



**North Georgia
Health District**

Final Draft

**Communicable Disease
Exposure Control (DEC) Plan**

25 September 2016

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Approval and Implementation

This North Georgia Health District (NGHD) Communicable Disease Exposure Control (DEC) Plan (Ebola Virus Disease) describes the management and coordination of NGHD resources and staff during a communicable disease epidemic, with special focus on Ebola Virus Disease.

This plan supplements the NGHD Emergency Operations Plan (EOP) with specific disease exposure control guidelines but intentionally avoids repeating information already included in the NGHD EOP. Therefore, this plan should be utilized in concert with that base document to guide NGHD response to any disease epidemic or pandemic. This plan incorporates guidance from the Georgia Department of Public Health, specifically Support Annex P – Disease Exposure Control (DEC) to the Georgia Department of Public Health (GDPH) EOP and also builds on lessons learned from recent epidemic events in both the United States and internationally. This plan will be updated periodically to ensure it contains the latest best practices in disease exposure control and continues to integrate effectively with state and federal requirements.

This plan is hereby approved and is effective immediately.

Zachary Taylor, MD
Health Director
North Georgia Health District (NGHD)

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North Georgia Health District (NGHD) Communicable Disease Exposure Control Plan (Ebola Virus Disease)

Introduction, Purpose, Objectives, Desired End-State, Scope, Definitions, and Background

Introduction

The North Georgia Health District (NGHD) is the lead agency in preventing disease, injury and disability; promoting health and wellbeing; and preparing for and responding to emergencies or disasters from a health perspective within its geographic area, which includes Cherokee, Fannin, Gilmer, Murray, Pickens, and Whitfield Counties. NGHD's mission is to promote and protect the health of all people within these counties, wherever they live, work, and play.

This plan is intended to provide a framework for NGHD's response to a communicable disease for which there is no medical countermeasure. It contains policy and planning considerations that are tiered by severity levels meeting specific criteria, and also includes recommendations to limit disease exposure.

Purpose

The purpose of this Disease Exposure Control (DEC) Plan is to provide NGHD, its member counties, and stakeholder agencies with planning guidelines for responding to a communicable disease outbreak using criteria based response levels that, when properly implemented, will slow or stop the spread of a communicable disease when medical countermeasures are unavailable. Specifically, it seeks to provide a framework within which NGHD can organize and implement a coordinated response to Ebola Virus Disease (EVD), although the protocols and mitigation measures identified within this document are intentionally applicable for response to any major disease outbreak where transmission is mainly person-to-person and medical countermeasures are unavailable. While this plan provides guidance to NGHD staff directorates and seeks assistance from partner stakeholders to facilitate the integration of emergency resources in response to a major disease outbreak, it is not intended to replace county or local emergency operations plans or procedures.

Objectives

1. Contribute to an effective NGHD and local level response to minimize and stop the spread of EVD in the event that it is introduced in these jurisdictions.
2. Reduce Ebola-related morbidity and mortality.
3. Minimize disruption of critical social, economic and medical services during an epidemic.
4. Facilitate post-epidemic recovery operations.

Desired End-State

That the North Georgia Health District and its partners emerge from an Ebola Virus Disease introduction event with minimal impacts to NGHD staff, partner organizations and the general public within the NGHD area, and that NGHD and its partners are capable of immediately resuming all aspects of pre-epidemic operations and services.

Scope

This plan applies to all NGHD staff departments and county health offices within the geographical boundary of the NGHD and is also designed to facilitate the activities of other critical stakeholders, including members of the North Georgia Healthcare Coalition.

Definitions¹

Community mitigation strategy: A strategy for the implementation at the community level of interventions designed to slow or limit the transmission of a contagious disease.

Disease Exposure Control (DEC): A community mitigation process by which the spread of disease is minimized by limiting contact between uninfected individuals and other individuals who are potential spreaders of a contagious disease. DEC is generally implemented in a graded approach that involves non-pharmaceutical interventions. DEC principles can be applied to ill, exposed, and/or healthy persons.

Non-pharmaceutical intervention (NPI): A subset of mitigation measures implemented to reduce the spread of a contagious disease, but those that do not include pharmaceutical products, such as vaccines and medicines. Examples include isolation, quarantine, social distancing, and infection control measures.

Isolation: Physical separation or restriction of movement of persons ill with an infectious disease from healthy, uninfected persons in order to prevent transmission to others.

Quarantine: A physical restraint upon the activities or communication (e.g., physical separation or restriction of movement within the community/ work setting) of an individual(s) who has been exposed to an infection but is not yet ill to prevent the spread of disease; quarantine may be applied voluntarily (preferred) or on compulsory basis dependent on legal authority.

Social distancing: Measures to increase the space between people and decrease the frequency of contact among people. Social distancing can be implemented at the community level (community restrictions) (e.g., cancelling community events; school and childcare closures) or individual level (e.g., telecommuting and home sheltering).

¹ Adapted from: Centers for Disease Control and Prevention, 2007. Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States--Early, Targeted, Layered Use of Non-Pharmaceutical Interventions. http://www.flu.gov/planning-preparedness/community/community_mitigation.pdf

Infection control: Familiar and simple hygiene and protective measures to reduce the risk of transmission of an infectious agent from an infected person to uninfected persons (e.g., hand hygiene, cough etiquette, use of personal protective equipment (PPE), such as face masks and respirators, and disinfection).

Personal protective equipment (PPE): PPE is any type of clothing, equipment, or respiratory protection device (respirators) used to protect workers against hazards they encounter while doing their jobs. PPE can include protection for eyes, face, head, torso, and extremities. Gowns, face shields, gloves, face masks, and respirators are examples of PPE commonly used by healthcare providers and some emergency responders.

Background

Novel infectious pathogens, both established and newly emerging, may not be amenable to existing modern medical countermeasures, and may require strategies that limit contact between potential carriers of contagious disease and other healthy individuals in order to limit their epidemic affects. Ebola Virus Disease (EVD) is an example of such a pathogen. In cases where medical interventions do not exist, are unavailable, or are insufficient to halt a fast-spreading disease, the only recourse may be to employ compulsory or voluntary non-pharmaceutical interventions (NPI) at the community level that limit contact between exposed and unexposed/susceptible individuals, thus controlling the spread of the disease by disrupting person-to-person transmission.

Community based disease containment strategies, such as isolation and quarantine, have been used for centuries to control the spread of communicable diseases, although quarantine was rarely used in the 20th century, primarily due to the negative connotations associated with its use. Modern quarantine differs substantially from the quarantine of the past and was critically important in the containment of the 2003 Severe Acute Respiratory Syndrome (SARS) outbreak². The modern “criterion-based approach” to the implementation of isolation, quarantine and social distancing strategies is key to ensuring that public health actions are based on scientific information and an assessment of both the risk and consequences of these actions, thus increasing the likelihood of their acceptance by the general public.

Isolation of persons with communicable diseases that can be spread from person to person is generally recommended during the period of communicability of a disease, separating these infected patients from healthy, uninfected people and restricting their movement to prevent transmission. Isolation also allows for more efficient delivery of specialized health care to ill persons.

Quarantine, which is less commonly used, is the practice of segregating asymptomatic persons from the general public based on a known exposure to a specific communicable disease. The purpose of quarantine is to identify and monitor persons at risk of developing a disease to prevent their transmitting the disease to additional persons if

² Adapted from CDC’s Draft Public Health Guidance for Community-Level Preparedness and Response to SARS. Current guidance on non-pharmaceutical interventions can be found on the CDC’s website. www.cdc.gov/nonpharmaceutical-interventions.

they become infectious. If quarantined persons become symptomatic or test positive for the disease in question, they are then isolated to prevent additional disease transmission. One of the challenges of quarantining multiple persons is that they must normally be quarantined separately and monitored closely, since it is impossible to determine based on exposure history alone which quarantined persons might develop the disease.

The occurrence of novel or emergent diseases for which there are no medical countermeasures that have achieved efficient human to human transmission and caused significant morbidity and mortality have been less frequent in recent years. The need for public health agencies to formally invoke isolation, quarantine and community restrictions or social distancing measures has therefore been rare. However, recent EVD epidemics and sexual transmission of Zika Virus have greatly increased public concern about public health actions related to disease exposure control and have increased public knowledge of public health disease containment methodologies.

Ebola Virus Disease (EVD)

The 2014-2015 Ebola virus disease (EVD) epidemic which occurred in West Africa, with some limited spread to the United States, was an unusually protracted and challenging epidemic event. As a result, many health jurisdictions within the United States developed disease control plans to address a potential EVD epidemic. This plan is suitable for use in response to any communicable disease outbreak where community-based NPI may be useful to slow or halt person-to-person transmission, including that caused by an Ebola virus.

EVD, previously known as Ebola hemorrhagic fever or EHF, is a rare and deadly disease caused by infection with one of the Ebola virus strains. Ebola can cause serious disease in humans and nonhuman primates (monkeys, gorillas, and chimpanzees).

EVD is caused by infection with a virus of the family Filoviridae, genus Ebolavirus. There are five identified Ebola virus species, four of which are known to cause disease in humans: Ebola virus (Zaire ebolavirus or EBOV); Sudan virus (Sudan ebolavirus or SUDV); Taï Forest virus (Taï Forest ebolavirus or TAFV, formerly Côte d'Ivoire ebolavirus); and Bundibugyo virus (Bundibugyo ebolavirus or BDBV). The fifth, Reston virus (Reston ebolavirus or RESTV), which was discovered in laboratory primates in the United States, has caused disease in nonhuman primates, but not in humans.

People get Ebola through direct contact (through broken skin or mucous membranes in, for example, the eyes, nose, or mouth) with

- blood or body fluids (including but not limited to urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with or has died from Ebola,
- objects (like needles and syringes) that have been contaminated with body fluids from a person who is sick with Ebola or the body of a person who has died from Ebola,
- infected fruit bats or primates (apes and monkeys), and

- possibly from contact with semen from a man who has recovered from Ebola (for example, by having oral, vaginal, or anal sex)

Clinical Presentation, Treatment, and Community Reaction to EVD

Symptoms of Ebola include

- Fever
- Severe headache
- Muscle pain
- Weakness
- Fatigue
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)

Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days. Due to many nonspecific symptoms, particularly early in the disease, EVD can often be confused with other well-understood infectious diseases such as influenza, malaria, typhoid fever, meningococcemia, and other bacterial infections (e.g., pneumonia).

No FDA-approved vaccine or medicine (e.g., antiviral drug) is available for EVD.

Recovery from Ebola depends on good supportive clinical care and the patient's immune response. Typically, symptoms of EVD and complications are treated as they appear. The following palliative interventions, when used early, can significantly improve the chances of survival:

- Providing intravenous fluids (IV) and balancing electrolytes (body salts).
- Maintaining oxygen status and blood pressure.
- Treating other infections if they occur.

Experimental vaccines and treatments for Ebola are under development, but they have not yet been fully tested for safety or effectiveness. People who recover from Ebola infection develop antibodies that last for at least 10 years.

EVD can have a very high case fatality rate, especially in situations where supportive healthcare services are delayed or substandard. EVD has also been associated with high infectiousness in the absence of scrupulous infection control practices. These two factors have resulted in a high community “dread” factor associated with EVD and anxiety in “worried well” persons that was observed both in West Africa and the U.S. in 2014-2015.

Ebola Virus Disease in Africa and the United States 2014-2015

The 2014-2015 EVD epidemic was the largest in history, affecting multiple countries in West Africa. One imported case from the Republic of Liberia, one from the Republic of Guinea and associated locally acquired cases in healthcare workers have also been reported in the United States. The CDC, the Georgia Department of Public Health (GDPH), the NGHD and other stakeholders are taking precautions to prevent future EVD epidemics, and to disrupt person-to-person spread in the U.S. should EVD re-emerge.

CDC confirmed the first laboratory-confirmed case of imported EVD to be diagnosed in the United States on September 30, 2014. This case occurred in a person that traveled to Dallas, Texas, from the Republic of Liberia in West Africa. The patient did not have symptoms when leaving Liberia, but developed symptoms approximately four days after arriving in the United States. This person sought medical care at a local hospital in Dallas after developing symptoms consistent with EVD. After an initial misdiagnosis, the medical facility isolated the patient and sent specimens to CDC and a local Texas laboratory, ultimately verifying the patient's EVD infection. Local public health officials conducted contact tracing and identified all close contacts of the person for appropriate monitoring during the normal 21-day incubation period after exposure.

On October 10, a healthcare worker at the hospital who provided care for the index patient reported a low-grade fever and was referred for EVD testing. The healthcare worker was isolated after the initial report of a fever and tested positive for EVD infection.

On October 14, a second healthcare worker who provided care for the index patient reported to the hospital with a fever and subsequently tested positive for EVD.

On October 23, a physician returned to New York City after providing care for EVD patients in the Republic of Guinea and became ill, testing positive for EVD.

Ebola Virus Disease Risk in Georgia

The 2014-2015 West African EVD epidemic provides a good illustration of the importance of animal surveillance, as an aspect of overall epidemic surveillance. It is now believed that the West African EVD Epidemic of 2014-2015 is traceable to a single child in the Republic of Guinea who was exposed to the virus by some undetermined contact with a straw-colored fruit bat (*Eidolon Helvum*) in December 2013. This type of bat, which is thought to be the primary African "reservoir" for the Ebola virus, primarily occurs in a geographic swath across Equatorial Africa. Therefore, the most likely initiation point for any future EVD epidemic is within this geographic area. These facts virtually eliminate the risk of primary animal to human transmission of EVD in the U.S. and the State of Georgia. However, as recent experience has documented, EVD, when present in other parts of the world in animals or humans, can be imported into the U.S. via infected travelers or animals and can subsequently spread within the U.S. population. It should be noted that the World Health Organization (WHO), in concert with member states, has an extensive surveillance system to identify and report the origination of any significant disease outbreak, including that associated with the Ebola virus. Therefore,

the potential for a person to acquire the Ebola virus before an outbreak is identified and reported to the World Health Organization is very limited, but cannot be discounted completely. This is especially true for persons traveling to the area of Africa where EVD is present in animal populations.

Situation and Planning Assumptions

Situation

During the onset of a novel or emergent disease transmitted from person to person and for which there are limited or no medical countermeasures available, NGHD must be prepared to make scientifically appropriate, criteria based response recommendations to contain and control the population's exposure to the disease, until such time as medical countermeasures are available or the disease transmission process is interrupted and stopped.

Planning Assumptions for Ebola Virus Disease

1. Novel or emergent diseases may occur (for which there are limited medical countermeasures) that stem from infected animal or human populations or intentional or unintentional releases of biologic agents.
2. Scientific criteria must be the basis of disease exposure control recommendations to prevent/ reduce morbidity and mortality in any susceptible population.
3. Experimental vaccines and anti-viral drugs for EVD are under development but not anticipated to be widely available in the near-term. Thus, comprehensive and well-coordinated Disease Exposure Control strategies remain the primary methods for controlling and stopping the spread of EVD within U.S. communities.
4. NGHD will use current relationships with the healthcare community, government and community-based organizations, businesses, schools, houses of worship, law enforcement, and local responders to collaborate on activities to support disease exposure control efforts.
5. An EVD epidemic may occur in multiple communities across the NGHD simultaneously.
6. One case of EVD in a Georgia resident will represent a public health emergency that will initiate a state-wide response that will include the NGHD area of operations.
7. The severity of EVD and its community "dread factor" will require public health authorities to assume a high-profile and pro-active leadership and operational posture.

