

*medical  
reserve  
corps*



**Medical Association of Georgia**

**COVID-19  
AFTER ACTION REPORT  
March-May 2020**



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**“As the COVID 19 started to challenge hospital capacity while simultaneously infecting medical staff, it became clear to me that we needed to generate options for Governor Kemp and his staff. Fortunately, I was familiar with the Medical Association of Georgia-Medical Reserve Corps. I reached out to Dr. John Harvey who immediately led the mobilization of medical capability that served in critical areas throughout the surge in our response. In addition to staff augmentation in medical facilities, sample points of collection, and food banks, the MAG MRC leadership provided key inputs as we worked to build response capacity. I cannot tell you how many lives this effort saved, but I am certain it saved many!”**

***Maj. Gen. Thomas M. Carden  
Adjutant General  
Georgia Department of Defense***







**Since it was formed in 2014, the Medical Association of Georgia Medical Reserve Corps (MAG MRC) has trained to respond to declared emergencies in the state, including natural disasters and disease outbreaks. And the MAG MRC has played some important roles – including responding to storms, erecting mobile surge hospitals, and training more than 1,000 Georgians in ‘Stop the Bleed’ hemorrhage control. But the crucial work that the MAG MRC volunteers performed during their two-month COVID-19 deployment served as a milestone.**

**The MAG MRC’s readiness and exemplary performance during the COVID-19 outbreak is a testament to the vision and leadership of MAG’s Board of Directors, the MAG MRC leadership team, which is led by MAG MRC Medical Director John S. Harvey, M.D., and the many physicians, nurses, pharmacists, and other health care professionals who heard the call for volunteers and answered.**

**Sincerely,**

**Donald J. Palmisano Jr.  
Executive Director, Medical Association of Georgia**



18 MAY 2020

To the many who answered the call for volunteers,

In March, the MAG MRC was tasked with rapidly assembling a force of volunteer health care professionals who were willing to respond to the Covid-19 pandemic in Georgia. We knew only that infections across the state were increasing rapidly and that, if not slowed, the number of infected individuals could easily outstrip the abilities of many communities to care for their citizens stricken by the virus.

When the call went out, all of you stepped up in the true spirit of volunteerism to offer your training and expertise to help fellow Georgians. Many of you endured a seemingly endless array of forms to complete to be able to deploy. Not all, but many of you were deployed to missions to provide medical support to National Guard personnel, local hospitals, and health care facilities, to man State of Georgia testing sites, or to serve as a part of the MAG MRC response command team.

As you have recently been informed by Paul Purcell, Operations Section Chief of the MAG MRC Covid-19 Response, we are now at a lull in activity and missions. After discussion, our Leadership Team has deemed this to be an appropriate time for the MAG MRC to stand down from this mission, while remaining at the ready to reengage if needed.

Whether you were deployed to the field or not, MAG and the MAG MRC are immeasurably grateful to each and every one of you who stepped forward.

The MAG MRC stands ready to respond to future calls for assistance from the State of Georgia, whether from a resurgence of the Covid-19 virus or a health care emergency of some other kind. Our ability to effectively do so is dependent upon having a sufficient number of members who are trained, equipped, and ready to respond.

To those of you who are already members of MAG MRC, we hope you will remain engaged.

To those of you who responded to the Covid-19 response call but were not already members of the MAG MRC, we hope you will consider completing the process to become a full member. The only steps remaining for you at this point are:

- complete the online FEMA courses listed in STEP 2 found at <https://www.magmrc.org/get-involved> (all can be completed in an afternoon or evening);
- if you are a physician or medical student and not a member of the Medical Association of Georgia, join MAG. Go to [www.mag.org](http://www.mag.org) and click on the "Join" button at the top of the page.

If you are not already, I hope you will take this opportunity to become a long-term part of the MAG MRC team.

If you have questions, please contact Fred Jones at [fjones@mag.org](mailto:fjones@mag.org).

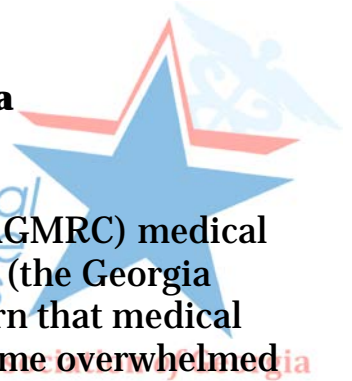
Again, thank you for your willingness to step forward and volunteer during this crisis,

John Harvey, MD  
Medical Director  
MAG Medical Reserve Corps



# **INCIDENT COMMANDER'S SUMMARY**

**Incident Command Summary**  
**MAGMRC Covid19 Response in Georgia**  
March – May 2020



The Medical Association of Georgia Medical Reserve Corps (MAGMRC) medical director John Harvey MD FACS contact by MG Thomas Carden (the Georgia Adjutant General (TAG) occurred March 23, 2020 with a concern that medical response capabilities to novel Corona Virus Covid19 might become overwhelmed by mid-April unless specific medical response capacity was expanded in Georgia. The specific task requests from the Governor's Task Force were to expand medical manpower availability, to develop mechanisms to respond with medical care provision, and create management structure to novel virus response. The MAGMRC leadership team immediately convened to discuss and develop plans for solutions to the pandemic challenges facing Georgia. Novel Covid19 Response authorizations were delivered to the MAGMRC on 24 March 2020 for activation during the Emergency Declarations of Georgia [Governor Brian Kemp] and authorizations for activation under the Georgia Department of Defense (GA DoD) [MG Thomas Carden] and the Georgia Department of Public Health (GDPH) [Commissioner Kathleen Toomey].

The response developed from the initial team of trained and deployable MAGMRC members (#75) to a rapidly expanded volunteer response team of medical professionals (#250) and a reserve capacity of other responders (#84) available for electronic platform response for telehealth, telemedicine, and contact tracking if needed during the Covid19 response.

MAGMRC members received expanded professional liability protections under the Emergency Declarations of the Governor and the authorizations of the Department of Public Health Response. Additionally, Workers Compensation Protections were authorized for MAGMRC responders under the Department of Defense deployment during this state declared Emergency Response. The MAGMRC is an acute response team for state declared emergencies with a usual response term of 48-72 hours, but during this Covid19 pandemic our response team provided 2 months (over 60 days) of command and coordination, and of professional field care responders to this pandemic emergency response. Based on the total man-days of mission operations and a conservative professional compensation rate, the estimated benefit to the state of Georgia from the MAGMRC 60-day response is calculated at \$1,043,000.

The following report reviews the new agency relationships, coordination procedures, worker protections, and missions accomplished during this response operation. As many of these procedures were newly developed with consideration of social estrangement, sheltering requirements, quarantine, responder safety protective gear and contagion defensive techniques; this report also provides assessments of mission efficacy and efficiency for refinements of mission

expectations, if future similar operations are required. Volunteer professional enrollment processes, command and control operational procedures, individual mission analysis, mission accomplishments and recommendations for improvement are included as individual and summative evaluations of this two-month response operation with varied missions requiring medical involvement. This report is developed with contributions from individual responders, team leaders, and incident command personnel to provide a complete view of the activities of this joint effort. MAGMRC credits all team participants involved for the unique and novel accomplishments in this medical response to a state emergency.

John S Harvey MD FACS  
Medical Director MAGMRC  
COLONEL, GSDF, GA DoD

Paul Hildreth  
Deputy Commander MAGMRC Covid19 Response  
MAJOR, GSDF, GA DoD



# **PROCESSES & PROCEDURES DEVELOPED**

# Processes & Procedures Developed



## Volunteer Registration Process

### Sources

With a volunteer count of approximately 75 prior to the Covid-19 call-up, and with the uncertainties surrounding the eventual extent of need, MAG MRC leadership was confident a major effort was needed to bolster the existing volunteer ranks.

To cast the widest net possible, the MAG Communications Department began to reach out to all physicians in the state. In addition, other health care associations in the state were partnered with, including:

- Georgia Nurses Association
- Georgia Pharmacy Association
- Georgia Dental Association
- Georgia Chiropractic Association

Medical students also participated in the response and proved to be a highly capable and energetic group of volunteers. Schools represented included:

- Trinity School of Medicine
- Medical College of Georgia
- Emory University School of Medicine
- Mercer University School of Medicine

### Solicitations

MAG MRC ordinarily exists as an entity under the umbrella of the Georgia Department of Public Health (GDPH). For the Covid-19 response, MAG MRC would retain its ties to GDPH, but would also fall under the direction of the Georgia Department of Defense (GDoD) and its arm the Georgia State Defense Force (GSDF). As a result, volunteers would have to qualify for membership in all three organizations (MAG MRC, GDPH, and GSDF).

To jumpstart the process, volunteer solicitations were accompanied by a complete explanation of registrations that would be required along with links for online registration.

### A. SERVGA Registration

The State of Georgia maintains a database ([www.SERVGA.gov](http://www.SERVGA.gov)) of volunteers who have taken the step of registering their interest in serving in times of need. The first step in volunteering for the MAG MRC Covid-19 response was to register with SERVGA.



The SERVGA database utilizes its connections with the various state certifying agencies to determine that a health care registrant is properly and currently certified in the State of Georgia.

Each new registrant was reviewed by GDPH staff. If they were a properly registered health care worker with no known derogatory information, GDPH would give the record a SERVGA status of “Approved.” If the registrant was not a health care worker or if there was any known reason for additional review, GDPH would give the registrant’s record a SERVGA status of “Researching.” This served as an alert to MAG MRC leadership that further review was appropriate before allowing the registrant to continue to the next step in the process.

Medical Association of Georgia

## **B. MAG MRC Registration**

Registration with MAG MRC is a multi-step process.

- a. The first step is registration with SERVGA. See A. above.
- b. MAG MRC requires the completion and submission of certain HIPPA compliant waivers and forms, a completely online process.

## **C. GSDF Registration**

Completion of the SERVGA and MAG MRC registration process was required before a prospective volunteer would be submitted to GSDF for processing.

## **D. GSDF Orders and MAG MRC Letters of Authorization**

**GSDF Orders:** Prior to a volunteer being deployed on a mission, GSDF orders specific to that mission were issued and forwarded through MAG MRC leadership to the volunteer.

**MAG MRC Letters of Authorization:** To help insure deployed volunteers were able to travel as needed without local government restrictions, they were also provided a Letter of Authorization bearing the signature of Adjutant General Thomas Carden and providing names and telephone numbers of General Carden, Colonel Mike Greene of the GSDF, and Colonel John Harvey, Medical Director of the MAG MRC.

## **E. Mission Deployment Checklist and ICE Form**

All MAG MRC volunteers:

- were provided a “Deployment Protocol” form which was a checklist for deployment from pre-deployment to post-deployment. (see Forms Appendix)
- were required to complete an “In Case of Emergency” (ICE) form, providing important health and personal contact information. (see Forms Appendix)

## **F. Operations Status Board**

MAG MRC Operations Leadership developed status boards for Requests for Assistance (RFAs) and Boots on the Ground (BOG) to always have an up-to-date picture of the status of each.



MAG-MRC RFA / BOG STATUS BOARD

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90% 10 B I A

1	A	B	C	D	E	F	G	AD	AE	AF
1	Req. Date	AAR	Status	RFA EOC #	Mission	Position	Mission Order #	4/14/2020	4/15/2020	4/16/2020
2	4/19/2020		C		VSOC		ICS			
3	4/6/2020		C		SOC	LNO	080-M003	B-2 CPT Jay Zaesim ZAE9505	B-2 CPT Jay Zaesim ZAE9505	B-2 CPT Jay Zaesim ZAE9505
4	3/23/2020	Y	C		Valdosta1 - COMPLETED	EMR	079-M001A			
5	3/28/2020	Y	C		Valdosta2 - Vid-Tift - Food Bank	EMR	089-M004A	B-4 CPT Luz Heaton HEA0448	B-4 CPT Luz Heaton HEA0448	B-4 CPT Luz Heaton HEA0448
6	4/7/2020		E	FULT-4920909	Fulton County - North Fulton Hospital					
7	4/8/2020		E	SUMP-9983386	Sumpter1 - GA SW University					
8	4/9/2020		E	SUMP-9018493	Sumpter2- Senior Living Facility	RN				
9	4/9/2020		E	SUMP-9018493	Sumpter2- Senior Living Facility	LPN				
10	4/9/2020		E	SUMP-9018493	Sumpter2- Senior Living Facility	CNA				
11	4/1/2020	R	C	BIBB5272936	Bibb1 - Navicent Hospital	EMT	092 M006A			
12	4/6/2020	Y	C	FULT-9702481	Fulton1 - Piedmont Atlanta Hospital		097 M011	A-2 CPT Israr Khan KHA9899	A-2 CPT Israr Khan KHA9899	A-2 CPT Israr Khan KHA9899
13				FULT-9702481	Fulton1 - Piedmont Atlanta Hospital		097 M011	B-2 2LT Gurshawn Tuteja TUT0451	B-2 2LT Gurshawn Tuteja TUT0451	B-2 2LT Gurshawn Tuteja TUT0451
14				FULT-9702481	Fulton1 - Piedmont Atlanta Hospital		097 M011			
15	4/8/2020	Y	C	RAND-7747865	Randolph1- SW GA Reg. Medical	CNA	103 M016	B-3 2LT Ankita Kanwar KAN2644	B-3 2LT Ankita Kanwar KAN2644	B-3 2LT Ankita Kanwar KAN2644
16	4/8/2020		E	RAND-7747865	Randolph1- SW GA Reg. Medical	MD				
17	4/9/2020		E	UPSO-6382286	Upson 1- Providence Nrsng Home					

BOG STATUS VSOC Testing Teams RFA Detail Reporting Links

MAG-MRC RFA / BOG STATUS BOARD

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1	A	B	C	D	E	F	G	AD	AE	AF
1	Req. Date	AAR	Status	RFA EOC #	Mission	Position	Mission Order #	4/14/2020	4/15/2020	4/16/2020
35					Dawsonville Testing Site		116 M025			
36					Dawsonville Testing Site		116 M025			
37					Dawsonville Testing Site		116 M025			
38					Dawsonville Testing Site		116 M025			
39	4/30/2020	A		CLAR-8955964	Athens Testing Site	EMT	122 M027			
40	4/30/2020			CLAR-8955964	Athens Testing Site	EMT	122 M027			
41										
42			1		O = OPEN					
43			4		A = ACTIVE					
44			8		C = COMPLETED					
45			0		P = PAUSED					
46			13		E = EXPIRED (CLOSED - UNFILLED)					
47			26		Total Number RFAs					
48										
49					Field Deployed			8	7	8
50					ICS / VSOC			20	17	17
51					B.O.G. Totals			28	24	25

BOG STATUS VSOC Testing Teams RFA Detail Reporting Links

## G. Jot Forms

Jot Forms were used extensively for volunteers to provide registration information, complete forms and waivers, and report hours.

## H. Appendix of Forms

- MAG MRC Welcome Packet
- Deployment Protocol (Checklist)
- Notify In Case of Emergency (ICE)
- MAGMRC Safety Documents
- Safety & Screening Guidelines

# **Processes & Procedures Developed**



## **Appendix of Forms**

### **MAG MRC**

### **Welcome Packet**

## RESPONSE KIT RECOMMENDATIONS for COVID-19 DEPLOYMENT

The three legs of our “**Operational Readiness**” tripod:

- A. **Deployability:** Being prepared to leave your family at home and arrive at area of operations.
- B. **Interoperability:** Understanding NIMS / ICS, having a useful skill to help others.
- C. **Sustainability:** Being self-supporting in the field and not being a drain on local supply.

This short set of checklists is a subset of our MAG-MRC textbook chapter on “Readiness and Deployment.” Here we’ll cover “**Sustainability**” details of COVID-19 deployment readiness for assignment to Telehealth Sites or Regional Care Sites.

1. **Leaving Your Home:** *Unless your family and your home are protected in your absence, you won’t be able to fully function while on assignment. Consider these points.*

- ☐ Your family / home is prepared, secure, and has plenty of food and water.
- ☐ Your spouse, significant other, etc. has access to your important documents and health info.
- ☐ Your Emergency Contact Info and Basic Health Info is in your wallet and on your phone.
- ☐ You have a full tank of gas.

2. **Basic Gear:** *Though not a “field labor” deployment, you’ll need to be ready for all basic functions whether at a Telehealth Site or a Regional Care Site. Remember, your deployment could be up to three days.*

- ☐ Full MAG-MRC Uniform (ready for 3 days)
- ☐ MAG-MRC ID CARD on Armband
- ☐ Individual First Aid Kit
- ☐ Multi-Tool & Flashlight
- ☐ Eyeglasses, backup glasses, glasses case
- ☐ Gear Bag containing **all items** on this handout
- ☐ “Specialty Tools” – Anything related to your specialty that you’ll need if rendering care.
- ☐ Items to share. If you can bring extras of the items on this list, you may be a big help to others.

3. **Health, Energy, and Personal Care:** *Sustainability means being able to take care of yourself while on deployment since we can’t count on our host having ample supplies, and we do not want to be a drain on their resources. Take enough to keep you healthy and happy while on a (possibly) **three-day** mission.*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Prescription Medications    | <input type="checkbox"/> OTC Medications        | <input type="checkbox"/> Vitamin Supplements       |
| <input type="checkbox"/> Water (& Drink Mixes)       | <input type="checkbox"/> MREs or Similar        | <input type="checkbox"/> Snacks                    |
| <input type="checkbox"/> Sleeping Bag & Sleeping Pad | <input type="checkbox"/> Eye Shades & Ear Plugs | <input type="checkbox"/> Disposable Mess Kit       |
| <input type="checkbox"/> Toiletries Kit              | <input type="checkbox"/> Personal Mental Health | <input type="checkbox"/> Personal Spiritual Health |
| <input type="checkbox"/> 3-Day Change of Clothes     | <input type="checkbox"/> Extra Toilet Paper     | <input type="checkbox"/> Misc. Hygiene Items       |
| <input type="checkbox"/> Hand Sanitizer or Wipes     | <input type="checkbox"/> PPE: Surgical Masks    | <input type="checkbox"/> PPE: Gloves & Gowns       |

4. **Communication:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Phone Ear Buds        | <input type="checkbox"/> Phone Charger       | <input type="checkbox"/> Phone Battery Backup     |
| <input type="checkbox"/> Protective Phone Case | <input type="checkbox"/> Laptop & Power Cord | <input type="checkbox"/> Other Communication Gear |

5. **Travel:**

- ☐ Gas up often and arrive with a full tank of gas. Do the same when heading home.
- ☐ Where possible, pick up extra food, water, and comfort items. You may need more or share.
- ☐ Make sure your vehicle has all available MAG-MRC markings / signage.
- ☐ Carry paper copies of any and all deployment instruction to help verify your travel and arrival.
- ☐ If driver’s license does not have current address, carry utility bills to verify reason to return.

###

## For Volunteers: If You Get Deployed

First and foremost, thank you for stepping up to help others in a situation affecting us all. We thank you for everything you've done so far and all you're about to do.

One of the biggest steps is to actually be deployed and sent to work at a facility unfamiliar to you after going through a clerical process that may be somewhat confusing. The following steps will help you navigate the deployment process a little more easily. Here we'll cover what you'll need to know and do to register for a mission and to deploy.

1. Record your **Team Leader and Branch Team Leader** here:

Position	Name	Phone	Email
Operations Chief	Paul Purcell	770-235-1664	Paul.Purcell@magmrc.org
Team Leader			
Branch Team Leader			

2. Watch your **email for our listing of available Request For Assistance (RFA)** postings. In that email will be a link that lets you choose from available "missions."

3. If you're chosen for a mission, we will begin processing your paperwork. Important: **wait and do not report or travel to a location until you have your orders and other documentation printed and in hand!**

4. Before leaving, coordinate your trip, travel, and schedule with your **Team Leader and Branch Team Leader**. However, please remember to keep **all communication within the internal lines of MAG-MRC communication**. More on that later.

5. **Complete the checklists** found in this Welcome Packet. They are: "RESPONSE KIT RECOMMENDATIONS for COVID-19 DEPLOYMENT" and "MAG-MRC/GASDF Deployment Protocol."

6. And, before actually hitting the road, **use this link to report your current status:**

[https://docs.google.com/forms/d/e/1FAIpQLSf1FDttZZvCwEdgliKLOaxiX-KMeNRppp8nv4EEZxg4MIKZyQ/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSf1FDttZZvCwEdgliKLOaxiX-KMeNRppp8nv4EEZxg4MIKZyQ/viewform?usp=sf_link)

This link will take you to a survey that you'll use a few times a day to let us know where and how you are. **Your safety and security are absolutely the most important element of this entire enterprise, and this is one of the ways you can help us to help you.**

Your Team Leader will tell you more about the daily schedule events that need to be reported.

7. In addition to all the daily status reporting, we also need you to **record your time** along with some details of how your shift / day went. Use this link: <https://hipaa.jotform.com/200865562459059> at day's end.

8. Have a great time, stay safe, and remember how grateful we are to have you as part of our team.

###

March 3, 2020

## UPDATED Guidance for Clinicians to Report Possible Cases of 2019 Novel Coronavirus (COVID-19)- GUIDANCE SUBJECT TO CHANGE AS OUTBREAK UNFOLDS

Please read this guidance in its entirety.

### Summary

- An expanding global outbreak of respiratory infections due to a novel coronavirus (COVID-19) is being closely monitored by the WHO, CDC, and state public health officials. For the most up-to-date information about the outbreak visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and <https://dph.georgia.gov/novelcoronavirus>.
- COVID-19 clinical presentation varies in severity from asymptomatic infection or mild illness to severe or fatal illness. Symptoms include fever and signs of respiratory illness (e.g., cough, shortness of breath); case-patients can also develop pneumonia and some reports suggest the potential for clinical deterioration during the second week of illness, although the full spectrum of clinical illness remains unknown.
- Clinicians who suspect COVID-19 infection in a patient should report them **immediately** to the Georgia Department of Public Health (DPH) at 1-866-PUB-HLTH (1-866-782-4584) and ask for a Medical Epidemiologist. **At this time, all laboratory testing for COVID-19 is performed at either the CDC or the Georgia Public Health Laboratory and MUST be coordinated by DPH following triage.**

### Recommendations for clinicians evaluating patients at your facility

1. Obtain a detailed travel history for **ALL** patients being evaluated with fever and acute respiratory illness. The Travel Clinical Assistant (TCA) can help identify current outbreaks and endemic diseases of concern around the globe.  
(<https://dph.georgia.gov/TravelClinicalAssistant>).
2. Patients who meet the following criteria should be considered a **patient under investigation (PUI)** for COVID-19. **Patients should be evaluated using these criteria and then DPH should be called at 1-866-PUB-HLTH to determine whether COVID-19 laboratory testing is warranted.** DPH will also coordinate specimen submission to the laboratory. Note that this information will be updated frequently- the most current PUI criteria can be found at <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>.
  - a. Fever **OR** lower respiratory symptoms (e.g. cough or shortness of breath) **AND** any person, including healthcare workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset.
  - b. Fever **AND** lower respiratory symptoms (e.g. cough or shortness of breath) requiring hospitalization **AND** a history of travel to areas with sustained community spread of COVID-19 within 14 days of symptom onset. Please follow link for the most current list of areas: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>
  - c. Fever with severe acute lower respiratory illness (e.g. pneumonia, ARDS) requiring hospitalization **AND** without alternative explanatory diagnosis\*\* **AND** no source of exposure has been identified (i.e. no travel or close contact with confirmed case)

*\*\*A respiratory viral panel (including influenza) must be performed and found negative to be considered without alternative explanatory diagnosis. Legionella testing may also be considered, if appropriate.*

3. Please obtain all of the information listed above (travel or exposure history and dates, symptoms and symptom onset date) and evaluate the patient **BEFORE** calling DPH and asking to consult with a Medical Epidemiologist.
4. Patients with **mild illness** who do not meet the criteria for a PUI above and have returned from an area with sustained community spread of COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) should self-isolate at home until symptoms resolve. If respiratory symptoms worsen, they may need to be re-evaluated. Guidance for safe home care can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>.
5. Appropriate PPE should immediately be utilized by the patient and healthcare professional if the patient meets the PUI criteria. Patients should be asked to wear a surgical mask upon arrival and be evaluated in a private room with the door closed, ideally an airborne infection isolation room, if available. Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield). More infection control guidance can be found here <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>.
6. Once PPE is in place, immediately notify both infection control personnel at your facility and DPH by calling 1-866-PUB-HLTH (1-866-782-4584) and asking for a Medical Epidemiologist. DPH will perform a risk assessment and, if warranted, will coordinate laboratory testing. **Case-patients must meet the PUI criteria to warrant laboratory testing for COVID-19.** For guidance about collection, handling, and testing of clinical specimens, see <https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html>. If approved for testing, specimens will be sent by healthcare facilities to the Georgia Public Health Laboratory.

#### For more information

- Georgia DPH COVID-19 guidance and up-to-date information: <https://dph.georgia.gov/novelcoronavirus>
- CDC's guidance for healthcare professionals: <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>
- CDC's guidance for hospitals or healthcare professional preparing for patients with suspect or confirmed COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html>
- For the latest CDC updates on the outbreak: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Clinicians who become aware of cases like those described above should report them immediately to 1-866-PUB-HLTH (1-866-782-4584) and ask for a Medical Epidemiologist.



### 1. Who is considered an “emergency volunteer” in Georgia?

“Emergency volunteers” are individuals who willingly give their time and effort to engage in an emergency preparedness and response activity for no monetary or material compensation. Emergency volunteers can include healthcare professionals as well as non-healthcare volunteers (lay volunteers) who may be part of a government-sponsored program (state or county) or nongovernment-based organization (e.g., hospitals).

### 2. What liability protection is afforded to emergency volunteers in Georgia?

Generally, emergency volunteers who assist in emergency management activities in Georgia, which may include public health emergencies and preparedness activities (e.g., training exercises and drills), are protected from liability for any injury or damage that may be caused by the volunteer’s actions or inactions.

Emergency volunteers who are members of a volunteer program run by a state or county agency may find protection under one or more of following state and federal statutes:

- Georgia Emergency Management Act of 1981, O.C.G.A. § 38-3-35
- Georgia State Torts Claims Act, O.C.G.A. § 50-21-25
- Good Samaritan Statute, O.C.G.A. § 51-1-29
- Liability of voluntary health care providers and sponsoring organizations, O.C.G.A. § 51-1-29.1
- Corporate Good Samaritan Statute, O.C.G.A. § 51-1-29.2
- Uniform Emergency Volunteer Health Practitioners Act (UEVHPA), O.C.G.A. § 38-3-160, *et seq.*
- Emergency Management Assistance Compact (EMAC), O.C.G.A. § 38-3-81
- Public Readiness and Emergency Preparedness Act (PREP Act), 42 U.S.C. § 247d-6d
- Federal Volunteer Protection Act of 1997 (VPA), 42 USC § 14501, *et seq.*

Each statute will have specific conditions for which an individual will find protection under the law. Generally, volunteers must:

- Act within the scope of their volunteer responsibilities and official duties;
- Be properly licensed, certified, or authorized by the appropriate authorities for the activity or practice in the State of Georgia; and
- Not act with **willful, criminal or reckless misconduct, gross negligence, or in bad faith.**

Actual legal protection will depend on the particular circumstances of the operation.

### 3. What is the DPH Emergency Volunteer Agreement (DPH Form EP10001A)?

The **DPH Emergency Volunteer Agreement** is used as a pre-registering tool to identify and register volunteers prior to an emergency event or preparedness activity. It is used to affiliate a volunteer with an organization and describe the scope of the volunteer’s duties and responsibilities. Although all volunteers who register with the State are asked to sign DPH Form EP10001A, a volunteer who is engaged in an emergency management activity, and who is a member of a program directed and controlled by a state or county volunteer program, may find protection under Georgia law with or without signing this form.

As this form is used to register volunteers to assist in emergency management activities, it is not the appropriate tool for registering volunteers for routine health department activities such as blood pressure screenings and well baby visits.

### 4. Are emergency volunteers covered under state law for workers’ compensation or personal injury loss?

No. Under Georgia law, O.C.G.A. § 34-9-1, *et seq.*, volunteers are not eligible for workers’ compensation or remuneration for personal injuries by the State based on their enrollment in a volunteer program. Personal injury and workers’ compensation coverage may be available for volunteers through private volunteer programs or through the county.

## MAG-MRC Safety Recommendations and Guidelines for Volunteers at Risk for COVID-19 Exposure:

- All volunteers should receive training on appropriate use of personal protective equipment (PPE), including donning and doffing procedures.
- Hand hygiene supplies including alcohol-based hand sanitizer should be readily accessible in patient-care areas, including where volunteers put on and remove PPE.
- All persons with upper respiratory symptoms (fever, cough, shortness of breath) should wear a facemask for source control.
- Screening staff do not need to wear PPE if they are separated from patients by a physical barrier such as a glass or plastic window. Screening staff should make these interactions as brief as possible by limiting the interaction to screening questions only.
- If a volunteer is operating in a screening capacity and must be within 6 feet of a patient, they should use appropriate PPE, including at minimum:
  - Facemask (e.g., surgical mask)
  - Gloves (e.g., clean, non-sterile)
  - Eye protection (e.g., goggles, face screen)
- A fit-tested N95 is often preferred and should be used if performing a nasopharyngeal swab.
- A gown (washable or disposable) is recommended if extensive contact with the patients is anticipated.
- Eye protection and other non-disposable supplies should be decontaminated/washed for re-use.
- Do not carry contaminated supplies home, wash clothing and shower immediately, and be mindful to disinfect contaminated surfaces (e.g., phones).
- Actively self-monitor for the development of key symptoms (e.g., fever, cough, shortness of breath) with symptom diary and temperature recordings (see forms below).
- Immediately abstain from duty if symptoms develop and return to duty/work no sooner than 3 days (72 hours) since resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and 7 days since symptoms first appeared.
- If you would like help with COVID-19 testing, please contact your MAG-MRC team leader to coordinate.

### Resources:

#### Safety Practices for Critical Workers and Healthcare Settings

- <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>
- [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html)

#### PPE Donning & Doffing

- [https://www.cdc.gov/coronavirus/2019-ncov/downloads/A\\_FS\\_HCP\\_COVID19\\_PPE.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf)

#### N95 Respirator Fitting and Seal Check

- <https://www.cdc.gov/niosh/npptl/pdfs/KeyFactorsRequiredResp01042018-508.pdf>
- <https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf?id=10.26616/NIOSH-PUB2018130>

#### State COVID-19 Testing & Direct Patient Lines

- <https://dph.georgia.gov/document/document/covid-19-testingdirect-patient-line/download>



## MAG-MRC COVID-19 Exposure and Symptom Monitoring

Name: \_\_\_\_\_

Volunteer Site: \_\_\_\_\_

MAG MRC Team Leader: \_\_\_\_\_

Exposure (start) date: \_\_\_\_\_

Please use the space below to briefly summarize exposure history and/or episode(s). Please note what personal protective equipment and safety precautions were used, COVID-19 status of those involved, & any actions taken since exposure.

## MAG-MRC COVID-19 Exposure and Symptom Monitoring

Please use this form to actively monitor for the common signs and symptoms of COVID-19. Should any of these present within 14 days of exposure, refrain from further duty and contact your team leader.

