled? How will the families of victims be notified?

MODULE 3 NOTES

Appendix A: Acronyms

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

Appendix B: Georgia Mountains Healthcare Coalition Communications Coordination Plan


Georgia Mountains Healthcare Coalition (Region B) Emergency Operations Coordination/ Communication Plan
INCIDENT HAPPENS
(or identified impending threat)
Affected facility notifies:
1. Internal leadership
2. Local EMA
3. Coalition Executive Committee representative
Notification info to include:
• Geographic areas that are affected by the incident
• Incident overview (what happened)
• Number of people affected (approximate)
• Current operating status of affected facilities/agencies
• Anticipated needs/ resources/support
• Pertinent info to incident (as requested)
• Whether contact has been made with local EMA
• Whether contact has been made with Healthcare Facility Regulation (HFR)
Healthcare Coalition Coordination Plan Activated
Plan activated at appropriate level by Executive Committee representative who was contacted and when one or more applies:
✓ Affected organization's current incident needs exceed available healthcare resources
✓ Affected organization's conditions could change such that need will exceed available healthcare resources
✓ Additional assistance outside of affected organization's respective healthcare discipline is required
✓ The situation is/could be of profound significance to the Coalition's regional healthcare delivery capability and deserves a heightened level of coordinated response
Activation Levels
(mirrors EMA activation levels)
Level 3 ..... Monitoring
Level 2 ..... Elevated Awareness & Notifications
Level 1 ..... Full Activation
See back of sheet for Activation Level definitions.
Plan Activation Notifications
Activating Executive Committee Representative (or designee) notifies:
• Remainder of Executive Committee (they notify respective regional and/or state contacts).
[If no word back from Executive Committee members, the RCH or HCL will continue contact attempts until successful.]
RCH or HCL notifies all of the Coalition members via Everbridge using Region B Coalition Group with instructions warranted by Activation Level and situation.
Via Everbridge, the order of communications is:
1. Landline
2. E-mail
3. Cell phone (voice)
4. Cell phone (text)
5. Pager
6. Fax
7. SouthernLINC radio
8. Amateur radio (HF, VHF & UHF)
9. 800 mHz radio
Plan Implementation
(ongoing situational awareness until incident/threat ends)
• GHA911 WebEOC – Coalition and appropriate partners (local/regional/ state) requested to monitor GHA911 WebEOC regional event log and respond to information requests as warranted by situation and Activation Level.
• Coalition Executive Committee representative who activated plan will implement plan and may "staff" the virtual "Regional Coordination Center" until replaced by a more incident- or discipline-specific experienced representative, if applicable.
• Longer response efforts and incident/event needs will dictate scheduling of shifts among available Executive Committee representatives.
Healthcare Essential Elements of Information (EEI)
EEI needed to ensure a common operating picture (COP) across the region:
• Available means of communications
• Facility operating status
• Staffing status
• Facility structural integrity
• Status of evacuations or sheltering
• Critical medical services (e.g., critical care, trauma)
• Critical service status (e.g., utilities, sanitation, ventilation)
• Critical healthcare delivery status (e.g., bed status, laboratory and radiology)
• Patient/resident transport
• Patient/resident tracking
• Critical/Acute Resource Needs (material, medications, utility back-up supplies, etc.)
2.22.18
(OVER)
Georgia Mountains Healthcare Coalition Emergency Operations Coordination Plan

GEORGIA MOUNTAINS HEALTHCARE COALITION
EMERGENCY OPERATIONS COORDINATION PLAN

Activation Levels

Level 3 Activation – Monitoring

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

Level 2 Activation – Elevated Awareness & Notifications

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

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

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

Level 1 – Full Activation of Coalition

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

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

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

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

Executive Committee Contacts

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Appendix D: Georgia Mountains Healthcare Coalition Facility Bed Counts

GEORGIA MOUNTAINS HEALTHCARE COALITION (REGION B)	FACILITY TYPE	# LICENSED BEDS	CURRENT CENSUS
BANKS			
	TOTAL		
BARROW (Region E)			
NGMC-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	
NGMC-Braselton	Hospital	100	
New Horizons Lanier Park	Nursing Home	118	
	TOTAL		
LUMPKIN			
NGMC-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 E: Regional Coordinating Hospital Area Map