8. Epidemic-related news and rumors will activate the “dread factor” causing “worried-well” to seek reliable, real-time information (likely through social media outlets) and utilize call centers and urgent care centers that will potentially strain HC providers and facilities.
9. Some persons and/or organizations will spread rumors or even knowingly provide inaccurate information to the media and/or public for political or personal reasons. This misinformation or disinformation has the potential to cause significant distress among community members and institutions. Dispelling false rumors will be a joint responsibility of the public health and emergency management communities.
10. Perceptions about inequitable distribution of healthcare is a potential cause of public concern and anxiety.
11. Directing and enforcing isolation and quarantine is a state responsibility, with county level support.
12. Survivors of EVD and their families may be ostracized by some members of society, potentially impacting their post-epidemic quality of life.
13. Ebola virus has been found in the semen of some men who have recovered from Ebola. It is possible that Ebola could be spread through sex or other contact with semen. Counseling, laboratory testing, and case-management by public health staff may be required for as long as six months after infected males recover from EVD.

Plan Phasing

This plan is phased using Disease Exposure Control (DEC) Levels published by the Georgia Department of Public Health in Annex P – Disease Exposure Control (DEC) to the Georgia Department of Public Health EOP. These levels are based on guidelines for disease exposure control that were originally developed by David Heymann in 2005³ and are widely used within the public health community. These objectively determined levels allow identification of actions to be taken at different points during the progression of an epidemic event. These levels are identical to those used by the Georgia Department of Public Health and other State of Georgia Health Districts, thus facilitating efficient coordination of actions for any epidemic event.

³ David Heymann, *Model Operational Guidelines for Disease Exposure Control*, (The Center for Strategic & International Studies Homeland Security Program, Draft - November 2005).

Phase 1: Pre-Event – Planning and Preparedness

DEC Level I: Inter-Outbreak Period - Criteria: No cases of a novel, efficiently transmissible communicable disease for which there is limited/no medical countermeasure in the jurisdiction

Phase 2: Event – Response

DEC Level II: Outbreak Watch - Criteria: Single cases of a novel, efficiently transmissible communicable disease for which there is no curative medical countermeasure are detected/ diagnosed in the healthcare or household setting

DEC Level III: Outbreak Risk - Criteria: Limited cases, small clusters of novel, efficiently transmissible communicable disease for which there is limited/no medical countermeasure are detected/ diagnosed in healthcare and/ or household settings

DEC Level IV: Outbreak Alert - Criteria: Limited community transmission. Multiple case clusters of novel, efficiently transmissible communicable disease for which there is no medical countermeasure are detected/ diagnosed in the community setting.

DEC Level V: Outbreak - Criteria: Extensive Community Transmission in multiple geographic regions.

Phase 3: Event – Recovery

Phase 3 is not associated with any Disease Control Exposure Level, but instead occurs after a disease epidemic has been completely resolved and no further cases are occurring.

Execution

Activation of the North Georgia Health District Emergency Operations Center (DEOC)

The “trigger point” for partial District Emergency Operations Center (DEOC) activation is declaration of Phase 2 - DEC Level II/III, which occurs when single cases or small, limited clusters are detected, whether inside or outside of the jurisdiction. The full DEOC activation trigger point is Phase 2 - DEC Level IV, which occurs when limited community transmission is confirmed, resulting in multiple case clusters of novel, efficiently transmissible communicable disease. Although these trigger points will be utilized for DEOC partial and full activation, other factors will be considered (i.e. case numbers, location, etc.) prior to activation of the DEOC and may cause acceleration or delay of DEOC activation. The activation of the Georgia State Department of Public Health EOC and/or county emergency management EOCs within the NGHD area will also be considered in determining when to activate the NGHD DEOC. Existing policies and plans outline the procedures for activation of the DEOC and actions to be taken by

various NGHD staff departments to address the specific requirements of an epidemic event, including the procedures to coordinate the efforts between various regional healthcare coalition stakeholders and county emergency management authorities. To facilitate a coordinated response during an epidemic event, the DEOC will maintain contact with appropriate authorities at both the state and county level, including the Georgia Department of Public Health and county emergency operations centers (EOC).

Concept of Operation

Epidemic response operations will be executed using the previously identified DEC Levels with tasks identified within the following eight functional areas:

1. Surveillance and Laboratory
2. Triage and Patient Care
3. Infection Control Measures
4. Mass Fatalities Management
5. Mental Health
6. Mass Care and Logistics
7. Communications and Public Education
8. Command and Control and Continuity of Operations

Within the phased functional-area matrices below, “Lead” NGHD staff directorates or offices are identified for each task. These directorates or offices are responsible for ensuring the identified task is accomplished, although other staff directorates/offices and external stakeholders will often be involved in task execution. In some cases, specific NGHD directorates/offices and external stakeholders are identified to provide support to the lead directorate/office for execution of a task, primarily if their support is essential to task accomplishment. However, even if a directorate, office or external stakeholders is not specifically identified to be the lead or supporting agency for a task, they may still have some role in task accomplishment. Therefore, it is recommended that all NGHD directorates, offices and relevant external stakeholders be familiar with all tasks in the phased matrices and should conduct a task analysis to determine if they have any role in facilitating task accomplishment. The following table identifies the agency acronyms used to identify lead directorates within the phased execution matrices which follow:

CC	County Coroners
CD	NGHD Clinical Director
CNM	NGHD County Nurse Managers
EPD	NGHD Emergency Preparedness Director
EHD	NGHD Environmental Health Director
EPI	NGHD Epidemiologist
MIS	NGHD Management Information Systems Manager
PD	NGHD Pharmacy Director
PIO/RC	NGHD Public Information Officer / Risk Communications
EMA	County Emergency Management Agencies

While the matrices below identify tasks by functional area for each phase, Appendix 2 of this plan categorizes the same tasks by the NGHD Lead Directorate or Office responsible for task execution. This allows two methods to view tasks, either by functional area, or by the NGHD directorate or office responsible for ensuring the task is accomplished.

TASK LIST FOR PHASE 1 - DEC LEVEL I (Inter-Outbreak Period - There are currently no known cases of a novel, efficiently transmissible communicable disease for which there is no curative medical countermeasure within the jurisdiction)

Risk Assessment. The risk associated with the Ebola virus during this phase is very limited. No known Ebola virus outbreak exists and therefore there is no immediate threat to the North Georgia Health District or local citizens traveling to other countries. The U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention (CDC) and the World Health Organization have a relatively extensive surveillance system to identify and report the origination of any significant disease outbreak, both within the United States and worldwide, including that associated with the Ebola virus. Therefore, the potential for a person to acquire the Ebola virus before an outbreak is identified and reported to one of these agencies is not likely, but cannot be discounted completely.

Operational Focus. During this phase, tasks focus on ensuring that governmental and other relevant stakeholders are adequately trained to respond to any infectious disease outbreak and that they are informed of the risks associated with a major epidemic event. Furthermore, necessary tasks to be accomplished in preparation for an EVD epidemic will be identified and assigned to appropriate stakeholders for execution. Finally, supplies and equipment will be acquired and stockpiled, as required.

Phase 1 – DEC LEVEL I	Actions
Surveillance and Laboratory	<ul style="list-style-type: none">• Conduct continuous surveillance in accordance with established protocols. (Lead: EPI)• Ensure all surveillance partners understand their roles and the importance of vigilance in surveillance operations. (Lead: EPI)• Ensure airports assist in surveillance of arriving passengers and report any potential infection risks. (Lead: EPD; Support: EPI)• Develop appropriate surveillance guidelines for male Ebola survivors to be offered semen testing at 3 months after onset of disease. Continue for those who test positive, every month thereafter until their semen tests negative for virus twice by RT-PCR, with an interval of one week between tests. (Lead: EPI; Support: CD, CNM)

	<ul style="list-style-type: none"> • Ensure surveillance reporting to GDPH in accordance with established protocols. (Lead: EPI)
Triage and Patient Care	<ul style="list-style-type: none"> • Coordinate with GDPH, Hamilton Medical Center (Regional Coordinating Hospital) and other stakeholders to develop procedures for triage, diagnosis and isolation of possible Ebola patients. (Lead: EPD; Support: EPI, CD) • Ensure medical facilities and other stakeholders are aware of, and understand the “tiered” facility system for treatment of patients with specific communicable diseases. (Lead: EPD; Support: EPI, CD, CNM, PIO/RC, EMA) • Coordinate with GDPH, Hamilton Medical Center (Regional Coordinating Hospital) and other hospitals to develop protocols for transfer of patients to “higher tiered” facilities better able to address the patient’s medical requirements. (Lead: EPD; Support: EPI, CD) • Coordinate with GDPH to continue refinement of the system for transportation of Ebola infected persons from homes or quarantine facilities to treatment locations, including protocols to provide infection risk safeguards for transport personnel and post-transport disinfection of vehicles and equipment. (Lead: EPD; Support: EPI, CD, CNM, EMA) • Assess and periodically update the impact of Ebola on health care services and critical medical infrastructure within NGHD. (Lead: EPD; Support: EPI, CD) • Coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other medical facilities to identify gaps in Ebola-related patient care requirements and coordinate with GDPH to address these gaps, as appropriate. (Lead: EPD; Support: EPI, CD) • Coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other hospitals to plan for increased isolation capacity requirements. (Lead: EPD; Support: EPI, CD) • Plan for mass distribution, mass prophylaxis, and/or mass vaccinations campaigns, as required to support epidemic

	<p>response operations. (Lead: CD; Support: EPD, EPI, PD, PIO/RC, EHD, EMA)</p> <ul style="list-style-type: none"> • Assist stakeholders in planning for security of medical sites during an Ebola epidemic. (Lead: EPD; Support: EMA)
Infection Control Measures	<ul style="list-style-type: none"> • Conduct public health planning to reduce morbidity and mortality during an Ebola epidemic. (Lead: EPI; Support: CD, CNM) • Conduct appropriate training in use of Personal Protective Equipment (PPE) and other infectious disease safeguards/protocols. (Lead: EPD; Support: EHD, CD, EPI) • Coordinate with medical facilities to ensure availability of sufficient quantities of PPE to address epidemic requirements. (Lead: EPD; Support: CD, EPI, EHD) • In concert with GDPH, ensure linkages exist with adjacent state and county public health authorities to address cross-border epidemic issues, including contact tracing, cross-border use of regional medical facilities, etc. (Lead: EPI; Support: CD, CNM, EPD) • Coordinate with appropriate stakeholders to review legal authorities, organizational coordination, and staff responsibilities for voluntary and involuntary isolation and quarantine during epidemic response operations. (Lead: EPI; Support: EPD) • Coordinate with medical facilities to identify available isolation beds within NGHD area and develop strategies to address anticipated shortfalls. (Lead: EPD; Support: CD, EPI) • Coordinate with EMAs and other stakeholders to identify and acquire access to quarantine facilities sufficient to address a major epidemic. (Lead: EPD; Support: EPI, CNM, EHD, EMA) • Plan for support of persons in home quarantine, to include providing appropriate instructions, daily monitoring, delivery

	<p>of basic commodities and infection control supplies and reporting status to GDPH. (Lead: EPI; Support: EPD, CNM)</p> <ul style="list-style-type: none"> • Plan for appropriate disinfection of home and centralized quarantine locations, particularly when quarantined patients test positive for EVD and are moved to isolation. (Lead: EHD; Support: EPI, EPD) • Coordinate with GDPH and local medical facilities to develop protocols to limit contact between isolated patients presenting with Influenza-Like Illness (ILI) symptoms to limit transmission of EVD prior to confirmed EVD diagnosis. (Lead: EPI; Support: CD, EPD) • Coordinate with appropriate stakeholders to develop a plan for possible work quarantine of selected healthcare workers, laboratory technicians, custodial staff, food service personnel and other medical facility staff in potential contact with infected patients, to include travel and lodging arrangements. (Lead: EPI; Support: CD, EPD, EHD, EMA) • Coordinate with GDPH and medical facilities to develop protocols to limit exposure of staff to patients presenting with nonspecific respiratory symptoms (e.g. cough) at routine medical facilities during an EVD epidemic until diagnosis can be confirmed. (Lead: EPI; Support: EPD, CD) • Work with School Systems to develop “trigger points” and protocols for school closures during an EVD epidemic. (Lead: EPI; Support: EPD, CD, CNM, EMA) • Develop procedures to ensure proper disposal of EVD-related biohazard waste during an Ebola epidemic. (Lead: EHD; Support: EPD, CD; CNM)
Mass Fatalities Management	<ul style="list-style-type: none"> • Coordinate with appropriate stakeholders to ensure training for processing of the remains of deceased Ebola victims and disinfection of contaminated areas. (Lead: EHD; Support: EPI, EPD, CC)

	<ul style="list-style-type: none"> • Ensure availability of Personal Protective Equipment (PPE) for personnel whose duties include processing of infected human remains. (Lead: EHD; Support: EPI, EPD, CC) • Assist stakeholders in planning for security of mortuary locations processing Ebola victims' remains. (Lead: EPD; Support: EPI, EHD, EMA, CC)
Mental Health	<ul style="list-style-type: none"> • Coordinate with appropriate stakeholders to ensure distribution of educational and training materials on psychosocial issues to responders during and after an Ebola epidemic. (Lead: EPD; Support: CD, CNM, EPD, PIO/RC, EMA) • Coordinate with DBHDD, GDPH and other stakeholders to ensure mental health resilience training is conducted for health care personnel and that support materials are distributed to address infectious disease epidemic-related mental health issues. (Lead: EPD; Support: CD, CNM) • Assist DBHDD, GDPH and other mental health stakeholders' engagement with faith-based and other community-based organizations to provide or to facilitate community psychosocial support. (Lead: EPD; Support: CD, CNM, PIO/RC, EMA)
Mass Care and Logistics	<ul style="list-style-type: none"> • Plan for NGHD logistics requirements, to include facilities, equipment, supplies and vehicles to support epidemic response activities. (Lead: EPD; Support: CD, EPI, CNM, EHD) • Coordinate with appropriate stakeholders to plan for community reintegration of EVD survivors after discharge. (Lead: EPI; Support: CD, CNM, EPD, PIO/RC) • Coordinate with Georgia Department of Human Services, (Division of Child Services) to plan for care of children impacted by EVD infection of primary caregivers. (Lead: EPD; Support: CD, CNM, EPI, PIO/RC)

Communications and Public Education	<ul style="list-style-type: none"> • Within the context of the CERC (Crisis and Emergency Risk Communications) Plan, develop an NGHD Risk Communications Plan for use during epidemic response operations. (Lead: PIO/RC; Support: EPI, EPD) • Conduct training for potential spokespersons and incident commanders in media relations and to develop appropriate media skills. (Lead: PIO/RC; Support: EPD) • Ensure robust NGHD and associated County-level health clinics maintain a robust presence and engagement on the internet (websites, search profiles, etc.) and in social media (Facebook, Twitter, etc.) to facilitate emergency response operations. (Lead: PIO/RC; Support: EPD, CNM) • Engage with EMAs to outline procedures for utilizing “reverse 911” and other available emergency management communication capabilities to distribute critical NGHD messaging during epidemic response operations. (Lead: EPD; Support: PIO/RC) • Develop and implement a program to educate the public about infectious disease (including EVD) infection control measures. (Lead: EPI; Support: CD, PIO/RC, EPD, CNM, EMA) • Develop methodologies for establishment of a Joint Information Center (JIC) to manage messaging activities during an epidemic event. (Lead: PIO/RC; Support: EPD, MIS) • Ensure development and distribution of Ebola-related educational materials for health care providers, first responders and general public, including the use of social media. (Lead: PIO/RC; Support: EPI, CD, CNM, EPD) • Coordinate with GDPH to develop linkages with bordering state and county public health and risk communications authorities to facilitate coordination of cross-border messaging during epidemic response operations. (Lead: PIO/RC; Support: EPI, EPD)
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Command and Control and Continuity of Operations	<ul style="list-style-type: none"> • Maintain DEOC in a “ready status.” (Lead: EPD; Support: MIS) • Update and exercise response plans, as required. (Lead: EPD) • Assist development of Continuity of Operations Plans (COOP) by all NGHD staff directorates. (Lead: EPD) • Assist development of Continuity of Operations Plans for all key epidemic response stakeholders. (Lead: EPD; Support: EMA) • In conjunction with the Regional Healthcare Coalition, develop a list of all stakeholders that would have equity in epidemic preparedness and response operations and ensure comprehensive contact information is maintained. (Lead: EPD; Support: EPI, CD, CNM, EMA) • Develop a comprehensive inventory of healthcare-related resources for use during any disaster situation, including an epidemic. This inventory should include equipment, supplies, facilities and personnel. (Lead: EPD; Support: CD, CNM, EMA)
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TASK LIST FOR PHASE 2 –

DEC LEVEL II (Outbreak Watch - Single cases of a novel, efficiently transmissible communicable disease for which there are limited or no medical countermeasures are detected and/or diagnosed in the healthcare or household setting)

and DEC LEVEL III (Outbreak Risk - Limited cases, small clusters of novel, efficiently transmissible communicable disease for which there are limited medical countermeasures are detected/ diagnosed in healthcare and/ or household settings)

Risk Assessment. The risks associated with EVD during this phase are relatively high, since an EVD outbreak has occurred either within or in relatively close proximity to the NGHD area. If the outbreak is within the NGHD geographic area, the risk to local citizens is higher due to the geographic proximity of confirmed or suspected cases of the virus. But anyone traveling to the outbreak area, even if outside of the immediate NGHD geographic area, is at risk and therefore additional preparedness measures must be taken.