Date	Time	Temperature	Cough	Shortness of breath	Muscle aches	Chills	Diarrhea
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N

## COVID-19 TESTING / Direct Patient Line

Direct Patient lines are open:

- 8 a.m. to 7 p.m., Monday through Friday
- 8:30 a.m. – 5 p.m., Saturday

DPH - HEALTH DISTRICT	COVID-19 TESTING LINE	COUNTIES SERVED
<b>DISTRICT 1-1 / ROME / Northwest Georgia Health District</b> <a href="http://www.nwgapublichealth.org">www.nwgapublichealth.org</a>	706-802-5329	<b>Counties served:</b> Bartow, Catoosa, Chattooga, Dade, Floyd, Gordon, Haralson, Paulding, Polk, Walker
<b>DISTRICT 1-2 / DALTON / North Georgia Health District</b> <a href="http://www.nghd.org">www.nghd.org</a>	1-888-881-1474 Call center	<b>Counties served:</b> Cherokee, Fannin, Gilmer, Murray, Pickens, Whitfield
<b>DISTRICT 2 / GAINESVILLE / North Health District</b> <a href="http://www.phdistrict2.org">www.phdistrict2.org</a>	District Office: 770-535-5743 Banks County HD: 706-677-2296 Dawson County HD: 706-265-2611 Forsyth County HD: 770-781-6900 Franklin County HD: 706-384-5575 Habersham County HD: 706-778-7156 Hall County HD: 770-531-5600 Hart County HD: 706-376-5117 Lumpkin County HD: 706-867-2727 Rabun County HD: 706-212-0289 Stephens County HD: 706-282-4507 Towns County HD: 706-896-2265 Union County HD: 706-745-6292 White County HD: 706-865-2191	<b>Counties served:</b> Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, White
<b>DISTRICT 3-1 / MARIETTA / Cobb/Douglas Health District</b> <a href="http://www.cobbanddouglaspublichealth.org">www.cobbanddouglaspublichealth.org</a>	770-514-2300	<b>Counties served:</b> Cobb, Douglas
<b>DISTRICT 3-2 / ATLANTA / Fulton County Board of Health</b> <a href="http://www.fultoncountygahahealth.org">www.fultoncountygahahealth.org</a>	404-613-8150.	<b>Counties served:</b> Fulton
<b>DISTRICT 3-3 / JONESBORO / Clayton County Health District</b> <a href="http://www.claytoncountypublichealth.org">www.claytoncountypublichealth.org</a>	678-479-2223	<b>Counties served:</b> Clayton
<b>DISTRICT 3-4 / LAWRENCEVILLE / East Metro Health District</b> <a href="http://www.gnrhealth.com">www.gnrhealth.com</a>	770-513-5631	<b>Counties served:</b> Gwinnett, Newton, Rockdale

## COVID-19 TESTING / Direct Patient Line

DPH - HEALTH DISTRICT	COVID-19 TESTING LINE	COUNTIES SERVED
<b>DISTRICT 3-5 / DECATUR / DeKalb Health District</b> <a href="http://www.dekalbhealth.net">www.dekalbhealth.net</a>	404-294-3700 Option 1	<b>Counties served:</b> DeKalb
<b>DISTRICT 4 / LAGRANGE / District 4 Health District</b> <a href="http://www.district4health.org">www.district4health.org</a>	1-800-847-4262	<b>Counties served:</b> Butts, Carroll, Coweta, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup, Upson
<b>DISTRICT 5-1 / DUBLIN / South Central Health District</b> <a href="http://www.southcentralhealth.info">www.southcentralhealth.info</a>	478-275-6570	<b>Counties served:</b> Bleckley, Dodge, Johnson, Laurens, Montgomery, Pulaski, Telfair, Treutlen, Wheeler, Wilcox
<b>DISTRICT 5-2 / MACON / North Central Health District</b> <a href="http://www.northcentralhealthdistrict.org">www.northcentralhealthdistrict.org</a>	1-844-987-0099	<b>Counties served:</b> Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, Wilkinson
<b>DISTRICT 6 / AUGUSTA / East Central Health District</b> <a href="http://www.ecphd.com">www.ecphd.com</a>	706-721-5800 (ask for testing).	<b>Counties served:</b> Burke, Columbia, Emanuel, Glascock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Wilkes
<b>DISTRICT 7 / COLUMBUS / West Central Health District</b> <a href="http://www.westcentralhealthdistrict.com">www.westcentralhealthdistrict.com</a>	706-321-6300	<b>Counties served:</b> Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Muscogee, Marion, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Webster
<b>DISTRICT 8-1 / VALDOSTA / South Health District</b> <a href="http://www.southhealthdistrict.com">www.southhealthdistrict.com</a>	Ben Hill County: 229-426-5288 Berrien County: 229-686-5411 Brooks County: 229-263-7585 Cook County: 229-896-3030 Echols County: 229-559-5103 Irwin County: 229-238-9540 Lanier County: 229-482-3294 Lowndes County: 229-333-5257 Tift County: 229-386-8373 Turner County: 229-238-9595	<b>Counties served:</b> Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Lanier, Lowndes, Tift, Turner

## COVID-19 TESTING / Direct Patient Line

DPH - HEALTH DISTRICT	COVID-19 TESTING LINE	COUNTIES SERVED
<b>DISTRICT 8-2 / ALBANY / Southwest Health District</b> <a href="http://www.southwestgeorgiapublichealth.org">www.southwestgeorgiapublichealth.org</a>	229-352-6567	<b>Counties served:</b> Baker, Calhoun, Colquitt, Dougherty, Decatur, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth
<b>DISTRICT 9-1 / SAVANNAH/ BRUNSWICK / Coastal Health District</b> <a href="http://www.gachd.org">www.gachd.org</a>	Bryan County: 912-756-2611 (Richmond Hill) Bryan County: 912-653-4331 (Pembroke) Camden County: 912-882-8515 ext. 215 Chatham County: 912-356-2441 Effingham County: 912-754-6484 Glynn County: 912-264-3961 - Opt. 5 Liberty County: 912-876-2173 Long County: 912-545-2107 McIntosh County: 912-832-5473	<b>Counties served:</b> Bryan, Camden, Chatham, Effingham, Glynn, Liberty, Long, McIntosh
<b>DISTRICT 9-2 / WAYCROSS / Southeast Health District</b> <a href="http://www.sehdph.org">www.sehdph.org</a>	1-855-473-4374 1-855-4(SEHDPH)	<b>Counties served:</b> Appling, Atkinson, Bacon, Brantley, Bulloch, Candler, Charlton, Clinch, Coffee, Evans, Jeff Davis, Pierce, Tattnall, Toombs, Ware, Wayne
<b>DISTRICT 10 / ATHENS / Northeast Health District</b> <a href="http://www.publichealthathens.com">www.publichealthathens.com</a>	706-340-0996.	<b>Counties served:</b> Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, Walton

## **GUIDANCE FOR USE OF VOLUNTEERS AGE 60 OR GREATER**

- Are you at risk – any PRIOR or CURRENT history of medical issues, heart, lung, BP, cancer, ETC
  - IF the appropriate answer is YES – you Cannot deploy.
- Will the deployment place you in a known contaminated location or in contact with known infected Persons.
  - IF the answer is YES – you Cannot deploy
- Are you critical to the mission, ie, no one else is able/capable to support the mission
- If mission requires the wear appropriate PPE, do you have it and do you agree to wear it
- Do you accept the risks associated with the deployment
- Confirmation of all of the above must be approved by your MRC/MAG chain of command and transmitted to [harve.romine@gasdf.us](mailto:harve.romine@gasdf.us) and [lan.skalla@gasdf.us](mailto:lan.skalla@gasdf.us)) to be considered for approval to deploy – not a guarantee.

## ACRONYMS

BOG – Boots on the Ground

CNA – Certified Nurse Assistant

DPH – Department of Public Health

DoD- Department of Defense

GSDf – Georgia State Defense Force

GADPH – Georgia Department of Public Health

FRAGO – Fragmentary Order – is a secondary order for the same mission

HCP – Health Care Physician

HCW – Health Care Worker

ICS – Incident Command System

JOT– is a form building system

MAGMRC – Medical Associations of Georgia Medical Reserve Corp

MRC – Medical Reserve Corp

PAO – Public Affairs Officer

PIO – Public Information Officer

POC – Point of Contact

PPE – Personal Protective Equipment

RFA – Report of Assignment

SOC – State Operation Center

SAD – State Active Duty

TAG – The Adjutant General – Commander of GA DoD

vSOC – Virtual State Operation Center

# **Processes & Procedures Developed**



## **Appendix of Forms**

### **MAG MRC**

### **Deployment Protocol**



## **MAG-MRC/GASDF Deployment Protocol**

### **Before Departure**

- ☐ Complete all items on the “Response Kit recommendations for COVID-19 Deployment” checklist.
- ☐ Read and understand the SDF’s “Soldier’s Hygiene in the Field” one-sheet.
- ☐ Print your copies of your ☐ SAD Orders ☐ SDF Mission Orders ☐ MAG-MRC Letter Of Authorization
- ☐ Carry your ☐ Driver’s License ☐ MAG-MRC DPH ID Card (arm band) ☐ I.C.E. Card ☐ GASDF ID Card
- ☐ If traveling in your POV, make sure you start with a full tank of gas
- ☐ Write down your beginning mileage
- ☐ **Notify your team leader just before you depart** (so we’ll know what time you leave)

### **Enroute**

- ☐ Safety is our number one priority, so practice defensive driving and be aware of others on the road
- ☐ Obey the speed limit. Despite orders, we have no more authority than any other citizen
- ☐ Gas up along the way so you arrive at your destination with a full tank of gas
- ☐ Save any and all receipts related to travel

### **On Arrival**

- ☐ **Notify your team leader** that you have arrived on site
- ☐ **Notify the Point Of Contact** (POC) listed on your orders of your arrival
- ☐ Check in at your billeting location unless you are otherwise engaged in your mission
- ☐ Once at your mission destination or billeting location, secure all MAG-MRC signage in your vehicle
- ☐ Record your mileage

### **Start of Shift - Daily**

- ☐ Coordinate with your POC to determine all mission goals are understood
- ☐ Make sure you have your PPE
- ☐ Organize all tools and implements related to the performance of your duties per this mission
- ☐ Stay safe, sanitized, fed, and hydrated, and make sure all around you do too

### **End of Shift - Daily**

- ☐ Check with your POC or other mission-related supervisor to ensure your duties are complete
- ☐ Fill out daily “SITREP Report” detailing the day’s activities and other info (**copy to team leader**)
- ☐ Maintain your personal health and wellbeing as vigorously as you protect others in your care
- ☐ **Notify both POC and Team Leader of ANY injury or illness, no matter how small**

### **On Departure to Return Home**

- ☐ **Get clearance from your mission POC** or other supervisor to leave the mission area
- ☐ **Notify your team leader** that you are departing the mission site
- ☐ Record your mileage
- ☐ Gas up along the way so you arrive home with a full tank of gas (and save all receipts)

### **On Arrival Home**

- ☐ **Immediately notify your team leader** of your arrival home
- ☐ Record your mileage and send the total to your team leader along with receipts for expenses
- ☐ Fill in your final “SITREP Report”
- ☐ Write an After-Action Report (AAR) to provide an overall summary of the mission
- ☐ Rest, recharge, and get a good night’s sleep
- ☐ More than anything else, remember how appreciated your efforts and your contributions are!!

###

# **Processes & Procedures Developed**



## **Appendix of Forms**

### **MAG MRC**

#### **Notify in Case of Emergency (ICE)**

## Notify In Case of Emergency Card and Emergency Instructions

### CUSTOMIZED FOR MAG-MRC TEAM MEMBER DEPLOYMENT

#### Notify in Case of Emergency

Pages 1 and 2 are the front and back of a “Notify in Case of Emergency” card that will fold up to be about the size of a business card. This is to be kept in your purse or wallet in addition to the ICE or “In Case of Emergency” information you should list in your cell phone.

There are two cards per sheet so you can print a card for your significant other at the same time.

Here's what to do:

1. Take a piece of 8 ½ x 11 card stock paper (available at any office supply store) and print page 1 on one side and page 2 on the other. Hold it up to the light to make sure the red borders on each side line up. If they don't line up, simply move your margins a little and reprint.
2. Cut out the cards just outside the red borders.
3. Fill out the information on the cards. The first “notify” person you list should be your **immediate MAG-MRC Team Leader**. The second notify person should be your **Mission Point Of Contact (POC)**. The third notify person should be a **family member or friend** chosen to be your emergency contact.
4. You'll note that one line says “Remind this person their instructions are located...” Here's the deal on that. The last page in this set is the “Open Only in Case of Emergency” form. This is the set of instructions you leave with the person you're about to list as an emergency contact on your wallet card. Ask them where they'll be storing their instructions, so that if they're ever contacted, the Emergency Responder that makes the call can read the card and remind them where they stored their emergency instructions telling them what you need them to do in an emergency. Remember, any time a family member gets a call like that, the last thing they'll be thinking about is where they put that letter you gave them detailing what to do!
5. Fold up the card along the dotted lines and put it in your wallet.
6. Enter ICE as a contact on your cell phone and enter your emergency contact person's phone number.

#### Open Only in Case of Emergency

As we stated above, this is the instructions for your emergency contact. This form helps you detail what you might need this person to do for you or your family in case you are incapacitated in an emergency. You'll note that on your emergency card there is room for more than one contact. We did this for a couple of reasons; one, in an emergency redundancy is our friend, and two, you might need different emergency contacts to do different things.

Here's what do do:

1. Pick a couple of people to be your emergency contacts.
2. Decide the specific duties you would need each of these contacts to do on your behalf.
3. Fill out the instructions on this form and give a copy to your emergency contact.
4. Ask them where they'll be storing the form.
5. List this storage location on your Notify in Case of Emergency card on the “Remind this person their instructions are located...” line.

Now that you have filled all this out, here's our most important instruction of all: Be prepared and maintain good awareness so you don't need any of this other information!



## **In Case of Emergency**

**My name is:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other: \_\_\_\_\_

**Notify 1:** (Name) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: \_\_\_\_\_

Cell phones: \_\_\_\_\_

Work phones: \_\_\_\_\_

Email: \_\_\_\_\_

**(This should be your immediate Team Leader)**

**Notify 2:** (Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: \_\_\_\_\_

Cell phones: \_\_\_\_\_

Work phones: \_\_\_\_\_

Email: \_\_\_\_\_

**(This should be your Mission Point Of Contact)**

This is the **front side** a **larger** "Notify in Case of Emergency" card. **The next page is the backside of the card.** It'll **fold along the dotted lines** and wind up being about the size of a business card.



## **In Case of Emergency**

**My name is:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other: \_\_\_\_\_

**Notify 1:** (Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: \_\_\_\_\_

Cell phones: \_\_\_\_\_

Work phones: \_\_\_\_\_

Email: \_\_\_\_\_

**(This should be your immediate Team Leader)**

**Notify 2:** (Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: \_\_\_\_\_

Cell phones: \_\_\_\_\_

Work phones: \_\_\_\_\_

Email: \_\_\_\_\_

**(This should be your Mission Point Of Contact)**

***Fold so that the "In Case of Emergency" panel winds up on the outside.***

<b>Notify:</b> (Name): _____ Address: _____ City: _____ St: _____ Zip: _____ Phones: _____ Cell phones: _____ Work phones: _____ Email: _____ <input type="checkbox"/> Remind this person their instructions are located: _____ _____	Blood type: _____ Organ donor? ____ Age: ____ Allergies: _____ Medic Alert?: _____ On medication for: _____ _____ Doctor: _____ Address: _____ City: _____ St: _____ Zip: _____ Phones: _____
Other instruction: _____ _____ _____ _____ _____ _____ <input type="checkbox"/> I live alone and have pets or _____ at home. <input type="checkbox"/> _____	Other medical data: _____ _____ _____ _____ _____ _____ _____ _____

This is the **backside** of your larger “**Notify in Case of Emergency**” card. Though it folds up to about the size of a business card, there is more room for extra instruction if so needed. You may need this room for extra people to contact, additional instruction for personal needs or those of dependants, etc.

<b>Notify:</b> (Name): _____ Address: _____ City: _____ St: _____ Zip: _____ Phones: _____ Cell phones: _____ Work phones: _____ Email: _____ <input type="checkbox"/> Remind this person their instructions are located: _____ _____	Blood type: _____ Organ donor? ____ Age: ____ Allergies: _____ Medic Alert?: _____ On medication for: _____ _____ Doctor: _____ Address: _____ City: _____ St: _____ Zip: _____ Phones: _____
Other instruction: _____ _____ _____ _____ _____ _____ <input type="checkbox"/> I live alone and have pets or _____ at home. <input type="checkbox"/> _____	Other medical data: _____ _____ _____ _____ _____ _____ _____ _____

**OPEN ONLY IN CASE OF EMERGENCY**

If you are reading this letter, it must mean we are in the middle of an emergency situation and need your help.

The information contained here should provide you enough data for you to help us in our absence.

As we have no idea what kind of emergency has prompted you to open this envelope, please follow these instructions in the order listed. Above all, thank you for your help!

**1. If you are trying to reach us and have no other way to find us, start by trying the following:**

Name	Phone 1	Phone 2	Email

**In addition to the above we have:**

- > A phone list posted by our phone. > Our address book is located \_\_\_\_\_.
- > We have an address book program on our computer. The software name is \_\_\_\_\_.
- > Our computer password is: \_\_\_\_\_. (← Note: Sensitive info.)

**2. If you are securing care for us or our dependents for whatever reason, you'll need to know the following:**

**Medical** ("Who For?" = Who is the family member that sees this doctor?)

Type	Name	Who For?	Phone 1	Phone 2	Email
Doc 1					
Doc 2					
Vet					

**Professional**

Type	Name	Phone 1	Phone 2	Email
Insurance				
Attorney				

**3. If you are gathering our goods and gear to help is in an emergency evacuation, please bring the following:**

- ☐ Our "Bugout Kit" is in a: (number & type of packs or bags)\_\_\_\_\_ and is located in:\_\_\_\_\_.
- ☐ Our "Bugout Kit" has a "Last Minute List" located in its: \_\_\_\_\_. This list will give more info.
- ☐ Our main **Rendezvous Point** is: \_\_\_\_\_.

**4. This copy of this Emergency Letter is being left with:** (name: )\_\_\_\_\_. We may need the following specific help from you: \_\_\_\_\_

**5. Attachments and Enclosures:** (Attach or enclose only what is needed by this letter's recipient.)

- ☐ House key is enclosed, or is hidden: \_\_\_\_\_
- ☐ Safe deposit box key is enclosed or is located: \_\_\_\_\_
- ☐ Custody Release for minor child
- ☐ "Find Me" sheet(s)
- ☐ Computer disk enclosed
- ☐ Legal documents attached:
- ☐ Please contact the people listed on the attached sheet and notify them of our emergency. ("Important Contacts" page.)
- ☐ Alarm code: \_\_\_\_\_
- ☐ Other key(s) enclosed: \_\_\_\_\_
- ☐ Medical Release for minor child
- ☐ "Important Contacts" page(s)
- ☐ Computer password: \_\_\_\_\_
- ☐ Special instructions for pet care
- ☐ "Family Member Data" sheet(s)
- ☐ Other written instruction attached

**Note: Ask where this recipient stores this letter. Note the location on your "Notify in Case of Emergency" card.**

## **Processes & Procedures Developed**



## **Appendix of Forms**

### **MAG MRC**

### **Safety Documents**



## MAG-MRC Safety Recommendations and Guidelines for Volunteers at Risk for COVID-19 Exposure:

- All volunteers should receive training on appropriate use of personal protective equipment (PPE), including donning and doffing procedures.
- Hand hygiene supplies including alcohol-based hand sanitizer should be readily accessible in patient-care areas, including where volunteers put on and remove PPE.
- All persons with upper respiratory symptoms (fever, cough, shortness of breath) should wear a facemask for source control.
- Screening staff do not need to wear PPE if they are separated from patients by a physical barrier such as a glass or plastic window. Screening staff should make these interactions as brief as possible by limiting the interaction to screening questions only.
- If a volunteer is operating in a screening capacity and must be within 6 feet of a patient, they should use appropriate PPE, including at minimum:
  - Facemask (e.g., surgical mask)
  - Gloves (e.g., clean, non-sterile)
  - Eye protection (e.g., goggles, face screen)
- A fit-tested N95 is often preferred and should be used if performing a nasopharyngeal swab.
- A gown (washable or disposable) is recommended if extensive contact with the patients is anticipated.
- Eye protection and other non-disposable supplies should be decontaminated/washed for re-use.
- Do not carry contaminated supplies home, wash clothing and shower immediately, and be mindful to disinfect contaminated surfaces (e.g., phones).
- Actively self-monitor for the development of key symptoms (e.g., fever, cough, shortness of breath) with symptom diary and temperature recordings (see forms below).
- Immediately abstain from duty if symptoms develop and return to duty/work no sooner than 3 days (72 hours) since resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and 7 days since symptoms first appeared.
- If you would like help with COVID-19 testing, please contact your MAG-MRC team leader to coordinate.

### Resources:

#### Safety Practices for Critical Workers and Healthcare Settings

- <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>
- [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html)

#### PPE Donning & Doffing

- [https://www.cdc.gov/coronavirus/2019-ncov/downloads/A\\_FS\\_HCP\\_COVID19\\_PPE.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf)

#### N95 Respirator Fitting and Seal Check

- <https://www.cdc.gov/niosh/npptl/pdfs/KeyFactorsRequiredResp01042018-508.pdf>
- <https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf?id=10.26616/NIOSH-PUB2018130>

#### State COVID-19 Testing & Direct Patient Lines

- <https://dph.georgia.gov/document/document/covid-19-testingdirect-patient-line/download>



## MAG-MRC COVID-19 Exposure and Symptom Monitoring

Name: \_\_\_\_\_

Volunteer Site: \_\_\_\_\_

MAG MRC Team Leader: \_\_\_\_\_

Exposure (start) date: \_\_\_\_\_

Please use the space below to briefly summarize exposure history and/or episode(s). Please note what personal protective equipment and safety precautions were used, COVID-19 status of those involved, & any actions taken since exposure.



## MAG-MRC COVID-19 Exposure and Symptom Monitoring

Please use this form to actively monitor for the common signs and symptoms of COVID-19. Should any of these present within 14 days of exposure, refrain from further duty and contact your team leader.

Date	Time	Temperature	Cough	Shortness of breath	Muscle aches	Chills	Diarrhea
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N

# **Processes & Procedures Developed**



## **Appendix of Forms**

### **MAG MRC**

### **Safety & Screening Guidelines**

## Safety Recommendations and Guidelines: volunteers operating in a workforce screening capacity:

- Hand hygiene supplies including alcohol-based hand sanitizer or soap and water should be readily accessible in patient-care areas, including where volunteers put on (don) and remove (doff) PPE.
- All volunteers should receive training on appropriate use of PPE, including donning and doffing procedures.
- All patients with upper respiratory symptoms (fever, cough, shortness of breath) should wear a facemask for source control.
- Screening staff do not need to wear PPE if they are separated from patients by a physical barrier such as a glass or plastic window. Screening staff should make these interactions as brief as possible by limiting the interaction to screening questions only.
- If a staff member must be within 6 feet of a patient, they should use appropriate PPE, including at minimum:
  - Facemask (e.g., surgical mask)
  - Gloves (e.g., clean, non-sterile)
  - Eye protection (e.g., goggles, face screen)
- A fit-tested N95 is often preferred and should be used if performing a nasopharyngeal swab.
- A gown (washable or disposable) is recommended if extensive contact with the patients is anticipated.
- Eye protection and other non-disposable supplies should be decontaminated/washed for re-use.
- Do not carry contaminated supplies into your living quarters. Upon return to living quarters undress and wash clothing, shower immediately, and be mindful to disinfect contaminated surfaces (e.g., phones).
- Actively self-monitor for the development of key symptoms (e.g., fever, cough, shortness of breath) with symptom diary and temperature recordings.
- Immediately abstain from duty if symptoms develop and return to duty/work no sooner than 3 days (72 hours) following resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and 7 days since symptoms first appeared.

### RESOURCES- CDC

- Infection Control Surveillance Guides & PPE for Healthcare Personnel (HCP)
  - [https://www.cdc.gov/flu/pdf/protect/cdc\\_cough.pdf](https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf)
  - [https://www.cdc.gov/coronavirus/2019-ncov/downloads/Essential-Critical-Workers\\_Dos-and-Donts.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/Essential-Critical-Workers_Dos-and-Donts.pdf)
- PPE Donning & Doffing
  - [https://www.cdc.gov/coronavirus/2019-ncov/downloads/A\\_FS\\_HCP\\_COVID19\\_PPE.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf)
  - [https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19\\_PPE\\_illustrations-p.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_illustrations-p.pdf)
- N95 Respirator
  - <https://www.cdc.gov/niosh/npptl/pdfs/KeyFactorsRequiredResp01042018-508.pdf>
  - <https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf?id=10.26616/NIOSH PUB2018130>
- Coronavirus symptoms and self-checker
  - <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

REFERENCES- CDC

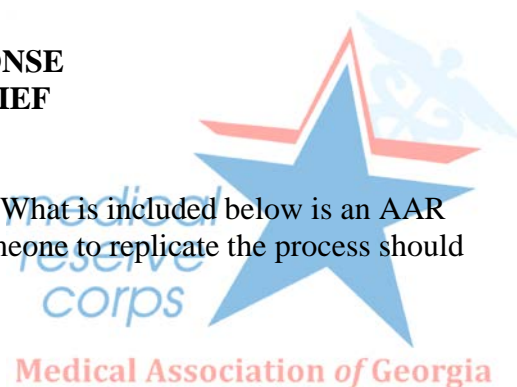
- Infection Control Recommendations – Updated April 1, 2020 – CDC review: April 9, 2020  
[https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html)
  - **Please see FAQ #2 in the link provided below and the attached PDF on the maximum and minimum standards for PPE for HCPs:**  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html>
- Safety Practices for Critical/Essential infrastructure Personnel CDC Review: April 8, 2020  
<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>



# **OPERATIONS**

## **SUMMARY**

# **MAG-MRC COVID-19 RESPONSE OPERATIONS SECTION CHIEF ENDOPS REPORT**



As this was not a standard mission, this cannot be a standard AAR. What is included below is an AAR built around a narrative that provides the basics, plus will allow someone to replicate the process should we have to perform the same functions during a future deployment.

## **OVERVIEW**

On March 15th, MAG-MRC was tasked with setting up the surge tents for Kennestone Hospital in Marietta, GA. Within a few days we were activated to fill a unique role to recruit, process, organize, deploy, and coordinate medical personnel of all levels for the purpose of filling staffing shortages at hospitals, provide personnel for testing sites, and to provide well-checks in support of troops assigned to food bank packing missions and decontamination missions.

In this role, we were to liaison with the Georgia State Defense Force as well as the Georgia National Guard, though our primary communication was with the GASDF.

The role the Operations Section played in this mission is described under “Process” below.

The rest of this ENDOPS report will discuss the basic process we followed, along with accomplishments, shortfalls, and suggestions for improvement should we need to resume this mission or one very much like it.

## **PERSONNEL**

- Operations Chief Paul Purcell, Deputies: Dr. Hayes Wilson Tony Bagdonis Taylor Wilson
- Branch Chief A Dr. Kay Kirkpatrick – Haltom, Branch A Deputy Max Tarica
- Branch Chief B Dr. Tom Haltom, Branch B Deputy Isabella Tondi-Resta
- Branch Chief C Dr. Frances Purcell
- A-1 Team Leader Dr. Jim Barber, A-1 Deputy Travis Bailey
- A-2 Team Leader Dr. Manoj Shah, A-2 Deputy Miki Hayashi
- A-3 Team Leader Dr. Lisa Sward, A-3 Deputy Eric Fouad
- B-1 Team Leader Dr. Mike Greene, B-1 Deputy Blaire Burton
- B-2 Team Leader Dr. Ian McCullough, B-2 Deputy Hannah Gold
- B-3 Team Leader Dr. Carlos Parrado, B-3 Deputy Ankita Kanwar
- B-4 Team Leader Dr. Luz Heaton, B-4 Deputy Thomas Godwin

## **PROCESS**

There were four basic components to the Operations Section process: A – Organize the Teams, B – Receive and Publish Requests For Assistance (RFAs), C – Process Volunteer Personnel for the RFA, D – Deploy and Monitor the Volunteers

### **A – Organize the Teams**

- Team members were pulled from the main MAG-MRC Roster at <https://bit.ly/2zYADKO> (created and managed by Deputy Incident Commander, Paul Hildreth). Starting with just under 50 names, the roster grew to over 300 deployable team members once their background checks, waivers, forms, and other processes had been completed.

- The decision was made to organize the teams geographically since our missions would be location-specific and not process-oriented. We therefore used the Georgia EMS Region Map - for which we had Team Leaders in most of the 10 districts – to organize teams based on the volunteer's home address.
- Along and along, as members were added to the main roster, they would be assigned to a team, and the updated rosters would be sent to the Branch Chiefs and Team Leaders for introductions and additional communication to include a “Welcome Packet” containing pertinent information.

## **B – Receive and Publish the RFAs**

- RFAs would arrive via email from the GASDF. Once in, they would be distributed directly to the individual volunteers. At first, RFAs were passed to the geographically applicable Branch Chief and then down to the Team Leader covering that area. This proved to be too slow since the process relied on when emails were read and then passed along. We, therefore, changed to a direct distribution model where RFAs were mass- emailed to all members who could then log on to a JotForm (<https://hipaa.jotform.com/200983777424060>) to register for a particular RFA (mission).
- Direct-to-volunteer mailing of the RFAs also reduced the workload of the Branch Chiefs and Team Leads, who would only have to be involved in the RFA publishing process if there were no initial responses from volunteers and the RFA would then need to be pushed out directly to a local area.
- The mission / RFA would be listed on the Status Board spreadsheet at: [https://docs.google.com/spreadsheets/d/1ZE7V7cQYM43BoPocp\\_7WnT3z\\_9JQ2l4rMz9MHsS2uE08/edit?ts=5e9374eb#gid=0](https://docs.google.com/spreadsheets/d/1ZE7V7cQYM43BoPocp_7WnT3z_9JQ2l4rMz9MHsS2uE08/edit?ts=5e9374eb#gid=0) where it would be listed by date received, WebEOC/RFA number, mission name, and position(s) needed. At this point, the mission would be designated “O” for Open Mission, meaning we had not yet filled the slot.

## **C – Process Volunteers for the RFAs**

- As volunteers would sign up for various RFAs, their JotForm response would be logged on [https://docs.google.com/spreadsheets/d/1nby543II-AHpGHUYGKp6ghuZZ4VMgM7tgrekuhfYiIg/edit?usp=sharing\\_eip&ts=5e91d9eb&urp=gmail\\_link](https://docs.google.com/spreadsheets/d/1nby543II-AHpGHUYGKp6ghuZZ4VMgM7tgrekuhfYiIg/edit?usp=sharing_eip&ts=5e91d9eb&urp=gmail_link) and an email would be sent to the appropriate Team Leader, or to the Operations Chief if the volunteer did not know which team they were on.
- The volunteer registering for the mission would be checked against the main roster to make sure all their paperwork and background check(s) had been completed.
- If everything was good and there was only one volunteer responding to the mission, orders would be requested from the GASDF for that person, for that mission, and within a certain date range.
- If there was more than one respondent for a single position, the final candidate would be selected based on a number of criteria which included: Specialty, availability, geographic location, physicality (age, health).
- Also during this portion of the process, the Team Leader would have ensured there was a good line of communication with the volunteer being deployed, and the Team Leader would make sure the deployee had received all necessary information (that would eventually be included in the “Welcome Packet.”)
- One step we eventually added to this portion of the processing – after sending volunteers to a number of RFAs that were no longer open – was to verify that the RFA truly reflected an active need.
- Another adjustment we eventually implemented, as we began to receive requests for multiple personnel for an individual site (such as testing sites), we began requesting “blanket orders” from the GASDF. For this we would list a person for a broader date range than their recurring / sporadic availability, and we would also list them for two similar missions (such as the two testing sites at Cumming / Dawsonville and at Athens / Clarke County). This gave us the flexibility to fill multiple schedule slots with a finite number of volunteers who had limited availability.



## D – Deploy and Monitor

- Once orders had been received from GASDF, the orders would be forwarded to the deployee along with information on the Point Of Contact (POC) for the mission / location, etc. The Branch Chiefs and Team Leaders would be included in the email loop.
- Also, once orders had been cut, the Mission Order number would be added to the Status Board next to the mission name, and the mission status would be changed from “O” for Open to “A” for Active.
- It’s at this point that much of the active “operations” work begins. Once a volunteer was deployed, their name was entered on the Status Board on the mission line, and under the dates they would perform the mission function. Through the teamwork of everyone in the Operations Section, the current whereabouts and status of that volunteer was monitored and posted. Current status was conveyed via a combination of color-coding the spreadsheet cell containing that person’s name for that shift, as well as using the “Comments” feature to provide additional detail (and using the Comments feature also gave us time-stamping of that detail).
- Information necessary to update the Status Board came in from several sources. First, we had a “Google Survey” link ([https://docs.google.com/forms/d/e/1FAIpQLSf1FDttZZvCwEdgliKLOaxiX-KMeNRppp8nv4EEZxg4MIKZyQ/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSf1FDttZZvCwEdgliKLOaxiX-KMeNRppp8nv4EEZxg4MIKZyQ/viewform?usp=sf_link)) that each deployee could use to self-report where they were and what they were doing during various stages of the day and mission. Second, Operations Section members at all levels would reach out to the volunteer via text, email, and/or phone call. Third, we sometimes reached out to the mission location POC for verification of the volunteer’s safety and wellbeing (which was always our number one priority).
- Another component of the monitoring process was to provide the “Boots On the Ground” (BOG) Report; a daily count of all personnel working as part of MAG-MRC. Part of the count was automatically tabulated by the Status Board spreadsheet, and other personnel were counted through the Virtual State Operations Center (VSOC) list housed under separate tab on the Status Board page. These daily totals were shared with a number of GASDF personnel on a daily basis to help them fill out their SITREPs and other reports.

## ACCOMPLISHMENTS

- JotForm for RFA / Mission Signup (Dr. Frances Purcell): We would update this board with current listings of open RFAs, and volunteers could sign up for specific missions. Along with this JotForm, Dr. Purcell also created the related spreadsheet that would log the volunteers and their mission of choice.
- Status Board (Created with assistance and input from Dr. Frances Purcell, Paul Hildreth, Fred Jones, Hannah Gold, Blaire Burton, Daniel Mayer – SDF). The Status Board was used to list missions, positions needed, mission status, volunteer scheduling, volunteer status, and Boots On the Ground (BOG) numbers tracking, as well as total shifts worked tracking.
- In Case of Emergency (ICE) Card: A customized MAG-MRC card to be carried by each deployed volunteer.
- Letter Of Authorization: This letter communicated a request to treat the bearer as a first responder, and helped delineate the volunteers status as a deployed asset in the MAG-MRC COVID Response.
- Google Survey Self-Reporting (Jay Zaesim): A tool by which deployees could use their smart phone to self- report their current status; whether they were on their way to report for duty, on duty, off-duty heading to billeting, etc.
- Deployment and Preparedness Checklists: Two checklists were developed. One was a basic family / home preparedness checklist to make sure the volunteer had everything in order to leave their

home to report. The other focused more on the deployment itself and listed processes and items necessary to make the deployment more successful.

- Welcome Packet (Dr. Tom Haltom, Hannah Gold, Blaire Burton): Numerous forms and checklists were developed to be given to the volunteers as they received orders. The Welcome Packet was developed to provide volunteers with the same information at a much earlier time.
- Schedule 360 Software Access for larger, single-site deployments (Leonard Goodelman): Thanks to Leonard we had access to a substantial professional scheduling software that would have been useful had we expanded the number of missions that required numerous volunteers at single location.
- We created and refined a really good process as we went along, thanks to a great team.

## **NOT ACCOMPLISHED**

- I would have liked to have created a more detailed set of Status Board usage instruction to include a screencast video and PDF orientation (however, we accomplished the goal via Zoom meeting instruction).
- Having a column on the main roster (or Status Board tab) to show names submitted for orders and the associated RFA location.
- Creating a cross-reference matrix showing single and overlapping duties for ops, team leads, deputies, etc. during completion steps from RFA receipt through AAR.