Operational Focus. Efforts focus on monitoring the situation in the outbreak area, increasing disease surveillance in the NGHD geographic area, conducting testing of any suspected cases of EVD and identifying contacts that may require quarantine. Given the existence of an outbreak, either within or outside of the NGHD area, NGHD will increase preparedness for epidemic response operations, respond to anticipated media inquiries and conduct public information operations.

Phase 2 – DEC LEVEL II-III	Actions
Surveillance and Laboratory	<ul style="list-style-type: none">• Conduct enhanced surveillance in accordance with established protocols, including isolation of suspected cases and quarantine of contacts, as appropriate. (Lead: EPI)• Continue to ensure all surveillance partners understand their roles and the importance of vigilance in enhanced surveillance operations. (Lead: EPI)• Continue to ensure airports assist in surveillance of arriving passengers and report any potential infection risks. (Lead: EPD; Support: EPI)• Issue appropriate isolation orders or quarantine orders on behalf of the Commissioner of the Georgia Department of Public Health. (Lead: EPI)

	<ul style="list-style-type: none"> • Coordinate submission of laboratory samples, as appropriate. (Lead: EPI; Support: CD, CNM) • Incorporate surveillance guidelines for male Ebola survivors to be offered semen testing at 3 months after onset of disease, and then, for those who test positive, every month thereafter until their semen tests negative for virus twice by RT-PCR, with an interval of one week between tests. (Lead: EPI; Support: CD, CNM) • Continue to conduct surveillance reporting to GDPH in accordance with established protocols. (Lead: EPI) • Provide periodic surveillance updates to NGHD leadership, county officials, EMAs and other critical stakeholders. (Lead: EPD; Support: EPI, CD, PIO/RC, EMA)
Triage and Patient Care	<ul style="list-style-type: none"> • Coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other medical facilities to ensure implementation of procedures for triage, diagnosis and isolation of possible Ebola patients. (Lead: EPD; Support: EPI, CD) • Coordinate with relevant stakeholders to ensure patients requiring isolation due to suspected or confirmed disease infection are taken to appropriate “tiered” hospitals and that patients in lower tiered hospitals are transferred to facilities better able to address their medical requirements. (Lead: EPD; Support: EPI, CD, CNM, PIO/RC, EMA) • Coordinate with GDPH to implement the system for transportation of Ebola infected persons from homes or quarantine facilities to treatment locations, including protocols to provide infection risk safeguards for transport personnel and post-transport disinfection of vehicles and equipment. (Lead: EPD; Support: EPI, CD, CNM, EMA) • Continue to assess and update the impact of Ebola on health care services and critical medical infrastructure within NGHD. (Lead: EPD; Support: EPI, CD) • Continue to coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other medical facilities

	<p>to identify gaps in Ebola-related patient care requirements and coordinate with GDPH to address these gaps, as appropriate. (Lead: EPD; Support: EPI, CD)</p> <ul style="list-style-type: none"> • Coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other hospitals to assess and address isolation capacity requirement shortfalls. (Lead: EPD; Support: EPI, CD) • Conduct mass distribution, mass prophylaxis, or mass vaccinations campaigns, as required to support epidemic response operations. (Lead: CD; Support: EPD, EPI, PD, PIO/RC, EHD, EMA) • Coordinate with GDPH and other stakeholders to identify, procure and distribute experimental and/or minimally available treatment regimens, as required. (Lead: CD; Support: EPI, PD) • Coordinate with GDPH and other stakeholders to determine the need to control distribution of specific pharmaceuticals and implement appropriate distribution protocols. (Lead: PD; Support: CD, EPI, EPD) • Assist stakeholders in implementation of appropriate security at medical facilities. (Lead: EPD; Support: EMA)
Infection Control Measures	<ul style="list-style-type: none"> • Implement public health measures to reduce morbidity and mortality during the EVD epidemic. (Lead: EPI; Support: CD, CNM) • Continue to conduct appropriate training in use of Personal Protective Equipment (PPE) and other infectious disease safeguards/protocols. (Lead: EPD; Support: EHD, CD, EPI) • Continue to coordinate with medical facilities to ensure availability of sufficient quantities of PPE to address epidemic requirements. (Lead: EPD; Support: CD, EPI, EHD) • Coordinate with public and private sector agencies and businesses and the general public to explain

	<p>quarantine/isolation rationale and procedures. (Lead: EPI; Support: PIO/RC, EPD, EMA)</p> <ul style="list-style-type: none"> • In concert with GDPH, coordinate, as required, with adjacent state and county public health authorities to address cross-border epidemic issues, including contact tracing, cross-border use of regional medical facilities, etc. (Lead: EPI; Support: CD, CNM, EPD) • Monitor availability of isolation beds within NGHD geographic area and implement strategies to address shortfalls. (Lead: EPD; Support: EPI, CD) • Coordinate with EMAs and other stakeholders to open centralized quarantine facilities, as required. (Lead: EPD; Support: EPI, CNM, EHD, EMA) • Implement plan for support of persons in home quarantine, to include providing appropriate instructions, daily monitoring, delivery of basic commodities and infection control supplies and reporting status to GDPH. (Lead: EPI; Support: EPD, CNM) • Implement plan for appropriate disinfection of home and centralized quarantine locations, particularly when quarantined patients test positive for EVD and are moved to isolation. (Lead: EHD; Support: EPI, EPD) • Coordinate with local medical facilities to implement protocols to limit contact between isolated patients presenting with Influenza-Like Illness (ILI) symptoms to limit transmission of EVD prior to confirmed EVD diagnosis. (Lead: EPI; Support: CD, EPD) • Coordinate with appropriate stakeholders to implement work quarantine of selected healthcare workers, laboratory technicians, custodial staff, food service personnel and other medical facility staff in potential contact with infected patients, if warranted by the situation. (Lead: EPI; Support: CD, EPD, EHD, EMA) • Coordinate with medical facilities to implement protocols to limit exposure of staff to patients presenting with nonspecific
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	<p>respiratory symptoms (e.g. cough) at routine medical facilities during an EVD epidemic until diagnosis can be confirmed. (Lead: EPI; Support: EPD, CD)</p> <ul style="list-style-type: none"> • Implement and monitor procedures to ensure proper disposal of EVD-related biohazard waste. (Lead: EHD; Support: EPD, CD; CNM)
Mass Fatalities Management	<ul style="list-style-type: none"> • Continue to coordinate with appropriate stakeholders to ensure training for processing of the remains of deceased Ebola victims and disinfection of contaminated areas. (Lead: EHD; Support: EPI, EPD, CC) • Ensure infected human remains are handled appropriately to reduce further risk of infection. (Lead: EHD; Support: EPI, EPD, EMA, CC) • Continue to ensure that Personal Protective Equipment (PPE) is available for all personnel whose duties include processing of infected human remains. (Lead: EHD; Support: EPI, EPD, CC) • Assist stakeholders in implementation of appropriate security at mortuary locations processing Ebola victims' remains. (Lead: EPD; Support: EPI, EHD, EMA, CC)
Mental Health	<ul style="list-style-type: none"> • Continue to coordinate with appropriate stakeholders to ensure distribution of educational and training materials on psychosocial issues to responders during and after an Ebola epidemic. (Lead: EPD; Support: CD, CNM, EMA) • Coordinate with appropriate stakeholders to ensure continued mental health resilience training for health care personnel and distribution of support materials that address infectious disease epidemic-related mental health issues. (Lead: EPD; Support: CD, CNM) • Assist Department of Behavioral Health and Developmental Disabilities (DBHDD), GDPH and other mental health stakeholders in providing epidemic-related counselling for responders and the general public. (Lead: CD; Support: CNM, EPD, EMA)

	<ul style="list-style-type: none"> • Continue to assist DBHDD, GDPH and other mental health stakeholders' engagement with faith-based and other community-based organizations to provide or to facilitate community psychosocial support. (Lead: EPD; Support: CD, CNM, PIO/RC, EMA)
Mass Care and Logistics	<ul style="list-style-type: none"> • Implement plan to address NGHD logistics requirements, to include facilities, equipment, supplies and vehicles that support NGHD epidemic response activities. (Lead: EPD; Support: CD, CNM, EPI, EHD) • Continue to coordinate with appropriate stakeholders to plan for community reintegration of EVD survivors after discharge. (Lead: EPI; Support: CD, CNM, EPD, PIO/RC) • Coordinate with Georgia Department of Human Services, (Division of Child Services) to address issues related to care of children impacted by EVD infection of primary caregivers. (Lead: EPD; Support: CD, CNM, EPI, PIO/RC)
Communications and Public Education	<ul style="list-style-type: none"> • Implement the Risk Communications Plan for epidemic response operation. (Lead: PIO/RC; Support: EPI, EPD) • As part of the overall Risk Communications Plan, utilize NGHD internet and social media presence to facilitate emergency response operations. (Lead: PIO/RC; Support: EPD, CNM) • Engage with EMAs to utilize "reverse 911" and other available emergency management communication capabilities to distribute critical NGHD messaging. (Lead: EPD; Support: PIO-RC) • Consider establishment of a Joint Information Center (JIC) to manage messaging activities. (Lead: PIO/RC; Support: EPD, MIS) • Continue implementation of the program to educate the public about infectious disease (including EVD) infection control measures. (Lead: EPI; Support: CD, CNM, PIO/RC, EPD, EMA)

	<ul style="list-style-type: none"> • Ensure distribution of updated Ebola-related educational materials for health care providers, first responders and general public, including the use of social media. (Lead: PIO/RC; Support: EPI, CD, CNM, EPD) • Respond to media requests and conduct press briefings, as appropriate. (Lead: PIO/RC; Support: EPI, EPD) • Disseminate timely and accurate general public information concerning the epidemic situation, as available. (Lead: PIO/RC; Support: EPI, EPD, EMA) • Provide public information concerning procedures for seeking medical attention. (Lead: PIO/RC; Support: EPI, CD, EPD, EMA) • Monitor epidemic-related media coverage and address misinformation. (Lead: PIO/RC; Support: EPI, EPD, EMA) • In concert with GDPH, coordinate, as required, with adjacent state and county public health and risk communications authorities to facilitate coordination of cross-border epidemic-related messaging. (Lead: PIO/RC; Support: EPI, EPD)
Command and Control and Continuity of Operations	<ul style="list-style-type: none"> • Consider partial or full activation of the DEOC, depending on number and location of EVD cases and status of county EOC activation. (Lead: EPD; Support: MIS) • Compile statistics of epidemic casualties and report to key leaders and GDPH. (Lead: EPD; Support: EPI) • Monitor the epidemic situation both within and outside of the NGHD geographic area and disseminate situational information to NGHD leadership and other critical stakeholders. (Lead: EPD; Support: EPI, EMA) • Assess need to implement NGHD staff directorate Continuity of Operations Plans (COOP). (Lead: EPD) • Coordinate with key epidemic response stakeholders to assess need to implement existing Continuity of Operations Plans. (Lead: EPD; Support: EMA)

	<ul style="list-style-type: none"> • Review the previously developed list of all stakeholders that have equity in epidemic preparedness and response operations and engage with specific stakeholders as required by the situation. (Lead: EPD; Support: EPI, CD, CNM, EMA) • Review the previously developed inventory of healthcare-related resources and assess the need to engage specific resources to address the current situation. (Lead: EPD; Support: CD, CNM, EMA)
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TASK LIST FOR PHASE 2 - DEC LEVEL IV (Outbreak Alert - Limited community transmission. Multiple case clusters of novel, efficiently transmissible communicable disease for which there are limited medical countermeasures are detected/ diagnosed in the community setting)

Risk Assessment. The risks associated with an EVD epidemic during this phase are very high since multiple disease clusters exist within, or in close proximity to, the NGHD geographic area and these clusters are occurring within the community setting, not just within a healthcare or limited household setting. Given the nature of the Ebola virus, the potential for the epidemic to expand locally is very high.

Operational Focus. Efforts focus on enhanced surveillance, aggressive actions to contain the outbreak and limit its spread, and actions to address existing and anticipated medical caseload. Public health authorities will recommend implementation of “community mitigation measures,” perhaps including targeted, temporary closure of schools, day-care facilities and other similar institutions, as well as limitation of large public gatherings. Public health officials will also need to engage other community officials and local business leaders to ensure support for necessary public health measures to mitigate epidemic impacts. If warranted, some closures of offices and businesses may be recommended in specific high-risk areas. Emergency management authorities will coordinate with public and private sector leaders to ensure the maintenance of not only critical government services, but also those essential public services provided by the private sector, although such impacts may not occur at this phase of an epidemic event. The demand for information during this phase, both from the media and the public, is very high and will necessitate significant communications resources to provide an adequate response.

Phase 2 – DEC LEVEL IV	Actions
Surveillance and Laboratory	<ul style="list-style-type: none">• Continue to conduct enhanced surveillance in accordance with established protocols, including isolation of suspected cases and quarantine of contacts, as appropriate. (Lead: EPI)• Continue to ensure all surveillance partners understand their roles and the importance of vigilance in enhanced surveillance operations. (Lead: EPI)• Continue to ensure airports assist in surveillance of arriving passengers and report any potential infection risks. (Lead: EPD; Support: EPI)

	<ul style="list-style-type: none"> • Issue appropriate isolation orders or quarantine orders on behalf of the Commissioner of the Georgia Department of Public Health. (Lead: EPI) • Continue to coordinate submission of laboratory samples, as appropriate. (Lead: EPI; Support: CD, CNM) • Continue to incorporate surveillance guidelines for male Ebola survivors to be offered semen testing at 3 months after onset of disease, and then, for those who test positive, every month thereafter until their semen tests negative for virus twice by RT-PCR, with an interval of one week between tests. (Lead: EPI; Support: CD, CNM) • Continue to conduct surveillance reporting to GDPH in accordance with established protocols. (Lead: EPI) • Continue to provide periodic surveillance updates to NGHD leadership, county officials, EMAs and other critical stakeholders. (Lead: EPD; Support: EPI, CD, PIO/RC, EMA)
Triage and Patient Care	<ul style="list-style-type: none"> • Continue to coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other medical facilities to ensure implementation of procedures for triage, diagnosis and isolation of possible Ebola patients. (Lead: EPD; Support: EPI, CD) • Continue to coordinate with relevant stakeholders to ensure patients requiring isolation due to suspected or confirmed disease infection are taken to appropriate “tiered” hospitals and that patients in lower tiered hospitals are transferred to facilities better able to address their medical requirements. (Lead: EPD; Support: EPI, CD, CNM, PIO/RC, EMA) • Continue to coordinate with GDPH to manage the system for transportation of Ebola patients to treatment locations, including protocols to provide infection risk safeguards for transport personnel. (Lead: EPD; Support: EPI, CD, CNM, EMA)

	<ul style="list-style-type: none"> • Continue to assess and update the impact of Ebola on health care services and critical medical infrastructure within NGHD. (Lead: EPD; Support: EPI, CD) • Continue to coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other hospitals to identify gaps in Ebola-related patient care requirements and coordinate with GDPH to address these gaps, as appropriate. (Lead: EPD; Support: EPI, CD) • Continue coordination with Hamilton Medical Center (Regional Coordinating Hospital) and other hospitals to assess and address isolation capacity requirement shortfalls. (Lead: EPD; Support: EPI, CD) • Continue to conduct mass distribution, mass prophylaxis, or mass vaccinations campaigns, as required to support epidemic response operations. (Lead: CD; Support: EPD, EPI, PD, PIO/RC, EHD, EMA) • Coordinate with GDPH to determine intent to provide funding and guidance for incentive programs for healthcare and other personnel engaged in response activities. (Lead: EPD; Support CD, EPI) • Continue to coordinate with GDPH and other stakeholders to identify, procure and distribute experimental and/or minimally available treatment regimens, as required. (Lead: CD; Support: EPI, PD, EPD, PIO/RC) • Continue to coordinate with GDPH and other stakeholders to determine the need to control distribution of specific pharmaceuticals and implement appropriate distribution protocols. (Lead: PD; Support: CD, EPI, EPD) • Continue to assist stakeholders in ensuring appropriate security at medical facilities. (Lead: EPD; Support: EMA)
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Infection Control Measures	<ul style="list-style-type: none"> • Continue to implement public health measures to reduce morbidity and mortality during the EVD epidemic. (Lead: EPI; Support: CD, CNM) • Continue to conduct appropriate training in use of Personal Protective Equipment (PPE) and other infectious disease safeguards/protocols. (Lead: EPD; Support: EHD, CD, EPI) • Continue to coordinate with medical facilities to ensure availability of sufficient quantities of PPE to address epidemic requirements. (Lead: EPD; Support: CD, EPI, EHD) • Continue to coordinate with public and private sector agencies and businesses and the general public to explain quarantine/isolation rationale and procedures. (Lead: EPI; Support: PIO/RC, EPD, EMA) • In concert with GDPH, continue to coordinate, as required, with adjacent state and county public health authorities to address cross-border epidemic issues, including contact tracing, cross-border use of regional medical facilities, etc. (Lead: EPI; Support: CD, CNM, EPD) • Continue to monitor availability of isolation beds within NGHD geographic area and implement strategies to address shortfalls. (Lead: EPD; Support: EPI, CD) • Continue to coordinate with EMAs and other stakeholders to open centralized quarantine facilities, as required. (Lead: EPD; Support: EPI, CNM, EHD, EMA) • Continue support of persons in home quarantine, to include providing appropriate instructions, daily monitoring, delivery of basic commodities and infection control supplies and reporting status to GDPH. (Lead: EPI; Support: EPD, CNM) • Continue to implement plan for appropriate disinfection of home and centralized quarantine locations, particularly when
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	<p>quarantined patients test positive for EVD and are moved to isolation. (Lead: EHD; Support: EPI, EPD)</p> <ul style="list-style-type: none"> • Consider implementation of community quarantine, as appropriate. (Lead: EPI; Support: EPD, PIO/RC) • Consider recommendation for targeted, temporary closure of schools, office and businesses, as appropriate. (Lead: EPI; Support: EPD, PIO/RC, EMA) • Consider recommending targeted, temporary closure of large public venues and cancellation of large crowd activities (concerts, sports games, etc.) (Lead: EPI; Support: EPD, PIO/RC, EMA) • Coordinate with local medical facilities to continue implementation of protocols to limit contact between isolated patients presenting with Influenza-Like Illness (ILI) symptoms to limit transmission of EVD prior to confirmed EVD diagnosis. (Lead: EPI; Support: CD, EPD) • Continue to coordinate with appropriate stakeholders to implement work quarantine of selected healthcare workers, laboratory technicians, custodial staff, food service personnel and other medical facility staff in potential contact with infected patients, if warranted by the situation. (Lead: EPI; Support: CD, EPD, EHD, EMA) • Coordinate with medical facilities to continue implementation of protocols to limit exposure of staff to patients presenting with nonspecific respiratory symptoms (e.g. cough) at routine medical facilities during an EVD epidemic until diagnosis can be confirmed. (Lead: EPI; Support: EPD, CD) • Continue to ensure implementation and monitoring of procedures to ensure proper disposal of EVD-related biohazard waste. (Lead: EHD; Support: EPD, CD; CNM)
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Mass Fatalities Management	<ul style="list-style-type: none"> • Continue to coordinate with appropriate stakeholders to ensure training for processing of the remains of deceased Ebola victims and disinfection of contaminated areas. (Lead: EHD; Support: EPI, EPD, CC) • Ensure infected human remains are handled appropriately to reduce further risk of infection. (Lead: EHD; Support: EPI, EPD, EMA, CC) • Continue to ensure that Personal Protective Equipment (PPE) is available for all personnel whose duties include processing of infected human remains. (Lead: EHD; Support: EPI, EPD, CC) • Continue to assist stakeholders in ensuring appropriate security at mortuary locations processing Ebola victims' remains. (Lead: EPD; Support: EPI, EHD, EMA, CC)
Mental Health	<ul style="list-style-type: none"> • Continue to coordinate with appropriate stakeholders to ensure distribution of educational and training materials on psychosocial issues to responders during and after an Ebola epidemic. (Lead: EPD; Support: CD, CNM, EMA) • Continue to coordinate with appropriate stakeholders to ensure continued mental health resilience training for health care personnel and distribution of support materials that address infectious disease epidemic-related mental health issues. (Lead: EPD; Support: CD, CNM) • Continue to assist Department of Behavioral Health and Developmental Disabilities (DBHDD), GDPH and other mental health stakeholders in provision of epidemic-related counselling for responders and the general public. (Lead: CD; Support: CNM, EPD, EMA) • Continue to assist DBHDD, GDPH and other mental health stakeholders' engagement with faith-based and other community-based organizations to provide or to facilitate community psychosocial support. (Lead: EPD; Support: CD, CNM, PIO/RC, EMA)

Mass Care and Logistics	<ul style="list-style-type: none"> • Continue implementation of NGHD Logistics Plan, to include acquisition and management of facilities, equipment, supplies and vehicles that support NGHD epidemic response activities. (Lead: EPD; Support: CD, EPI, CNM, EHD) • Implement plan for community reintegration of EVD survivors after discharge. (Lead: EPI; Support: CD, CNM, EPD, PIO/RC) • Coordinate with Georgia Department of Human Services, (Division of Child Services) to address issues related to care of children impacted by EVD infection of primary caregivers. (Lead: EPD; Support: CD, CNM, EPI, PIO/RC)
Communications and Public Education	<ul style="list-style-type: none"> • Continue implementation of the Risk Communications Plan for epidemic response operation. (Lead: PIO/RC; Support: EPI, EPD) • As part of the overall Risk Communications Plan, utilize NGHD internet and social media presence to facilitate emergency response operations. (Lead: PIO/RC; Support: EPD, CNM) • Engage with EMAs to utilize “reverse 911” and other available emergency management communication capabilities to distribute critical NGHD messaging. (Lead: EPD; Support: PIO-RC) • If not yet established, consider establishment of a Joint Information Center (JIC) to manage messaging activities. (Lead: PIO/RC; Support: EPD, MIS) • Continue implementation of the program to educate the public about infectious disease (including EVD) infection control measures. (Lead: EPI; Support: CD, CNM, PIO/RC, EPD, EMA) • Continue to ensure distribution of updated Ebola-related educational materials for health care providers, first responders and general public including the use of social media. (Lead: EPI; Support: PIO/RC, CD, CNM, EPD)

	<ul style="list-style-type: none"> • Continue to respond to media requests and conduct press briefings, as appropriate. (Lead: PIO/RC; Support: EPI, EPD) • Continue to disseminate timely and accurate general public information concerning the epidemic situation, as available. (Lead: PIO/RC; Support: EPI, EPD, EMA) • Continue to provide public information concerning procedures for seeking medical attention. (Lead: PIO/RC; Support: EPI, CD, EPD, EMA) • Continue to monitor epidemic-related media coverage and address misinformation. (Lead: PIO/RC; Support: EPI, EPD, EMA) • In concert with GDPH, continue to coordinate, as required, with adjacent state and county public health and risk communications authorities to facilitate coordination of cross-border epidemic-related messaging. (Lead: PIO/RC; Support: EPI, EPD)
Command and Control and Continuity of Operations	<ul style="list-style-type: none"> • Consider full activation of the DEOC, depending on number and location of EVD cases and status of county EOC activation. (Lead: EPD; Support: MIS) • Continue to compile statistics of epidemic casualties and report to key leaders and GDPH. (Lead: EPD; Support: EPI) • Continue to monitor the epidemic situation both within and outside of the NGHD geographic area and disseminate situational information to NGHD leadership and other critical stakeholders. (Lead: EPD; Support: EPI, EMA) • Implement NGHD staff directorate Continuity of Operations Plans (COOP), as appropriate. (Lead: EPD) • Continue to coordinate with key epidemic response stakeholders to ensure implementation of Continuity of Operations Plans, as appropriate. (Lead: EPD; Support: EMA)

	<ul style="list-style-type: none"> • Continue to review the previously developed list of all stakeholders that have equity in epidemic preparedness and response operations and engage with specific stakeholders as required by the situation. (Lead: EPD; Support: EPI, CD, CNM, EMA) • Continue to review the previously developed inventory of healthcare-related resources and assess the need to engage specific resources to address the current situation. (Lead: EPD; Support: CD, CNM, EMA) • Coordinate authorization for targeted school, office and business closures, as required. (Lead: EPD; Support: EPI, PIO/RC, EMA) • Coordinate authorization for targeted, temporary closure of large public venues and cancellation of large crowd activities (concerts, sports games, etc.) (Lead: EPD; Support: EPI, PIO/RC, EMA)
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TASK LIST FOR PHASE 2 - DEC LEVEL V (Outbreak - Extensive Community Transmission in multiple geographic regions)

Risk Assessment. The risks associated with an EVD epidemic during this phase are the highest of all phases since we are experiencing extensive community transmission within multiple geographic areas, including within, or in close proximity to the NGHD area. This extensive transmission across a wide geographic area indicates that initial disease containment efforts have failed to halt the spread of the disease. Given this situation and the nature of the Ebola virus, the potential for the epidemic to expand further, including within the NGHD area, is at its highest level.

Operational Focus. Efforts focus on continued enhanced surveillance, increased efforts to isolate and contain the outbreak to limit its spread, and actions to address existing and anticipated medical caseload. Given the increased spread of the virus and seriousness of the situation, there is a high likelihood that public health authorities will recommend a much broader closure of schools, offices and businesses to assist in limiting the spread of the disease. Given the seriousness of the situation and the potential for public panic and resultant negative impacts, emergency management authorities will enhance their coordination with public and private sector leaders to ensure the maintenance of essential public services, both those provided by the public sector and those provided by the key private sector partners (utilities, healthcare, fuel, food, etc.). The demand for information during this phase, both from the media and the public, is intense and the potential for public panic is very high, thus necessitating even greater application of communications resources to provide an adequate response.

Phase 2 – DEC LEVEL V	Actions
Surveillance and Laboratory	<ul style="list-style-type: none">• Continue to conduct enhanced surveillance in accordance with established protocols, including isolation of suspected cases and quarantine of contacts, as appropriate. (Lead: EPI)• Continue to ensure all surveillance partners understand their roles and the importance of vigilance in enhanced surveillance operations. (Lead: EPI)• Continue to ensure airports assist in surveillance of arriving passengers and report any potential infection risks. (Lead: EPD; Support: EPI)

	<ul style="list-style-type: none"> • Issue appropriate isolation orders or quarantine orders on behalf of the Commissioner of the Georgia Department of Public Health. (Lead: EPI) • Coordinate submission of laboratory samples, as appropriate. (Lead: EPI; Support: CD, CNM) • Continue to incorporate surveillance guidelines for male Ebola survivors to be offered semen testing at 3 months after onset of disease, and then, for those who test positive, every month thereafter until their semen tests negative for virus twice by RT-PCR, with an interval of one week between tests. (Lead: EPI; Support: CD, CNM) • Continue to conduct surveillance reporting to GDPH in accordance with established protocols. (Lead: EPI) • Continue to provide periodic surveillance updates to NGHD leadership, county officials, EMAs and other critical stakeholders. (Lead: EPD; Support: EPI, CD, PIO/RC, EMA)
Triage and Patient Care	<ul style="list-style-type: none"> • Continue to coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other hospitals to ensure implementation of procedures for triage, diagnosis and isolation of possible Ebola patients. (Lead: EPD; Support: EPI, CD) • Continue to coordinate with relevant stakeholders to ensure patients requiring isolation due to suspected or confirmed disease infection are taken to appropriate “tiered” hospitals and that patients in lower tiered hospitals are transferred to facilities better able to address their medical requirements. (Lead: EPD; Support: EPI, CD, CNM, PIO/RC, EMA) • Continue to coordinate with GDPH to manage the system for transportation of Ebola patients to treatment locations, including protocols to provide infection risk safeguards for transport personnel. (Lead: EPD; Support: EPI, CD, CNM, EMA)