## **OBSTACLES / WEAKNESSES**

- We were having to create all our processes as we went. We had no pre-established procedures or protocols. Though the entire team did a stellar job of rolling with the punches, it would have been better to have had some sort of roadmap, hence this AAR.
- Having RFAs come in through the GASDF via email was problematic in some instances. We experienced delays in receiving the RFAs, which led to delays for the whole process, and when a position was filled by us, we would sometimes find the need was outdated and the position no longer open.
- The types of reports necessary on a regular basis would change on a regular basis, as would the recipients, and each recipient would prefer a slightly different report format. If we repeat this type of mission, we should set a written schedule of which types of communication are needed by whom and by when.

## **BY THE NUMBERS**

- 1526 total MAG-MRC daily shifts logged (as of 5-25-20) 259 were deployed BOG, 1267 were VSOC.
- Hours for Operations Chief: 454.5 direct hours logged over 54 consecutive days.
- Expenses: Zero expenses incurred by the Operations Section.

## **OPPORTUNITIES / SUGGESTIONS**

- Establish all reports needed and their time / days due from the start.
- Set the list of who gets copied on which communication.
- Be sure to provide the WebEOC number for each RFA.
- Call operations by the same name. The RFA would call a mission by one name, but it would be listed on GASDF SITREPS by another, and in some cases, listed by us on the Status Board by a third.
- It's good that we got our MAG-MRC vehicle flags and magnetic signage. We should also issue green glow sticks for nighttime convoy ID.

- If we are reactivated, each person in a leadership or communication position should get their own MAG-MRC email address. Not only does it better identify us to the recipient, it helps keep personal email systems clean.

#### STAND-DOWN / FOLLOW-UP NOTES

- Having a daily video call was a great thing, and Zoom was a good platform.
- The team composing our Operations Section, and indeed, our whole ICS / VSOC was top-notch.
- If we are reactivated in this capacity, we should immediately incorporate medical students. The time, energy, technical competence, and focus of the ones we had on our team made all the difference.

###

Report compiled by: Paul Purcell, Operations Chief Date: 5-25-20

medical  
reserve  
Corps

Medical Association of Georgia



# **INDIVIDUAL MISSIONS**



# **EMERGENCY SURGE FACILITY CONSTRUCTION**



**Wellstar  
Kennestone  
Hospital  
-  
Marietta, GA**

**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**



**GSDF Form 350-1 AAR, 17 DEC 2013**

**SUBJECT:** After Action Report for Mobile Surge Hospital Setup at Wellstar Kennestone Hospital, Marietta

**DATE:** 15 MAR 2020

**1. Base Data:**

- a. Type of Mission/Activity: Mobile Surge Hospital setup
- b. SAD Orders Number: NA
- c. Mission Order #: NA
- d. Inclusive Dates: 3/13/20 – 3/15/20
- e. Location: Wellstar Kennestone Hospital, Marietta, GA
- f. Performed for: Wellstar Kennestone Hospital, GDPH
- g. Unit Performing Mission: MAG MRC

**2. OPERATIONS**

- a. Operation Summary: A mobile surge hospital was set up outside of the Emergency Department of the Wellstar Kennestone Hospital in Marietta, Georgia.
- b. Man Days: 19

Total Man Days: 19

Total troops responding: 14 MAG MRC personnel, 3 Wellstar personnel assisted.

MRC Officers on site: 11

Total Officer Mandays: 16

MRC Warrant Officers on site: 3

Total Warrant Officer Mandays: 3

- c. Transportation, food, equipment & other expenses: none
  - i. Travel: none
  - ii. Food: none
  - iii. Lodging: none
  - iv. Equipment Purchased: none
- d. Significant events:
  - i. The mobile Surge Hospital was successfully unloaded and setup without incident.
- e. Specific Media Involvement
  - i. Subsequent news articles appeared in the Atlanta Journal-Constitution on March 16 and March 17

**3. Overall Assessment:**

- a. Communication Effectiveness: MAG MRC was alerted on March 13 to an anticipated request for assistance, providing MAG MRC leadership time to alert its membership and acquire a team of volunteers who were on standby awaiting the call. This can largely be

attributed to the longstanding effective working relationship between MAG MRC leadership and Cobb & Douglas County Public Health staffer Janaila Hawkins.

- b. Overall Strengths: MAG MRC was able to field a team of fourteen volunteers.
  - i. MAG MRC leadership, including John Harvey, MD, Paul Hildreth, and Fred Jones, met with hospital leadership the night before the mission to determine the needs and coordinate.
  - ii. MAG MRC volunteers had all been previously trained in the erection of mobile surgical facilities.
  - iii. All volunteers reported to the site promptly at 09:30.
  - iv. Assignments were given and work commenced.
  - v. The project was completed at 14:00.
- c. Overall Weaknesses: equipment trailers were poorly packed and missing equipment, including needed generators
- d. Other comments: none
- e. Overall mission/activity assessment: successful
- f. Corrective actions taken to correct deficiencies: absence of equipment was reported to the appropriate personnel

Prepared by:

Name and rank: Fred Jones

Unit and Position: MAG MRC, Program Coordinator

Reviewed By:

Name and rank: John S Harvey MD FACS

Unit and Position: Medical Director MAGMRC  
COL GSDF, GA DoD



# Wellstar Kennestone Hospital

## 15 MAR 20



*09:30 hours – MAG MRC members and hospital contractor and volunteers report and receive their instructions.*



*MAG MRC members Dr. John Harvey, Paul Purcell, and Taylor Wilson begin unloading.*





*Dr. Harvey and Chip return to the Command Trailer as MAG MRC members and hospital personnel attend to their tasks.*



*The first mobile surge tent is positioned.*





*MAG MRC members Dr. Hayes Wilson and Danielle Spears, RN prepare to inflate the first unit*



*MAG MRC members and Wellstar personnel continue positioning the first mobile surge unit as its being inflated.*



*MAG MRC members and Wellstar personnel complete inflation.*



*Inside mobile surge unit number 1 after inflation.*





*With mobile surge units 1 & 2 inflated, work on number 3 begins.*



*MAG MRC member connects units as a Wellstar manager observes the progress.*





*MAG MRC members Dr. Lisa Sward and Dr. Luz Heaton prepare the unit opening.*

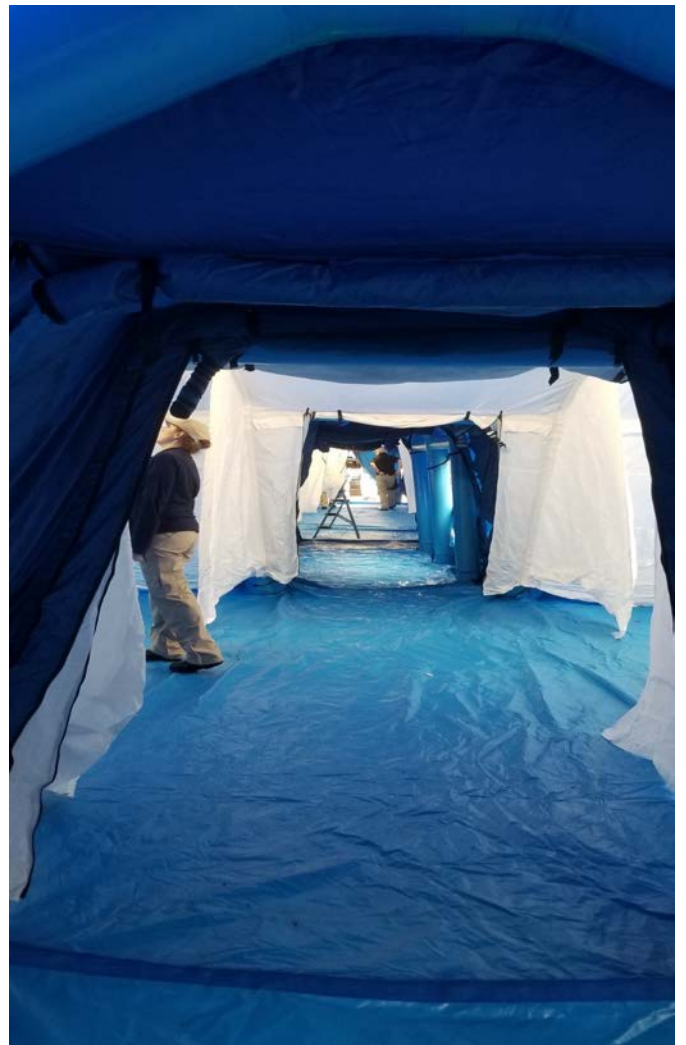


*MAG MRC member installs electrical extension cords to power unit lights.*

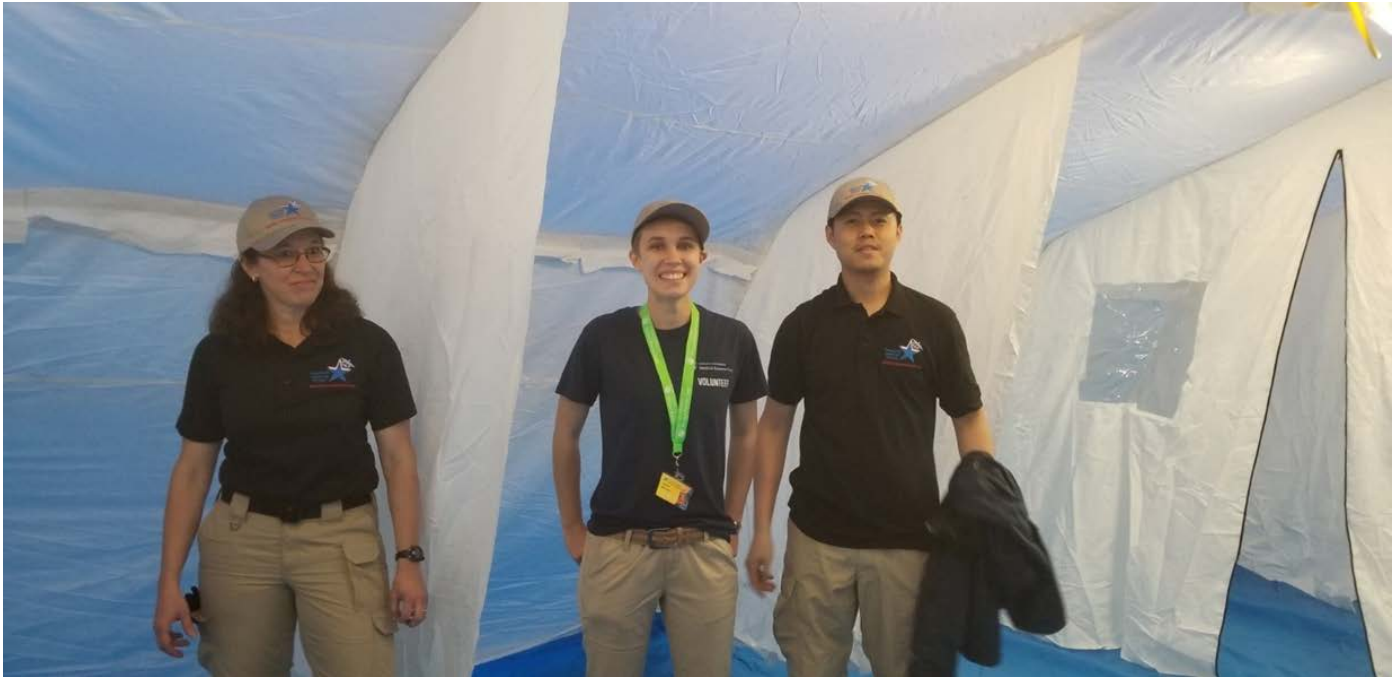




*MAG MRC members install lights and put final touches on three erected mobile surge units.*







*MAG MRC members Dr. Lisa Sward, and medical students Natalie Bertrand and Hauron Peng catch their breath.*



*At 14:00 hours, the job is complete with three mobile surge units erected, connected, and lighting installed. Final steps for hospital staff complete to prepare them to receive hospital equipment and patients are to install generators and HVAC units.*



# Surge medical hospital opens in Marietta



## Coronavirus outbreak

March 17, 2020

A makeshift facility that popped up Sunday in the parking lot of WellStar Kennestone Hospital in Marietta is now bustling with medical personnel, including more than a dozen volunteer physicians, nurses and paramedics.

The surge facility, set up at the hospital's request, most likely will serve as ground zero for triaging and treating patients with coronavirus. WellStar Kennestone officials will determine in what manner the facility will be used, said Dr. John S. Harvey, medical director for the Medical Association of Georgia Medical Reserve Corps.

Harvey, a general trauma surgeon in north Atlanta, got the call on Sunday to set up the surge hospital.

"We were there in less than 12 hours," he said. "These nurses, physicians, paramedics and administrative personnel have trained for years in being prepared for these types of disasters."

The facility has enough room for staging, triage or treatment of patients, as well as for monitoring

and testing.

State Sen. Kay Kirkpatrick, a physician who is a member of the corps, said the state has eight of these mobile tent hospitals in trailers around the state that can be deployed as needed. Kirkpatrick said the mobile units have lights, power and partitions to create separate rooms and handle almost anything that's done in a brick-and-mortar hospital.

The Medical Reserve Corps is a state organization of 100 citizen volunteers, including more than 60 physicians, which provides manpower and mobile hospitals to augment disaster response in times of crisis. The corps, which has 19 units in Georgia, operates under the direction of the Georgia Department of Public Health, and the state of Georgia owns and controls the assets.



Photo: The Atlanta Journal-Constitution

Harvey told the AJC he had not heard whether he would be asked to deploy additional multi-purpose facilities around the state. But everything is changing by the minute, he said, and everyone is doing their best to try to address needs.

# Tents set up behind Wellstar Kennestone ER as coronavirus case number grows



Photo: The Atlanta Journal-Constitution

March 16, 2020

Tents have been set up behind the emergency room at Wellstar Kennestone Hospital in Marietta.

“At Wellstar, the health and safety of our patients and communities is at the center of everything we do,” said a statement. “Wellstar Kennestone has set up tents for COVID-19. There are many criteria for testing and not everyone meets the criteria to get a COVID-19 test.”

Wellstar Health System said the blue tents at Kennestone are for isolating patients with cough, cold or fever.

Georgia authorities confirmed the state’s first coronavirus-related death last week. **The victim was a 67-year-old male with “underlying medical conditions” who had been hospitalized at Wellstar Kennestone.** State officials said the victim tested positive on March 7.

“The patient was masked immediately upon arrival, which helped limit overall exposure to others, and the risk to our staff and visitors remains significantly low,” Gov. Brian Kemp said.

**The Georgia Department of Public Health now reports 121 confirmed coronavirus cases in Georgia, up from Sunday's total of 99.**

New cases were confirmed in Cherokee, Clarke, Clayton, Cobb, Fulton, Gwinnett, Henry and Lowndes counties, according to the agency. Of those, Clayton, Cobb and Fulton counties reported the largest increases, with three new cases each in Clayton and Cobb and seven in Fulton. Forsyth, Hall, Paulding and Troup counties each reported their first ever case of the coronavirus, the state health department said.

Medical experts expect the actual number of cases is far greater and that official tallies will rise as testing becomes more widespread.

“If you don’t have good testing you are releasing numbers that are really meaningless, just totally meaningless,” said Dr. Arthur Caplan, founding head of the Division of Medical Ethics at New York University’s School of Medicine.

[AJC.com](https://www.ajc.com). Atlanta. News. Now.



**Emory University  
Hospital Midtown  
-  
Atlanta, GA**



**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**



**GSDF Form 350-1 AAR, 17 DEC 2013**

**SUBJECT:** After Action Report for Mobile Surge Hospital Setup at Emory University Hospital, Midtown (EUHM)

**DATE:** 6/10/2020

**1. Base Data:**

- a. Type of Mission/Activity: Mobile Surge Hospital setup
- b. SAD Orders Number: NA
- c. Mission Order #: NA
- d. Inclusive Dates: 3/20/20
- e. Location: EUHM
- f. Performed for: EUHM, GDPH
- g. Unit Performing Mission: MRC

**2. OPERATIONS**

- a. Operation Summary: A mobile surge hospital was set up outside of the EUHM Emergency Department.
- b. Man Days: 40

Total Man Days: 3

Total troops responding: 2 MRC personnel, 38 Emory personnel assisted with setup.

MRC Officers on site: 3

Total Officer Mandays: 3

MRC Warrant Officers on site: 0

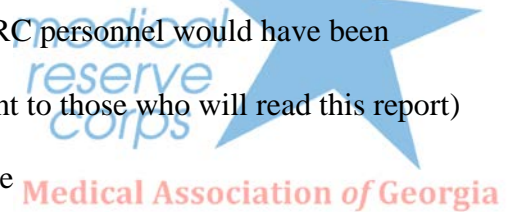
Total Warrant Officer Mandays: 0

- c. Transportation, food, equipment & other expenses: none
  - i. Travel: none
  - ii. Food: none
  - iii. Lodging: none
  - iv. Equipment Purchased: none
- d. Significant events:
  - i. The mobile Surge Hospital was successfully unloaded and setup without incident.
- e. Specific Media Involvement
  - i. none

**3. Overall Assessment:**

- a. Communication Effectiveness:
- b. Overall Strengths: prearrangement with Emory CEPAR personnel resulted in them having enough personnel on hand to successfully set up the mobile hospital with MRC direction.

- i. Competent direction of this mission by Ian McCullough MD and Fred Jones of MAGMRC. John Harvey MD met with Hospital CEO and Construction team prior to the hospital construction.
- c. Overall Weaknesses: none, other than additional MRC personnel would have been welcomed
- d. Other comments: (Any comment that seems pertinent to those who will read this report)
- e. Overall mission/activity assessment: successful
- f. Corrective actions taken to correct deficiencies: none



Prepared by:

Name and rank: Ian McCullough, Captain

Unit and Position: MAG MRC, Team Leader

Reviewed By:

Name and rank: John S Harvey MD FACS

Unit and Position: Medical Director MAGMRC  
COL GSDF, GA DoD

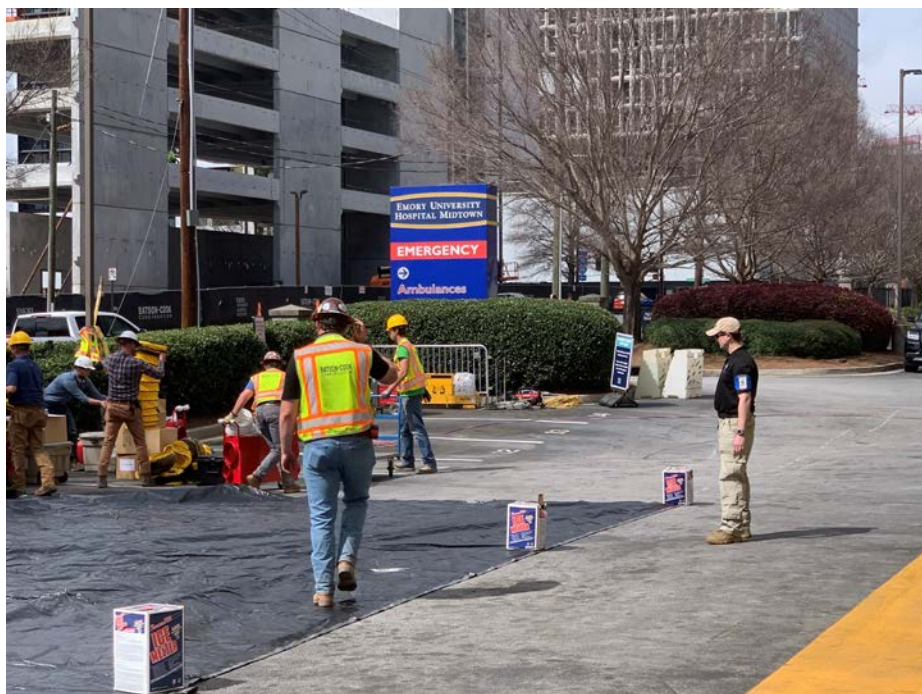
# Emory University Hospital Midtown



Medical Association of Georgia



*EUHM ED parking lot cleared for erection of mobile surge units.*



*EUHM workmen prepare the surface under the direction of  
MAG MRC member Dr. Ian McCollough.*





*MAG MRC member Dr. Ian McCollough, explains  
the purpose and installation of air pumps*



*MAG MRC Medical Director, Dr. John Harvey and MAG MRC K9 Corps member, Chip  
observe as Dr. McCollough begins inflation of second mobile unit.*



*The job is complete with three mobile surge units ready to receive hospital equipment and patients.*



# **Foodbank**

# **Missions**



# **Foodbank Support**

## **Valdosta - 1 & 2**

**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**



**GSDF Form 350-1 AAR, 17 DEC 2013**  
**Replaces 11 OCT 2011 - Previous Editions Are Obsolete**  
**References :**

- a- GSDF SOP 350-2 MRF
- b- Mission or UTA SAD Orders

**MEMORANDUM FOR: ACoS G3**

**SUBJECT: After Action Report for Valdosta1 079-M001A/M004A**

**DATE: 8 MAY 2020**

**1. Base Data:**

- a. Type of Mission/Activity: Valdosta 1 2 and Harvest Food Bank Spt
- b. SAD Orders Number: 079-20-064
- c. Mission Order #: 079-M001A - 4BDE
- d. Inclusive Dates: 30 MAR – 3 APR 2020
- e. Location: Valdosta Industrial Park  
1411 Harbin Cr Dr, Valdosta, 31601
- f. Performed for: SDF MAG MRC
- g. Unit Performing Mission: A1

**2. OPERATIONS**

- a. Operation Summary:  
Team performed screenings of GA National Guard members and provided support for workplace injuries
- b. Man Days:  
Total Man Days – 10  
Total troops responding - 4  
MRC Officers on site: 4  
Total Officer Mandays : 10  
MRC Warrant Officers on site : 0  
Total Warrant Officer Mandays : 0
- c. Transportation, food, equipment & other expenses:
  - i. Travel : 3 vehicles and 648 miles
  - ii. Food : \$12.93
  - iii. Lodging : \$0 (provided by GA NG)
  - iii. Equipment Purchased : \$142.70
- d. Significant events:
  - i. Troops were successfully screened, allowing them to complete their task of loading food supplies. No injuries required removal of troops from deployment site.
- e. Specific Media Involvement
  - i. None



### 3. Overall Assessment:

- a. Communication Effectiveness:
  - i. Excellent. No issues encountered.
- b. Overall Strengths:
  - i. MRC troops
- c. Overall Weaknesses: (List all deficiencies that need correcting)
  - i. None
- d. Other comments:
  - i. MRC troops improvised as needed to complete mission
- e. Overall mission/activity assessment:
  - i. This mission was accomplished without incident and was successful.
- f. Corrective actions taken to correct deficiencies:
  - i. None necessary



Prepared by:

Name and rank: James Barber MD, Captain  
Unit and Position: MAG MRC  
GSDF

Reviewed By:

Name and rank: John S Harvey MD FACS  
Unit and Position: Medical Director MAGMRC  
COL GSDF, GA DoD  
  
G3 GSDF

**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**



**GSDF Form 350-1 AAR, 17 DEC 2013**

**Replaces 11 OCT 2011 - Previous Editions Are Obsolete**

**References :**

- a- GSDF SOP 350-2 MRF
- b- Mission Order 079-M001A, WebEOC: See M001A, Mission Order 093 M007, WebEOC: SOC-8630576, SAD Orders 079-20-064 and attachments

**MEMORANDUM FOR: ACoS G3**

**SUBJECT:** After Action Report for COVID-19 DSCA Missions

**DATE:** 6-May-20

**1. Base Data:**

- a. **Type of Mission/Activity:** 2<sup>nd</sup> Harvest Food Bank Support and POD
- b. **SAD Orders Number:** 079-20-064
- c. **Mission Order Number:** 079-M001A, M007
- d. **Inclusive Dates:** 1-Apr-20 to 3-Apr-20
- e. **Location:** 2<sup>nd</sup> Harvest Food Bank (Valdosta), Thomas Co. Central Highschool
- f. **Performed for:** GSDF
- g. **Unit Performing Mission:** GSDF MRC

**2. OPERATIONS**

- a. **Operation Summary:** Medical assessments of GSDF soldiers at the time of reporting to and release from duty shift for packing boxes of food provisions for COVID-19 response needs. During Friday POD distribution of food, monitoring of troop hydration and incidental medical needs.
- b. **Man Days:**
  - i. Total Man Days: 6
  - ii. Total troops responding: 2
  - iii. MRC Officers on site: 1
    - 1. Total Officer Mandays: 3
  - iv. MRC Warrant Officers on site: 1
    - 1. Total Warrant Officer Mandays: 3
- c. **Transportation, food, equipment & other expenses:**
  - i. Travel: 1 vehicle and 524 miles round trip mileage
  - ii. Food: \$12.93
  - iii. Lodging: \$0
  - iii. Equipment Purchased: {Total: \$142.70} -- Water bottle carriers \$13.93 (x2), temple touch thermometers \$35.99 (x2), Nitrile gloves \$18.91, Athletic tape \$13.93
- d. **Significant events:**
  - i. Police escort from Valdosta to Thomasville POD
- e. **Specific Media Involvement**
  - i. None

### 3. Overall Assessment:

#### a. **Communication Effectiveness:**

- i. Successfully used wireless devices

#### b. **Overall Strengths:**

- i. Have sunscreen on hand for POD, the troops really appreciated it
- ii. Temple touch thermometer reads more accurately than IR

#### c. **Overall Weaknesses:**

- i. Water bottle carrier to more efficiently deliver cold water to troops during POD
- ii. IR refrigerator/industrial thermometers cannot accurately read body temperature nor can they be accurately “converted” due to their lack of precision

#### d. **Other comments:** Lt. Col. Yates is a part of the local police force, his safety briefing was particularly useful

#### e. **Overall mission/activity assessment:** Successful mission, no reported or clinical evidence of illness or injury.

#### f. **Corrective actions taken to correct deficiencies:** We purchased two water bottle carriers for the next mission. We purchased an extra temple touch thermometer to speed up the screening process.

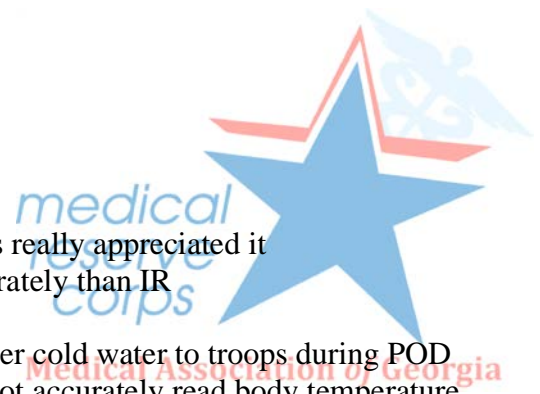
Prepared by:

Name and rank: Taylor Wilson, A1 WO1  
Unit and Position: MAGMRC  
GSDF

Reviewed By:

Name and rank: John S Harvey MD FACS  
Unit and Position: Medical Director MAGMRC  
COL GSDF, GA DoD

G3 GSDF





**After Action Review**  
**Second Harvest of South Georgia Food Bank POD with GSDF**

**April 17, 2020**

• **What did we set out to do?** The mission was to assist the Second Harvest of South Georgia Food Bank with a point of distribution for food to the residents of the Valdosta, Georgia area during the COVID-19 pandemic. Two lines of cars would pass through a point of distribution in which troop members of the Georgia State Defense Force and staff of the Second Harvest of South Georgia Food Bank would put previously filled boxes of food including eggs, fruits, and vegetables in or on each vehicle. Food boxes for two families per car was the allowed amount to distribute. In addition, local law enforcement was present to allow drivers to organize the boxes inside their vehicles, and to maintain order during the distribution process. The mission started at 0730 and ended at 1230.

• **What actually happened?** Point of distribution was well coordinated, organized, and effective. Troop members of the Georgia State Defense Force remained hydrated during the time engaged in the mission. There were no heat related illness events with the personnel working at the point of distribution lines. There were no injuries or accidents during this event. There were no signs or symptoms of COVID-19 within the members of the Georgia State Defense Force prior to or after the mission. A tent provided by the Second Harvest of South Georgia Food Bank did not have anchoring devices. During periods of windy conditions, the tent moved, threatening to be blown away. Members of the Georgia State Defense Force and MAGMRC present at the tent location held onto the tent's frame in order to restrain it from moving.

• **Why did it happen?** The troops incident command was very effective. Mission objectives were defined with clear precision. Successful mission information and goals were provided to the troops as well as tips to avoid injury or accidents during the mission's performance. In addition, a cooler with ice, water, and rehydrating electrolyte drinks were accessible to the troops to remained hydrated through the POD duration. In reference to the safety hazard represented by the tent, the lack of anchoring devices played an instrumental role in the hazard's risk.

• **What are we going to do next time?** Continue the effective communication between incident command and troops with information about the mission's goals and expectations, work safety, and hazards. Maintain accessible hydration and snacks to provide energy during times in which heat or fatigue could cause symptoms of illness. Ensure that any tent at the site has an effective anchoring system in order to avoid safety hazards.

• **Acronyms:**

GSDF: Georgia State Defense Force

MAGMRC: Medical Association of Georgia. Medical Reserve Corps.

POD: Point of Distribution.

Prepared by:

Name and Rank: Luz Heaton, MD, Captain

Unit and Position: MAGMRC/DoD-GSDF

Reviewed By:  
Name and rank: John S Harvey MD FACS  
Unit and Position: Medical Director MAGMRC  
COL GSDF, GA DoD





# **Foodbank Support**

## **Thomasville - 1 & 2**

**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**



**GSDF Form 350-1 AAR, 17 DEC 2013**  
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**References :**

- a- GSDF SOP 350-2 MRF
- b- Mission or UTA SAD Orders

**MEMORANDUM FOR: ACoS G3**

**SUBJECT: After Action Report for THOM – 1749396**

**DATE: May 20, 2020**

**1. Base Data:**

- a. Type of Mission/Activity: THOM - 1749396
- b. SAD Orders Number: SAD Orders 079-20-064
- c. Mission Order #: 103-M014 - 5BDE
- d. Inclusive Dates: 13 April – 17 April, 21 April – 25 April
- e. Location: 2nd Harvest Food Bank Spt Thomasville, Georgia
- f. Performed for: SDF MAG MRC
- g. Unit Performing Mission: A2 Team

**2. OPERATIONS**

- a. Operation Summary:

This mission was well-check conducted twice a day; once at the beginning of the day and again at the end, as well as basic first aid. On final day of the mission there is a POD where well checks and basic first aid were performed.
- b. Man Days:

Total Man Days – 10  
Total troops responding - 8-11  
MRC Officers on site: One  
Total Officer Mandays : 10  
MRC Warrant Officers on site : None  
Total Warrant Officer Mandays : None
- c. Transportation, food, equipment & other expenses:
  - i. Travel : \$51.30
  - ii. Food : \$37.98 on water, snacks, and travel meals. Most meals were provided.
  - iii. Lodging : Lodging was provided
  - iv. Equipment Purchased : Equipment was provided for me.
- d. Significant events:
  - i. 24 April at 0430 I was woken up by the Sergeant who informed me that the Colonel wasn't feeling well and they wanted me to check him out. I got my bag and a mask and went to his room. Sergeant Kimble and 2LT Abt were both present. The Colonel had labored breathing, chills, and a cough. I heard wheezing in the lower lobe of his right lung. He was tachycardic and we decided to take him to the

emergency room. 2LT Abt volunteered to drive the Colonel and requested that I accompany them. I got masks for the Colonel and Lieutenant, and we drove to Archbold Medical Center. We checked the Colonel in and were asked to wait outside the hospital. I also liberally sanitized my hands and forearms which had been coughed on. After an hour or so Sergeant Kimble came to pick me up to go to the POD. I was told that the Colonel had pneumonia and COVID tests were pending. I decided to stay at the hotel another night with hopes that the results would be ready soon and would be negative. The next day a negative result was obtained, and I went home.

- ii. No other major medical issues. Just minor things like muscle strain, mild dehydration, ankle inversion injury, small blow to the head, torn fingernail, etc.
- e. Specific Media Involvement
  - i. None

### 3. Overall Assessment:

- a. Communication Effectiveness:
  - i. The communication was very well done. Whenever there were concerns our issues everyone was very prompt and polite in providing responses.
- b. Overall Strengths:
  - i. There is a great support system for persons in the field. When I was asked by one of the GSDF Officers to acquire PPE I had a great response from Dr. Shah and other leaders. Everything was well coordinated between members of the MRC.
  - ii. I really feel like the MRC takes care of their own and is a well-organized group. Even down to reimbursements. Dr. Shah sent me the forms to fill out before I even had the chance to ask, everyone was willing to support and help.
  - iii. I liked the routine communication emails from Chief Purcell and ability to mobilize quickly.
- c. Overall Weaknesses: (List all deficiencies that need correcting)
  - i. The only thing I remember is that I was originally placed in the wrong group with Dr. Sward (who was very helpful and kind) when I belonged in Dr. Shah's group. This was quickly fixed and may have been due to an error on my part when signing up.
  - ii. Something that could be corrected I suppose would be protocols for certain situations. I wasn't 100% positive what I should do if someone failed a temperature/well check. I assumed I'd keep them out of the food bank and call one of my superiors. Thankfully that never happened.
- d. Other comments:
  - i. None
- e. Overall mission/activity assessment:
  - i. This was a well-organized mission that was appreciated by the troops of the GSDF that were present. The soldiers were taken care of and kept safe while they provided a necessary service to the citizens of Georgia.
- f. Corrective actions taken to correct deficiencies:
  - i. None

Prepared by:

Name and rank: Mason Tate Bennett

Unit and Position: MAG MRC, GSDF

Reviewed By:  
Name and rank: John S. Harvey, MD  
Unit and Position: Medical Director, MAGMRC  
COL GSDF, GA DoD



**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**



**GSDF Form 350-1 AAR, 17 DEC 2013**

**Replaces 11 OCT 2011 - Previous Editions Are Obsolete**

**References :**

- a- GSDF SOP 350-2 MRF
- b- Mission Order 103-M014, WebEOC: THOM-1749396, SAD Orders 079-20-064 and attachments

**Medical Association of Georgia**

**MEMORANDUM FOR: ACoS G3**

**SUBJECT:** After Action Report for COVID-19 DSCA Missions

**DATE:** 8-May-20

**1. BASE DATA:**

- a. **Type of Mission/Activity:** 2<sup>nd</sup> Harvest Food Bank Support and POD
- b. **SAD Orders Number:** 079-20-064
- c. **Mission Order Number:** 103-M014
- d. **Inclusive Dates:** 26-Apr-20 – 2-May-20
- e. **Location:** 2<sup>nd</sup> Harvest Food Bank (Thomasville), Tifton Agriculture Museum POD, Plains POD
- f. **Performed for:** GSDF
- g. **Unit Performing Mission:** GSDF MRC

**2. OPERATIONS**

- a. **Operation Summary:** Medical assessments of GSDF soldiers at the time of reporting to and release from duty shift for packing boxes of food provisions for COVID-19 response needs. During Friday and Saturday POD distribution of food, responsible for monitoring troop hydration and incidental medical needs.
- b. **Man Days:**
  - i. Total Man Days: 7
  - ii. Total troops responding: 1
  - iii. MRC Officers on site: 0
    - 1. Total Officer Mandays: 0
  - iv. MRC Warrant Officers on site: 1
    - 1. Total Warrant Officer Mandays: 7
- c. **Transportation, food, equipment & other expenses:**
  - i. Travel: 1 vehicles and 588 miles round trip mileage
  - ii. Food: \$0
  - iii. Lodging: \$0
  - iv. Equipment Purchased: \$0
- d. **Significant events:**
  - i. Major General Thomas Carden 2<sup>nd</sup> Harvest Food Bank (Thomasville) site visit on Thursday 30APR20
- e. **Specific Media Involvement**

- i. Photos taken by GA TAG of the entry screening of Major General Carden as well as Food Bank operations.

### 3. OVERALL ASSESSMENT:

#### a. Communication Effectiveness:

- i. Successfully used wireless devices

#### b. Overall Strengths: (list all points that should be maintained)

- i. Instituted MRC-led morning stretches before work. Troops appreciated pre-work stretching, particularly those with past injuries. Stretching also allowed me to assess if any of the soldiers had limits in their range of motion that I needed to monitor.
- ii. Utilizing two temple touch thermometers significantly reduced lag time between readings
- iii. Utilizing a bottle carrier greatly improved my ability to efficiently deliver cold water to the troops during POD and keep the soldiers hydrated.

#### c. Overall Weaknesses: (List all deficiencies that need correcting)

- i. Lack of communication concerning a soldier—with a recent shoulder surgery and lifting restrictions—before he was transferred to work with our mission for the day on 29APR20. In the end the issue was resolved because the OIC of M014, WOC Alonso, was able to confirm that the soldier's CO was aware of the fact that the soldier was released only for partial duty and that the CO had no issue with him participating with our mission to the best of his abilities. SFC Kimble modified the soldier's duties to prevent reinjury of the shoulder and allow him to continue contributing meaningfully.

#### d. Other comments: None

#### e. Overall mission/activity assessment: Successful mission, no reported or clinical evidence of illness or injury.

#### f. Corrective actions taken to correct deficiencies: I will request to open a line of communication between medical staff on other missions before their soldiers are transferred, whether temporarily or permanently, to allow for any necessary adjustments in the workflow for the soldier's medical needs.

#### Prepared by:

Name and rank: Taylor Wilson, WO1

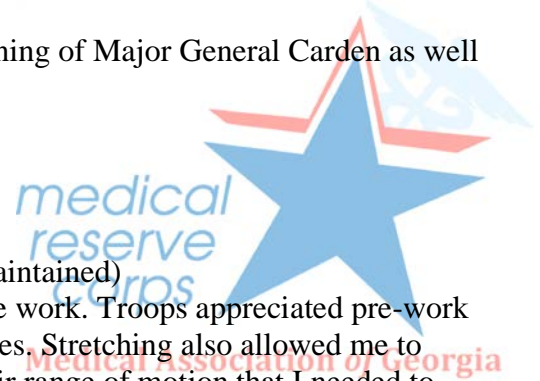
Unit and Position: MAG MRC, GSDF

#### Reviewed By:

Name and rank: John S. Harvey

Unit and Position: Medical Director MAGMRC  
COL GSDF, GA DoD

G3 GSDF





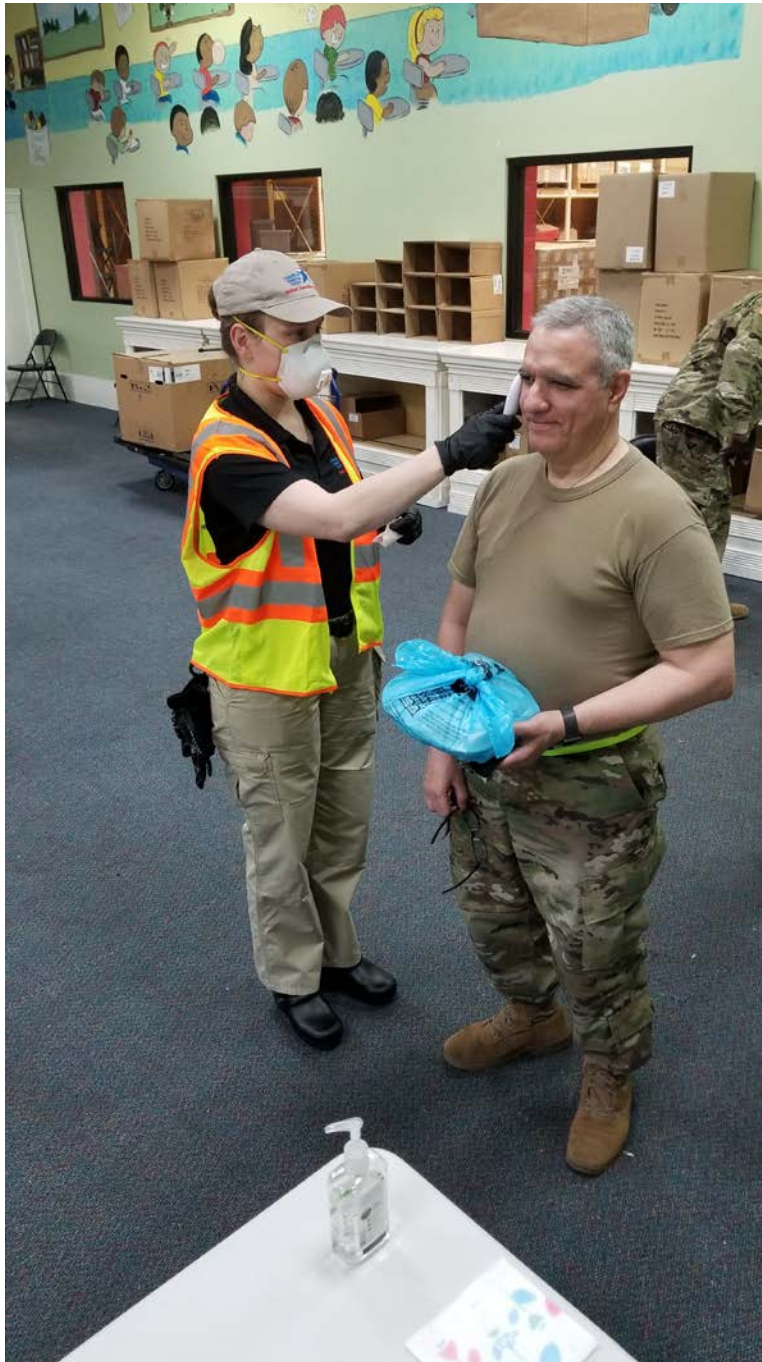
# Foodbank Support Missions



*MAG MRC members Dr. Luz Heaton and Taylor Wilson, an EMT, sort through supplies with COL Kirk of the GSDF.*



*MAG MRC member Dr. Luz Heaton conducts a wellness check for a member of the GSDF in Tifton.*



*MAG MRC member Taylor Wilson, an EMT, conducts an end of the duty day wellness check for a member of the GSDF in Valdosta.*



# **Hospital Support**



# **Hospital Support**

## **Bibb County**



**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**



**GSDF Form 350-1 AAR, 17 DEC 2013**  
**Replaces 11 OCT 2011 - Previous Editions Are Obsolete**

**References :**

- a- GSDF SOP 350-2 MRF
- b- Mission or UTA SAD Orders

**MEMORANDUM FOR: ACoS G3**

**SUBJECT:** After Action Report for [Bibb1-Navicent health](#)

**DATE** 04/13/20 to 04/17/20

**1. Base Data:**

- a. Type of Mission/Activity: - [Ambulance service](#)
- b. SAD Orders Number:
- c. Mission Order #: 092-M006A
- d. Inclusive Dates: 04/13/20 to 04/17/20
- e. Location: Navicent Health, Macon, GA
- f. Performed for: - [Teresa Hollingsworth](#)
- g. Unit Performing Mission: [SDF MRC](#)

**2. OPERATIONS**

- a. Operation Summary: [Help in Ambulance service but she is LPN and not trained to do, so helped cleaning ambulances and arranging uniforms.](#)
- b. Man Days: [\(Calculate based on 24hr days, ie 24 hr mission is 1 man day per troop on duty\)](#)  
[A mission of less than 24hrs is considered 1 man day per troop attending. Troops on station, whether on duty or not, are counted towards mandays.](#)

Total Man Days – [4 days](#)

Total troops responding - 1

MRC Officers on site :

Total Officer Mandays :

MRC Warrant Officers on site :

Total Warrant Officer Mandays :

- c. Transportation, food, equipment & other expenses: [\(report out of pocket expenses for ALL troops\)](#)
  - i. Travel : [\(show # of vehicles and TOTAL round trip mileage\)](#)
  - ii. Food : [\(show total food cost for mission\)](#)
  - iii. Lodging : [\(show total lodging cost\)](#)
  - iv. Equipment Purchased : [\(list each item with cost\)](#)
- d. Significant events: [\(below list significant events, good or bad, and any interaction with local LEA\)](#)
  - i. She did not have enough work as she is not trained EMS person, but really enjoyed work and staff was very helpful and appreciative of her presence.

- ii. She got few days later with fever and could not go to duty and we were scared that she might have COVID from duty but it was sinusitis only.
- e. Specific Media Involvement (note any contact with public media, or PAO activity)
  - i.

3. **Overall Assessment:**

- a. Communication Effectiveness:
- b. Overall Strengths: (list all points that should be maintained)
  - i. Good place to work and very appreciative.
  - ii.
- c. Overall Weaknesses: (List all deficiencies that need correcting)
  - i. She did not have much work due to not trained for the job.
  - ii.
- d. Other comments: (Any comment that seems pertinent to those who will read this report)
- e. Overall mission/activity assessment: (what was the observed overall assessment)
- f. Corrective actions taken to correct deficiencies : (how you plan to correct the noted deficiencies before the next operation is undertaken)

Prepared by:

Name and rank: Manoj Shah, MD, CAPT  
Unit and Position: MAGMRC Team Lead, GSDF

Reviewed By:

Name and rank: John S Harvey MD FACS  
Unit and Position: Medical Director MAGMRC  
COL GSDF, GA DoD

G3 GSDF

medical  
reserve  
corps

Medical Association of Georgia



# **Hospital Support**

## **Fulton County**

**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**



**GSDF Form 350-1 AAR, 17 DEC 2013**

**Replaces 11 OCT 2011 - Previous Editions Are Obsolete**

**References :**

- a- GSDF SOP 350-2 MRF
- b- Mission or UTA SAD Orders

**MEMORANDUM FOR: ACoS G3**

**SUBJECT:** After Action Report for Fulton1 – Piedmont Atlanta Hospital

**DATE:** 05/06/2020

**1. Base Data:**

- a. Type of Mission/Activity: Hospital staffing support
- b. SAD Orders Number : FULT-9702481
- c. Mission Order #: 097 MO11
- d. Inclusive Dates: 04/09 – 04/22
- e. Location: Piedmont Atlanta Hospital
- f. Performed for: SDF MRC
- g. Unit Performing Mission: SDF MRC


**2. OPERATIONS**

- a. Operation Summary: Personnel were deployed to assist hospital staff in operating temperature stations outside of the hospital to screen staff for symptoms of respiratory infection upon entering the building for work.
- b. Man Days:
  - Total Man Days – 18 (including pax from B2 and A2)
  - Total troops responding – 4: Sara Guercio, Rila Tummala, Gurshawn Tuteja, Israr Khan
- c. Transportation, food, equipment & other expenses: None
- d. Significant events:
  - i. Two personnel left after the first day and reported they were not needed and didn't want to expose themselves unnecessarily
  - ii. One person never reported for the mission because it was not communicated to her whether there would be PPE provided.

**3. Overall Assessment:**

- a. Communication Effectiveness: The volunteers should have been better prepared to deploy to this mission and given more information prior to departure. The POC at the site was unresponsive and when they did respond, they were not sure what the MRC volunteers' role was there. Communication could have been improved between the MRC and the POC so it was clear how many we were sending and what their duties would be on arrival.
- b. Overall Strengths:
  - i. Adequate PPE provided



- 
- ii. Scheduling of shifts was accommodating to volunteer's availability
    - iii. Staff was easy to work with
  - c. Overall Weaknesses:
    - i. Lack of clear purpose at the site
    - ii. Excess of staff to perform minimal work
    - iii. Lack of responsiveness from the POC on site
  - d. Other comments: N/A
  - e. Overall mission/activity assessment: Overall the mission went well despite organizational and communication issues. It was a valuable learning experience for our Medical Student volunteer especially.
  - f. Corrective actions taken to correct deficiencies : For future missions, communication was improved between the MRC leadership teams and the POC or OIC at each mission site.

Prepared by:

Name and rank: Ian McCullough, Captain  
Unit and Position: MAG-MRC / GSDF, Team Leader

Reviewed By:

Name and rank: John S Harvey MD  
Unit and Position: MAGMRC Medical Director  
COL GSDF, GA DoD



# **Hospital Support**

## **Tift County**

**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**



**GSDF Form 350-1 AAR, 17 DEC 2013**  
**Replaces 11 OCT 2011 - Previous Editions Are Obsolete**

**References :**

- a- GSDF SOP 350-2 MRF
- b- Mission or UTA SAD Orders

**MEMORANDUM FOR: ACoS G3**

**SUBJECT:** After Action Report for Tift 8507585

**DATE:** 04-29-2020

**1. Base Data:**

- a. Type of Mission/Activity: - RFA Tift Regional Medical Center
- b. SAD Orders Number :
- c. Mission Order # -
- d. Inclusive Dates: 04-13-2020 to 04-16-2020
- e. Location: Tift Regional Medical Center 901 18th St Tifton, GA 31794
- f. Performed for: -SDF MAG MRC
- g. Unit Performing Mission: SDF MRC

**2. OPERATIONS**

- a. Operation Summary:
- b. Maranda Lumsden RN was deployed to Tift Regional Medical Center ( TRMC) on RFA TIFT 8507585 to assist with clinical duties due to anticipated patient surge and staff shortages during the SAR-CoV-2 pandemic. At the time Tift, was receiving patient transfers from the Dougherty county ( Albany) area. Albany is a hotspot in Georgia with a case rate of 1666/100K. Maranda received orders from GSDF and travelled to Tifton on 4/13. She was billeted in a local hotel by the GSDF. She was trained on the hospital EMR system on day 1. The next day she completed some more in house computer training and was assigned to a nurse supervisor to began helping with clinical duties. TRMC was able to fill the required hospital staffing needs by reassigning local nursing staff due to the margin created as a result of cancelling elective surgeries, imaging studies, and non-emergent office visits. Maranda returned home safely on 4/16/2020.
- c. Man Days:4

Total Man Days – 4  
Total troops responding - 1  
MRC Officers on site :0  
Total Officer Mandays :0  
MRC Warrant Officers on site :0  
Total Warrant Officer Mandays :0

- d. Transportation, food, equipment & other expenses:
  - i. Travel
  - ii. Food

- iii. Lodging
- iv. Equipment Purchased :

- e. Significant events:
  - i. Lodging successfully arranged by GSDF
  - ii. Turns out TRMC did not need Maranda Lumsden RN. They were able to staff all clinical areas with reassignment of local nursing staff.
  - iii. Maranda reported a need for more pre-mission planning on TRMC part. For her deployment time she was not able to perform clinical duties that were well within her level of training, experience, scope of practice. Ultimately she made the assessment that her services were not needed due availability of excessive local staffing coverage.
- f. Specific Media Involvement
  - i.

### 3. Overall Assessment:

- a. Communication Effectiveness:
- b. Overall Strengths: (list all points that should be maintained)
  - i. Direct communication between team lead and deployed volunteer worked well.
  - ii. ICS was quick and effective in addressing Maranda's concern on day 2 when she did not know where to report or what clinical duties she needed to perform going forward.
- c. Overall Weaknesses: (List all deficiencies that need correcting)
  - i. Lack of mission clarity and true needs assessment prior to deployment
  - ii. Multiple layers of communication in between TRMC and the deployed volunteer ultimately lead to lack of mission clarity and accurate assessment of true mission need.
- d. Other comments: cutting orders without direct contact with POC and volunteer ( or team lead/deputy) lead to inefficent use of Maranda's time during deployment.
- e. Overall mission/activity assessment: I think Maranda was a good representative of the GSDF and MRC. I think the GSDF/MRC could have increased the mission success if we were able to have direct discussions with the POC from TRMC prior to actual GSDF orders being cut.
- f. Corrective actions taken to correct deficiencies : I think it would be a good idea for the Team Lead/Deputies to be able to directly contact the POC on the submitted RFA prior to any team members deployment in order to get more clarity on the needs, time frames of requested assistance, etc.

Prepared by:

Name and Rank: Lisa Sward CPT

Unit and Position: MAG MRC Team Lead, GSDF

Reviewed By:

Name and rank: John S Harvey MD FACS

Unit and Position: Medical Director MAGMRC  
COL GSDF, GA DoD

G3 GSDF

Tift1 Mission#103 M017  
MAGMRC 2LT Lumsden, Miranda LUM4147 4.15-4.16

MAGMRC responder comments  
Hi guys.



I want to start by saying I am so appreciative of being able to go to Tift, and I am insanely appreciative of your support.

Here are the few thoughts I came up with on the way home. These are purely ideas of ways we may better be able to help hospitals overwhelmed in a critical care situation.

I feel it would truly be best if they are sending us out in this situation (too many critical care patients/ too many patients sick with the same illness) that we attempt to offer relief in a team type fashion.

We train on this with crisis situations, but I am unsure as to how it has been used inside the hospital, and forgive me as I am certain you have significantly more experience than I do in this realm Eric. Hopefully, this will all make sense and you can add to this or even just brainstorm from what I put out there.

Back to the ideas-

We deploy in teams. Drs and nurses. The amount is based on the hospital numbers which we should be able to assess from talking to them before hand.

These hospitals are expanding into different parts and making them strictly Covid units or Covid rule out units. If we could take a team to take one unit, THAT is something I could see really helping. We take 6-10 patients off of their hands in these smaller scenarios, and more in bigger scenarios, based on the amount of space in the hospital.

I would think that we should be able to complete all necessary paperwork for the hospital, and get a badge, as well as gain access to their Pyxis and Omnicell, or whatever med and supply storage they use. If they want us to chart in their computer systems, we will need I would guess about a 2 hour crash course on that as well as logins. Honestly though, if our team is all on our unit and not leaving, we could potentially go old school paper! Another thought would be to get computer logins but documenting be completed in nurses and MD notes.

We would certainly need a liaison person in case we had a patient that needed some sort of further care, or we had some significant needs. I would guess this would be the house supervisor since she/ he is incredibly knowledgeable, and usually knows the answer to many many questions.

This is obviously a most ideal scenario, and is based more on what I saw at Tift.

The nurses seem very unsure of what our scope is and what we are there to do. For instance- my nurse would not let me administer medication under my computer login because I had not taken their medication test. Med tests are quite standard at hospitals for regular employees, so I understand her question. I reassured her, but she wasn't much having it.

It would be helpful to have the scope of each team member laid out if we plan to deploy inside hospitals. This way, an email can be sent to staff that we will be working in their system and it will give them clear guidance on our scope of practice for each role. This will greatly reassure the staff, and not worry them about getting in trouble because of us.

I know that all of these kinks may not work out during Covid-19, though I really hope they do. My sincere desire though, is that my feedback will make a difference in the future and if we are ever in any sort of situation where we need to provide relief for the hospitals.

Thank you again for this opportunity to serve during this time.

Maranda Lumsden RN  
470-505-6137

medical  
reserve  
corps



Medical Association of Georgia  
marandalumsden@gmail.com

marandalumsden@gmail.com  
Sat, Apr 18, 9:58 PM (8 days ago)  
Dr Harvey,

marandalumsden@gmail.com

marandalumsden@gmail.com

It was an absolute honor to be able to go to Tift Regional and try to help them. It did not go as I had planned, but I sincerely hope I made a difference, if only to be of encouragement to the staff there. I will definitely continue to look for other missions where I can serve both now, and in the future. My leaders were amazing! I received contact daily to ensure I was safe and supported. Thank you so much for taking the time to email me. I never expected to hear from anyone after returning home, so that definitely made me smile. This has been a wonderful experience and I hope to enlist others to serve. I am truly honored to be among people with such genuine and kind hearts.

God Bless you and many prayers for you and all of our leadership!

Respectfully,  
Maranda Lumsden RN





# **Hospital Support**

## **Randolph County**

**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**



**GSDF Form 350-1 AAR, 17 DEC 2013**  
**Replaces 11 OCT 2011 - Previous Editions Are Obsolete**

**References :**

- a- GSDF SOP 350-2 MRF
- b- Mission or UTA SAD Orders

**MEMORANDUM FOR: ACoS G3**

**SUBJECT:** After Action Report for [COVID-19 Mission Order](#)

**DATE:** [5/7/2020](#)

**1. Base Data:**

- a. Type of Mission/Activity: - (training, festival, color guard, seminar etc)
- b. SAD Orders Number : [SAD Orders 079-20-064](#)
- c. Mission Order # - [103 M016](#)
- d. Inclusive Dates: [4/13/2020 - 4/27/2020](#)
- e. Location: [SW GA Regional Med Ctr / ALS Med Spt](#)
- f. Performed for: - [SDF](#)
- g. Unit Performing Mission: [SDF MRC](#)

**2. OPERATIONS**

- a. Operation Summary: [This operation requires working as a CNA in Joe-Anne Burgin Nursing Home. I reported for the second shift from 1500-2300. My main responsibility was checking and tracking the vitals of the residents. There is a large binder in which the values are updated three times a day for patients. It is very important to stay on top of these numbers as patients have decompensated over the course of a day. I would also input the patients' vitals into an excel file to graph the patient's status over a longer period of time \(the EMR system in use does not provide this feature\). After vitals, I retrieved the dinner cart around 1700 from the cafeteria and helped pass out dinner trays for residents and set up their food/completed feeds as necessary. Clean-up was started around 1830-1700. After dinner, I stayed at the nursing station and answered the call-light for patients and unlocked the front door for workers allowed inside during the no-visitors lockdown. Miscellaneous tasks included restocking supplies in patient rooms, replacing used oxygen tanks, and manning the front door to screen for temperatures during nursing shift change. The shift ended by changing the patients briefs and helping them into a comfortable position for bed.](#)
- b. Man Days:
  - Total Man Days – [15](#)
  - Total troops responding - [1](#)
  - MRC Officers on site:
    - Total Officer Mandays:
  - MRC Warrant Officers on site:
    - Total Warrant Officer Mandays:
- c. Transportation, food, equipment & other expenses:([report out of pocket expenses for ALL troops](#))
  - i. Travel : [1 vehicle – 232 miles. \\$27.14 gas.](#)

- ii. Food : \$45.17
- iii Lodging : \$0
- iii. Equipment Purchased : \$5.07

d. Significant events:

- i. Note added by Operations: During her deployment, Ankita created and implemented a Google Sheets spreadsheet that facilitated data sharing across multiple terminals and which would alert staff much more quickly in the event of a change in resident temperature or other vital statistics related to COVID-19 symptoms.
- ii.

e. Specific Media Involvement (note any contact with public media, or PAO activity)

- i. none
- ii.
- iii.

3. Overall Assessment:

- a. Communication Effectiveness: One simple miscommunication while the DON position was changing hands. Otherwise effective.
- b. Overall Strengths: (list all points that should be maintained)
  - i. I felt that being a “float” CNA allowed me to maximize my efficacy, be efficient, and help virtually anyone in the nursing home that needed assistance.
  - ii.
- c. Overall Weaknesses: (List all deficiencies that need correcting)
  - i. none
  - ii.
- d. Other comments: Dorms are set up to have a maximum of 4 tenants with 2 bathrooms. Hospital sheets are provided for bedding + 1 pillowcase. There is a washer and dryer provided with laundry materials. There is one sink and one microwave for cooking. The community provides one home cooked meal a day, usually delivered around 1500 directly to the refrigerator.
- e. Overall mission/activity assessment: I believe this was a helpful and overall successful mission. I will state that I felt that my job was somewhat to backcheck the other CNAs, even though that was not explicitly stated. Management was frustrated by the subtle early manifestations of COVID-19 going undetected and would prefer someone making rounds on patients fairly often, so that priority should be kept in mind.
- f. Corrective actions taken to correct deficiencies : none

Prepared by:

Name and rank Ankita Kanwar 2LT

Unit and Position MAG MRC – Team Deputy/Volunteer, GSDF

Reviewed By:

Name and rank: John S Harvey MD FACS

Unit and Position MAG MRC Medical Director  
COL GSDF



# **Hospital Support**

## **Monroe County**

**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**



**GSDF Form 350-1 AAR, 17 DEC 2013**  
**Replaces 11 OCT 2011 - Previous Editions Are Obsolete**  
**References :**

- a- GSDF SOP 350-2 MRF
- b- Mission or UTA SAD Orders

**MEMORANDUM FOR: ACoS G3**

**SUBJECT: After Action Report for Monroe County**

**DATE: 05/29/2020**

**1. Base Data:**

- a. Type of Mission/Activity: Hospital staffing support
- b. SAD Orders Number : MONR #2029095
- c. Mission Order #: 107-M023
- d. Inclusive Dates: 04/09 – 05/31
- e. Location: Monroe County Hospital
- f. Performed for: SDF MRC
- g. Unit Performing Mission: SDF MRC

**2. OPERATIONS**

- a. Operation Summary: Personnel were deployed to assist the hospital in staffing the ED
- b. Man Days:
  - Total Man Days – 21
  - Total troops responding – 1: Donna Burton
- c. Transportation, food, equipment & other expenses: Hotel, travel, food
- d. Significant events:
  - i. One exposure even occurred midway through the mission that was well-documented and met with the appropriate response. Symptoms were tracked for 2 weeks per the hospital protocol and none were reported.

**3. Overall Assessment:**

- a. Communication Effectiveness:.
- b. Overall Strengths:
  - i. Adequate PPE provided
  - ii. Scheduling of shifts was accommodating to volunteer's availability
  - iii. Staff was easy to work with
- c. Overall Weaknesses:
- d. Other comments: N/A
- e. Overall mission/activity assessment: Overall the mission went very well and Donna enjoyed her time there.
- f. Corrective actions taken to correct deficiencies : For future missions, communication was improved between the MRC leadership teams and the POC or OIC at each mission site.

Prepared by:

Name and rank:

Ian McCullough, Captain; Hannah Gold 2<sup>nd</sup> Lieutenant

Unit and Position:

MAG-MRC / GSDF,

Reviewed By:

Name and rank:

John S Harvey MD FACS

Unit and Position:

Medical Director MAGMRC

COL GSDF, GA DoD

G3 GSDF







# **Hospital Support**

## **Clark County**

**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**



**GSDF Form 350-1 AAR, 17 DEC 2013**

**SUBJECT: AAR Clarke1**

**DATE: 10 May 2020**

**1. Base Data:**

- a. Type of Mission/Activity: - [DSCA Hospital Support Covid19](#)
- b. SAD Orders Number :
- c. Mission Order # - 103 M017
- d. Inclusive Dates: [13-14 APR 2020](#)
- e. Location: [Clarke County GA Athens](#)
- f. Performed for: -[RFA request](#) CLAR-5564271
- g. Unit Performing Mission: [SDF MRC](#)

**2. OPERATIONS**

- a. Operation Summary: [Medical volunteer Physician response to request for hospital support](#)
- b. Man Days:

Total Man Days – 2 Man Days

Total troops responding - 1

MRC Officers on site :

Total Officer Mandays : 1

MRC Warrant Officers on site :

Total Warrant Officer Mandays :

- c. Transportation, food, equipment & other expenses: Hotel billet provided.

i. Travel : ( [1 POV- 150 mi](#))

ii. Food : ([show total food cost for mission](#))

iii. Lodging : ([GSDF Billet 1 night](#))

iv. Equipment Purchased : ([list each item with cost](#))

- d. Significant events: ([below list significant events, good or bad, and any interaction with local LEA](#))

*I think there may have been some confusion here.*

*My POC at Piedmont/Athens is Phil Carpenter. When I spoke with him yesterday AM, after receiving orders, he didn't seem to know anything about me. I think that got resolved, and I travelled to Athens last evening and checked into the hotel that was arranged.*

*Phil and I texted last evening and agreed to meet at the ER this AM, which we did.*

*He took me up to the medical staff office where I met with a very nice RN (Valerie) who works in medical staff and sits in on all the meetings. She really had no idea who I was and certainly was not expecting me. She said as far as she knew, they were not in need of any help at this time. She was expecting one of the medical staff docs in at 9:30 and said she would call me. I have not heard from her yet. The hospital seemed very quiet.*

*Michael Grady MD MAGMRC*

- e. Specific Media Involvement ([note any contact with public media, or PAO activity](#))

- i.
- ii.
- iii.

### 3. Overall Assessment:

- a. Communication Effectiveness: Marginal
- b. Overall Strengths: (list all points that should be maintained)
  - i. Physician volunteer responded to SOC request with orders
  - ii.
- c. Overall Weaknesses: (List all deficiencies that need correcting)
  - i. Hospital POC voiced the knowledge of the needed physician but the hospital did not confirm the request nor utilize the physician.
- d. Other comments: (Hospital need expressed in RFA needs to be reviewed before a physician is dispatched from over 75 miles away)
- e. Overall mission/activity assessment: (wasted manpower asset by hospital not being aware of their requests and needs)
- f. Corrective actions taken to correct deficiencies : (MAGMRC Operations needs to be able to contact hospital directly to confirm needs and response personnel being sent to the hospital)



medical  
reserve  
Corps

Medical Association of Georgia

Prepared by:

Name and rank: John S Harvey MD FACS  
Unit and Position: MAGMRC Medical Director  
COL GSDF  
MAGMRC/GSDF

Reviewed By:

Name and rank  
Unit and Position

G3 GSDF

## COMMENTS:

We have a lot of moving parts with the tonnage of things going on. Mismatches will happen.

Col. Romine, and Dr. Grady, thank you for all you've done and all you're doing.

Paul Purcell

On Tue, Apr 14, 2020 at 11:18 AM Harve Romine <[harve.romine@gasdf.us](mailto:harve.romine@gasdf.us)> wrote:  
Paul, I apologize for the experience that Dr Grady has gone through. I hope to have a fix where this won't happen again; from now on either myself, Mak or Jay will make contact prior to cutting orders to ensure the hospital knows who is coming and what their specialty is. However, for this mission I am afraid Dr Grady should return home and wait to see if there is another mission going forward for which he can serve. Again, offer my apologies for the lack of communication prior to his arrival.

On Tue, Apr 14, 2020 at 10:42 AM Purcell, Paul <[Paul@disasterprep101.com](mailto:Paul@disasterprep101.com)> wrote:

What should our next steps be?

Thanks,

Paul P.

----- Forwarded message -----

From: **MICHAEL GRADY** <[michaeligrady@comcast.net](mailto:michaeligrady@comcast.net)>

Date: Tue, Apr 14, 2020 at 10:39 AM

Subject: RE: Michael Grady

To: Thomas L. Haltom, MD <[thaltom@mindspring.com](mailto:thaltom@mindspring.com)>

Cc: Paul Purcell <[paul@disasterprep101.com](mailto:paul@disasterprep101.com)>, <[ilmac227@gmail.com](mailto:ilmac227@gmail.com)>

Hi Tom,

I think there may have been some confusion here.

My POC at Piedmont/Athens is Phil Carpenter. When I spoke with him yesterday AM, after receiving orders, he didn't seem to know anything about me. I think that got resolved, and I travelled to Athens last evening and checked into the hotel that was arranged.

Phil and I texted last evening and agreed to meet at the ER this AM, which we did.

He took me up to the medical staff office where I met with a very nice RN (Valerie) who works in medical staff and sits in on all the meetings. She really had no idea who I was and certainly was not expecting me. She said as far as she knew, they were not in need of any help at this time. She was expecting one of the medical staff docs in at 9:30 and said she would call me. I have not heard from her yet. The hospital seemed very quiet.

In the mean time, I've said good-bye to my family who expected me to be here for a couple months and have unpacked my "stuff" here at the hotel.