	<ul style="list-style-type: none"> • Continue to assess and update the impact of Ebola on health care services and critical medical infrastructure within NGHD. (Lead: EPD; Support: EPI, CD) • Continue to coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other hospitals to identify gaps in Ebola-related patient care requirements and coordinate with GDPH to address these gaps, as appropriate. (Lead: EPD; Support: EPI, CD) • Continue coordination with Hamilton Medical Center (Regional Coordinating Hospital) and other hospitals to assess and address isolation capacity requirement shortfalls. (Lead: EPD; Support: EPI, CD) • Continue to conduct mass distribution, mass prophylaxis, or mass vaccinations campaigns, as required to support epidemic response operations. (Lead: CD; Support: EPD, EPI, PD, PIO/RC, EHD, EMA) • Continue to coordinate with GDPH to determine intent to provide funding and guidance for incentive programs for healthcare and other personnel engaged in response activities. (Lead: EPD; Support: EPI, CD) • Continue to coordinate with GDPH and other stakeholders to identify, procure and distribute experimental and/or minimally available treatment regimens, as required. (Lead: CD; Support: EPI, PD, EPD, PIO/RC) • Continue to coordinate with GDPH and other stakeholders to determine the need to control distribution of specific pharmaceuticals and implement appropriate distribution protocols. (Lead: PD; Support: CD, EPI, EPD) • Continue to assist stakeholders in ensuring appropriate security at medical facilities. (Lead: EPD; Support: EMA)
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Infection Control Measures	<ul style="list-style-type: none"> • Continue to implement public health measures to reduce morbidity and mortality during the EVD epidemic. (Lead: EPI; Support: CD, CNM) • Continue to conduct appropriate training in use of Personal Protective Equipment (PPE) and other infectious disease safeguards/protocols. (Lead: EPD; Support: EHD, CD, EPI) • Continue to coordinate with medical facilities to ensure availability of sufficient quantities of PPE to address epidemic requirements. (Lead: EPD; Support: CD, EPI, EHD) • Continue to coordinate with public and private sector agencies and businesses and the general public to explain quarantine/isolation rationale and procedures. (Lead: EPI; Support: PIO/RC, EPD, EMA) • In concert with GDPH, continue to coordinate, as required, with adjacent state and county public health authorities to address cross-border epidemic issues, including contact tracing, cross-border use of regional medical facilities, etc. (Lead: EPI; Support: CD, CNM, EPD) • Continue to monitor availability of isolation beds within NGHD geographic area and implement strategies to address shortfalls. (Lead: EPD; Support: EPI, CD) • Continue to coordinate with EMAs and other stakeholders to open centralized quarantine facilities, as required. (Lead: EPD; Support: EPI, CNM, EHD, EMA) • Continue support of persons in home quarantine, to include providing appropriate instructions, daily monitoring, delivery of basic commodities and infection control supplies and reporting status to GDPH. (Lead: EPI; Support: EPD, CNM) • Continue to implement plan for appropriate disinfection of home and centralized quarantine locations, particularly when
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	<p>quarantined patients test positive for EVD and are moved to isolation. (Lead: EHD; Support: EPI, EPD)</p> <ul style="list-style-type: none"> • Consider implementation of community quarantine, as appropriate. (Lead: EPI; Support EPD, PIO/RC) • Consider recommendation for more widespread temporary closure of schools, office and businesses, as appropriate. (Lead: EPI; Support: EPD, PIO/RC, EMA) • Consider recommending more widespread, temporary closure of large public venues and cancellation of large crowd activities (concerts, sports games, etc.) (Lead: EPI; Support: EPD, PIO/RC, EMA) • Consider recommending temporary restriction of mass transit. (Lead: EPI; Support: EPD, PIO/RC, EMA) • Coordinate with local medical facilities to continue implementation of protocols to limit contact between isolated patients presenting with Influenza-Like Illness (ILI) symptoms to limit transmission of EVD prior to confirmed EVD diagnosis. (Lead: EPI; Support: CD, EPD) • Continue to coordinate with appropriate stakeholders to implement work quarantine of selected healthcare workers, laboratory technicians, custodial staff, food service personnel and other medical facility staff in potential contact with infected patients, if warranted by the situation. (Lead: EPI; Support: CD, EPD, EHD, EMA) • Coordinate with medical facilities to continue implementation of protocols to limit exposure of staff to patients presenting with nonspecific respiratory symptoms (e.g. cough) at routine medical facilities during an EVD epidemic until diagnosis can be confirmed. (Lead: EPI; Support: EPD, CD) • Continue to ensure implementation and monitoring of procedures to ensure proper disposal of EVD-related biohazard waste. (Lead: EHD; Support: EPD, CD; CNM)
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Mass Fatalities Management	<ul style="list-style-type: none"> • Continue to coordinate with appropriate stakeholders to ensure training for processing of the remains of deceased Ebola victims and disinfection of contaminated areas. (Lead: EHD; Support: EPI, EPD, CC) • Ensure infected human remains are handled appropriately to reduce further risk of infection. (Lead: EHD; Support: EPI, EPD, EMA, CC) • Continue to ensure that Personal Protective Equipment (PPE) is available for all personnel whose duties include processing of infected human remains. (Lead: EHD; Support: EPI, EPD, CC) • Continue to assist stakeholders in ensuring appropriate security at mortuary locations processing Ebola victims' remains. (Lead: EPD; Support: EPI, EHD, EMA, CC)
Mental Health	<ul style="list-style-type: none"> • Continue to coordinate with appropriate stakeholders to ensure distribution of educational and training materials on psychosocial issues to responders during and after an Ebola epidemic. (Lead: EPD; Support: CD, CNM, EMA) • Continue to coordinate with appropriate stakeholders to ensure continued mental health resilience training for health care personnel and distribution of support materials that address infectious disease epidemic-related mental health issues. (Lead: EPD; Support: CD, CNM) • Continue to assist Department of Behavioral Health and Developmental Disabilities (DBHDD), GDPH and other mental health stakeholders in provision of epidemic-related counselling for responders and the general public. (Lead: CD; Support: CNM, EPD, EMA) • Continue to assist DBHDD, GDPH and other mental health stakeholders' engagement with faith-based and other community-based organizations to provide or to facilitate community psychosocial support. (Lead: EPD; Support: CD, CNM, PIO/RC, EMA)

Mass Care and Logistics	<ul style="list-style-type: none"> • Continue implementation of NGHD Logistics Plan, to include acquisition and management of facilities, equipment, supplies and vehicles that support NGHD epidemic response activities. (Lead: EPD; Support: CD, CNM, EPI, EHD) • Continue to assist community reintegration of EVD survivors after discharge. (Lead: EPI; Support: CD, CNM, EPD, PIO/RC) • Coordinate with Georgia Department of Human Services, (Division of Child Services) to address issues related to care of children impacted by EVD infection of primary caregivers. (Lead: EPD; Support: CD, CNM, EPI, PIO/RC)
Communications and Public Education	<ul style="list-style-type: none"> • Continue implementation of the Risk Communications Plan for epidemic response operation. (Lead: PIO/RC; Support: EPI, EPD) • As part of the overall Risk Communications Plan, utilize NGHD internet and social media presence to facilitate emergency response operations. (Lead: PIO/RC; Support: EPD, CNM) • Engage with EMAs to utilize “reverse 911” and other available emergency management communication capabilities to distribute critical NGHD messaging. (Lead: EPD; Support: PIO-RC) • If not yet established, consider establishment of a Joint Information Center (JIC) to manage messaging activities. (Lead: PIO/RC; Support: EPD, MIS) • Continue implementation of the program to educate the public about infectious disease (including EVD) infection control measures. (Lead: EPI; Support: CD, CNM, PIO/RC, EPD, EMA) • Continue to ensure distribution of updated Ebola-related educational materials for health care providers, first responders and general public, including the use of social media/. (Lead: EPI; Support: PIO/RC, CD, CNM, EPD)

	<ul style="list-style-type: none"> • Continue to respond to media requests and conduct press briefings, as appropriate. (Lead: PIO/RC; Support: EPI, EPD) • Continue to disseminate timely and accurate general public information concerning the epidemic situation, as available. (Lead: PIO/RC; Support: EPI, EPD, EMA) • Continue to provide public information concerning procedures for seeking medical attention. (Lead: PIO/RC; Support: EPI, CD, EPD, EMA) • Continue to monitor epidemic-related media coverage and address misinformation. (Lead: PIO/RC; Support: EPI, EPD, EMA) • In concert with GDPH, continue to coordinate, as required, with adjacent state and county public health and risk communications authorities to facilitate coordination of cross-border epidemic-related messaging. (Lead: PIO/RC; Support: EPI, EPD)
Command and Control and Continuity of Operations	<ul style="list-style-type: none"> • Consider full activation of the DEOC, depending on number and location of EVD cases and status of county EOC activation. (Lead: EPD; Support: MIS) • Continue to compile statistics of epidemic casualties and report to key leaders and GDPH. (Lead: EPD; Support: EPI) • Continue to monitor the epidemic situation both within and outside of the NGHD geographic area and disseminate situational information to NGHD leadership and other critical stakeholders. (Lead: EPD; Support: EPI, EMA) • Implement NGHD staff directorate Continuity of Operations Plans (COOP), as appropriate. (Lead: EPD) • Continue to coordinate with key epidemic response stakeholders to ensure implementation of Continuity of Operations Plans, as appropriate. (Lead: EPD; Support: EMA)

	<ul style="list-style-type: none"> • Continue to review the previously developed list of all stakeholders that have equity in epidemic preparedness and response operations and engage with specific stakeholders as required by the situation. (Lead: EPD; Support: EPI, CD, CNM, EMA) • Continue to review the previously developed inventory of healthcare-related resources and assess the need to engage specific resources to address the current situation. (Lead: EPD; Support: CD, CNM, EMA) • Coordinate authorization for more widespread closure of schools, offices and businesses as required. (Lead: EPD; Support: EPI, PIO/RC, EMA) • Coordinate authorization for more widespread, temporary closure of large public venues and cancellation of large crowd activities (concerts, sports games, etc.) (Lead: EPD; Support: EPI, PIO/RC, EMA) • Coordinate authorization for restriction of mass transit, as appropriate. (Lead: EPD; Support: EPI, PIO/RC, EMA)
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TASK LIST FOR PHASE 3 - Recovery – No new Ebola cases identified for a period of six weeks (42 days) since resolution of the last known case

Risk Assessment. The health risks associated with EVD diminish during this phase and will eventually reduce to pre-epidemic levels. This phase will not begin until there is objective evidence that no new Ebola cases have been identified for six weeks (42 days), which is twice the normal maximum incubation period of the Ebola virus. It should be noted that the potential for future Ebola cases continues to exist. This may occur due to imperfect surveillance, post-recovery sexual transmission, or may even occur due to a new outbreak from an external source. Considering the severity of EVD and likelihood that the preceding epidemic will be well publicized, the potential for unidentified cases to occur is relatively small, but cannot be entirely discounted. There is continued non-health related risk during this phase, primarily due to residual epidemic-related impacts to societal and economic infrastructure. Some government and private sector entities and organizations, including schools, utilities, retail stores, etc. may have limited operating capacity due to epidemic-related impacts and a residual fear of epidemic recurrence. All of these factors result in continued, albeit reduced, risk to the general public, as well as private and public sector stakeholders during the post-epidemic period.

Operational Focus. Actions during this phase are focused on continuing mitigation measures to minimize any additional epidemic-related impacts and on conducting an assessment of the epidemic's impact. Local, state and national authorities will coordinate to limit the risk of disease reoccurrence and to support post-epidemic recovery operations.

Phase 3 - Recovery	Actions
Surveillance and Laboratory	<ul style="list-style-type: none">• Validate case incidence timeline to ensure reporting and statistical analysis are accurate and that at least 42 days has passed since the resolution of the last confirmed case of Ebola. (Lead: EPI; Support: CD, EPD)• Revert to normal surveillance operations, in accordance with established protocols. (Lead: EPI)• Continue to ensure all surveillance partners understand their roles and the importance of vigilance during the recovery period. (Lead: EPI)

	<ul style="list-style-type: none"> • Continue to ensure airports assist in surveillance of arriving passengers and report any potential infection risks. (Lead: EPD; Support: EPI) • Continue to coordinate submission of laboratory samples, as appropriate. (Lead: EPI; Support: CD, CNM) • Continue to incorporate surveillance guidelines for male Ebola survivors to be offered semen testing at 3 months after onset of disease, and then, for those who test positive, every month thereafter until their semen tests negative for virus twice by RT-PCR, with an interval of one week between tests. (Lead: EPI; Support: CD, CNM) • Continue to conduct surveillance reporting to GDPH in accordance with established protocols. (Lead: EPI)
Triage and Patient Care	<ul style="list-style-type: none"> • Coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other hospitals to discontinue implementation of procedures for triage, diagnosis and isolation of possible Ebola patients. (Lead: EPD; Support: EPI, CD) • Conduct final post-epidemic assessment of the impact of Ebola on health care services and critical medical infrastructure within NGHD. (Lead: EPD; Support: EPI, CD)
Infection Control Measures	<ul style="list-style-type: none"> • Continue to implement normal infectious disease public health measures to reduce disease occurrence and severity. (Lead: EPI; Support: CD, CNM) • Close centralized quarantine facilities, if established and utilized; ensure proper disinfection. (Lead: EPD; Support: EPI, CNM, EHD, EMA) • Ensure final disinfection of home and centralized quarantine locations, as appropriate. (Lead: EHD; Support: EPI, EPD) • Recommend reopening of schools, office and businesses, as appropriate. (Lead: EPI; Support: EPD, PIO/RC, EMA)

	<ul style="list-style-type: none"> • Recommend reopening of large public venues and resumption of large crowd activities (concerts, sports games, etc.) (Lead: EPI; Support: EPD, PIO/RC, EMA) • Recommend removal of restrictions for mass transit. (Lead: EPI; Support: EPD, PIO/RC, EMA) • Ensure final disposition of any remaining EVD-related biohazard waste. (Lead: EHD; Support: EPD, CD; CNM)
Mass Fatalities Management	<ul style="list-style-type: none"> • Facilitate resupply of Personal Protective Equipment (PPE) stockpiles to support processing of human remains during future emergency events, as appropriate. (Lead: EHD; Support: EPD, EMA, CC)
Mental Health	<ul style="list-style-type: none"> • Continue to coordinate with appropriate stakeholders to ensure distribution of educational and training materials on psychosocial issues to responders during the post-epidemic period. (Lead: EPD; Support: CD, CNM, EMA) • Continue to assist Department of Behavioral Health and Developmental Disabilities (DBHDD), GDPH and other mental health stakeholders in provision of post-epidemic counselling for responders and the general public. (Lead: CD; Support: CNM, EPD, EMA) • Continue to assist DBHDD, GDPH and other mental health stakeholders' engagement with faith-based and other community-based organizations to provide or to facilitate community post-epidemic psychosocial support. (Lead: EPD; Support: CD, CNM, PIO/RC, EMA)
Mass Care and Logistics	<ul style="list-style-type: none"> • Discontinue implementation of NGHD Logistics Plan as requirements diminish. (Lead: EPD; Support: CD, CNM, EPI, EHD) • Resupply stockpiles depleted by epidemic-related logistics requirements to prepare for future emergency events, as required. (Lead: EPD; Support: CD, CNM, EPI, EHD)

	<ul style="list-style-type: none"> • Continue to assist community reintegration of EVD survivors and follow-up on status of survivors during the post-epidemic period. (Lead: EPI; Support: CD, CNM, EPD, PIO/RC)
Communications and Public Education	<ul style="list-style-type: none"> • Continue implementation of the Risk Communications Plan for the post-epidemic period. (Lead: PIO/RC; Support: EPI, EPD) • As part of the overall Risk Communications Plan, utilize NGHD internet and social media presence to facilitate post-epidemic response operations. (Lead: PIO/RC; Support: EPD, CNM) • Engage with EMAs to utilize “reverse 911” and other available emergency management communication capabilities to distribute critical NGHD post-epidemic messaging. (Lead: EPD; Support: PIO-RC) • If established, deactivate the Joint Information Center (JIC) when no longer required to manage post-epidemic messaging activities. (Lead: PIO/RC; Support: EPD, MIS) • Continue implementation of the program to educate the public about infectious disease (including EVD) infection control measures. (Lead: EPI; Support: CD, CNM, PIO/RC, EPD, EMA) • Continue to disseminate timely and accurate general public information concerning the post-epidemic situation, as required. (Lead: PIO/RC; Support: EPI, EPD, EMA) • Continue to respond to media requests and conduct post-epidemic press briefings, as required. (Lead: PIO/RC; Support: EPI, EPD) • Continue to monitor post-epidemic media coverage and address misinformation. (Lead: PIO/RC; Support: EPI, EPD, EMA)