Anyway, I'm back at the hotel, mobile, and willing to help if needed. I'd be very surprised if there is a need at this location given what I've seen and heard today.

Kind regards,

Michael

On April 14, 2020 at 9:37 AM "Thomas L. Haltom, MD" <[thaltom@mindspring.com](mailto:thaltom@mindspring.com)> wrote:

Michael,

We just want to make sure that our volunteers are doing well and that the missions are as described. Thank you for your willingness to serve others!

Tom H.

medical  
reserve  
corps

Medical Association of Georgia

**From:** Michael Grady <[michaeljgrady@comcast.net](mailto:michaeljgrady@comcast.net)>

**Sent:** Monday, April 13, 2020 5:10 PM

**To:** Thomas L. Haltom, MD <[thaltom@mindspring.com](mailto:thaltom@mindspring.com)>

**Cc:** Paul Purcell <[paul@disasterprep101.com](mailto:paul@disasterprep101.com)>; [ilmac227@gmail.com](mailto:ilmac227@gmail.com)

**Subject:** Re: Michael Grady

Tom...I "think" so. I have orders, a room, and a plan to meet with my contact person tomorrow at 8:30. I'll reach out if I need anything.

Kind regards,

Michael



# **Long Term Care Facilities Decontamination**





# **LTCF Decontamination 3/121<sup>st</sup> Support**

**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**



**GSDF Form 350-1 AAR, 17 DEC 2013**  
**Replaces 11 OCT 2011 - Previous Editions Are Obsolete**

**References :**

- a- GSDF SOP 350-2 MRF
- b- Mission or UTA SAD Orders

**MEMORANDUM FOR: ACoS G3**

**SUBJECT:** After Action Report for Cumming – Decon Support

**DATE:** 05/20/2020

**1. Base Data:**

- a. Type of Mission/Activity: Guard well-checks
- b. SAD Orders Number: 079-20-064A
- c. Mission Order #: 105 M021A
- d. Inclusive Dates: 04/09 – 05/31
- e. Location: Hampton Inn
- f. Performed for: SDF MRC
- g. Unit Performing Mission: SDF MRC

**2. Operations**

- a. Operation Summary: Provide medical screening support to GSDF members prior to starting the workday and at the end of the workday. Respond to medical emergencies or injuries as required.
- b. Man Days:  
Total Man Days – 28  
Total troops responding – 3 – Kathy Cozonac, Natalie Bertrand, Kristin Hake
- c. Transportation, food, equipment & other expenses: Lodging, food, and gas
- d. Significant events:
  - i. At the end of the mission guards were exposed to a COVID-positive individual and operations were suspended and the guards sent to quarantine at home. Our two volunteers interacted with the guards who were exposed but were not exposed themselves. Both were tested, monitored for symptom onset, and followed-up with appropriately.

**3. Overall Assessment: (from Natalie Bertrand, medical student)**

- a. Communication Effectiveness: The communication was great. It was easy to contact Hannah and Ian when needed and they both had a quick response time. The GSDF POC kept in touch well and they were easy to communicate with.
- b. Overall Strengths: It was a flexible position for someone who needed to work during the day and the time commitment was as much or as little as you wanted it to be. I was able to

meet some awesome people in the GSDF and make connections with physicians, nurses, and EMTs which was great for my future career. I learned so much about the GSDF and National Guard that I never even knew existed and I have a much better grasp on how an emergency response works. I was able to stay in a hotel during the mission which was perfect as I live with an immunocompromised family member and I didn't want to bring home the virus.

- c. **Overall Weaknesses:** The mission at baseline felt unnecessary as the GSDF team could have just as easily scanned themselves and screened for symptoms. It was awkward going from a civilian to a lieutenant overnight because the GSDF and Nat. Guard guys didn't really know how to treat me, and I didn't know how to respond.
- d. **Other Comments:** Once I took the initiative to make my position worthwhile, then it seemed to have more of a purpose. I brought a full first aid kit so I could offer more than a thermometer which came in handy and I listened to everyone's heart and lungs before I handed off to a new medic. About every other day I went out with the GSDF unit to help out at a DECON or testing site (while still working within the restrictions on my mission order), which was an awesome experience and gave my position more purpose.
- e. **Overall mission/activity assessment:** Overall the mission went well and our volunteers had a positive experience.
- f. **Corrective actions taken to correct deficiencies:** MRC team leads communicated better with the site OIC as the mission went on.

**Prepared by:**

**Name and rank:** Ian McCullough, Captain; Hannah Gold, 2<sup>nd</sup> Lieutenant  
**Unit and Position:** MAG MRC / GSDF Team Leader

**Reviewed By:**

**Reviewed By:**  
**Name and rank:** John S Harvey MD FACS  
**Unit and Position:** Medical Director MAGMRC  
COL GSDF, GA DoD

G3 GSDF



# **LTCF Decontamination 2/121<sup>st</sup> Support**

**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**



**GSDF Form 350-1 AAR, 17 DEC 2013**

**Replaces 11 OCT 2011 - Previous Editions Are Obsolete**

**References :**

- a- GSDF SOP 350-2 MRF
- b- Mission or UTA SAD Orders

**MEMORANDUM FOR: ACoS G3**

**SUBJECT:** After Action Report for COVID-19 Albany, GA

**DATE:** May 22, 2020

**Base Data:**

- a. Type of Mission/Activity: COVID-19 Albany, GA
- b. SAD Orders Number: 079-20-064
- c. Mission Order #: 092 M005A
- d. Inclusive Dates: **23 April 2020 to 15 May 2020**
- e. Location: Various locations vicinity Albany, GA
- f. Performed for: SDF MAG MRC
- g. Unit Performing Mission: Lead Unit, 3rd BDE GSDF and OPCON with C Co 2/121st INF

**OPERATIONS**

**a. Operation Summary:**

Various locations vicinity Albany, GA as determined by C Co 2/121st OIC: COL Ken Kirk, CO 3BDE GSDF

Provided medical screening support to 3rd BDE GSDF and members of C Co 2/121st prior to starting the work day and at the end of the work day. Identified health conditions that could offer risk to GSDF members during mission operations. Responded to medical emergencies or injuries as required. Provided general support for 121st troops working in nursing homes to include infection control. Provided medical support for NG testing site missions in nursing homes as required.

**b. Man Days:**

Total Man Days – 21 days

Total troops responding - Number varied from 16 on April 25, to 2 on May 15.

MRC Officers on site: 1 for 21 days ; 1 for 8 days

Total Officer Mandays : 1 for 21 days; 1 for 8 days MRC

Warrant Officers on site : N/A

Total Warrant Officer Mandays : N/A

**c. Transportation, food, equipment & other expenses:**

- i. Travel : amount spent on travel for mission to be sent to MAGMRC
- ii. Food : amount spent on food for mission to be sent to MAGMRC
- iii. Lodging : \$0.00

iv. Equipment Purchased : \$0.00

**d. Significant events:**

- On April 30, NG soldiers were tested by PCR for SARS-CoV-2.
- On May 7, GSDF leadership was informed, a NG soldier reported SARS-CoV-2 RNA detected.
- On May 8, GSDF troops that had been in contact with said soldier were tested by PCR for SARS-CoV-2 RNA and put under 14 days quarantine.
- On May 11, GSDF leadership was informed, a GSDF soldier reported SARS-CoV-2 RNA.
- GSDF troops that had been in contact with said soldier were put under 14 days quarantine and scheduled to retest accordingly. A GSDF ICT SOP for soldiers Possibly Exposed to a Positive Test Soldier: Effective 12 May 2020 was drafted in order to continue disinfection and COVID-19 nursing home testing procedures that were scheduled by NG leadership. The draft was approved and mission continued with extended infection control measures.

**e. Specific Media Involvement**

Pictures of troops performing different activities through the mission were taken by GSDF photographers and posted in social media.

[https://www.flickr.com/photos/georgia\\_state\\_defense\\_force/](https://www.flickr.com/photos/georgia_state_defense_force/)

[https://www.facebook.com/GeorgiaSDF/?epa=SEARCH\\_BOX](https://www.facebook.com/GeorgiaSDF/?epa=SEARCH_BOX)

**Overall Assessment:**

**a. Communication Effectiveness:**

- Communication within the GSDF troops was effective, but was not within GSDF and NG troops during mission planning. While on duty, in three occasions, GSDF planned mission was changed by NG during execution. Members from both organization were able to adapt to new conditions and complete modified missions.
- Communication between MAGMRC leadership and members on mission was effective and appropriate.

**b. Overall Strengths:**

- Pax deployed- adapted to team division- to cover different sites in the Albany and surrounding areas of South, GA assisting NG troops through decon procedures in said locations.
- Teams adapted to assigned tasks at each decon site.
- All volunteers put to work performing decon procedures for NG ICT.
- Medical screening support to 3rd BDE and members of the C Co, 2/121st prior to starting the work day and at the end of the work day. Response to medical emergencies or injuries as required. Medical support for NG testing site missions in nursing homes as required.
- Personal Protective Equipment availability for NG and GSDF, including FDA approved face masks.



- Appropriate identification between disinfectant solutions prepared for NG and GSDF.
- Adequate troop assistance to provide enough teams for decon missions.

**i. Identify which strengths should be maintained for future missions**

All previously described strengths should be maintained for future missions.

**c. Overall Weaknesses:**

- The mission included work with a food bank organization. Second Harvest of South Georgia Food Bank to assist during POD operations. Said organization had equipment -including heavy equipment - that lacked proper anchoring or security signaling offering safety hazards to NG and GSDF troops working in their vicinity.
- Disruption in effective communication within and between the leadership of NG and GSDF created confusion within the troops. Said ineffectiveness was discouraging for volunteer troops.
- The overall experience caused stress and anxiety in some of the participants.

**i. Identify what weakness need correcting**

- Leadership communication during emergencies
- Mental health strategies to help cope with stress and anxiety
- Identification of safety hazards and appropriate corrective actions

**d. Other comments:**

Adequate lodging and expense reimbursement was an appropriate and positive morale building. In addition, outside of work get together activities helped with building team-work relationships.

**e. Overall mission/activity assessment:**

The COVID-19 operation was unprecedented and filled with uncertainty. Even when knowing the history of previous pandemics, this was something never seen before. It triggered stress and anxiety in some of those exposed to the experience. Ineffective communication and last minute changes in planning and executing from the leadership was a contributing factor for a loss of motivation and discouragement observed in some of the participants. However, troops adapted appropriately and finished tasks efficiently. Ultimately, the mission was accomplished.

**f. Corrective actions taken to correct deficiencies:**

**Hazard Communication and safety:** <https://safety.army.mil/ON-DUTY/Workplace/Hazard-Communication>

**The Emergency Management Institute (EMI) Trainer Program:**  
<https://training.fema.gov/tp/>

**Coping with Stress:** <https://emergency.cdc.gov/coping/responders.asp>

**Acronyms:**

NG: National Guard

GSDF: Georgia State Defense Force OIC:  
Officer in Charge  
POD: Point of Distribution  
PCR: Polymerase Chain Reaction FDA:  
Food and Drug Administration  
SARS-CoV-2: Severe Acute Respiratory Syndrome-Coronavirus-2 RNA:  
Ribonucleic Acid



Prepared by:  
Name and rank: Luz Heaton MD, CPT  
Unit and Position MAGMRC, GSDF

Reviewed By:  
Name and rank: John S Harvey MD FACS  
Unit and Position: Medical Director MAGMRC  
COL GSDF, GA DoD

G3 GSDF

# Long Term Care Facilities Decontamination Support



*MAG MRC volunteers with GSDF soldiers at Cumming mission..*







*MAG MRC volunteers with GSDF soldiers at the Dawsonville Mission.*

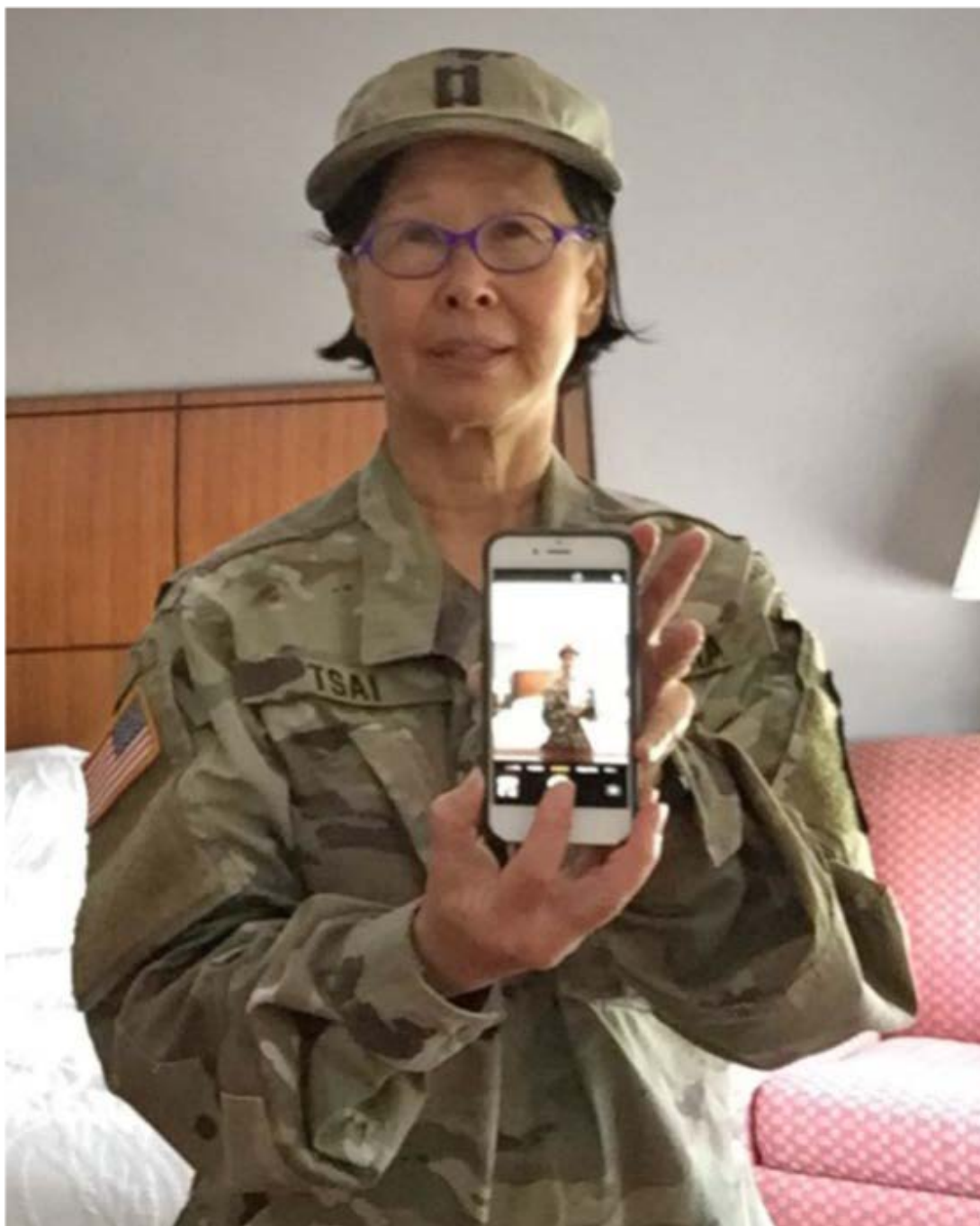




*MAG MRC member and medical student Natalie Bertrand provides wellness check support to GSDF soldiers at the decontamination mission in Cumming.*







*MAG MRC volunteer Dr. Stella Tsai at her billet after duty.*





# **Covid-19**

## **Testing**



# **Covid-19 Testing**

**Dawsonville, Cumming,  
Jefferson**

**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**



**GSDF Form 350-1 AAR, 17 DEC 2013**  
**Replaces 11 OCT 2011 - Previous Editions Are Obsolete**  
**References :**

- a- GSDF SOP 350-2 MRF
- b- Mission or UTA SAD Orders

**MEMORANDUM FOR: ACoS G3**

**SUBJECT: After Action Report for Dawsonville Testing Site**

**DATE: 05/21/2020**

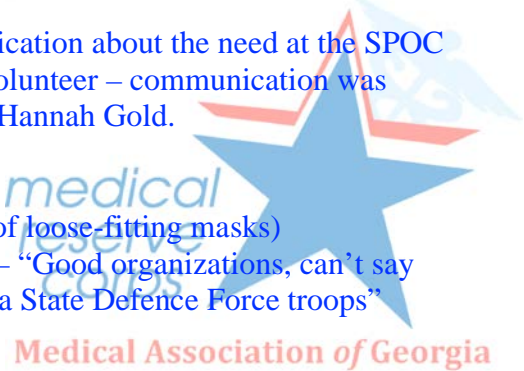
**1. Base Data:**

- a. Type of Mission/Activity: COVID-19 Test Site Staffing Support
- b. SAD Orders Number :
- c. Mission Order #: 079-20-064A
- d. Inclusive Dates: 04/27-05/31
- e. Location: Mobile COVID-19 SPOC Sites around Dawsonville, GA
- f. Performed for: SDF MRC
- g. Unit Performing Mission: SDF MRC

**2. OPERATIONS**

- a. Operation Summary: Providing assistance pulling Nasopharyngeal samples at a SPOC site in Dawsonville and mobile sites in the surrounding areas.
- b. Man Days:
  - Total Man Days – 71
  - Total troops responding – 13
- c. Transportation, food, equipment & other expenses:
- d. Significant events:
  - i. Early in mission test kits were depleted early, MRC volunteers weren't used for swabbing but for administrative tasks – these issues were quickly resolved
  - ii. One volunteer was frustrated by the sporadic scheduling needs at the site and elected to be taken off of the mission
  - iii. KN95s given to volunteers were loose-fitting and we had to distribute our own N95s
  - iv. One volunteer who responded to this mission had a covid nasal swab done on himself approximately 4 weeks ago but was never informed of the results. 3 days ago he followed up on it and discovered the test came back positive. He was asymptomatic when he was tested and has been asymptomatic since then. Despite this test 4 weeks ago and the National Guard wanting to keep him on the mission, he was pulled at GSDF direction until he and everyone else who reported with him has two negative tests each.

**3. Overall Assessment:**

- 
- a. Communication Effectiveness: Initially the communication about the need at the SPOC sites was poor but this resolved quickly. From one volunteer – communication was excellent and especially enjoyed daily updates from Hannah Gold.
  - b. Overall Strengths:
    - i. Adequate PPE provided (with the exception of loose-fitting masks)
    - ii. Highly organized at the various mobile sites – “Good organizations, can’t say enough about the National Guard and Georgia State Defence Force troops”
  - c. Overall Weaknesses:
    - i. Lack of consistent need at the SPOC sites
    - ii. Requesting and scheduling more volunteers and having to repeatedly cancel on them
    - iii. Some difficulty coordinating among the different organizations at times
  - d. Other comments: Individual name badges would be very helpful going forward
  - e. Overall mission/activity assessment: Overall the mission went well despite early organizational and communication issues. Considering the circumstances with attempting to work with multiple organizations, I believe we were successful in helping these communities that are being affected by the Covid 19 virus.
  - f. Corrective actions taken to correct deficiencies : For future missions, the need for MRC volunteers should be clear and consistent throughout the duration of the mission.

Prepared by:

Name and rank: Ian McCullough, Captain; Hannah Gold, 2nd Lieutenant  
Unit and Position: MAG-MRC / GSDF, Team Leader

Reviewed By:

Name and rank: John S Harvey MD FACS  
Unit and Position: Medical Director MAGMRC  
COL GSDF, GA DoD

G3 GSDF



# **Covid-19 Testing**

## **Athens**

**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**



**GSDF Form 350-1 AAR, 17 DEC 2013**  
**Replaces 11 OCT 2011 - Previous Editions Are Obsolete**  
**References :**

- a- GSDF SOP 350-2 MRF
- b- Mission or UTA SAD Orders

**MEMORANDUM FOR: ACoS G3**

**SUBJECT:** After Action Report for CLAR-08955964

**DATE:** 5/17/20

**1. Base Data:**

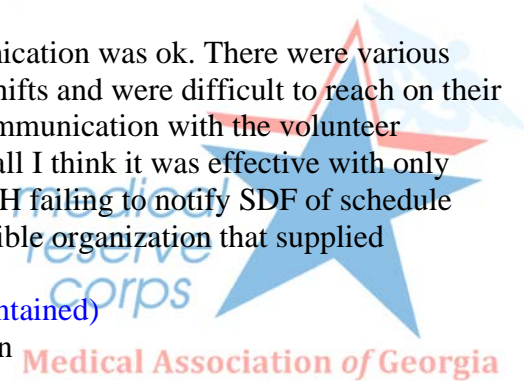
- a. Type of Mission/Activity: - COVID 19 SPOC testing site
- b. SAD Orders Number : 079-20-064
- c. Mission Order # - 122 M027A
- a. Inclusive Dates: 02 May 2020- 31 May 2020
- b. Location: Clarke County Schools Transportation Hub, 165 Paradise Blvd, Athens GA, 30607
- c. Performed for: - Clarke Co and Jackson Co EMA
- d. Unit Performing Mission: SDF MRC

**2. OPERATIONS**

- a. Operation Summary: Brief summary of what the operation entailed
- b. Man Days:
  - Total Man Days –34 (as of 5/23/20) (total man days for all attending including travel)
  - Total troops responding - 8 (how many troops participated)
  - MRC Officers on site :
    - Total Officer Mandays :
  - MRC Warrant Officers on site :
    - Total Warrant Officer Mandays :
- c. Transportation, food, equipment & other expenses:(report out of pocket expenses for ALL troops)
  - i. Travel : 2 (Dr. Rodriguez & Walesha Oglesby)—mileage pending (show # of vehicles and TOTAL round trip mileage)
  - ii. Food : 0 (show total food cost for mission)
  - iii. Lodging : 0 (show total lodging cost)
  - iv. Equipment Purchased : 0 (list each item with cost)
- d. Significant events:
  - i. 5/23/20—DPH neglected to notify SDF or MAG-MRC of cancellation of 5/23/20 & 5/24/20 testing cancellations.
- e. Specific Media Involvement
  - i. N/A

**3. Overall Assessment:**



- 
- a. Communication Effectiveness: The overall communication was ok. There were various confusion of the appropriate POCs as they rotated shifts and were difficult to reach on their day off. There should have been daily or weekly communication with the volunteer schedule coordinator and the Clarke Co DPH. Overall I think it was effective with only one issue with communication that was result of DPH failing to notify SDF of schedule changes due to confusion with who was the responsible organization that supplied volunteers.
- b. Overall Strengths: (list all points that should be maintained)
- i. Regular communication, accuracy of information
- c. Overall Weaknesses:
- i. Scheduling communication between MAG-MRC and local DPH
- d. Other comments: N/A
- e. Overall mission/activity assessment: The overall mission at Clarke County was successful. The local DPH was extremely appreciative of the regular supply of volunteers from MAG-MRC. All reports from our volunteers stated that the Clarke Co testing site was a great experience and enjoyed working with DPH. Towards the end of the mission, the supply of volunteers from MAG-MRC dwindled as they returned to their day jobs. They said that the communication from MAG-MRC and the DPH was efficient and provided all the information they needed to succeed in the mission.
- f. Corrective actions taken to correct deficiencies: Phone calls between the POC at the Clarke Co site, myself, and the higher up command were had to clear any points of confusion about who the responsible state agency was that was supplying volunteers. Additionally, a redundant method of communication was put in place between the DPH POC and MAG-MRC and the state defense force to ensure that all schedule notifications were reported to the correct agency.

Prepared by: Blaire Burton, 2<sup>nd</sup> Lieutenant 2LT/01  
Unit and Positions MAG MRC Deputy Team Lead, GSDF

Reviewed By:  
Name and rank John S Harvey MD FACS  
Unit and Position: MAGMRC Medical Director  
COL GSDF, GA DoD









**MAGMRC  
LIAISON  
to the  
Centers for Disease Control  
(CDC)**

# Medical Reserve Corps Liaison to the Federal Government

July 9, 2020

## Executive Summary

Dr. Vacalis is the Medical Association of Georgia (MAG), Medical Reserve Corp's (MRC) Liaison to the U. S. Government. In that role, he provides scientific documents in support of MRC's mission to Dr. Harvey, M.D., Surgeon, MRC Director and COL GA SDF, Georgia Department of Defense; MRC executive leadership; North Side Hospital participating residents; Major General Thomas Carden, Adjutant General, Georgia Department of Defense and his staff, and Brigadier General Tom Blackstock, Commander, Georgia State Defense Force (GA SDF), his staff and the GA SDF Command Surgeon and his medical staff in response to the COVID-19 pandemic.

COVID-19 strategic information covered during the 185 days of the COVID-19 response, included 394+ emails featuring approximately 1,182+ separate links to multiple documents covering recommendations and reports on: personal health; community, work and school; healthcare workers and labs; guidance for labs; CDC lab work; research publications, health departments; COVID-19 cases and data; responses to requests for information, and situational analysis through briefings. The MRC Federal Liaison also provided invitations to salient conference calls on select COVID-19 topics through the CDC Clinician Outreach and Communication Activity (COCA) and the American College of Medical Toxicology COVID-19 Webinar Series. Dr. Vacalis briefed Dr. Harvey on multiple occasions, the North Side Residents on the US Government's response to COVID-19 and responded to requests for technical and scientific information from MRC leadership and from Major General Carden's staff.

Estimated hours spent = 262 hours. Cost savings to MRC and State of Georgia \$20,960.00.<sup>ii</sup>

## Introduction to CDC – MRC's US Government Partner Agency

The U. S. Centers for Disease Control and Prevention (CDC) has four communities of practice – Public Health Service and Implementation Science; Public Health Science and Surveillance, Non-Infectious Diseases, and Infectious Diseases.

Each community of practice contributes to CDC's COVID-19 response and provides their collective expertise to support MRC's mission. For example, Public Health Service and Implementation Science leads, promotes and facilitates science, programs and policies to identify and respond to public health threats, both domestically and internationally. Public Health Science and Surveillance leads, promotes and facilitates science standards and policies to reduce the burden of diseases in the United States and globally. Non-Infectious Diseases provides the overall strategic direction and leadership for the prevention of non-infectious diseases, injuries, disabilities, and environmental health hazards. And finally, Infectious Diseases leads, promotes, and facilitates science, programs, and policies to reduce the burden of infectious disease in the United States and globally.

Each of the four CDC communities of practice work in concert to support to each other's mission and, in the case of COVID-19 pandemic, strengthen domestic public health by collaborating with state and local partners to meet their medical and public health mission requirements during a public health emergency.

## MAG/MRC Mission Statement

The MAG/MRC's mission is to develop partnerships with the medical and public health professions (active and retired) that aid in the education, training and deployment of citizen volunteers and resources in the event of a large-scale emergency in Georgia.

## MAG/MRC Liaison to the U. S. Government – Supporting MRC's Mission

Dr. T. Demetri Vacalis, Ph.D. is the MAG/MRC's Liaison to the U. S. Government and is a senior scientist at CDC with 27 years' experience. Dr. Vacalis was approved by CDC to support the MRC's mission and MRC's partner agencies in the State of Georgia and the organizations with which they are aligned.

The MRC Liaison leverages CDC's strengths to provide scientific products in support of MRC's mission to Dr. Harvey, M.D., Surgeon, MRC Director and COL GA SDF, Georgia Department of Defense; MRC executive leadership; North Side Hospital participating residents; Major General Thomas Carden, Adjutant General, Georgia Department of Defense and his staff, and Brigadier General Tom Blackstock, Commander, Georgia State Defense Force (GA SDF), his staff and the GA SDF Command Surgeon and his medical staff.

Strategic information covered during the 185 days of the COVID-19 response, included 384+ emails featuring approximately 1,182+ separate links to documents covering recommendations and reports on: personal health; community, work and school; healthcare workers and labs; guidance for labs; CDC lab work; research publications, health departments; COVID-19 cases and data; responses to requests for information, and situational analysis through briefings. The MRC Federal Liaison also provided invitations to salient conference calls on select COVID-19 topics through the CDC Clinician Outreach and Communication Activity (COCA) and the American College of Medical Toxicology (ACMT) COVID-19 Webinar Series. Dr. Vacalis briefed



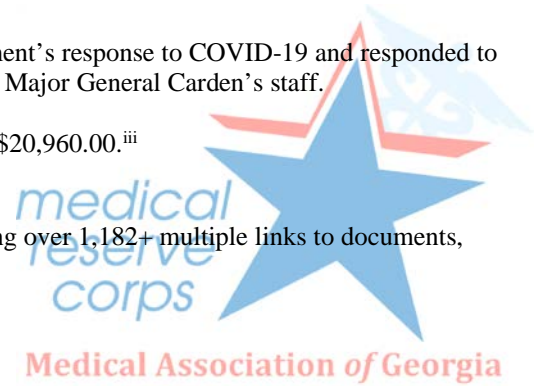
Dr. Harvey on multiple occasions, the North Side Residents on the US Government's response to COVID-19 and responded to requests for technical and scientific information from MRC leadership and from Major General Carden's staff.

Estimated hours spent = 262 hours. Cost savings to MRC and State of Georgia \$20,960.00.<sup>iii</sup>

### **MRC Liaison – Documents, References, Recommendations and Reports**

Dr. Vacalis provided MRC and its partner agencies with 394+ e-mails, containing over 1,182+ multiple links to documents, references, recommendations and reports covering the following topical areas<sup>iv</sup>:

- **Personal Health**
  - Symptoms
  - Comorbidities
  - Testing
  - Preventing COVID-19
  - What to do if Sick
  - Precautions for High Risk Populations
- **Community, Work & School**
  - Cleaning and Disinfecting
  - Businesses and Workplaces
  - Worker Safety & Support
  - Schools and Child Care
  - Colleges and Universities
  - Parks & Recreational Facilities
  - Gatherings & Community Events
  - Community & Faith-Based Organizations
- **Healthcare Workers and Labs**
  - Information for Health Care Professionals
    - Testing Overview
    - Clinical Care
    - Infection Control
    - Guidance for U. S. Facilities
    - Telehealth Services
    - Caring for Newborns
    - Framework for Non-COVID-19 Care
    - Strategies for Elastomeric Respirators
    - Strategies for Powered Air Purifying Respirators
    - Considerations for Dialysis
    - CDC's On-Call Center (800-232-4636)
    - COVID-19 Surge Tool to assist hospital administrators and public health officials estimate the surge demand for hospital-based services during the COVID-29 pandemic
    - PPE Burn Rate Calculator [Personal Protective Equipment Burn Rate Calculator](#) excel icon[3 sheets]
    - Potential Exposure at Work
    - First Responder Guidance
    - Guidance for US Facilities
- **Guidance for Labs**
  - Resources for Labs – What's New with COVID-19
  - CDC Lab Work
  - Using Antibody Tests
  - Specimen Collection
  - Guidance for General Laboratory Safety Practices
  - Multiplex Assay for Flu and COVID-19, Supplies and Fact Sheets
  - Diagnostic Test for COVID-19 – Fact Sheets
  - Reporting Laboratory Data – What it Means
  - Biosafety for Specimen Handling
- **CDC Lab Work**
  - Diagnostic Testing
  - Viral Culturing
  - Serology Testing





- COVID-19 Data Tracker
- Testing Data in the US
- SARS-CoV-2 Sequencing for Public Health emergency Response, Epidemiology and Surveillance
- Research Publications Such as:
  - [An orally bioavailable broad-spectrum antiviral inhibits SARS-CoV-2 in human airway epithelial cell cultures and multiple coronaviruses in mice](#)  
Sheahan T, Sims A, Zhou S, et al. Sci Transl Med. 2020 Apr 29;12(541). pii: eabb5883. doi: 10.1126/scitranslmed.abb5883. Epub 2020 Apr 6. PMID: 32253226
  - [Presymptomatic SARS-CoV-2 infections and transmission in a skilled nursing facility](#). Arons M, Hatfield K, Reddy S, et al. N Engl J Med. 2020 Apr 24. doi: 10.1056/NEJMoA2008457. [Epub ahead of print] PMID: 32329971
  - [Aerosol and surface stability of SARS-CoV-2 as compared with SARS-CoV-1](#). van Doremalen N, Bushmaker T, Morris, D, et al. 382(16), 1564-1567. N Engl J Med. April 16, 2020. doi:10.1056/
- **Health Departments**
  - Contact Tracing Recommendations
  - Infection Control
  - Laboratory Capacity
  - Surveillance & Data Analytics
- **Cases and Data**
  - COVID Situational Analysis
  - Cases, Deaths, Case Fatality Ratio
  - Serology (Antibody) Surveillance
  - Mathematical Modeling
  - SARS-CoV-2 Sequencing
  - Assessing Risk Factors
- **Other Topics**
  - CDC's Response
  - Global COVID19 Data
  - Guidance Documents
  - Communication Resources
  - Georgia Hospitals – Number of General and ICU Beds, Number of Ventilators
  - Nursing Home Recommendations
- **Seminar Invitations to MRC and MRC Partners From**
  - CDC's Clinician Outreach and Communication Activity
  - The American College of Medical Toxicology COVID-19 Webinar Series
- **Situation Analysis Briefings**
  - MRC Leadership
  - North Side Hospital Residents

### **The MRC US Government Liaison**

MRC's U. S. Government Liaison continues to provide substantial of the MAG/MRC's mission and its partner agencies during their response to COVID-19 and for future MRC public health emergency responses or training requests.

### **End Notes:**

<sup>i</sup> The MRC Liaison provided support to MRC before and after the MRC received an official request to aid the State of Georgia with its COVID-19 response.

<sup>ii</sup> The multiple [telephone](#) calls, often 2 or more per week, were not recorded in the hours spent, nor were hours traveling between meetings, cost of travel, etc.

<sup>iii</sup> Hours calculated = 30 minutes average for each of the 394 e-mails = 197 hours + 15 hours of briefings + 50 hours of meetings and investigative time equals 262 hours.

<sup>iv</sup> Some topical areas were covered more than others. Several topical areas were covered as single requests for information from MRC members or their partner agencies.



# **SOC LIAISON**

**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**

**GSDF Form 350-1 AAR, 17 DEC 2013**

**Replaces 11 OCT 2011 - Previous Editions Are Obsolete**

**References :**

- a- GSDF SOP 350-2 MRF
- b- Mission or UTA SAD Orders

**MEMORANDUM FOR: ACoS G3**

**SUBJECT:** After Action Report for **SOC Liaison**

**DATE:** **28 JUN 2020**

**1. Base Data:**

- a. Type of Mission/Activity: - **Covid19 SOC LNO GSDF/MAGMRC**
- b. SAD Orders Number :
- c. Mission Order # - 080 M003
- d. Inclusive Dates:
- e. Location: SOC and VSOC
- f. Performed for: - **SOC GA DoD and GDPH**
- g. Unit Performing Mission: **SDF MAGMRC**

**2. OPERATIONS**

- a. Operation Summary: **Liaison activity between GA SOC and SDF and MAGMRC to coordinate medical support missions in response to requests for assistance for Covid19 response**
- b. Man Days: 50
  - Total Man Days – **50**
  - Total troops responding- **2**
  - MRC Officers on site : **2**
  - Total Officer Mandays : **50**
  - MRC Warrant Officers on site :
  - Total Warrant Officer Mandays :
- c. Transportation, food, equipment & other expenses \$0.00
- d.
  - i. Travel : **(show # of vehicles and TOTAL round trip mileage)**
  - ii. Food : **(show total food cost for mission)**
  - iii. Lodging : **(show total lodging cost)**
  - iii. Equipment Purchased : **(list each item with cost)**
- i. Significant events:
- e. Specific Media Involvement (note any contact with public media, or PAO activity)
  - i. **Multiple valuable reports were created and shared by the SOC LNOs during this event. (daily reports, summary reports, safety guidelines)**
  - ii.

**3. Overall Assessment:**

- a. Communication Effectiveness:
- b. Overall Strengths: (list all points that should be maintained)
  - i. Resident Physicians were exposed to Public Health Emergency Response and Coordination in an active way.
  - ii. Residents were able to share the pertinent information and develop safety guidelines that were shared with other physicians- thus expanding their learning opportunities.
- c. Overall Weaknesses: (List all deficiencies that need correcting)  
No weaknesses- all positive
- d. Other comments: (see comments below)
- e. Overall mission/activity assessment: Extremely valuable to the SOC and to the Resident Physicians.
- f. Corrective actions taken to correct deficiencies : (how you plan to correct the noted deficiencies before the next operation is undertaken)

#### Personal Statements by LNOs

I was fortunate to serve on MAGMRC during a very dynamic period of operations. My rotation coincided with the COVID-19 outbreak and MAGMRC deployment to assist in the statewide efforts. I was honored to have been given the position of Captain in the Georgia State Defense Force and assisted MAGMRC efforts by daily compilation of relevant executive orders, state & national COVID-19 data, MAGMRC strength and operation reporting. These efforts allowed our incident command structure to effectively track the ongoing outbreak and the status of our volunteers/missions across the state. One of my most rewarding activities was working to ensure the safety and wellbeing of our volunteers as MAGMRC Safety Officer. This position allowed me to develop MAGMRC-specific safety guidelines as well as exposure and symptom monitoring resources based on best available evidence and CDC recommendations. I was also afforded the opportunity to provide leadership & guidance on a case-by-case basis to our volunteers based on their exposure history, symptoms and return to work requirements. I was also honored to serve in the State Operations Center (SOC), helping to coordinate and triage statewide requests for assistance and volunteer registration. The magnitude and incredible multi-disciplinary efforts of our Georgia COVID-19 efforts was truly on full display and the experience is something I will always carry forward. *John Knopf MD*

This rotation was a fantastic opportunity to learn about how a state coordinates and responds to a state of emergency (in this specific case, a pandemic). My job was to assist with coordination of medical volunteers and their deployment across the state when entities submitted emergency requests for assistance. I had the amazing opportunity to work with National Guard, public health, and GEMA members from all over the state in the State Operations Center in accomplishing this task.

I was definitely able to gain an understanding of the national response hierarchy in action. I also gained great insight into the importance of detail in responding to a pandemic (for instance, how to distribute supplies/PPE, how to account for the possibility of exposure on missions, how to dispatch first responders when other emergencies occur simultaneously such as weather related emergencies, etc.). I also felt like I accomplished my task in assisting my personal points of contact with communicating between the MAG MRC and the SOC to fulfill mission requests.

One major highlight was that during this time, I was commissioned as a Captain on the GA State Defense Force. I also got to meet some cool people (including the internet-famous sign language interpreter who appeared in the background at the governor's televised briefings). It was also very neat to see a live report to the entire SOC given regarding severe weather warnings coming straight from the National Weather Service. Overall, this rotation was incredibly unique, and I am so honored to have had the opportunity to participate in it. *Araya Zaesim MD*

Prepared by:

Name and Rank

John S Harvey MD

Unit and Position

MAGMRC Medical Director,  
COL GSDF GA DoD

Reviewed By:

Name and rank

Unit and Position

G3 GSDF

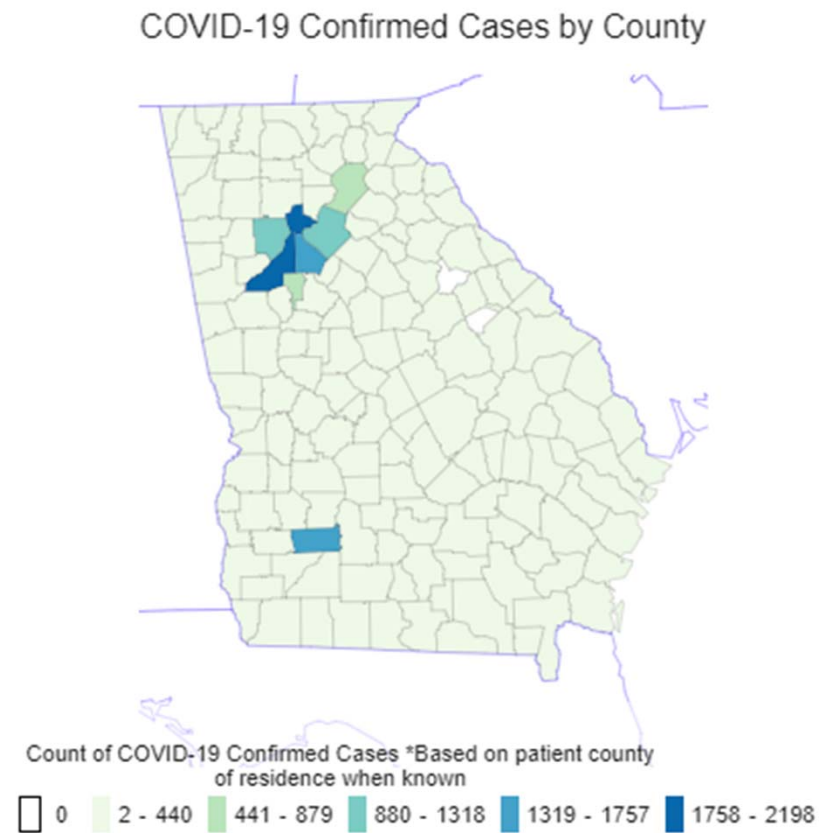
# Georgia SOC/MAG MRC Update

Week 4/20/2020



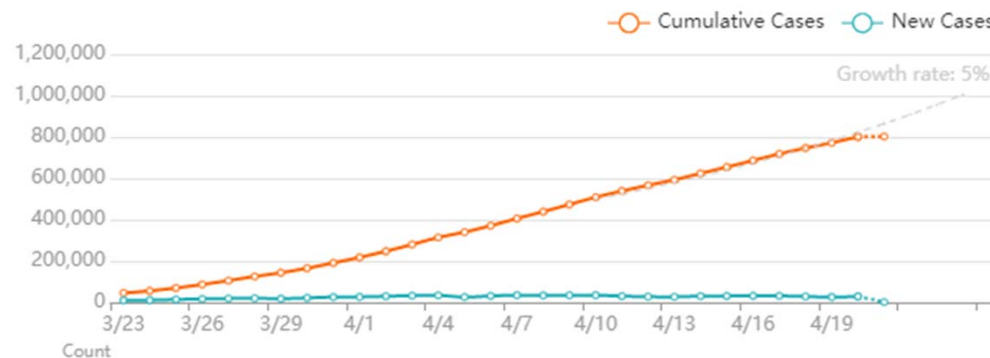
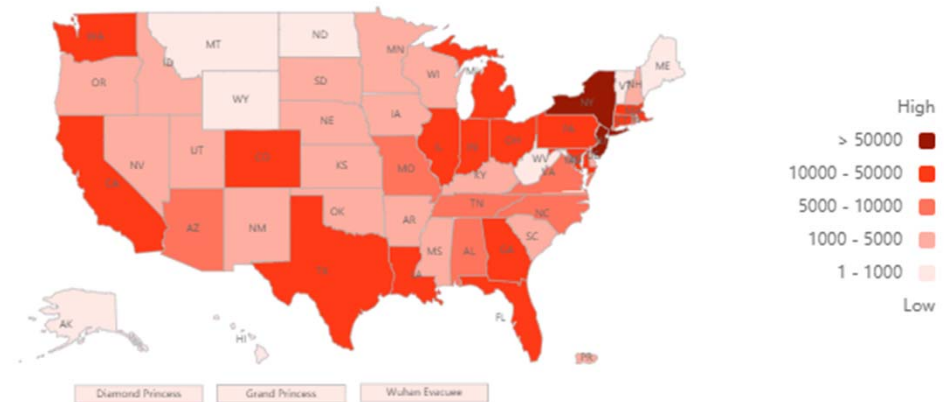
# Up to date GDPH data as of 04/21/2020

- Total Tests: 84328
- Total # Positive Tests: 19398
- GA Deaths: 774 (3.99% FR)
- Gwinnett: 1181 cases
- Number of Counties w/confirmed cases: 157/159



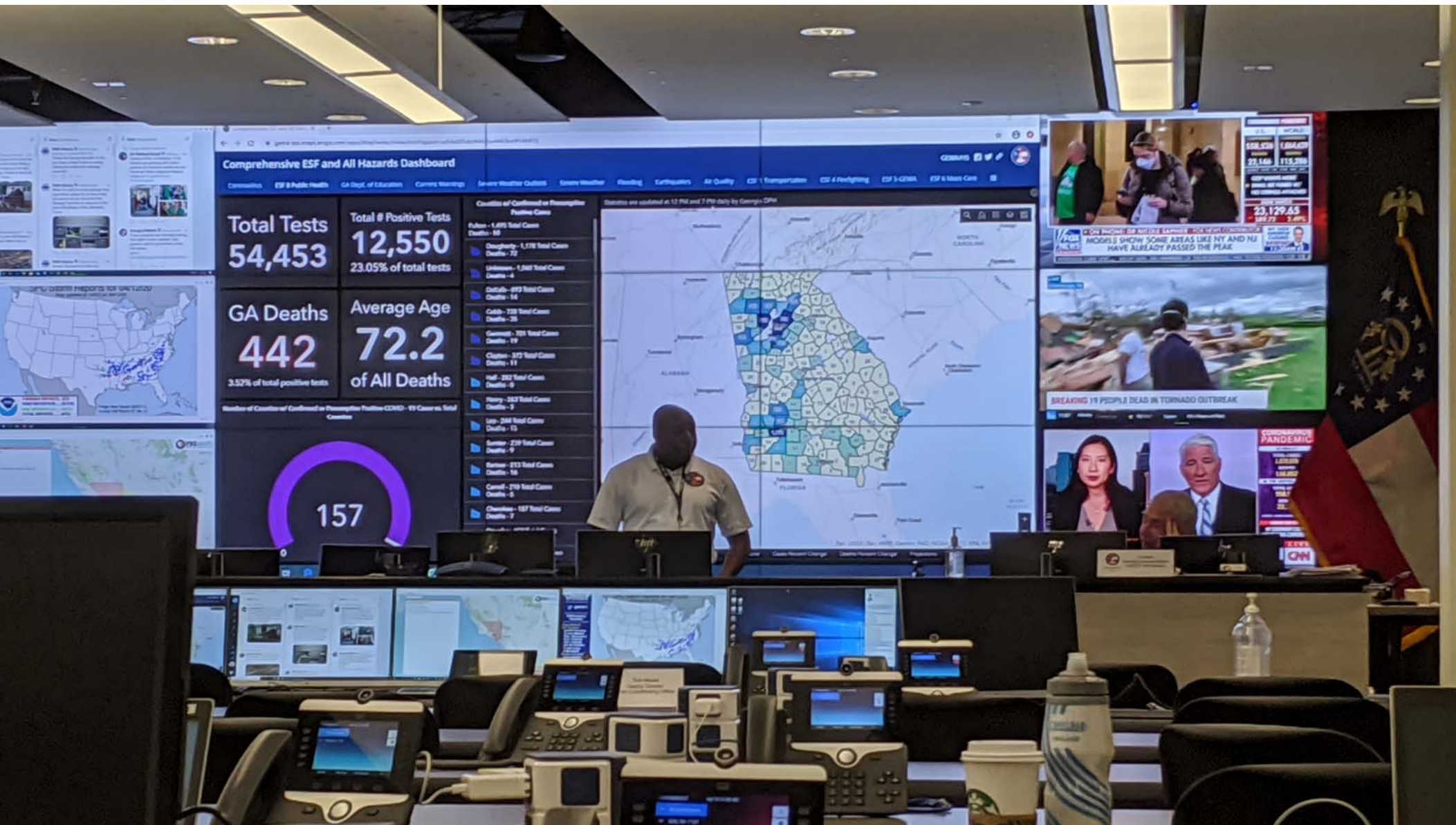
# Up to Date National Data

- Total Confirmed Cases: 802,353
- Total Deaths: 43,066 (5.4% FR)
- Total Recovered: 73,533



# State SOC Status

- Currently Level 1: Full Activation status
- TY residents working with COL Romine coordinating with ESF-8 for medical volunteer task force
  - Pulling from MAG/MRC volunteers list to fill task requests
  - Still big deficiency of CNAs and RNs in volunteers
  - Improving efficiency in tracking of volunteers and missions
- Once again, severe weather warnings this past weekend
  - Mild damages this time



# Current CDC Guidance for HCP

- Priorities for testing patients with COVID (Updated March 24<sup>th</sup>)
  - 1. Hospitalized patients or HCPs with symptoms
  - 2. Any patient in LTAC, >65 years of age, underlying conditions, or any first responders WITH SYMPTOMS
  - 3. Critical infrastructure workers or anyone with typical symptoms, anyone with mild symptoms in communities with high HOSPITALIZED cases, any HCPs/first responders regardless of symptoms
  - Non-priority: Asymptomatic individuals

# Current CDC Guidance for HCP

- Clinical Care Guidance

- Diagnostics: Must detect SARS-CoV-2 RNA by RT-PCR
  - Higher sensitivity in nasopharyngeal samples than throat samples
  - RNA shedding can occur in hospitalized patients 12-20 days
- Medications
  - No current guidelines or recommendations
  - Previous data hypothesizing that NSAIDs can worsen infection has no significantly proven data
- Reinfection
  - No current data regarding possibility of re-infection after recovery
  - Detection of viral RNA during convalescent period does not necessarily indicate viable infectious virus

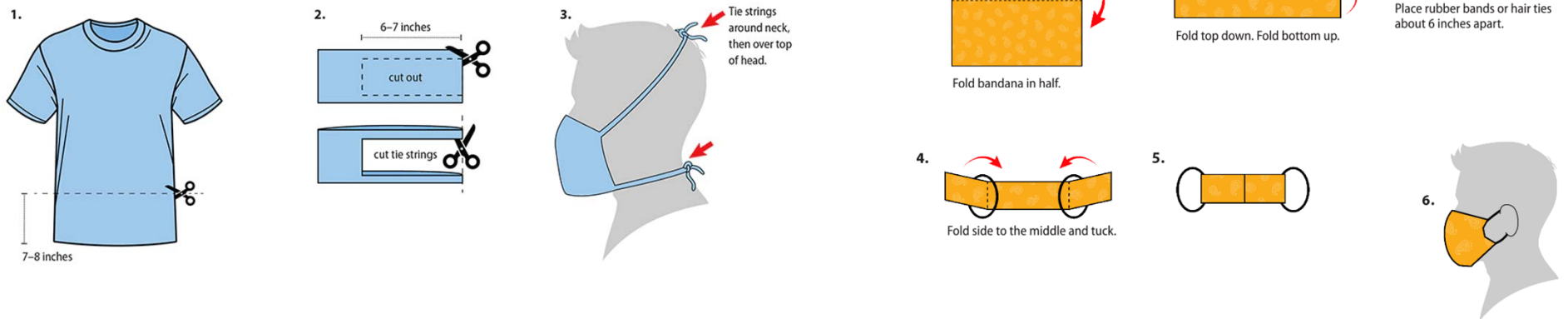


# Current CDC Guidance for HCP

- PPE
  - Due to high amounts of asymptomatic carriers, CDC recommends to WEAR CLOTH MASK IN PUBLIC
    - Conserve critical supplies of masks and respirators for HCP
- There is a PPE Burn Rate Calculator on CDC website

# CDC on Cloth Face Coverings

- Cloth masks should have multiple layers of fabric and can be laundered without damage
- Great website guidance on crafting cloth masks



# CDC Guide on When to Stop Isolation

- Confirmed COVID who is home isolated
  - No repeat testing, can leave after ALL 3 OCCUR:
    - No fever x 72hrs (without medication)
    - Improvement of symptoms
    - At least 7 days passed since first symptoms appeared
  - If repeat testing
    - Similar to above, but need 2 negative tests in a row, 24 hours apart

# IMPORTANT: New Governor Executive Order for This Week

- Ordering all elective medical practices (dental, optometry, ambulatory surgery, etc.) to immediately begin reopening per CDC guidelines
- Wants to reopen gyms, bowling alleys, tattoo shops, and esthetics/haircut locations if they can follow guidelines
  - No more than 10 people per location
  - 6 ft distance
- Logic is based off of “flattening” of hospital admissions primarily
- Instituting rapid testing sites across the state to get better statistics

# Interesting Research/Data

- COVID-19 Antibody Seroprevalence in Santa Clara, CA
  - <https://www.medrxiv.org/content/10.1101/2020.04.14.20062463v1.full.pdf>
  - \*\*\*NOTE: Not peer reviewed yet, but has gotten a lot of media attention
  - Find that based on serosurvey, swab testing suggests 50-85 fold higher exposure to COVID than models originally predicted
    - Could theoretically mean that the fatality rate is much lower than predicted as well
  - Similar serosurvey results released for LA County
    - Shows 28-55 times more cases in this one
  - Questionable accuracy of the blood-antibody tests (used Premier Biotech rapid lateral flow test)

# Interesting Research/Data

- Effect of Stay-At-Home Orders on COVID-19 Infections in US
  - <https://arxiv.org/abs/2004.06098>
  - Internal Cornell University public health paper
  - Mean county-level daily growth of infections peaked at 17.2% (in US) BEFORE stay-at-home orders issued
  - Used two-way fixed effects regression modeling
    - 3.9% (95% CI 1.2-6.6) reduced growth rate in 1 week
    - 6.9% (95% CI 2.4-11.5) reduced growth rate in 2 weeks
    - Day 27 showed inflection whereby reduction surpassed the growth at peak



# Interesting Research/Data

- A Case of Severe COVID-19 in Pregnancy and Possible Vertical Transmission
  - <https://www.ncbi.nlm.nih.gov/pubmed/32305046>
  - First reported case with a severe COVID infection in pregnancy
  - 41yo G3P2 had respiratory failure needing intubation 5 days post-symptom appearance (positive nasopharyngeal swab at day 4)
  - C-section delivery and neonate immediately isolated after birth (no delayed cord clamp, no skin-skin contact)
    - 16 hours later, neonate has positive COVID-19 via RT-PCR but negative antibodies
    - Maternal IgM and IgG positive at PPD #4

# News

- Remdesivir making headlines (<https://www.livescience.com/ebola-drug-remdesivir-promise-severe-covid-19-cases.html>)
- US Oil Futures Went Negative for the First Time In History (<https://www.reuters.com/article/us-global-oil/u-s-crude-futures-turn-negative-for-first-time-on-scant-storage-weak-demand-idUSKBN2210V9>)
- NYU Residencies Still Getting a Lot of Media Attention (<https://twitter.com/colleenmfarrell/status/1252241169758773250?s=21>)

# News

- Trump Planning to Suspend All Immigration for Now  
(<https://www.nytimes.com/2020/04/20/us/politics/trump-immigration.html>)
- Active: Kim Jong Un potentially in critical condition post-heart procedure? (<https://www.jpost.com/international/north-koreas-kim-jong-un-getting-treatment-after-heart-surgery-report-625289>)
- People are mad because staying at home is hard  
(<https://www.rnz.co.nz/news/world/414584/protesters-in-texas-ignore-social-distancing-oppose-lockdown>)

# Some Mental Health Resources

- Disaster Distress Hotline: 1-800-985-5990
  - 24/7 Free Hotline staffed by crisis counselors for people affected by disaster (particular handling of COVID19)
- Mindfulness/Meditation
  - Headspace Meditation App: free for HCP
- National Alliance for Mental Illness
  - <https://www.nami.org/covid-19-guide>



**TEAM LEAD**

**PUBLIC AFFAIRS**

**LOGISTICS**

**REPORTS &  
ADMINISTRATION**

**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**



**GSDF Form 350-1 AAR, 17 DEC 2013**

**Replaces 11 OCT 2011 - Previous Editions Are Obsolete**

**References:**

- a- GSDF SOP 350-2 MRF
- b- Mission or UTA SAD Orders

**MEMORANDUM FOR: ACoS G3**

**SUBJECT: AAR – TEAM LEAD, PAO, REPORTS & ADMINISTRATION**

**DATE: 25 JUN 2020**

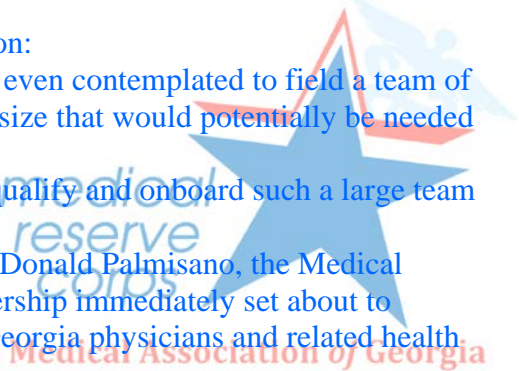
**1. Base Data:**

- a. Type of Mission/Activity: [Support Covid19 Response](#)
- b. SAD Orders Number: [NA](#)
- c. Mission Order #: [NA](#)
- d. Inclusive Dates: [23 MAR to 29 MAY 2020](#)
- e. Location: [Atlanta, GA](#)
- f. Performed for: [GDPH and GA DoD](#)
- g. Unit Performing Mission: [MAG MRC](#)

**2. OPERATIONS**

- a. Operation Summary: Medical volunteer Physician response to request for hospital support
- b. Man Days:
  - Total Man Days: [1,614](#)
  - Total troops responding: [33](#)
  - MRC Officers on site: [28](#)
  - Total Officer Man Days: [1,375](#)
  - MRC Warrant Officers on site: [5](#)
  - Total Warrant Officer Man Days: [239](#)
- c. Transportation, food, equipment & other expenses: Hotel billet provided.
  - i. Travel:
  - ii. Food:
  - iii. Lodging:
  - iv. Equipment Purchased:
- d. Significant events: (below list significant events, good or bad, and any interaction with local LEA)
  - i. [At the beginning of the of the overall Covid-19 mission, no one knew just how large a response from MAG MRC would be needed. The only certainties were:](#)
    - 1. [Covid-19 is a dangerous and highly communicable virus.](#)
    - 2. [The population of Georgia was at great risk.](#)
    - 3. [The level of infections could easily exceed the State's ability to respond with its established health care infrastructure.](#)



- 
- ii. Prior to the overall Covid-19 Response mission:
    - 1. No procedures had been developed or even contemplated to field a team of volunteer health care providers of the size that would potentially be needed to respond to a statewide pandemic;
    - 2. No plan had been devised to quickly qualify and onboard such a large team of qualified volunteers.
  - iii. Under the leadership of Dr. John Harvey and Donald Palmisano, the Medical Association of Georgia and MAG MRC leadership immediately set about to Communicate the need for volunteers to all Georgia physicians and related health care disciplines.
  - iv. Under the leadership of Dr. John Harvey, the MAG MRC leadership team immediately worked to:
    - 1. In concert with the GSDF and GDPH, devise processes to quickly qualify and onboard new volunteers who were ready to deploy when ordered;
    - 2. Identify an expanded leadership team and organizational structure - MRC VSOC;
    - 3. Establish methods and schedules of communication for members of the leadership teams;
      - a. Beginning 30 MAR, the expanded leadership team met remotely each day at 12:00 hours to review the status of missions, discuss challenges, and make decisions.
      - b. Beginning 30 MAR, the core leadership team met remotely each day at 17:00 hours to review the day, the status of missions, upcoming challenges, and make decisions.
  - v. Worthy of special note, medical students and physician residents proved themselves very willing, capable, and dependable volunteers, whether deployed to a field assignment or serving as a member of the MRC VSOC.
  - e. Specific Media Involvement (note any contact with public media, or PAO activity)
    - i. Media involvement has been from Atlanta Journal-Constitution, Marietta Daily Journal, Bibb County Medical Society Newsletter, and Medical Association of Georgia news releases. When possible, copies have been made a part of this report.
3. **Overall Assessment:**
- a. Communication Effectiveness: **Good**
  - b. Overall Strengths: (list all points that should be maintained)
    - i. Procedures developed to create and field the team of volunteers are being documented for any future missions that need a similar response.
  - c. Overall Weaknesses: (List all deficiencies that need correcting)
    - i. No procedures existed prior to the onset of the pandemic. See 3.b. above.
  - d. Other comments: **None**
  - e. Overall mission/activity assessment: **Exceptional**
  - f. Corrective actions taken to correct deficiencies: **See 3.b. above.**

Prepared by:

Name and rank: Fred Jones

Unit and Position: MAG MRC, Program Coordinator

Reviewed By:

Name and rank: John S. Harvey, MD

Unit and Position: Medical Director MAGMRC  
COL GSDF GA DoD

**STATE OF GEORGIA  
DEPARTMENT OF DEFENSE  
MILITARY DIVISION  
GEORGIA STATE DEFENSE FORCE  
OPERATIONS BRANCH CHIEF**



**GSDF Form 350-1 AAR, 17 DEC 2013**

**Replaces 11 OCT 2011 - Previous Editions Are Obsolete**

**References:**

- a- GSDF SOP 350-2 MRF
- b- Mission or UTA SAD Orders

**MEMORANDUM FOR: ACoS G3**

**SUBJECT:** After Action Report for Logistics Chief's Report

**DATE:** 7 June 2020

**1. Base Data:**

- a. Type of Mission/Activity: Medical Support
- b. SAD Orders Number: COVID-19 – M001
- c. Mission Order # -
- d. Inclusive Dates: 24 March 2020 – 29 May 2020
- e. Location: 1849 The Exchange DE # 200 Atlanta GA 30339
- f. Performed for: - GADOD
- g. Unit Performing Mission: SDF MRC

**2. OPERATIONS**

- a. Operation Summary: Procure PPE Equipment for Unit.
- b. Man Days: 77
  - Total Man Days – 77
  - Total troops responding - 4
  - MRC Officers on site: 1
    - Total Officer Mandays: 77
  - MRC Warrant Officers on site: 1
    - Total Warrant Officer Mandays: 77
- c. Transportation, food, equipment & other expenses:
  - i. Travel: 2 Vehicle Total Mileage 269 Miles.
  - ii. Food: None
  - iii. Lodging: None
  - iv. Equipment Purchased: Thermometer: 10 @ 69.00 each      \$ 690.00
- d. Significant events:
  - i. The Logistics Branch was able to Procure Donated PPE for the Unit from three sources.
    - 1. GA DPH (2 Donated orders)
      - a. N-95 Mask
      - b. Face Shields
      - c. Gowns
      - d. Gloves
      - e. Chemsplash Suits
      - f. Hand Sanitizer

- g. Disposable Protective Mask
- 2. WellStar
  - a. 5 No-Touch Thermometer
- 3. Adobe Studios
  - a. 143 Mask
  - b. 47 Caps
  - c. 49 Gowns
  - d. 180 Ear Savers
  - e. 89 Face Shields



e. Specific Media Involvement: None

### 3. Overall Assessment:

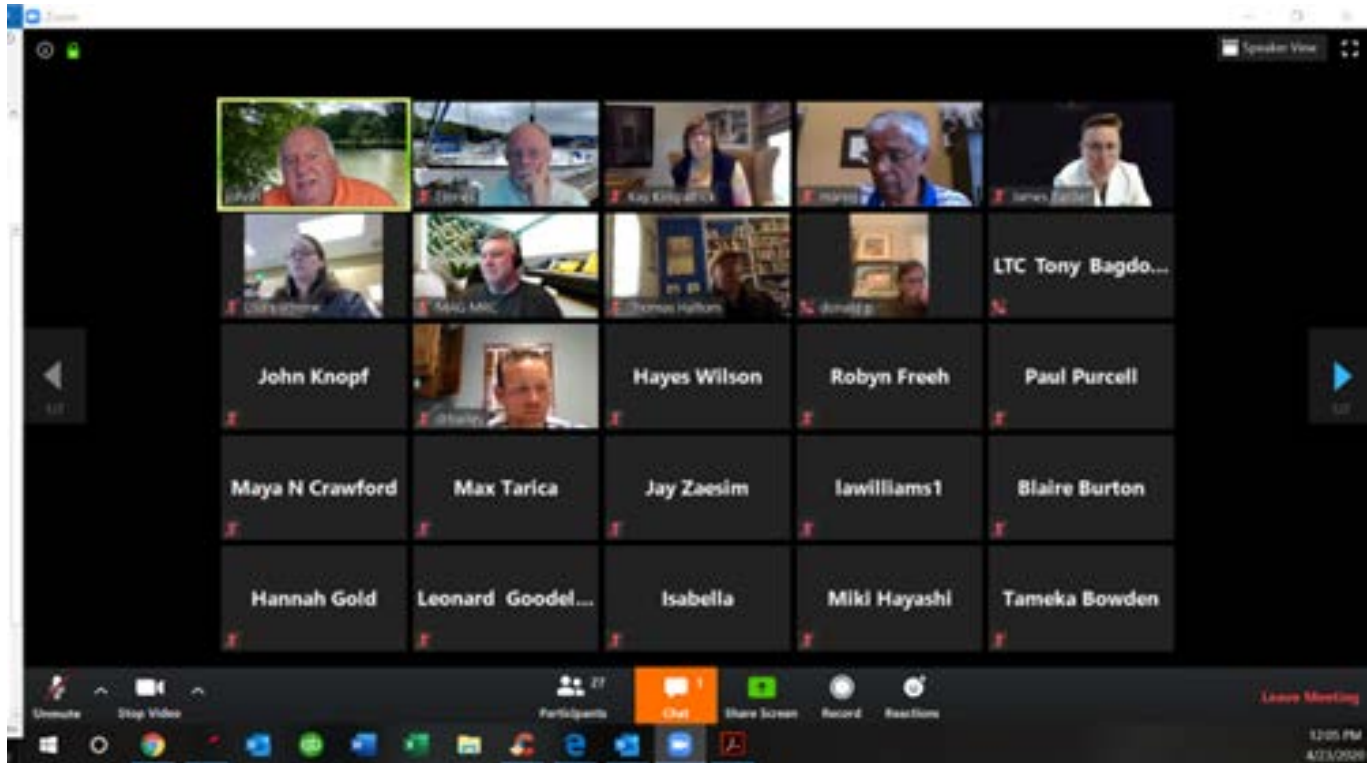
- a. Communication Effectiveness: Communication via E-Mail and Telephone worked very well.
- b. Overall Strengths:
  - i. Unit was able to obtain donated PPE saving the Unit from additional expenditures.
  - ii. BOG Troops were equipped with PPE that was needed in the Field.
- c. Overall Weaknesses:
  - i. Reliable resources to obtain PPE during a Pandemic.
  - ii. Volunteers not available to pick up equipment when ready due to working hours.
- d. Other comments: None
- e. Overall mission/activity assessment: It was rewarding to be able to obtain donated PPE for our unit from multiple sources. Our Troops had the equipment needed on-time for their missions.
- f. Corrective actions taken to correct deficiencies: No corrective actions needed.

Prepared by:

Name and Rank: Goodelman, Leonard WO1  
 Unit and Position: MAGMRC Logistics Branch Chief  
 GSDF

Reviewed By:

Name and rank: John S Harvey MD FACS  
 Unit and Position: MAGMRC Medical Director  
 COL GSDF GA DoD



Noon online remote meeting of MAG MRC Incident Command Leadership.

*Dr. Harvey  
commanding the  
MAG MRC  
Covid-19  
response from  
his remote office.*



*Georgia State  
Senator and  
MAG MRC  
member,  
Dr. Kay  
Kirkpatrick  
delivering much  
needed PPE to  
MAG  
headquarters.*





## SAMPLE BRIEFING PACKAGE NOON IC LEADERSHIP MEETINGS

### Medical Association of Georgia Medical Reserve Corps Command Team Meeting Agenda & Daily Brief 5/1/20

Information provided is intended for planning purposes only and should not be shared outside intended recipients.