Command and Control and Continuity of Operations	<ul style="list-style-type: none"> • Consider de-activation of the DEOC as requirements diminish. (Lead: EPD; Support: MIS) • Complete final compilation of epidemic-related casualty statistics and report to key leaders and GDPH. (Lead: EPD; Support: EPI) • Continue to monitor the post-epidemic situation both within and outside of the NGHD geographic area and disseminate situational information to NGHD leadership and other critical stakeholders. (Lead: EPD; Support: EPI, EMA) • Discontinue implementation of NGHD staff directorate Continuity of Operations Plans (COOP), as appropriate. (Lead: EPD) • Recommend that key epidemic response stakeholders discontinue implementation of Continuity of Operations Plans, as appropriate. (Lead: EPD; Support: EMA) • Update the previously developed list of all stakeholders that have equity in epidemic preparedness and response operations to include newly identified stakeholders, based on knowledge gained during the epidemic event. (Lead: EPD; Support: EPI, CD, CNM, EMA) • Update the previously developed inventory of healthcare-related resources available for engagement during a disaster event, including an epidemic. Assist in regeneration of capability impacted by the recent epidemic event. (Lead: EPD; Support: CD, CNM, EMA) • Coordinate reopening of schools, offices and businesses as appropriate. (Lead: EPD; Support: EPI, PIO/RC, EMA) • Coordinate reopening of large public venues and resumption of large crowd activities (concerts, sports games, etc.), as appropriate. (Lead: EPD; Support: EPI, PIO/RC, EMA) • Coordinate removal of mass transit restrictions, as appropriate. (Lead: EPD; Support: EPI, PIO/RC, EMA)
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	<ul style="list-style-type: none"> • Conduct a post-epidemic after action review and prepare an appropriate After Action Report (AAR), to include recommendations for changes to policies, plans and procedures. (Lead: EPD) • Follow-up on recommendations in AAR, including changes to appropriate documents. (Lead: EPD)
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Appendix 1 (Example Response Measures for DEC Levels)⁴ to NGHD DEC Plan

DEC Level I: Inter-outbreak Period (no cases)

a) Consider Legal/Policy Issues

- Review and update current legal authorities and policies for emergency health response.
- Coordinate with adjacent jurisdictions.

b) Education

- Health care and response personnel should receive training in use of infection control, policies for disease exposure control measures, legal authorities, and protocols for large-scale outbreaks.
- Businesses should review workman's compensation laws.
- Families should develop and/ or review individual family protection plans.

c) Hospital Planning

- Hospitals identify wards that can be separated for quarantine or isolation.
- Hospitals develop plans for constructing makeshift AIIR (airborne infection isolation rooms).
- Hospitals develop traffic flow plans to minimize potential transmission.
- Consider whether new emergency department and triage protocols might be adjusted in advance of a potential outbreak to minimize potential exposures.
- Consider whether use of infection control for hospitals and physicians should be expanded during normal times.
- Develop a real-time inventory system to track hospital supplies.
- Exercise plans annually and modify as appropriate.

d) Build relationships among responders

- Public health, hospital, and law enforcement personnel and private responders.
- Public health and private businesses.
- Coordinate plans with Law Enforcement, EMS and Public health.

e). Develop emergency communication plans

- Designate public relations spokesperson.

DEC Level II: Outbreak Watch (single or few cases)

a) Establish an incident command structure.

- Emergency Operations Managers designate incident lead with public health and medical officials support.
- Public Health begin to liaise with law enforcement, hospital, response, and

⁴ David Heymann, *Model Operational Guidelines for Disease Exposure Control*, Center for Strategic & International Studies Homeland Security Program, November 2005 (80-84)

- political leaders.
 - In cases of potential terrorism, notify law enforcement and coordinate a terrorism/criminal investigation.
- b) Implement enhanced infection control, isolation and quarantine as necessary.
- Initiate aggressive contact tracing and case investigations.
 - Place all contacts in home quarantine.
 - Implement transportation protocols to transport those in quarantine to isolation, if necessary.
 - Assess availability of vaccines, antivirals, antibiotics, supplies, and equipment.
 - Take steps to identify sources of additional supplies.
- c) Begin to induce or enforce isolation and quarantine.
- Enforce isolation of case by hospital guard if necessary.
 - Open lines of communications with law enforcement personnel and work with them to issue home quarantine orders.
 - Monitor home quarantine orders by in-person house calls or phone calls.
 - Observe quarantined persons closely for symptoms.
 - Establish protocols for transportation of quarantined individuals to isolation, if necessary.
- d) Establish operational capability to meet needs of those observing DEC.
- Hold educational and informational sessions for hospital, medical, and response personnel.
 - Establish and staff a hotline to manage special needs of those in home quarantine.
 - Identify vehicles and personnel to deliver essential goods to those in home quarantine, when necessary.
 - Hospitals begin to inventory, track, and mobilize medical supplies, food and water supplies, infection control supplies.
- e) Issue public statement.

DEC Level III: Outbreak Risk (nosocomial/ household transmission)

- a) Establish an incident command structure, if not already in place.
- Public Health designate incident lead.
 - Public Health liaise regularly with law enforcement, hospital, response, and political leaders.
 - Issue frequent public statements.
- b) Implement infection control, isolation and quarantine as necessary; consider facility-based action.
- Isolate cases within hospitals; use alternative facilities or private homes when AIIRs (airborne infection isolation rooms) are not available.
 - Initiate aggressive contact tracing and case investigations.

- Place all contacts in home quarantine.
 - Provide infection control supplies to at-risk households.
 - Consider alternatives to home quarantine (i.e. facility quarantine); identify hospitals or other facilities that might be used for isolation or quarantine.
 - Implement transportation protocols to transport those in quarantine to isolation as necessary.
 - Continually assess availability of vaccines, antivirals, antibiotics, supplies, and equipment.
 - Healthcare workers and others—laboratory workers, housekeeping, food services, facility engineers, etc.—may need to be placed under work quarantine; travel and housing arrangements should be made as necessary.
- b) Consider implementing community restrictions
- Issue recommendations for good personal hygiene in the community.
 - Consider limiting large public gatherings in high-risk areas.
- c) Aggressively induce or enforce isolation and quarantine.
- Implement protocols for law enforcement personnel to issue home quarantine orders.
 - Monitor home quarantine orders by in-person house calls or phone calls.
 - Observe quarantined persons closely for symptoms; consider web-based monitoring
 - Transport quarantined individuals to isolation as necessary.
- d) Establish operational capability to meet needs of those observing DEC.
- Hold educational and informational sessions for hospital, medical, and response personnel and their families.
 - Establish and staff a hotline to manage special needs of those in home quarantine.
 - Identify vehicles and personnel to deliver essential goods to those in home quarantine, when necessary.
 - Hospitals begin to inventory, track, and mobilize medical supplies, food and water supplies, infection control supplies.
 - Hold educational and informational sessions for hospital, medical, and response personnel.
 - Deliver food or medication to those who are in need.
 - Hospitals should track, inventory, and mobilize medical supplies and PPE
- e) Implement communications plan including issuance of press releases and establishing regular media briefings.

DEC Level IV: Outbreak Alert (limited community transmission)

- a) Broadly implement infection control, isolation, and quarantine.
- Isolate cases within hospitals, alternative facilities, or homes.

- Implement a combination of home, facility, and geographic quarantines.
 - Investigate the geographical factors in the outbreak to determine areas of high risk.
 - Continually assess availability of vaccines, antivirals, antibiotics, supplies, and equipment.
 - Healthcare workers may need to be placed under work quarantine; travel and housing arrangements should be made as necessary.
- b) Implement community restrictions and consider sheltering.
- Implement a range of community restrictive measures, especially within the most heavily affected areas.
 - Recommend mask-wearing in high-density public spaces.
 - Consider closing schools, public offices.
 - Limit public gatherings or mass transit.
 - Consider recommending sheltering within high risk areas.
- c) Aggressively induce or enforce isolation, quarantine, and community restrictions.
- Implement protocols for law enforcement personnel to issue home quarantine orders.
 - Monitor home quarantine orders by in-person house calls or phone calls.
 - Observe quarantined persons closely for symptoms; consider web-based monitoring.
 - Transport quarantined individuals to isolation as necessary.
 - Consider establishing perimeters and warm zones around the affected area.
- d) Meeting Needs
- All hospital and medical personnel in affected areas must wear appropriate PPE.
 - Establish incentives and reimbursement programs for hospital and response workers, as needed.
 - Establish efficient/safe centralized systems for food/ medication deliveries.
 - Establish warm zones for basing operations within community quarantines.
 - Hospitals inventory/track personnel, equipment, and PPE.
- e) Communications
- Issue regular public statements, updates and informational briefings.

DEC Level V: Outbreak (extensive community transmission or community transmission in multiple geographic regions)

- a) Broadly implement infection control, isolation, and quarantine. Broadly utilize facility quarantine and community quarantine.
- Isolate cases within hospitals, alternative facilities, and/or homes.
 - Contact tracing may become difficult or impossible; any tracing done should be prioritized systematically.
 - Implement a combination of home, facility, and community quarantines.

b) Broadly implement community restrictions; issue a strong recommendation for sheltering in affected areas.

- Comprehensive use of community restrictive measures.
- Frequent temperature/symptom screening in public places.
- Consider recommendation or enforcement of universal PPE-wearing in public spaces.
- Strong recommendation for sheltering in certain areas.

c) Aggressively induce or enforce isolation, quarantine, and community restrictions.

- Promote financial incentives and reimbursement programs for those compliant with DEC.
- Consider establishing/enforcing perimeters around most crucial areas.

d) Meeting Needs

- Hold educational/informational sessions for hospital, medical, and response personnel.
- Tap federal, private sector, and community resources when overwhelmed.
- Mutual aid from neighboring jurisdictions will likely be unavailable.
- Establish hotlines for special needs of those in quarantine.
- Establish efficient/safe centralized systems (i.e. warm zones) for food/medication deliveries.

e) Communications

- Initiate daily press conferences; issue regular media updates and medical reports.

Appendix 2 (Tasks by NGHD Directorate / Office) to NGHD DEC Plan

The following tasks are identical to those found in the functional area matrices for each phase but instead of being classified by functional area, they are instead classified by the NGHD Directorate or Office identified as the Lead Agency responsible for accomplishment of the task.

Phase 1 – DEC Level I (Inter-Outbreak Period)

CLINICAL DIRECTOR (CD):

- Plan for mass distribution, mass prophylaxis, and/or mass vaccinations campaigns, as required to support epidemic response operations.

ENVIRONMENTAL HEALTH DIRECTOR (EHD):

- Plan for appropriate disinfection of home and centralized quarantine locations, particularly when quarantined patients test positive for EVD and are moved to isolation.
- Develop procedures to ensure proper disposal of EVD-related biohazard waste during an Ebola epidemic.
- Coordinate with appropriate stakeholders to ensure training for processing of the remains of deceased Ebola victims and disinfection of contaminated areas.
- Ensure availability of Personal Protective Equipment (PPE) for personnel whose duties include processing of infected human remains.

EMERGENCY PREPAREDNESS DIRECTOR (EPD):

- Ensure airports assist in surveillance of arriving passengers and report any potential infection risks.
- Coordinate with GDPH, Hamilton Medical Center (Regional Coordinating Hospital) and other stakeholders to develop procedures for triage, diagnosis and isolation of possible Ebola patients.

- Ensure medical facilities and other stakeholders are aware of, and understand the “tiered” facility system for treatment of patients with specific communicable diseases.
- Coordinate with GDPH, Hamilton Medical Center (Regional Coordinating Hospital) and other hospitals to develop protocols for transfer of patients to “higher tiered” facilities better able to address the patient’s medical requirements.
- Coordinate with GDPH to continue refinement of the system for transportation of Ebola patients to treatment locations, including protocols to provide infection risk safeguards for transport personnel.
- Assess and periodically update the impact of Ebola on health care services and critical medical infrastructure within NGHD.
- Coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other medical facilities to identify gaps in Ebola-related patient care requirements and coordinate with GDPH to address these gaps, as appropriate.
- Coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other hospitals to plan for increased isolation capacity requirements.
- Assist stakeholders in planning for security of medical sites during an Ebola epidemic.
- Conduct appropriate training in use of Personal Protective Equipment (PPE) and other infectious disease safeguards/protocols.
- Coordinate with medical facilities to ensure availability of sufficient quantities of PPE to address epidemic requirements.
- Coordinate with medical facilities to identify available isolation beds within NGHD area and develop strategies to address anticipated shortfalls.
- Coordinate with EMAs and other stakeholders to identify and acquire access to quarantine facilities sufficient to address a major epidemic.
- Assist stakeholders in planning for security of mortuary locations processing Ebola victims’ remains.
- Coordinate with appropriate stakeholders to ensure distribution of educational and training materials on psychosocial issues to responders during and after an Ebola epidemic.

- Coordinate with DBHDD, GDPH and other stakeholders to ensure mental health resilience training is conducted for health care personnel and that support materials are distributed to address infectious disease epidemic-related mental health issues.
- Assist DBHDD, GDPH and other mental health stakeholders' engagement with faith-based and other community-based organizations to provide or to facilitate community psychosocial support.
- Plan for NGHD logistics requirements, to include facilities, equipment, supplies and vehicles to support epidemic response activities.
- Coordinate with Georgia Department of Human Services, (Division of Child Services) to plan for care of children impacted by EVD infection of primary caregivers.
- Engage with EMAs to outline procedures for utilizing "reverse 911" and other available emergency management communication capabilities to distribute critical NGHD messaging during epidemic response operations.
- Maintain DEOC in a "ready status."
- Update and exercise response plans, as required.
- Assist development of Continuity of Operations Plans (COOP) by all NGHD staff directorates.
- Assist development of Continuity of Operations Plans for all key epidemic response stakeholders.
- In conjunction with the Regional Healthcare Coalition, develop a list of all stakeholders that would have equity in epidemic preparedness and response operations and ensure comprehensive contact information is maintained.
- Develop a comprehensive inventory of healthcare-related resources for use during any disaster situation, including an epidemic. This inventory should include equipment, supplies, facilities and personnel.

EPIDEMIOLOGIST (EPI):

- Conduct continuous surveillance in accordance with established protocols.
- Ensure all surveillance partners understand their roles and the importance of vigilance in surveillance operations.

- Develop appropriate surveillance guidelines for male Ebola survivors to be offered semen testing at 3 months after onset of disease. Continue for those who test positive, every month thereafter until their semen tests negative for virus twice by RT-PCR, with an interval of one week between tests.
- Ensure surveillance reporting to GDPH in accordance with established protocols.
- Conduct public health planning to reduce morbidity and mortality during an Ebola epidemic.
- In concert with GDPH, ensure linkages exist with adjacent state and county public health authorities to address cross-border epidemic issues, including contact tracing, cross-border use of regional medical facilities, etc.
- Coordinate with appropriate stakeholders to review legal authorities, organizational coordination, and staff responsibilities for voluntary and involuntary isolation and quarantine during epidemic response operations.
- Plan for support of persons in home quarantine, to include providing appropriate instructions, daily monitoring and delivery of basic commodities and infection control supplies.
- Coordinate with GDPH and local medical facilities to develop protocols to limit contact between isolated patients presenting with Influenza-Like Illness (ILI) symptoms to limit transmission of EVD prior to confirmed EVD diagnosis.
- Coordinate with appropriate stakeholders to develop a plan for possible work quarantine of selected healthcare workers, laboratory technicians, custodial staff, food service personnel and other medical facility staff in potential contact with infected patients, to include travel and lodging arrangements.
- Coordinate with GDPH and medical facilities to develop protocols to limit exposure of staff to patients presenting with nonspecific respiratory symptoms (e.g. cough) at routine medical facilities during an EVD epidemic until diagnosis can be confirmed.
- Develop and implement a program to educate the public about infectious disease (including EVD) infection control measures.
- Coordinate with appropriate stakeholders to plan for community reintegration of EVD survivors after discharge.