#### **Outline:**

- I. Emergency Declarations and Public Orders
- II. COVID-19 National Data
- III. COVID-19 Georgia Data
- IV. MAGMRC Strength Report
- V. MAGMRC Operations Section Report (RFA/BOG Report)
- VI. Consolidated Requests for Assistance (RFA)
- VII. Incident Command Structure (ICS) Report
- VIII. Ongoing Activities: Procedures, Safety & Policies
- IX. Online Resources & Links for COVID-19 Response
- X. Appendix: ICS Structure, Titles/Roles, Acronyms, Exposure and Safety Forms



## **I. Emergency Declarations and Public Health Orders**

### **3.14 Governor Kemp Issues Georgia Emergency Declaration**

<https://gov.georgia.gov/document/2020-executive-order/03142001/download>

### **3.23 Commissioner Toomey Issues Georgia Public Health Emergency**

<https://gov.georgia.gov/document/2020-executive-order/03232001/download>

### **3.29 President Trump Approves Georgia Disaster Declaration**

<https://www.whitehouse.gov/briefings-statements/president-donald-j-trump-approves-georgia-disaster-declaration-3/>

### **4.02 Gov Kemp Issues Shelter in Place Order**

<https://gov.georgia.gov/document/2020-executive-order/04022001/download>

### **4.08 Gov Kemp Extends Emergency Order**

<https://gov.georgia.gov/document/2020-executive-order/04082002/download>

### **4.13 Gov Kemp Expands Testing Criteria**

<https://www.gpbnews.org/post/georgia-expands-covid-19-testing-criteria-hospital-capacity-peak-approaches>

### **4.13 Gov Kemp Suspends Anti-Mask Law**

<https://gov.georgia.gov/document/2020-executive-order/04132002/download>

### **4.14 Gov Kemp Expands Civil Liability Protection for Healthcare Providers**

<https://gov.georgia.gov/press-releases/2020-04-14/kemp-designates-auxiliary-emergency-management-workers-emergency>

### **4.15 Expanded Testing For COVID-19 In Georgia**

<https://dph.georgia.gov/press-releases/2020-04-15/expanded-testing-covid-19-georgia>

### **4.20 Providing flexibility for healthcare practices, moving certain businesses to minimum operations, and providing for emergency response**

<https://gov.georgia.gov/document/2020-executive-order/04202001/download>

### **4.23 Providing guidance for reviving a healthy Georgia in response to COVID-19**

<https://gov.georgia.gov/document/2020-executive-order/04232002/download>

### **4.27 Providing additional guidance for food service establishments, bowling alleys, and theaters in response to COVID-19**

<https://gov.georgia.gov/document/2020-executive-order/04272001/download>

### **4.30 Renewing the Public Health State of Emergency issued on March 14 and renewed on April 8 to assist with the state's response to COVID-19**

<https://gov.georgia.gov/document/2020-executive-order/04302001/download>



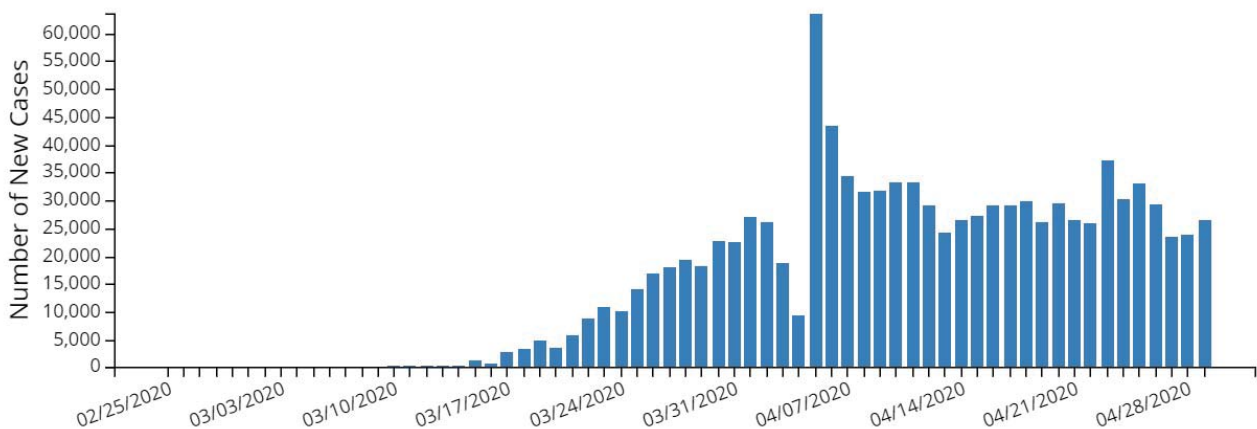
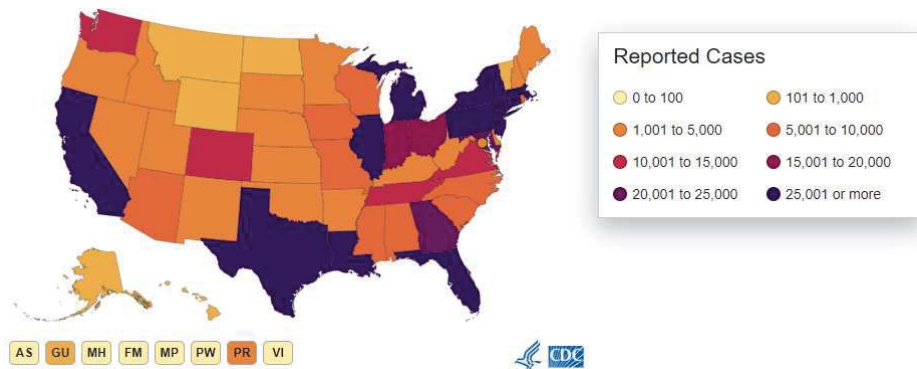
# SAMPLE BRIEFING PACKAGE

## NOON IC LEADERSHIP MEETINGS

### II. COVID-19 National Data

(<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>)

Date	Total Cases	Total Deaths (Case Fatality)	Percent change (Total Cases)
4.30	1,031,659	60,057 (5.8%)	+2.6%
4.29	1,005,147	57,505 (5.7%)	+2.4%
4.28	981,246	55,258 (5.6%)	+2.4%
4.27	957,875	53,922 (5.6%)	+3.2%
4.26	928,619	52,459 (5.6%)	+3.7%
4.25	895,766	50,439 (5.6%)	+3.5%
4.24	865,585	47,894 (5.5%)	+4.5%
4.23	828,441	46,379 (5.6%)	+3.2%
4.22	802,583	44,575 (5.6%)	+3.4%
4.21	776,093	41,758 (5.4%)	+3.9%
4.20	746,625	39,083 (5.2%)	+3.6%
4.19	720,630	37,202 (5.2%)	+4.3%
4.18	690,714	35,394 (5.1%)	+4.4%
4.17	661,712	33,049 (5.0%)	+4.6%
4.16	632,548	31,071 (4.9%)	+4.5%
4.15	605,390	24,582 (4.1%)	+4.6%
4.14	579,005	22,252 (3.8%)	+4.4%
4.13	554,849	21,942 (4.0%)	+5.5%
4.12	525,704	20,486 (3.9%)	+6.8%

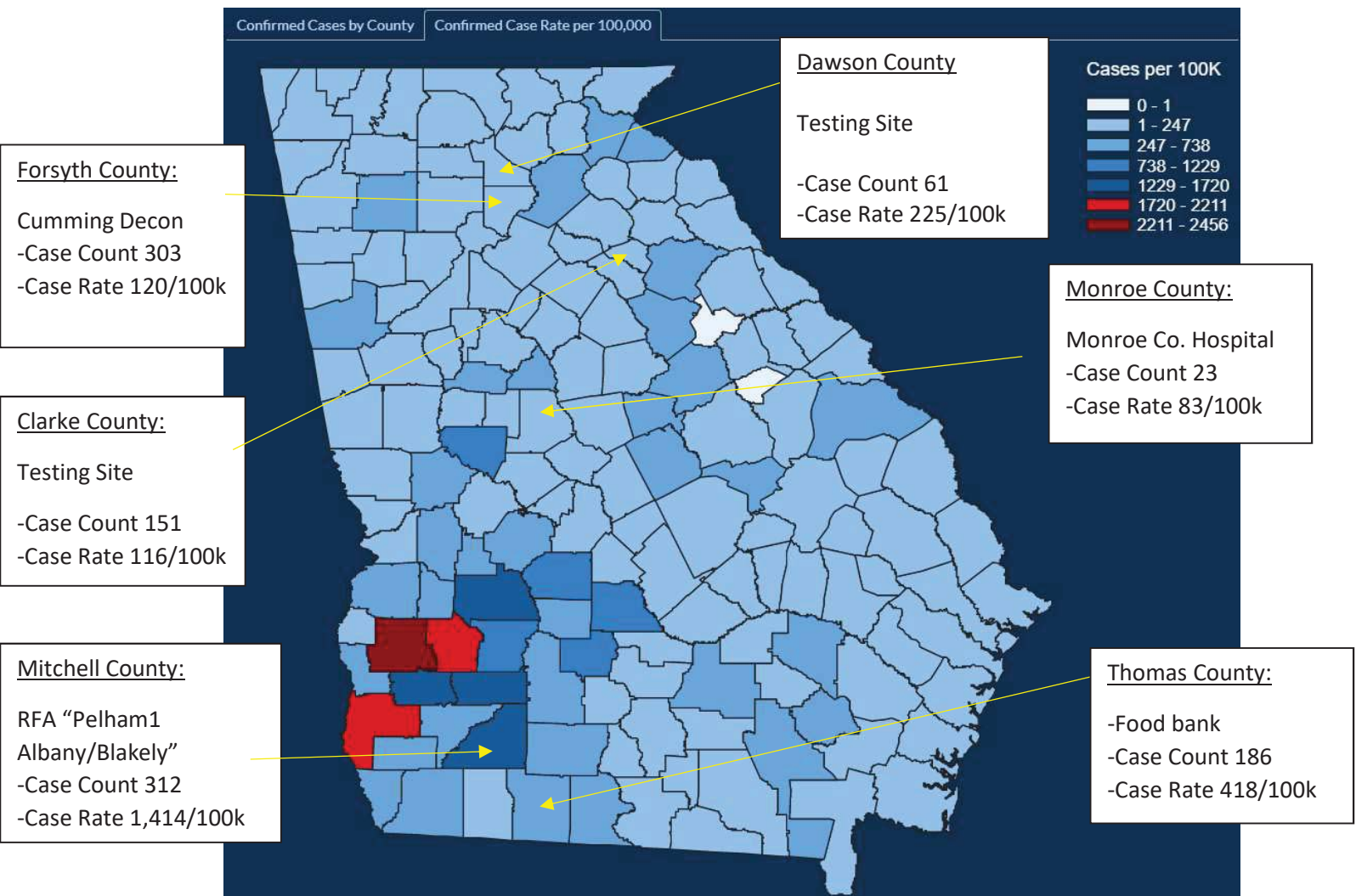


# SAMPLE BRIEFING PACKAGE

## NOON IC LEADERSHIP MEETINGS

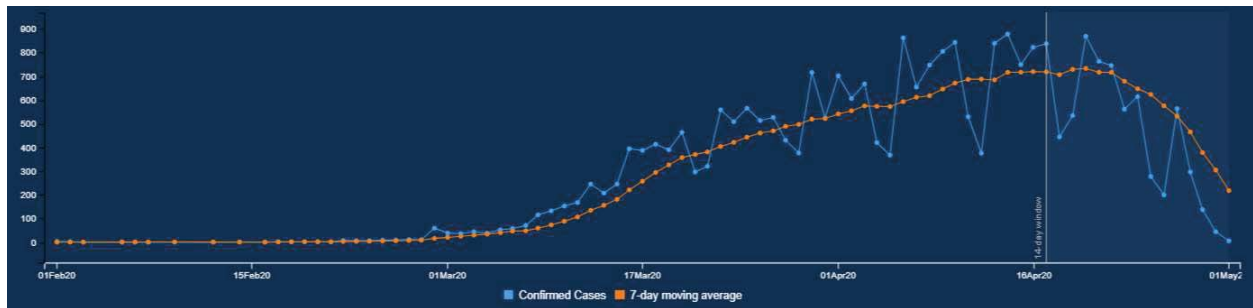
### III. COVID-19 Georgia Data (<https://dph.georgia.gov/covid-19-daily-status-report>)

Date	Total Cases (Tested)	Hospitalized (%)	Deaths (Case Fatality)	% Change Total
4.30	26,968 (164,465)	5,208 (19.3%)	1,138 (4.2%)	+4.1%
4.29	25,897	5,091	1,101	+3.0%
4.28	25,145	4,913	1,037	+2.9%
4.27	24,447	4,752	996	+4.1%
4.26	23,481	4,377	916	+1.1%
4.25	23,216	4,353	907	+3.2%
4.24	22,491	4,221	898	+2.8%
4.23	21,883	4,154	881	+3.7%
4.22	21,102	4,018	846	+4.6%
4.21	20,166	3,885	818	+4.0%
4.20	19,398	3,702	774	+4.9%
4.19	18,489	3,489	689	+0.6%
4.18	18,374	3,412	676	+5.4%
4.17	17,432	3,395	668	+6.5%
4.16	16,368	3,260	617	+5.9%
4.15	15,454	3,040	584	+6.0%
4.14	14,578	2,858	524	+7.0%
4.13	13,621	2,702	480	+8.5%
4.12	12,550	2,518	442	+0.8%
4.11	12,452	2,505	433	+5.0%
4.10	11,859	2,454	425	+8.9%
4.09	10,885	2,298	412	+6.6%

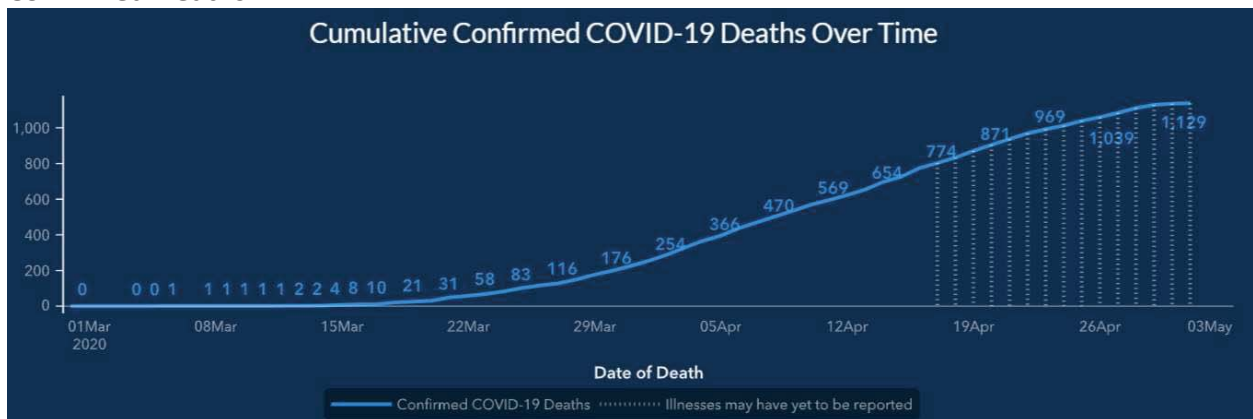


### III. COVID-19 Georgia Data (<https://dph.georgia.gov/covid-19-daily-status-report>)

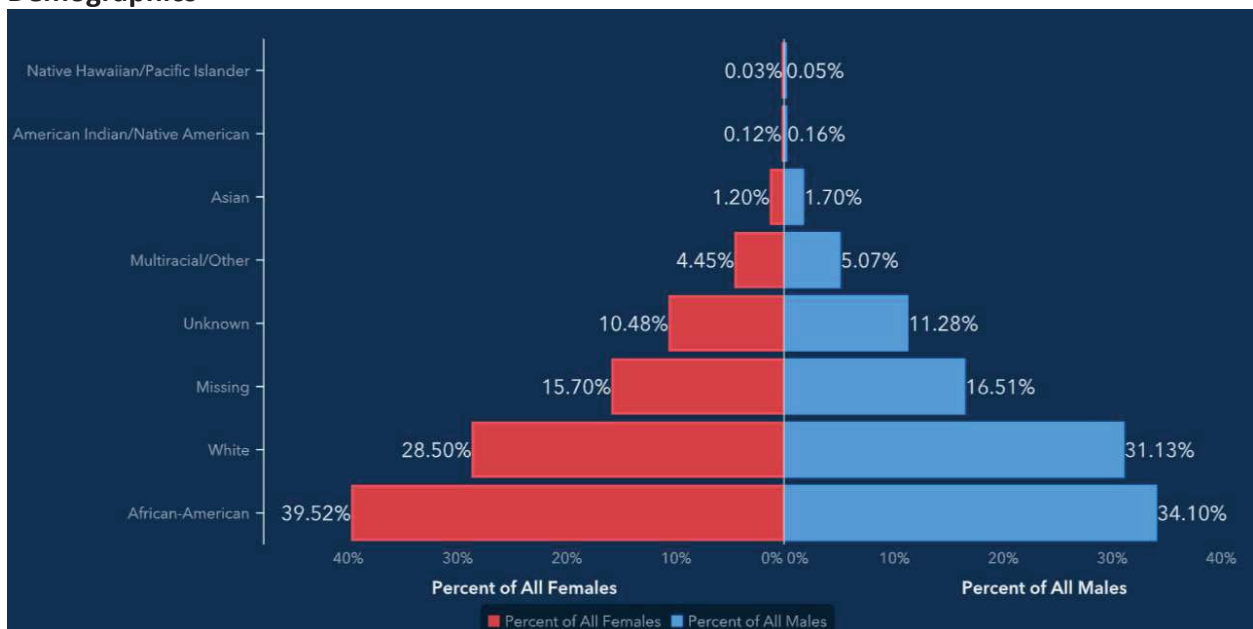
#### Confirmed Cases



#### Confirmed Deaths



#### Demographics



# SAMPLE BRIEFING PACKAGE

## NOON IC LEADERSHIP MEETINGS

### IV. MAGMRC Strength Report

	Daily Status Report on Manpower												
	4/7	4/11	4/12	4/13	4/14	4/15	4/16	4/17	4/20	4/21	4/23	4/28	5/01
Total # that started process	263	327	334	339	362	369	369	370	378	378	378	404	408
Verified in SERVGA	254	262	275	275	294	300	300	300	306	306	306	304	304
Sent to GSDF	254	262	275	275	318	324	324	324	330	330	330	341	345
Not Verified SERVGA	9	7	6	6	6	7	2	2	4	4	4	7	7
New/Not Processed	22	23	18	23	0	0	0	1	0	0	0	0	0
<b>Total</b>	<b>285</b>	<b>292</b>	<b>239</b>	<b>304</b>	<b>324</b>	<b>331</b>	<b>326</b>	<b>327</b>	<b>334</b>	<b>334</b>	<b>334</b>	<b>348</b>	<b>352</b>
MAG MRC Forms 100%	172	231	239	239	263	270	278	278	284	284	284	296	297
MAG MRC Forms N/C	60	30	30	34	29	29	16	16	18	18	18	7	6
Non Responsive	0	35	35	35	38	38	43	43	44	44	44	56	56
Under Review by GSDF								57	58	58	58	55	15
Total Available To Deploy								221	226	226	226	241	282

**3** Unavailable

**352** In Process

**282** Available

**39** Deployed

\_\_\_\_ Telehealth/Telemedicine

  9   Field

 29  Administrative (ICS)

- (31 in ICS counting Jay Zaesim & John Knopf who are included in Field duty counts)



# SAMPLE BRIEFING PACKAGE

## NOON IC LEADERSHIP MEETINGS

### V. MAGMRC Operations Section Report RFA/BOG Status Board (5.01 @ 10:35A):

Req. Date	AAR	Status	RFA EOC #	Mission	Position	Mission Order #	5/1/20
4/19/2020		A		VSOC	ICS		B-2 John Knopf KNO9451
4/6/2020		A		SOC	LNO	080-M003	B-2 Jay Zaesim ZAE9505
3/23/2020		C		Valdosta1 - COMPLETED	EMR	079-M001A	
		C		Valdosta2 - Vid-Tift - Food Bank	EMR	089-M004A	
4/7/2020		E	FULT-4920909	Fulton County - North Fulton Hospital			
4/8/2020		E	SUMT-9983386	Sumpter1 - GA SW University			
4/9/2020		E	SUMP-9018493	Sumpter2- Senior Living Facility	RN		
4/9/2020		E	SUMP-9018493	Sumpter2- Senior Living Facility	LPN		
4/9/2020		E	SUMP-9018493	Sumpter2- Senior Living Facility	CNA		
4/1/2020		C	BIBB5272936	Bibb1 - Navicent Hospital	EMT	092 M006A	
4/6/2020		C	FULT-9702481	Fulton1 - Piedmont Atlanta Hospital		097 M011	
		C	FULT-9702481	Fulton1 - Piedmont Atlanta Hospital		097 M011	
		C	FULT-9702481	Fulton1 - Piedmont Atlanta Hospital		097 M011	
4/8/2020		C	RAND-7747865	Randolph1- SW GA Reg. Medical	CNA	103 M016	
4/8/2020		E	RAND-7747865	Randolph1- SW GA Reg. Medical	MD		
4/9/2020		E	UPSO-6382286	Upton 1- Providence Nrsng Home			
4/6/2020		E	SOC-8453184	Albany1-Phoebe Putney			
4/7/2020		E	CLAR-5564271	Clarke1- Piedmont Hospital - Athens		103 M017	
4/8/2020		E	MITC-3725824	Mitchell1- Pelham Pkwy Nurs Hm			
4/12/2020		A	THOM #1749396	Thomasville1- T'ville Food Bank	EMR	103-M014	A-1 Taylor Wilson WIL9403
4/9/2020		C	TIFT-8507585	Tift1- Tift Regional Medical Center	RN	103 M017	
4/9/2020		E	TIFT-8507585	Tift1- Tift Regional Medical Center	RN		
4/9/2020		E	TIFT-8507585	Tift1- Tift Regional Medical Center	PA		
4/1/2020		A	SDF NG 3/121	Pelham1 - Albany, Decontamination	EMT	092 M005A	B-4 Luz Heaton HEA0448
4/13/2020		A	MONR #2029095	Monroe 1 - Monroe Co. Hospital	EMT	107 M023	B-2 Donna Burton BUR0774
4/13/2020		O	MONR #2029095	Monroe 1 - Monroe Co. Hospital	RN		
4/20/2020		O	MONR7985686	Monroe 2 - Food Distribution	EMT		
4/20/2020		A	SDF NG 2/121	Cumming - Decon Support	EMT	105 M021A	B-2 Bryan DeMarco DEM2541
4/21/2020		O	SDF NG 2/121	Cumming - Decon Support	EMT		
4/24/2020		A	SDF	Dawsonville Testing Site	RN	116 M025	
			OIC CPT Thomas	Dawsonville Testing Site		116 M025	
			469 525 0820	Dawsonville Testing Site		116 M025	B-2 Spencer Wenzel WEN5288
				Dawsonville Testing Site		116 M025	B-2 Rila Kim-Tummaia KIM8114
				Dawsonville Testing Site		116 M025	
				Dawsonville Testing Site		116 M025	B-2 Joel Higgins HIG1594
				Dawsonville Testing Site		116 M025	
				Dawsonville Testing Site		116 M025	
4/30/2020		O	CLAR-8955964	Athens Testing Site	EMT		
4/30/2020			CLAR-8955964	Athens Testing Site	EMT		

3	O = OPEN	RFA / MISSION STATUS
4	A = ACTIVE	
8	C = COMPLETED	
0	P = PAUSED	
12	E = EXPIRED (CLOSED - UNFILLED)	
27	Total Number RFAs	

#### B.O.G. STATUS LEGEND:

TRAVELING, IN-TRANSIT

BILLETED / SAFE / OFF-DUTY

ON DUTY

AT HOME / MISSION COMPLETE

PAUSED, DELAYED, FOLLOW UP

ISSUE / NEEDS ASSISTANCE

(PAX Pending - no name)

## VI. Consolidated Requests for Assistance, As of 30 April 2020

\*\*\*RFA's shown in black below are still open and active. Shown in red at the bottom are all RFA's closed as of today.

**\*New Tracking #CLAR-8955964, Athens, GA:** Clarke County in coordination with the Northeast Health District has requested support at the Clarke County SPOC site (COVID Testing). They need two (2) EMT-B or higher qualified volunteers to work for the next 3 weeks (till approx. 21 May) and beginning immediately. The hours of operation are currently Monday Friday 08:00 17:00 and Saturday and Sunday from 09:00 12:00. These hours are subject to change with plans. PPE would be provided. Info on meals and quarters will be sent when obtained.

**\*New Cumming/Forsyth Co SPOC Spt to 3/121<sup>st</sup>:** Georgia National Guard is requesting 6 EMT-B or higher certified volunteers to assist in SPOC test site support in the Dawsonville/Forsyth County area beginning 27 April. Reporting location will be the Cumming National Guard Armory, 100 Aquatic Circle, Cumming, GA 30040. Mission is slated to run 7 days a week beginning Monday. Volunteers will report to the armory and be transported from there via Gov't vehicles to various test site locations vicinity Dawsonville. PPE will be provided, quarters is available for those over 50 miles away, breakfast provided only for those staying in hotel, all other meals reimbursed via per diem. *Currently being staffed by DeMarco, Bryan, MD; Traya, Pamela, PA; Wenzel, Spencer, PA; Robertson, Barbara, MD; Kim-Tummala, Rila, MD; and Riley, Cassie, Pharm; Yanta, Mark, MD; Doolan, Suzanne, RN; \*New Greenberg, Wendy, MD, (Reports 28<sup>th</sup>); Guercio, Sara, RN (Reports 30<sup>th</sup>)*

**Tracking # MONR-2029095: Monroe County Hospital** is requesting medical assistance to support staffing requirements for their small county hospital. *Currently staffed by Burton, Donna, W01, EMT, Wed-Friday weekly with no end date.*

Who: One (1) RN and One (1) EMT to assist with additional staffing support  
Requirements: Both will staff shifts for a total of 40 hours/week (no weekends) filling as needed on EVENING and NIGHT SHIFTS. They will be helping triage in ED and on the MedSurg floor.  
Dates Required: Start ASAP 14 April through anticipated end date of 2 months  
Where: Monroe County Hospital, 88 Martin Luther King Jr. Drive, Forsyth, GA  
PPE Provided: Yes  
COVID Susceptibility: Potentially positive COVID-19  
Lodging: NONE  
Meals: NONE

**"Pelham One", Albany and Blakely Georgia:** *This mission changed to support for 3<sup>rd</sup> BDE, SDF and C Co, 2/121<sup>st</sup> Infection Control Team (ICT) Ops in Nursing homes vicinity Albany, GA.* Harvest Food Bank is requesting 1 volunteer to do screenings for individuals entering and leaving a food bank daily with temperature screens and exposure questionnaires. Similarly to the same mission in Valdosta, GA, the individual could be anyone from a medical student upwards. The following are the general requirements and benefits provided as well as prospective dates: *Currently staffed by Luz Heaton, MD, CPT, 23-30 Apr 2020. \*New: Luz has also agreed to cover down on the POD operation May 1<sup>st</sup> in Tifton, GA before returning to Albany and continuing to support this mission to completion.*  
Requirements: One (1) volunteer, minimal medical experience required





## SAMPLE BRIEFING PACKAGE NOON IC LEADERSHIP MEETINGS

Task: Temperature and symptom screening of individuals at a food bank, react to injury during the duty day if required

Start Date: ASAP

End Date: TBD, prospectively April 30th

PPE Provided: Yes

Lodging Provided: Yes

Food Provided: Meals will be reimbursed if receipts are saved

**Tracking # THOM-1749396: Thomasville, GA:** Supporting 2d Harvest Food Bank mission with one medical person to screen 5 SDF persons doing boxing/POD operations. A/C environment, quarters available and all meals available. *Currently staffed by Taylor Wilson, EMT, W01, 23 Apr – 10 May.*

**Tracking # CUMM-M021A, Cumming, GA:** Provide medical screening support to OPFOR BN GSDF and members of 3/121<sup>st</sup> prior to starting the workday and at the end of the workday. Respond to medical emergencies or injuries as required. Unit is conducting Infection Control Team (ICT) operations in the area. *Currently staffed by Cozonac, Kathryn, RN, 1LT, 26-30 Apr. \*New Corley, Lori staffing 28 Apr – 11 May 2020.*

### **CLOSED MISSIONS AS OF 28 APR 2020:**

Tracking # RAND-7747865 - Randolph Co – Southwest Georgia Regional Medical Center

Tracking # TIFT-8507585 – Tift County – Tift Regional Medical Center

Tracking # SUMT-9018493 – Sumter County – Perfect Care Living Facility

Tracking # BIBB-5272936 – Bibb County – Bibb EMS

Tracking # FULT-9702481 – Fulton County – Piedmont Atlanta Hospital

Tracking # UPSO-6382286 – Upson County – Providence Nursing Home

Tracking # SOC-8453184 – Phoebe Putney Memorial Hosp, Albany, GA

Tracking # CLAR-5564271- Athens/Clarke Co, Piedmont Hospital

Tracking # MITC-3725824 – Pelham Parkway Nursing Home, Mitchell County

Tracking # FULT-4920909 – Fulton Co – North Fulton Hospital

Tracking # SUMT-9983386 – Sumter Co – Alternate Care Site, GA SW University

## **VII. Incident Command Structure Reports**

### **Public Affairs Office [FJones/Tkornegay]**

Press Release 4.21

Radio WSB Kirkpatrick/ Wilmer discuss MAGMRC

### **Liaisons [Tromine GSDF]**

**[Lwilliams GDPH]**

**[Dpalmisano MAG]**

### **Operations [Ppurcell/Hwilson/Tbagdonis]**

Active Mission Report

RFAs from SOC-GDPH/GS DoD

PPE Capability/Protection Issue

### **Planning [Fpurcell]**

Contact Tracing Task Force

Covid19 Testing Task Force

### **Logistics [Goodelman]**

PPE

Thermometers

Face shields

### **Safety [Knopf]**

Safety Documents

Exposure Management & Triage

### **Administration [FJones/Sharvey]**

MAGMRC Grant

BOG Report

### **Branch Directors [Thaltom/Kkirkpatrick] [Fpurcell]**

Team Assignments & Report

### **Team Leaders (Deputy)**

A1. Barber (Bailey)

A2. Shah (Hayashi)

A3. Sward (Fouad)

B1. Greene (Burton)

B2. McCullough (Gold)

B3. Parrado (Kanwar)





B4. Heaton (Godwin)

### VIII. MAGMRC Ongoing Activities:






 Task Complete

 Task Ongoing

#### Procedures:

-  Operations MAGMRC/Georgia State Defense Force merged-[PPurcell,TRomine]
-  Registration Manpower lists developed with additional information for deployment and team assignments [PHildreth,PPurcell,KKirkpatrick,THaltom]
-  Task Requests: MAGMRC deployment team development  
Team Commanders need to be contacting, informing and coordinating their teams [Barber,Shah,Jarrard,Sward,Green,McCullough,Parado,Heaton]
  - Addition of LTC Bagdonis DPTY OPS for CUOPS Management
-  Operations to develop deployable individuals/teams based on task requests [PPurcell/HWilson] [KKirkpatrick/THaltom]
-  Medical Student Planning/Coordination- [HGold/BBurton]
-  Time and Effort Reports [ALCON] <https://hipaa.jotform.com/200865562459059>

#### Safety & Policies

-  PPE Protection: CDC Guidance Requested///Directive for MAGMRC/GSDF Responders [Harvey/Perino/Zaesim/Knopf]
  - See Guidance Recommendation at end of report -sent to COL Perino\*
  - Note FBI precaution RE counterfeit PPE
-  Review lists - physicians (SPLTY) & other healthcare (HCW) available. [FJones/PHildreth/PPurcell]
-  Return to clinical duty after deployment. [JHarvey]
  - See Section IX: "Healthcare Worker Return to Work Guidance After COVID-19 Illness or Exposure March 26, 2020"
-  Liability Protections [JHarvey/DPalmisano/JFerrero]
  - O.C.G.A. 50-21-20, et seq., sets for the Ga. Tort Claims Act.
  - O.C.G.A. 50-21-24(12) is the provision that retains sovereign immunity for acts of the National Guard and State Defense Force (i.e., organized militia) when carrying out assigned duties.
  - OCGA 38-3-35 limits Healthcare Worker civil liability for the services they provide or perform within the health care or medical facility for the duration of the COVID-19 Public Health State of Emergency.
-  Workers Compensation [JHarvey, DPalmisano/JFerrero]
  - State Workers Compensation Coverage as defined in SAD orders. Reviewed by J Ferrero DTAG.
  - Discussed by Don Palmisano MAG CEO who is also on State Workers Compensation Board



## SAMPLE BRIEFING PACKAGE NOON IC LEADERSHIP MEETINGS

### IX. Online Resources & Links for COVID-19

Johns Hopkins University & Medicine. Coronavirus Resource Center. <https://coronavirus.jhu.edu/>

Downloadable PSA videos: <https://www.cdc.gov/coronavirus/2019-ncov/community/downloadable-videos/downloadable-videos.html>

Print posters and handouts: <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>.