PUBLIC INFORMATION OFFICER / RISK COMMUNICATIONS (PIO/RC):

- Within the context of the CERC (Crisis and Emergency Risk Communications) Plan, develop an NGHD Risk Communications Plan for use during epidemic response operations.
- Conduct training for potential spokespersons and incident commanders in media relations and to develop appropriate media skills.
- Ensure NGHD and associated County-level health clinics maintain a robust presence and engagement on the internet (websites, search profiles, etc.) and in social media (Facebook, Twitter, etc.) to facilitate emergency response operations.
- Develop methodologies for establishment of a Joint Information Center (JIC) to manage messaging activities during an epidemic event.
- Ensure development and distribution of Ebola-related educational materials for health care providers, first responders and general public, including the use of social media.
- Coordinate with GDPH to develop linkages with bordering state and county public health and risk communications authorities to facilitate coordination of cross-border messaging during epidemic response operations.

Phase 2 – DEC Level II (Outbreak Watch) and Level III (Outbreak Risk)

NGHD CLINICAL DIRECTOR (CD):

- Conduct mass distribution, mass prophylaxis, or mass vaccinations campaigns, as required to support epidemic response operations.
- Coordinate with GDPH and other stakeholders to identify, procure and distribute experimental and/or minimally available treatment regimens, as required.
- Assist Department of Behavioral Health and Developmental Disabilities (DBHDD), GDPH and other mental health stakeholders in providing epidemic-related counselling for responders and the general public.

NGHD ENVIRONMENTAL HEALTH DIRECTOR (EHD):

- Implement plan for appropriate disinfection of home and centralized quarantine locations, particularly when quarantined patients test positive for EVD and are moved to isolation.
- Implement and monitor procedures to ensure proper disposal of EVD-related biohazard waste.
- Continue to coordinate with appropriate stakeholders to ensure training for processing of the remains of deceased Ebola victims and disinfection of contaminated areas.
- Ensure infected human remains are handled appropriately to reduce further risk of infection.
- Continue to ensure that Personal Protective Equipment (PPE) is available for all personnel whose duties include processing of infected human remains.

NGHD EMERGENCY PREPAREDNESS DIRECTOR (EPD):

- Continue to ensure airports assist in surveillance of arriving passengers and report any potential infection risks.
- Provide periodic surveillance updates to NGHD leadership, county officials, EMAs and other critical stakeholders.

- Coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other medical facilities to ensure implementation of procedures for triage, diagnosis and isolation of possible Ebola patients.
- Coordinate with relevant stakeholders to ensure patients requiring isolation due to suspected or confirmed disease infection are taken to appropriate “tiered” hospitals and that patients in lower tiered hospitals are transferred to facilities better able to address their medical requirements.
- Coordinate with GDPH to implement the system for transportation of Ebola infected persons from homes or quarantine facilities to treatment locations, including protocols to provide infection risk safeguards for transport personnel and post-transport disinfection of vehicles and equipment.
- Continue to assess and update the impact of Ebola on health care services and critical medical infrastructure within NGHD.
- Continue to coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other medical facilities to identify gaps in Ebola-related patient care requirements and coordinate with GDPH to address these gaps, as appropriate.
- Coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other hospitals to assess and address isolation capacity requirement shortfalls.
- Assist stakeholders in implementation of appropriate security at medical facilities.
- Continue to conduct appropriate training in use of Personal Protective Equipment (PPE) and other infectious disease safeguards/protocols.
- Continue to coordinate with medical facilities to ensure availability of sufficient quantities of PPE to address epidemic requirements.
- Monitor availability of isolation beds within NGHD geographic area and implement strategies to address shortfalls.
- Coordinate with EMAs and other stakeholders to open centralized quarantine facilities, as required.
- Assist stakeholders in implementation of appropriate security at mortuary locations processing Ebola victims’ remains.
- Continue to coordinate with appropriate stakeholders to ensure distribution of educational and training materials on psychosocial issues to responders during and after an Ebola epidemic.

- Coordinate with appropriate stakeholders to ensure continued mental health resilience training for health care personnel and distribution of support materials that address infectious disease epidemic-related mental health issues.
- Continue to assist DBHDD, GDPH and other mental health stakeholders' engagement with faith-based and other community-based organizations to provide or to facilitate community psychosocial support.
- Implement plan to address NGHD logistics requirements, to include facilities, equipment, supplies and vehicles that support NGHD epidemic response activities.
- Coordinate with Georgia Department of Human Services, (Division of Child Services) to address issues related to care of children impacted by EVD infection of primary caregivers.
- Engage with EMAs to utilize "reverse 911" and other available emergency management communication capabilities to distribute critical NGHD messaging.
- Consider partial or full activation of the DEOC, depending on number and location of EVD cases and status of county EOC activation.
- Compile statistics of epidemic casualties and report to key leaders and GDPH.
- Monitor the epidemic situation both within and outside of the NGHD geographic area and disseminate situational information to NGHD leadership and other critical stakeholders.
- Assess need to implement NGHD staff directorate Continuity of Operations Plans (COOP).
- Coordinate with key epidemic response stakeholders to assess need to implement existing Continuity of Operations Plans.
- Review the previously developed list of all stakeholders that have equity in epidemic preparedness and response operations and engage with specific stakeholders as required by the situation.
- Review the previously developed inventory of healthcare-related resources and assess the need to engage specific resources to address the current situation.

NGHD EPIDEMIOLOGIST (EPI):

- Conduct enhanced surveillance in accordance with established protocols, including isolation of suspected cases and quarantine of contacts, as appropriate.
- Continue to ensure all surveillance partners understand their roles and the importance of vigilance in enhanced surveillance operations.
- Issue appropriate isolation orders or quarantine orders on behalf of the Commissioner of the Georgia Department of Public Health.
- Coordinate submission of laboratory samples, as appropriate.
- Incorporate surveillance guidelines for male Ebola survivors to be offered semen testing at 3 months after onset of disease, and then, for those who test positive, every month thereafter until their semen tests negative for virus twice by RT-PCR, with an interval of one week between tests.
- Continue to conduct surveillance reporting to GDPH in accordance with established protocols.
- Implement public health measures to reduce morbidity and mortality during the EVD epidemic.
- Coordinate with public and private sector agencies and businesses and the general public to explain quarantine/isolation rationale and procedures.
- In concert with GDPH, coordinate, as required, with adjacent state and county public health authorities to address cross-border epidemic issues, including contact tracing, cross-border use of regional medical facilities, etc.
- Implement plan for support of persons in home quarantine, to include providing appropriate instructions, daily monitoring and delivery of basic commodities and infection control supplies.
- Coordinate with local medical facilities to implement protocols to limit contact between isolated patients presenting with Influenza-Like Illness (ILI) symptoms to limit transmission of EVD prior to confirmed EVD diagnosis.
- Coordinate with appropriate stakeholders to implement work quarantine of selected healthcare workers, laboratory technicians, custodial staff, food service personnel and other medical facility staff in potential contact with infected patients, if warranted by the situation.

- Coordinate with medical facilities to implement protocols to limit exposure of staff to patients presenting with nonspecific respiratory symptoms (e.g. cough) at routine medical facilities during an EVD epidemic until diagnosis can be confirmed.
- Continue implementation of the program to educate the public about infectious disease (including EVD) infection control measures.
- Continue to coordinate with appropriate stakeholders to plan for community reintegration of EVD survivors after discharge.

NGHD PHARMACY DIRECTOR (PD):

- Coordinate with GDPH and other stakeholders to determine the need to control distribution of specific pharmaceuticals and implement appropriate distribution protocols.

NGHD PUBLIC INFORMATION OFFICER / RISK COMMUNICATIONS (PIO/RC):

- Implement the Risk Communications Plan for epidemic response operation.
- As part of the overall Risk Communications Plan, utilize NGHD internet and social media presence to facilitate emergency response operations.
- Consider establishment of a Joint Information Center (JIC) to manage messaging activities.
- Ensure distribution of updated Ebola-related educational materials for health care providers, first responders and general public, including the use of social media.
- Respond to media requests and conduct press briefings, as appropriate.
- Disseminate timely and accurate general public information concerning the epidemic situation, as available.
- Provide public information concerning procedures for seeking medical attention.
- Monitor epidemic-related media coverage and address misinformation.
- In concert with GDPH, coordinate, as required, with adjacent state and county public health and risk communications authorities to facilitate coordination of cross-border epidemic-related messaging.

Phase 2 – DEC Level IV (Outbreak Alert)

NGHD CLINICAL DIRECTOR (CD):

- Continue to conduct mass distribution, mass prophylaxis, or mass vaccinations campaigns, as required to support epidemic response operations.
- Continue to coordinate with GDPH and other stakeholders to identify, procure and distribute experimental and/or minimally available treatment regimens, as required.
- Continue to assist Department of Behavioral Health and Developmental Disabilities (DBHDD), GDPH and other mental health stakeholders in provision of epidemic-related counselling for responders and the general public.

NGHD ENVIRONMENTAL HEALTH DIRECTOR (EHD):

- Continue to implement plan for appropriate disinfection of home and centralized quarantine locations, particularly when quarantined patients test positive for EVD and are moved to isolation.
- Continue to ensure implementation and monitoring of procedures to ensure proper disposal of EVD-related biohazard waste.
- Continue to coordinate with appropriate stakeholders to ensure training for processing of the remains of deceased Ebola victims and disinfection of contaminated areas.
- Ensure infected human remains are handled appropriately to reduce further risk of infection.
- Continue to ensure that Personal Protective Equipment (PPE) is available for all personnel whose duties include processing of infected human remains.

NGHD EMERGENCY PREPAREDNESS DIRECTOR (EPD):

- Continue to ensure airports assist in surveillance of arriving passengers and report any potential infection risks.
- Continue to provide periodic surveillance updates to NGHD leadership, county officials, EMAs and other critical stakeholders.

- Continue to coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other medical facilities to ensure implementation of procedures for triage, diagnosis and isolation of possible Ebola patients.
- Continue to coordinate with relevant stakeholders to ensure patients requiring isolation due to suspected or confirmed disease infection are taken to appropriate “tiered” hospitals and that patients in lower tiered hospitals are transferred to facilities better able to address their medical requirements.
- Continue to coordinate with GDPH to manage the system for transportation of Ebola patients to treatment locations, including protocols to provide infection risk safeguards for transport personnel.
- Continue to assess and update the impact of Ebola on health care services and critical medical infrastructure within NGHD.
- Continue to coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other hospitals to identify gaps in Ebola-related patient care requirements and coordinate with GDPH to address these gaps, as appropriate.
- Continue coordination with Hamilton Medical Center (Regional Coordinating Hospital) and other hospitals to assess and address isolation capacity requirement shortfalls.
- Coordinate with GDPH to determine intent to provide funding and guidance for incentive programs for healthcare and other personnel engaged in response activities.
- Continue to assist stakeholders in ensuring appropriate security at medical facilities.
- Continue to conduct appropriate training in use of Personal Protective Equipment (PPE) and other infectious disease safeguards/protocols.
- Continue to coordinate with medical facilities to ensure availability of sufficient quantities of PPE to address epidemic requirements.
- Continue to monitor availability of isolation beds within NGHD geographic area and implement strategies to address shortfalls.
- Continue to coordinate with EMAs and other stakeholders to open centralized quarantine facilities, as required.
- Continue to assist stakeholders in ensuring appropriate security at mortuary locations processing Ebola victims’ remains.

- Continue to coordinate with appropriate stakeholders to ensure distribution of educational and training materials on psychosocial issues to responders during and after an Ebola epidemic.
- Continue to coordinate with appropriate stakeholders to ensure continued mental health resilience training for health care personnel and distribution of support materials that address infectious disease epidemic-related mental health issues.
- Continue to assist DBHDD, GDPH and other mental health stakeholders' engagement with faith-based and other community-based organizations to provide or to facilitate community psychosocial support.
- Continue implementation of NGHD Logistics Plan, to include acquisition and management of facilities, equipment, supplies and vehicles that support NGHD epidemic response activities.
- Coordinate with Georgia Department of Human Services, (Division of Child Services) to address issues related to care of children impacted by EVD infection of primary caregivers.
- Continue to engage with EMAs to utilize "reverse 911" and other available emergency management communication capabilities to distribute critical NGHD messaging.
- Consider full activation of the DEOC, depending on number and location of EVD cases and status of county EOC activation.
- Continue to compile statistics of epidemic casualties and report to key leaders and GDPH.
- Continue to monitor the epidemic situation both within and outside of the NGHD geographic area and disseminate situational information to NGHD leadership and other critical stakeholders.
- Implement NGHD staff directorate Continuity of Operations Plans (COOP), as appropriate.
- Continue to coordinate with key epidemic response stakeholders to ensure implementation of Continuity of Operations Plans, as appropriate.
- Continue to review the previously developed list of all stakeholders that have equity in epidemic preparedness and response operations and engage with specific stakeholders as required by the situation.

- Continue to review the previously developed inventory of healthcare-related resources and assess the need to engage specific resources to address the current situation.
- Coordinate authorization for targeted school, office and business closures, as required.
- Coordinate authorization for targeted, temporary closure of large public venues and cancellation of large crowd activities (concerts, sports games, etc.)

NGHD EPIDEMIOLOGIST (EPI):

- Continue to conduct enhanced surveillance in accordance with established protocols, including isolation of suspected cases and quarantine of contacts, as appropriate.
- Continue to ensure all surveillance partners understand their roles and the importance of vigilance in enhanced surveillance operations.
- Issue appropriate isolation orders or quarantine orders on behalf of the Commissioner of the Georgia Department of Public Health.
- Continue to coordinate submission of laboratory samples, as appropriate.
- Continue to incorporate surveillance guidelines for male Ebola survivors to be offered semen testing at 3 months after onset of disease, and then, for those who test positive, every month thereafter until their semen tests negative for virus twice by RT-PCR, with an interval of one week between tests.
- Continue to conduct surveillance reporting to GDPH in accordance with established protocols.
- Continue to implement public health measures to reduce morbidity and mortality during the EVD epidemic.
- Continue to coordinate with public and private sector agencies and businesses and the general public to explain quarantine/isolation rationale and procedures.
- In concert with GDPH, continue to coordinate, as required, with adjacent state and county public health authorities to address cross-border epidemic issues, including contact tracing, cross-border use of regional medical facilities, etc.
- Continue support of persons in home quarantine, to include providing appropriate instructions, daily monitoring and delivery of basic commodities and infection control supplies.

- Consider implementation of community quarantine, as appropriate.
- Consider recommendation for targeted, temporary closure of schools, office and businesses, as appropriate.
- Consider recommending targeted, temporary closure of large public venues and cancellation of large crowd activities (concerts, sports games, etc.)
- Coordinate with local medical facilities to continue implementation of protocols to limit contact between isolated patients presenting with Influenza-Like Illness (ILI) symptoms to limit transmission of EVD prior to confirmed EVD diagnosis.
- Continue to coordinate with appropriate stakeholders to implement work quarantine of selected healthcare workers, laboratory technicians, custodial staff, food service personnel and other medical facility staff in potential contact with infected patients, if warranted by the situation.
- Coordinate with medical facilities to continue implementation of protocols to limit exposure of staff to patients presenting with nonspecific respiratory symptoms (e.g. cough) at routine medical facilities during an EVD epidemic until diagnosis can be confirmed.
- Continue implementation of the program to educate the public about infectious disease (including EVD) infection control measures.
- Implement plan for community reintegration of EVD survivors after discharge.
- Continue to ensure distribution of updated Ebola-related educational materials for health care providers, first responders and general public, including the use of social media.

NGHD PHARMACY DIRECTOR (PD):

- Continue to coordinate with GDPH and other stakeholders to determine the need to control distribution of specific pharmaceuticals and implement appropriate distribution protocols.

NGHD PUBLIC INFORMATION OFFICER / RISK COMMUNICATIONS (PIO/RC):

- Continue implementation of the Risk Communications Plan for epidemic response operation.

- As part of the overall Risk Communications Plan, utilize NGHD internet and social media presence to facilitate emergency response operations.
- If not yet established, consider establishment of a Joint Information Center (JIC) to manage messaging activities.
- Continue to respond to media requests and conduct press briefings, as appropriate.
- Continue to disseminate timely and accurate general public information concerning the epidemic situation, as available.
- Continue to provide public information concerning procedures for seeking medical attention.
- Continue to monitor epidemic-related media coverage and address misinformation.
- In concert with GDPH, continue to coordinate, as required, with adjacent state and county public health and risk communications authorities to facilitate coordination of cross-border epidemic-related messaging.

Phase 2 – DEC Level V (Outbreak)

NGHD CLINICAL DIRECTOR (CD):

- Continue to conduct mass distribution, mass prophylaxis, or mass vaccinations campaigns, as required to support epidemic response operations.
- Continue to coordinate with GDPH and other stakeholders to identify, procure and distribute experimental and/or minimally available treatment regimens, as required.
- Continue to assist Department of Behavioral Health and Developmental Disabilities (DBHDD), GDPH and other mental health stakeholders in provision of epidemic-related counselling for responders and the general public.

NGHD ENVIRONMENTAL HEALTH DIRECTOR (EHD):

- Continue to implement plan for appropriate disinfection of home and centralized quarantine locations, particularly when quarantined patients test positive for EVD and are moved to isolation.
- Continue to ensure implementation and monitoring of procedures to ensure proper disposal of EVD-related biohazard waste.
- Continue to coordinate with appropriate stakeholders to ensure training for processing of the remains of deceased Ebola victims and disinfection of contaminated areas.
- Ensure infected human remains are handled appropriately to reduce further risk of infection.
- Continue to ensure that Personal Protective Equipment (PPE) is available for all personnel whose duties include processing of infected human remains.

NGHD EMERGENCY PREPAREDNESS DIRECTOR (EPD):

- Continue to ensure airports assist in surveillance of arriving passengers and report any potential infection risks.
- Continue to provide periodic surveillance updates to NGHD leadership, county officials, EMAs and other critical stakeholders.

- Continue to coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other hospitals to ensure implementation of procedures for triage, diagnosis and isolation of possible Ebola patients.
- Continue to coordinate with relevant stakeholders to ensure patients requiring isolation due to suspected or confirmed disease infection are taken to appropriate “tiered” hospitals and that patients in lower tiered hospitals are transferred to facilities better able to address their medical requirements.
- Continue to coordinate with GDPH to manage the system for transportation of Ebola patients to treatment locations, including protocols to provide infection risk safeguards for transport personnel.
- Continue to assess and update the impact of Ebola on health care services and critical medical infrastructure within NGHD.
- Continue to coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other hospitals to identify gaps in Ebola-related patient care requirements and coordinate with GDPH to address these gaps, as appropriate.
- Continue coordination with Hamilton Medical Center (Regional Coordinating Hospital) and other hospitals to assess and address isolation capacity requirement shortfalls.
- Continue to coordinate with GDPH to determine intent to provide funding and guidance for incentive programs for healthcare and other personnel engaged in response activities.
- Continue to assist stakeholders in ensuring appropriate security at medical facilities.
- Continue to conduct appropriate training in use of Personal Protective Equipment (PPE) and other infectious disease safeguards/protocols.
- Continue to coordinate with medical facilities to ensure availability of sufficient quantities of PPE to address epidemic requirements.
- Continue to monitor availability of isolation beds within NGHD geographic area and implement strategies to address shortfalls.
- Continue to coordinate with EMAs and other stakeholders to open centralized quarantine facilities, as required.
- Continue to assist stakeholders in ensuring appropriate security at mortuary locations processing Ebola victims’ remains.

- Continue to coordinate with appropriate stakeholders to ensure distribution of educational and training materials on psychosocial issues to responders during and after an Ebola epidemic.
- Continue to coordinate with appropriate stakeholders to ensure continued mental health resilience training for health care personnel and distribution of support materials that address infectious disease epidemic-related mental health issues.
- Continue to assist DBHDD, GDPH and other mental health stakeholders' engagement with faith-based and other community-based organizations to provide or to facilitate community psychosocial support.
- Continue implementation of NGHD Logistics Plan, to include acquisition and management of facilities, equipment, supplies and vehicles that support NGHD epidemic response activities.
- Coordinate with Georgia Department of Human Services, (Division of Child Services) to address issues related to care of children impacted by EVD infection of primary caregivers.
- Continue to engage with EMAs to utilize "reverse 911" and other available emergency management communication capabilities to distribute critical NGHD messaging.
- Consider full activation of the DEOC, depending on number and location of EVD cases and status of county EOC activation.
- Continue to compile statistics of epidemic casualties and report to key leaders and GDPH.
- Continue to monitor the epidemic situation both within and outside of the NGHD geographic area and disseminate situational information to NGHD leadership and other critical stakeholders.
- Implement NGHD staff directorate Continuity of Operations Plans (COOP), as appropriate.
- Continue to coordinate with key epidemic response stakeholders to ensure implementation of Continuity of Operations Plans, as appropriate.
- Continue to review the previously developed list of all stakeholders that have equity in epidemic preparedness and response operations and engage with specific stakeholders as required by the situation.

- Continue to review the previously developed inventory of healthcare-related resources and assess the need to engage specific resources to address the current situation.
- Coordinate authorization for more widespread closure of schools, offices and businesses as required.
- Coordinate authorization for more widespread, temporary closure of large public venues and cancellation of large crowd activities (concerts, sports games, etc.)
- Coordinate authorization for restriction of mass transit, as appropriate.

NGHD EPIDEMIOLOGIST (EPI):

- Continue to conduct enhanced surveillance in accordance with established protocols, including isolation of suspected cases and quarantine of contacts, as appropriate.
- Continue to ensure all surveillance partners understand their roles and the importance of vigilance in enhanced surveillance operations.
- Issue appropriate isolation orders or quarantine orders on behalf of the Commissioner of the Georgia Department of Public Health.
- Coordinate submission of laboratory samples, as appropriate.
- Continue to incorporate surveillance guidelines for male Ebola survivors to be offered semen testing at 3 months after onset of disease, and then, for those who test positive, every month thereafter until their semen tests negative for virus twice by RT-PCR, with an interval of one week between tests.
- Continue to conduct surveillance reporting to GDPH in accordance with established protocols.
- Continue to implement public health measures to reduce morbidity and mortality during the EVD epidemic.
- Continue to coordinate with public and private sector agencies and businesses and the general public to explain quarantine/isolation rationale and procedures.
- In concert with GDPH, continue to coordinate, as required, with adjacent state and county public health authorities to address cross-border epidemic issues, including contact tracing, cross-border use of regional medical facilities, etc.

- Continue support of persons in home quarantine, to providing appropriate instructions, include daily monitoring and delivery of basic commodities and infection control supplies.
- Consider implementation of community quarantine, as appropriate.
- Consider recommendation for more widespread temporary closure of schools, office and businesses, as appropriate.
- Consider recommending more widespread, temporary closure of large public venues and cancellation of large crowd activities (concerts, sports games, etc.)
- Consider recommending temporary restriction of mass transit.
- Coordinate with local medical facilities to continue implementation of protocols to limit contact between isolated patients presenting with Influenza-Like Illness (ILI) symptoms to limit transmission of EVD prior to confirmed EVD diagnosis.
- Continue to coordinate with appropriate stakeholders to implement work quarantine of selected healthcare workers, laboratory technicians, custodial staff, food service personnel and other medical facility staff in potential contact with infected patients, if warranted by the situation.
- Coordinate with medical facilities to continue implementation of protocols to limit exposure of staff to patients presenting with nonspecific respiratory symptoms (e.g. cough) at routine medical facilities during an EVD epidemic until diagnosis can be confirmed.
- Continue implementation of the program to educate the public about infectious disease (including EVD) infection control measures.
- Continue to assist community reintegration of EVD survivors after discharge.
- Continue to ensure distribution of updated Ebola-related educational materials for health care providers, first responders and general public, including the use of social media.

NGHD PHARMACY DIRECTOR (PD):

- Continue to coordinate with GDPH and other stakeholders to determine the need to control distribution of specific pharmaceuticals and implement appropriate distribution protocols.

NGHD PUBLIC INFORMATION OFFICER / RISK COMMUNICATIONS (PIO/RC):

- Continue implementation of the Risk Communications Plan for epidemic response operation.
- As part of the overall Risk Communications Plan, utilize NGHD internet and social media presence to facilitate emergency response operations.
- If not yet established, consider establishment of a Joint Information Center (JIC) to manage messaging activities.
- Continue to respond to media requests and conduct press briefings, as appropriate.
- Continue to disseminate timely and accurate general public information concerning the epidemic situation, as available.
- Continue to provide public information concerning procedures for seeking medical attention.
- Continue to monitor epidemic-related media coverage and address misinformation.
- In concert with GDPH, continue to coordinate, as required, with adjacent state and county public health and risk communications authorities to facilitate coordination of cross-border epidemic-related messaging.

Phase 3 – Recovery

NGHD CLINICAL DIRECTOR (CD):

- Continue to assist Department of Behavioral Health and Developmental Disabilities (DBHDD), GDPH and other mental health stakeholders in provision of post-epidemic counselling for responders and the general public.

NGHD ENVIRONMENTAL HEALTH DIRECTOR (EHD):

- Ensure final disinfection of home and centralized quarantine locations, as appropriate.
- Ensure final disposition of any remaining EVD-related biohazard waste.
- Facilitate resupply of Personal Protective Equipment (PPE) stockpiles to support processing of human remains during future emergency events, as appropriate.

NGHD EMERGENCY PREPAREDNESS DIRECTOR (EPD):

- Continue to ensure airports assist in surveillance of arriving passengers and report any potential infection risks.
- Coordinate with Hamilton Medical Center (Regional Coordinating Hospital) and other hospitals to discontinue implementation of procedures for triage, diagnosis and isolation of possible Ebola patients.
- Conduct final post-epidemic assessment of the impact of Ebola on health care services and critical medical infrastructure within NGHD.
- Close centralized quarantine facilities, if established and utilized; ensure proper disinfection.
- Continue to coordinate with appropriate stakeholders to ensure distribution of educational and training materials on psychosocial issues to responders during the post-epidemic period.
- Continue to assist DBHDD, GDPH and other mental health stakeholders' engagement with faith-based and other community-based organizations to provide or to facilitate community post-epidemic psychosocial support.

- Discontinue implementation of NGHD Logistics Plan as requirements diminish.
- Resupply stockpiles depleted by epidemic-related logistics requirements to prepare for future emergency events, as required.
- Engage with EMAs to utilize “reverse 911” and other available emergency management communication capabilities to distribute critical NGHD post-epidemic messaging.
- Consider de-activation of the DEOC as requirements diminish.
- Complete final compilation of epidemic-related casualty statistics and report to key leaders and GDPH.
- Continue to monitor the post-epidemic situation both within and outside of the NGHD geographic area and disseminate situational information to NGHD leadership and other critical stakeholders.
- Discontinue implementation of NGHD staff directorate Continuity of Operations Plans (COOP), as appropriate.
- Recommend that key epidemic response stakeholders discontinue implementation of Continuity of Operations Plans, as appropriate.
- Update the previously developed list of all stakeholders that have equity in epidemic preparedness and response operations to include newly identified stakeholders, based on knowledge gained during the epidemic event.
- Update the previously developed inventory of healthcare-related resources available for engagement during a disaster event, including an epidemic. Assist in regeneration of capability impacted by the recent epidemic event.
- Coordinate reopening of schools, offices and businesses as appropriate.
- Coordinate reopening of large public venues and resumption of large crowd activities (concerts, sports games, etc.), as appropriate.
- Coordinate removal of mass transit restrictions, as appropriate.
- Conduct a post-epidemic after action review and prepare an appropriate After Action Report (AAR), to include recommendations for changes to policies, plans and procedures.
- Follow-up on recommendations in AAR, including changes to appropriate documents.

NGHD EPIDEMIOLOGIST (EPI):

- Validate case incidence timeline to ensure reporting and statistical analysis are accurate and that at least 42 days has passed since the resolution of the last confirmed case of Ebola.
- Revert to normal surveillance operations, in accordance with established protocols.
- Continue to ensure all surveillance partners understand their roles and the importance of vigilance during the recovery period.
- Continue to coordinate submission of laboratory samples, as appropriate.
- Continue to incorporate surveillance guidelines for male Ebola survivors to be offered semen testing at 3 months after onset of disease, and then, for those who test positive, every month thereafter until their semen tests negative for virus twice by RT-PCR, with an interval of one week between tests.
- Continue to conduct surveillance reporting to GDPH in accordance with established protocols.
- Continue to implement normal infectious disease public health measures to reduce disease occurrence and severity.
- Recommend reopening of schools, office and businesses, as appropriate.
- Recommend reopening of large public venues and resumption of large crowd activities (concerts, sports games, etc.)
- Recommend removal of restrictions for mass transit.
- Continue implementation of the program to educate the public about infectious disease (including EVD) infection control measures.
- Continue to assist community reintegration of EVD survivors and follow-up on status of survivors during the post-epidemic period.

NGHD PUBLIC INFORMATION OFFICER / RISK COMMUNICATIONS (PIO/RC):

- Continue implementation of the Risk Communications Plan for the post-epidemic period.

- As part of the overall Risk Communications Plan, utilize NGHD internet and social media presence to facilitate post-epidemic response operations.
- If established, deactivate the Joint Information Center (JIC) when no longer required to manage post-epidemic messaging activities.
- Continue to disseminate timely and accurate general public information concerning the post-epidemic situation, as required.
- Continue to respond to media requests and conduct post-epidemic press briefings, as required.
- Continue to monitor post-epidemic media coverage and address misinformation.

Appendix 3 (Acronyms) to NGHD DEC Plan

Definition of acronyms used within this plan follow:

AIIR	Airborne Infection Isolation Rooms
CC	County Coroners
CD	NGHD Clinical Director
CDC	Centers for Disease Control and Prevention (U.S.)
CNM	NGHD County Nurse Managers
COOP	Continuity of Operations Plan(s)
DBHDD	Department of Behavioral Health and Developmental Disabilities (State of Georgia)
DEC	Disease Exposure Control
DEOC	District Emergency Operations Center
EHD	Environmental Health Director
EMA	Emergency Management Agency
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPD	NGHD Emergency Preparedness Director
EPI	NGHD Epidemiologist
EVD	Ebola Virus Disease
GDPH	Georgia Department of Public Health
JIC	Joint Information Center
MIS	Management Information Systems Manager
NGHD	North Georgia Health District
NPI	Non-Pharmaceutical Intervention
PD	Pharmacy Director
PIO/RC	Public Information Officer / Risk Communications
PPE	Personal Protective Equipment
TTX	Table-Top Exercise