Links to training opportunities from CDC. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html>

COVID-19 Testing/Statewide Direct Patient Lines.  
<https://dph.georgia.gov/document/document/covid-19-testingdirect-patient-line/download>

State COVID-19 hotline: (844) 442-2681

#### MAG MRC Forms & Resources:

Volunteer Sign-up JOTFORM: <https://hipaa.jotform.com/200983777424060>

Results of Volunteer Sign-ups: [https://docs.google.com/spreadsheets/d/1nby543II-AHpGHUYGKp6ghuZZ4VMgM7tgrekuhfYilg/edit?usp=sharing\\_eip&ts=5e91d9eb&urp=gmail\\_link](https://docs.google.com/spreadsheets/d/1nby543II-AHpGHUYGKp6ghuZZ4VMgM7tgrekuhfYilg/edit?usp=sharing_eip&ts=5e91d9eb&urp=gmail_link)

Volunteer Daily time/SITREP JOTFORM: <https://hipaa.jotform.com/200865562459059>

Volunteer Tracking Google Survey:  
[https://docs.google.com/forms/d/e/1FAIpQLSf1FDttZZvCwEdgliKLOaxiX-KMeNRppp8nv4EEZxg4MIKZyQ/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSf1FDttZZvCwEdgliKLOaxiX-KMeNRppp8nv4EEZxg4MIKZyQ/viewform?usp=sf_link)

Results of Volunteer Tracking Google Survey: <https://docs.google.com/spreadsheets/d/1LCo-is2vILRTwmVHY2JZm8XSzhio-64BUfr7B0SEYSc/edit#gid=1683529071>

Team Deputy Contact Information:  
[https://docs.google.com/document/d/1\\_hVAJ9yLMDAkLmAYkKmw6ogjNV2e5MEa\\_sz8JyiOMgE/edit?usp=sharing](https://docs.google.com/document/d/1_hVAJ9yLMDAkLmAYkKmw6ogjNV2e5MEa_sz8JyiOMgE/edit?usp=sharing)

After Action Report (AAR) <https://ga.readyop.com/fs/4cKr/e27f>

#### Mental Health Resources

Georgia COVID-19 Emotional Support Line: 1-866-399-8938

National Disaster Distress Hotline: 1-800-985-5990

National Alliance for Mental Illness COVID-19 Guide. <https://www.nami.org/covid-19-guide>

Headspace Meditation App, available to all healthcare providers with NPI number.

#### MASKS

The Need for Fit Testing During Emerging Infectious Disease Outbreaks:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>

Decontamination and Reuse of Filtering Facepiece Respirators using Contingency and Crisis Capacity Strategies: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>

N95 respirators and surgical masks: <https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-and-surgical-masks-face-masks>

Strategies for optimizing N95 respirators and surgical masks:  
[https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html)

Use of Cloth Face Coverings to Help Slow the Spread of COVID-19  
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>

#### **Week 4.05- 4.12**

Resources for Hospitals and Healthcare Professionals Preparing for Patients with Suspected or Confirmed COVID-19  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html>

Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19  
<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

Phone Advice Line Guidelines for Patients with Possible COVID-19 – Script w/ Decision Algorithm: <https://www.cdc.gov/coronavirus/2019-ncov/phone-guide/index.html>

#### **Week 4.13- 4.19**

Characteristics of Health Care Personnel with COVID-19 — United States, February 12–April 9, 2020. <https://epix2.cdc.gov/v2/Reports/Common/ShowAttachment.aspx?id=132317>

Healthcare Worker Return to Work Guidance After COVID-19 Illness or Exposure. April 13, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Pharmacologic Treatments for Coronavirus Disease 2019 (COVID-19): A Review. JAMA. April 13, 2020. doi:10.1001/jama.2020.6019  
[https://jamanetwork.com/journals/jama/fullarticle/2764727?questAccessKey=72e8a5f3-3754-4bf8-bb178c2f1cf358b0&utm\\_source=silverchair&utm\\_medium=email&utm\\_campaign=article\\_alert-jama&utm\\_content=olf&utm\\_term=041320](https://jamanetwork.com/journals/jama/fullarticle/2764727?questAccessKey=72e8a5f3-3754-4bf8-bb178c2f1cf358b0&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=041320)

How to Obtain a Nasopharyngeal Swab Specimen. NEJM. April 17, 2020.  
<https://www.nejm.org/doi/full/10.1056/NEJMvcm2010260?query=RP>



## SAMPLE BRIEFING PACKAGE NOON IC LEADERSHIP MEETINGS

### Week 4.20- 4.26

CDC/FEMA. Focus on the Future – Going to Work for America. <https://context-cdn.washingtonpost.com/notes/prod/default/documents/f99f42b3-55c4-4613-9f9c-3ac174f10a4b/note/1a8a55a6-68f9-4b76-8e02-01779290c1a5.#page=1>

CDC director warns second wave of coronavirus is likely to be even more devastating. Washington Post. <https://www.washingtonpost.com/health/2020/04/21/coronavirus-secondwave-cdcdirector/>

Medical Association of Georgia Medical Reserve Corps in need of volunteers. <https://www.wfxg.com/story/42028272/medical-association-of-georgia-medical-reserve-corps-in-need-of-volunteers>

Guidance on Preparing Workplaces for COVID-19 OSHA3990. <https://www.osha.gov/Publications/OSHA3990.pdf>

### Week 4.27- 5.03

Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19). <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>

NIH COVID-19 treatment guidelines. <https://covid19treatmentguidelines.nih.gov/> .

Map of DPH COVID 19 Testing Sites <https://dph.georgia.gov/find-location/covid-19-testing-site>

What to Do If You Are Sick. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

COVID-19 Travel Recommendations by Country. <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>

GA DPH Antibody Testing Fulton & DeKalb. <https://dph.georgia.gov/covid-19-antibody-testing>

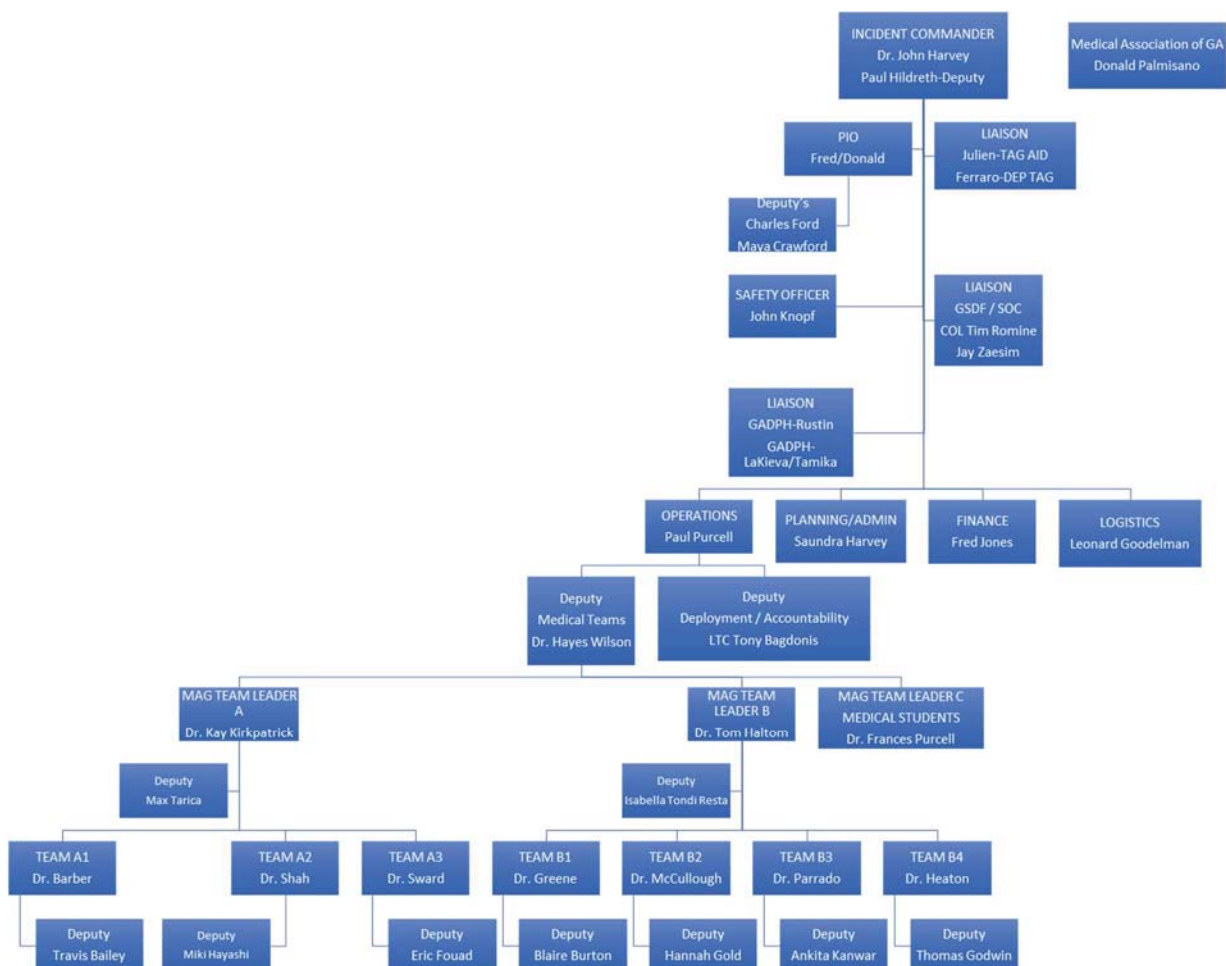
CDC Return to Work for HC Providers. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>



# SAMPLE BRIEFING PACKAGE

## NOON IC LEADERSHIP MEETINGS

### XI. Appendix: ICS Flowchart, Roles/Titles, Acronyms, Safety Forms



### ICS Supervisory Position Titles

Organizational Level	Title	Support Position
Incident Command	Incident Commander	Deputy
Command Staff	Officer	Assistant
General Staff (Section)	Chief	Deputy
Branch	Director	Deputy
Division/Group	Supervisor	N/A
Unit	Unit Leader	Manager
Strike Team/Task Force	Leader	Single Resource Boss

## MAG-MRC Commonly Used Acronyms

BOG – Boots on the Ground

CNA – Certified Nurse Assistance

DPH – Department of Public Health

DoD- Department of Defense

GSDF – Georgia State Defense Force

GADPH – Georgia Department of Public Health

FARGO – Fragmentary Order – is a secondary order for the same mission

HCP – Health Care Physician

HCW – Health Care Worker

ICS – Incident Command System

JOT– is a form building system

MAGMRC – Medical Associations of Georgia Medical Reserve Corp

MRC – Medical Reserve Corp

PAO – Public Affairs Officer

PIO – Public Information Officer

POC – Point of Contact

PPE – Personal Protective Equipment

RFA – Report of Assignment

SOC – State Operation Center

SAD – State Active Duty

TAG – The Adjutant General – Commander of GA DoD

vSOC – Virtual State Operation Center

AAR – After Action Report

JAG- Judge Advocate General

### MAG-MRC Safety Recommendations and Guidelines for Volunteers at Risk of COVID-19 Exposure:

- All volunteers should receive training on appropriate use of PPE, including donning and doffing procedures.
- Hand hygiene supplies including alcohol-based hand sanitizer should be readily accessible in patient-care areas, including where volunteers put on and remove PPE.
- All patients with upper respiratory symptoms (fever, cough, shortness of breath) should wear a facemask for source control.
- Screening staff do not need to wear PPE if they are separated from patients by a physical barrier such as a glass or plastic window. Screening staff should make these interactions as brief as possible by limiting the interaction to screening questions only.
- If a volunteer must be within 6 feet of a patient, they should use appropriate PPE, including at minimum:
  - Facemask (e.g., surgical mask)
  - Gloves (e.g., clean, non-sterile)
  - Eye protection (e.g., goggles, face screen)
- A fit-tested N95 is often preferred and should be used if performing a nasopharyngeal swab.
- A gown (washable or disposable) is recommended if extensive contact with the patients is anticipated.
- Eye protection and other non-disposable supplies should be decontaminated/washed for re-use.
- Do not carry contaminated supplies home, wash clothing and shower immediately, and be mindful to disinfect contaminated surfaces (e.g., phones).
- Actively self-monitor for the development of key symptoms (e.g., fever, cough, shortness of breath) with symptom diary and temperature recordings.
- Immediately abstain from duty if symptoms develop and return to duty/work no sooner than 3 days (72 hours) since resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and 7 days since symptoms first appeared.

#### CDC Resources:

##### Safety Practices for Critical Workers and Healthcare Settings

- <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>
- [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html)
- <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

##### PPE Donning & Doffing

- [https://www.cdc.gov/coronavirus/2019-ncov/downloads/A\\_FS\\_HCP\\_COVID19\\_PPE.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf)

##### N95 Respirator Fitting and Seal Check

- <https://www.cdc.gov/niosh/npptl/pdfs/KeyFactorsRequiredResp01042018-508.pdf>
- <https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf?id=10.26616/NIOSH-PUB2018130>



## SAMPLE BRIEFING PACKAGE NOON IC LEADERSHIP MEETINGS

### MAG-MRC COVID-19 Exposure and Symptom Monitoring

Name: \_\_\_\_\_

Volunteer Site: \_\_\_\_\_

MAG MRC Team Leader: \_\_\_\_\_

Exposure (start) date: \_\_\_\_\_

Please use the space below to briefly summarize exposure history and/or episode(s). Please note what personal protective equipment and safety precautions were used, COVID-19 status of those involved, & any actions taken since exposure.

# SAMPLE BRIEFING PACKAGE

## NOON IC LEADERSHIP MEETINGS

### MAG-MRC COVID-19 Exposure and Symptom Monitoring

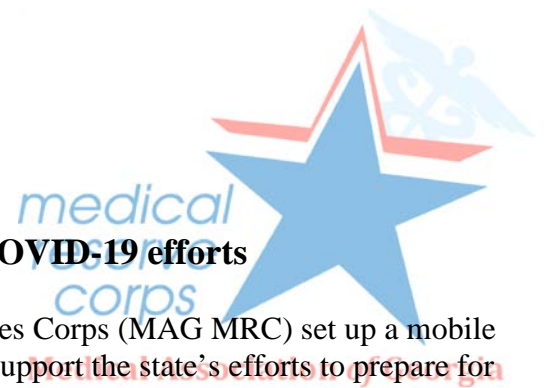
Please use this form to actively monitor for the common signs and symptoms of COVID-19. Should any of these present within 14 days of exposure, refrain from further duty and contact your team leader.

Date	Time	Temperature	Cough	Shortness of breath	Muscle aches	Chills	Diarrhea
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N



# **PUBLIC AFFAIRS**





## **MAG MRC sets up mobile hospital to support state's COVID-19 efforts**

Members of the Medical Association of Georgia's Medical Reserves Corps (MAG MRC) set up a mobile "surge hospital" at Wellstar Kennestone Hospital on March 15 to support the state's efforts to prepare for the COVID-19 health threat.

Georgia Gov. Brian Kemp declared a public health state of emergency on March 14.

The MAG MRC responds to declared emergencies in the state, including natural disasters and disease outbreaks.

[\*The Atlanta Journal-Constitution\* article](#)

[\*Marietta Daily Journal\* article](#)

['MAG COVID-19 Resource Center'](#)

[MAG MRC web page](#)





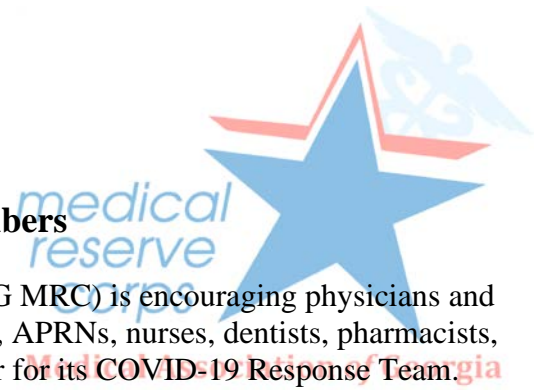
## MAG MRC erects mobile hospitals to support COVID-19 efforts

Members of the Medical Association of Georgia's Medical Reserves Corps (MAG MRC) served in an advisory role when three mobile "surge" facilities were erected at Emory University Hospital Midtown in Atlanta on March 20 as part of the hospital's efforts to prepare for COVID-19 patients. The MAG MRC also erected a mobile facility at Wellstar Kennestone Hospital on March 15.

[MAG COVID-19 Resource Center](#)

[MAG MRC web page](#)





## MAG MRC recruiting COVID-19 Response Team members

The Medical Association of Georgia Medical Reserve Corps (MAG MRC) is encouraging physicians and allied health care professionals – including retired physicians, PAs, APRNs, nurses, dentists, pharmacists, medical students, and fourth-year pharmacy students – to volunteer for its COVID-19 Response Team.

The MAG MRC COVID-19 Response Team is expected to be used in an array of ways in the coming weeks. Most of these volunteers are expected to serve in their area, whether that's working at a health care facility or using a telehealth option – but it is possible that some will be asked to travel to other parts of the state if the virus overwhelms a community's health care capacity. Note that there are telemedicine-only and local clinics-only options.

MAG MRC COVID-19 Response Team candidates must...

1. Go to <https://dph.georgia.gov/georgia-responds> to register with SERVGA, selecting the "MAG MRC" as the applicable organization.
2. Go to <https://hipaa.jotform.com/200842998646065> and complete and submit the questionnaire, which is a Georgia State Defense Force (GSDF) registration requirement. This information will reside on a HIPAA-approved server.
3. Go to <https://www.magmrc.org/waivers-and-forms> to complete and submit the required forms.

MAG MRC COVID-19 Response Team volunteers will be covered by liability and workers' compensation protection, as...

- Registering with SERVGA provides liability protection under Georgia's 'Good Samaritan' laws and related declared emergency statutes.
- They will automatically become temporary members of the GSDF, which means that they will have workers' compensation protection.

Contact Fred Jones at [fjones@mag.org](mailto:fjones@mag.org) with questions.





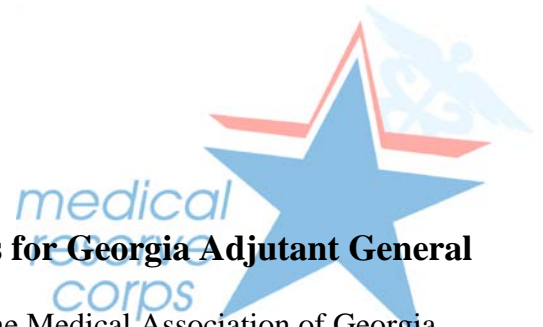
## **MAG MRC helps erect mobile hospital at Emory Midtown**

Members of the Medical Association of Georgia's Medical Reserves Corps (MAG MRC) served in an advisory role when three mobile "surge" facilities were erected at Emory University Hospital Midtown in Atlanta on March 20 as part of the hospital's efforts to prepare for COVID-19 patients. The MAG MRC also erected a mobile facility at Wellstar Kennestone Hospital on March 15.

[MAG COVID-19 Resource Center](#)

[MAG MRC web page](#)





## **MAG MRC identifying COVID-19 physician volunteers for Georgia Adjutant General**

The Georgia Adjutant General (TAG) Thomas Carden has asked the Medical Association of Georgia Medical Reserve Corps (MAG MRC) to identify physicians in the state who have limited their practice as a result of the COVID-19 public health crisis who are willing to volunteer to provide medical care for Georgians “outside of their traditional office or hospital setting.”

Identifying these physicians is the first step in TAG’s strategic planning process, as TAG’s office has not determined how it will deploy these physicians. The MAG MRC will coordinate this effort, which will see physician volunteers organized by regions in the state.

These volunteer physicians will provide both direct clinical patient care and/or care via telemedicine.

Liability and workers’ compensation is included in this activity.

**[Click here to complete a survey if you are interested in serving as a volunteer to provide medical care outside of the traditional office or hospital setting.](#)**

The MAG MRC is also asking residents, retired physicians, medical students, pharmacists, and fourth-year pharmacy students who would like to support this effort to complete this survey.

Contact Fred Jones at [fjones@mag.org](mailto:fjones@mag.org) with questions.

### **About the MAG MRC**

The MAG MRC responds to declared emergencies in the state, including natural disasters and disease outbreaks. MAG MRC members are citizen volunteers. The MAG MRC has more than 100 members, including more than 60 physicians.

The MAG MRC has deployed mobile hospitals under the direction of DPH. The state of Georgia owns and controls these assets. The MAG MRC complements the official medical and public health and emergency services resources in the state.

Go to [www.mag.org/mrc](http://www.mag.org/mrc) for additional information on the MAG MRC.

### **MAG members named to Gov.’s COVID-19 task force committees**

Numerous MAG members will serve on the ‘Coronavirus Task Force Committees’ that Georgia Gov. Brian Kemp named on Friday, March 20.

The ‘Primary Care Provider Committee’ includes Georgia Sens. Ben Watson, M.D., and Kay Kirkpatrick, M.D., Georgia Rep. Mark Newton, M.D., MAG President Andrew Reisman, M.D., MAG Foundation Georgia Physicians Leadership Academy Steering Committee Chair Johnny Sy, D.O. (emergency medicine), American College of Physicians (ACP) President-elect Jacqueline Fincher, M.D. (internal medicine), Georgia Chapter of the American College of Physicians Governor G. Waldon Garriss, M.D. (internal medicine), Georgia OBGyn Society President Al Scott, M.D. (OB-GYN), Georgia Chapter of

the American Academy of Pediatrics President Terri McFadden, M.D. (pediatrics), and Georgia Association of Family Physicians President Jeff Stone, M.D. (family medicine). All are MAG members.

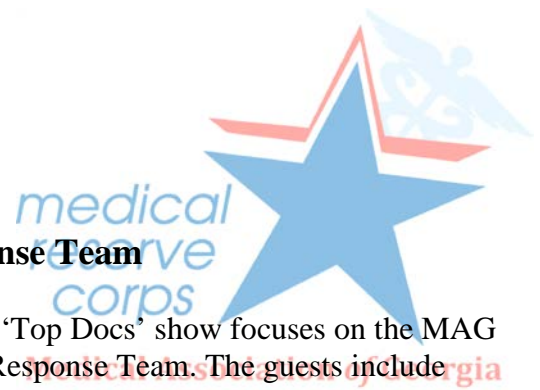
It is also worth noting that former U.S. Health and Human Services Department Sec. Tom Price, M.D., will serve on the 'Emergency Preparedness Committee.'

Gov. Kemp says that "these committees will address the specific impacts that COVID-19 will have on communities, industry sectors, our health care system, and emergency preparedness."

[Gov. Kemp 'Coronavirus Task Force Committees' announcement](#)

Medical Association of Georgia





## New ‘Top Docs’ features MAG MRC/COVID-19 Response Team

The latest edition of the Medical Association of Georgia’s (MAG) ‘Top Docs’ show focuses on the MAG Medical Reserve Corps (MRC) and its newly-formed COVID-19 Response Team. The guests include MAG MRC Medical Director John S. Harvey, M.D., and MAG MRC Resident Section Leader Ian McCullough, M.D.

They discuss...

- The MAG MRC’s role
- Some of the MRC’s recent missions
- How the MAG MRC is related to the Georgia State Defense Force
- Who is eligible to volunteer for the MAG MRC COVID-19 Response Team
- Response Team volunteers’ roles/options (e.g., local clinics/telemedicine-only)
- Whether these volunteers are covered by insurance & workers’ comp

Dr. Harvey has been a general and trauma surgeon in North Atlanta for about 30 years. In addition to serving as MAG’s president in 2015-2016, he was the Speaker of MAG’s House of Delegates from 2009 to 2014. It is also worth noting that Dr. Harvey has been a member of the Georgia State Defense Force since 2000. He is a graduate of the Medical College of Georgia in Augusta.

Dr. McCullough is a PGY4 anesthesiology resident at Emory University. In addition to heading up the MAG MRC Resident Section, he is leading the MAG MRC’s COVID-19 Response Team B2 Unit. He has a medical degree from Emory University School of Medicine.

Between downloads and live listeners, ‘Top Docs’ – which won an American Association of Medical Society Executives *Profiles of Excellence Award* and a Health Information Resource Center *Digital Health Awards* award in 2019 – has now reached more than 850,000 listeners and viewers, which includes people in all 50 states and more than 80 countries.

‘Top Docs’ is supported with a grant from Alliant Health Solutions in memory of Tom Williams, its former CEO.

In addition to the video recordings that are available on [Facebook](#), ‘Top Docs’ is available as a podcast on [Apple](#), [Google](#), [Spotify](#), [Stitcher](#), and [iHeart Radio](#).

MAG ‘Top Docs’ show on MAG/MRC & COVID-19 Response Team

## Resources

[MAG MRC COVID Response Team registration/web page](#)

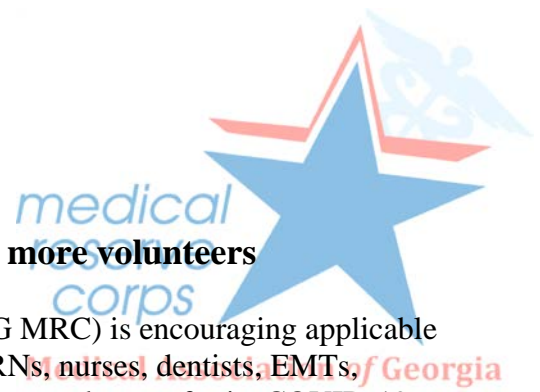
[MAG MRC web page](#)

*The views of the guests who appear on 'Top Docs' are theirs and aren't necessarily consistent with MAG's policies or positions. Contact Tom Kornegay at [tkornegay@mag.org](mailto:tkornegay@mag.org) with questions about MAG's 'Top Docs' show.*

medical  
reserve

on of Georgia





## **MAG MRC COVID-19 Response Team deployed, seeks more volunteers**

The Medical Association of Georgia Medical Reserve Corps (MAG MRC) is encouraging applicable Georgians – including physicians and retired physicians, PAs, APRNs, nurses, dentists, EMTs, pharmacists, medical students, and fourth-year pharmacy students – to volunteer for its COVID-19 Response Team.

“The MAG MRC COVID-19 Response Team has played an important role in the state’s response to the outbreak since March 23,” says MAG MRC Medical Director John. S. Harvey, M.D. “Since then, we have grown from 80 volunteers to more than 300 volunteers who are available for deployment. And another 300 volunteers are in different stages in the registration process, but we still need more volunteers to ensure that we are prepared for our peak needs.”

Dr. Harvey reports that more than 30 MAG MRC COVID-19 Response Team members have already been deployed at health care sites across the state, including the state’s operation and virtual operations centers – as well as Thomasville, Valdosta, Bibb County, Clark County, Fulton County, Mitchell County, Randolph County, and Tift County.

“Most of our volunteers are expected to serve in their area, whether that’s working at a health care facility or using a telehealth option – but some may be asked to travel to other parts of the state if the virus overwhelms a community’s health care capacity,” explains Dr. Harvey. “Once a health care facility’s request for assistance has been approved by the Georgia Department of Public Health, the MAG MRC can be deployed under the direction of the Georgia State Defense Force and the Georgia Department of Defense.”

Applicable Georgians who are interested in serving on the MAG MRC COVID-19 Response Team should go to [www.mag.org](http://www.mag.org) or contact Fred Jones at [fjones@mag.org](mailto:fjones@mag.org) for details.

The MAG MRC is a group of citizen volunteers who respond to natural disasters and disease outbreaks that threaten to overwhelm a community’s health care system. It complements the official medical and public health and emergency services resources in the state. The MAG MRC is part of a state and national network of MRC. There are nearly 1,000 community-based MRC units and 200,000 MRC volunteers in the U.S. and its territories, including 19 MRC units in Georgia. Go to [www.mag.org/mrc](http://www.mag.org/mrc)



## MAG MRC COVID-19 Response Team

The Medical Association of Georgia Medical Reserve Corps (MAG MRC) is encouraging physicians and allied health care professionals – including retired physicians, PAs, APRNs, nurses, dentists, pharmacists, medical students, and fourth-year pharmacy students – to volunteer for its COVID-19 Response Team.

The MAG MRC COVID-19 Response Team is expected to be used in an array of ways in the coming weeks. Most of these volunteers are expected to serve in their area, whether that's working at a health care facility or using a telehealth option – but it is possible that some will be asked to travel to other parts of the state if the virus overwhelms a community's health care capacity. Note that there are telemedicine-only and local clinics-only options.

MAG MRC COVID-19 Response Team candidates must...

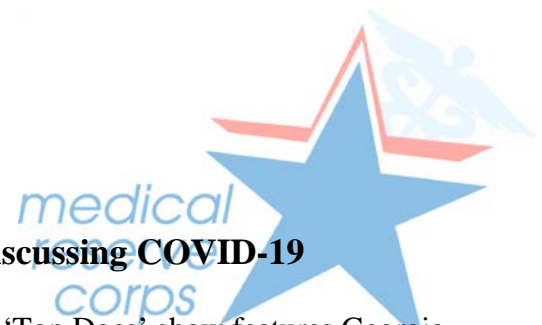
1. Go to <https://dph.georgia.gov/georgia-responds> to register with SERVGA, selecting the "MAG MRC" as the applicable organization.
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– They will automatically become temporary members of the GSDF, which means that they will have workers' compensation protection.

Contact Fred Jones at [fjones@mag.org](mailto:fjones@mag.org) with questions.



## New ‘Top Docs’ features Sen. Kay Kirkpatrick, M.D. discussing COVID-19

The latest edition of the Medical Association of Georgia’s (MAG) ‘Top Docs’ show features Georgia Senator Kay Kirkpatrick, M.D. (R-Marietta) addressing her experience as a lawmaker and physician who contracted COVID-19, the latest on COVID-19 testing and antibody testing, what the MAG Medical Reserves Corps (MRC) has been doing during the outbreak, and when she believes the Georgia General Assembly will resume and what the state budget will look like.

Senator Kirkpatrick discusses...

- Her COVID-19 symptoms and recovery
- COVID-19’s biggest risk factors – and if someone can get it twice
- If any of her family members or contacts have tested positive for COVID-19
- What someone should do if they think they have COVID-19
- Her advice to help people recover from COVID-19
- Whether she believes if Georgia has “flattened its curve”
- The latest on COVID-19 testing and antibody testing
- The ongoing need for social distancing
- How the MAG MRC has been deployed during the outbreak
- The latest on the development of treatments and vaccines
- Whether she believes there will be a “second wave”
- When the legislature will resume – and how COVID-19 will affect the state budget

Senator Kirkpatrick represents the 32nd District, which includes East Cobb and Sandy Springs. She serves as the chairman of the Senate Ethics Committee, and she is a member of the Senate Health and Human Services, Insurance and Labor, and Veterans, Military and Homeland Security committees. Senator Kirkpatrick is also a member of the Commission on Family Violence, and a legislative liaison to the Commission on the Holocaust. Senator Kirkpatrick was an orthopaedic hand surgeon in Atlanta for over 30 years – having served as Resurgens Orthopaedics’ president. It is also worth noting that she is a district coordinator for the MAG MRC.

Contact Senator Kirkpatrick at [kay.kirkpatrick@senate.ga.gov](mailto:kay.kirkpatrick@senate.ga.gov) or 404.656.3932.

Between downloads and live listeners, ‘Top Docs’ has now reached more than one million listeners and viewers – which includes people in all 50 states and more than 80 countries. MAG has won two awards for the show, including an *American Association of Medical Society Executives Profiles of Excellence Award* and a *Health Information Resource Center Digital Health Award*.

‘Top Docs’ is supported with a grant from Alliant Health Solutions in memory of Tom Williams, its former CEO.

In addition to the video recordings that are available on [Facebook](#), ‘Top Docs’ is available as a podcast on [Apple](#), [Google](#), [Spotify](#), [Stitcher](#), and [iHeart Radio](#).



*The views of the guests who appear on 'Top Docs' are theirs and aren't necessarily consistent with MAG's policies or positions. Contact Tom Kornegay at [tkornegay@mag.org](mailto:tkornegay@mag.org) with questions about MAG's 'Top Docs' show.*







# **MAG MRC**

# **STRUCTURE**

# Incident Command



## **MAG MRC EXECUTIVE LEADERSHIP**

John Harvey, MD

Paul Hildreth

Paul Purcell

Frances Purcell, PhD

Hayes Wilson, MD

Leonard Goodelman

## **VSOC – MAG MRC**

### **Incident Commander**

John Harvey, MD

Paul Hildreth, Deputy

## **Medical Association of Georgia**

Donald Palmisano

## **Public Information Officer**

Fred Jones

Donald Palmisano

Charles Ford, Deputy

Maya Crawford, Deputy

## **Safety Officer**

John Knopf, MD

## **Liaison**

### **GSDF / SOC**

COL Tim Romine

Jay Zaisim

John Knopf, MD

### **TAG**

CAPT Julien Edner

Joe Ferraro, Deputy TAG

### **GDPH**

Tameka Bowden

LaKieva Williams

Chris Rustin

# Incident Command (cont)



## Operations

Paul Purcell, Section Chief  
Hayes Wilson, MD – Deputy, Medical Teams  
LTC Tony Bagdonis, PhD – Deputy, Deployment/Accountability

## Team A

Kay Kirkpatrick, MD – Team Leader  
Max Tarica, Deputy  
  
Team A1 Lead – James Barber, MD  
Travis Bailey, MD, Deputy  
Team A2 Lead – Manoj Shah, MD  
Miki Hayashi, Deputy  
Team A3 Lead – Lisa Sward, MD  
Eric Fouad, Deputy

## Team B

Tom Haltom, MD – Team Leader  
Isabella Tondi Resta, Deputy  
  
Team B1 Lead - Mike Greene, MD  
Blair Burton, Deputy  
Team B2 Lead – Ian McCullough, MD  
Hannah Gold, Deputy  
Team B3 Lead – Carlos Parrado, MD  
Ankita Kanwar, Deputy  
Team B4 Lead – Luz Heaton, MD  
Thomas Godwin, Deputy

## Team C Medical Students

Frances Purcell, PhD – Team Leader

## Planning & Administration

Sandra Harvey

## Finance

Fred Jones

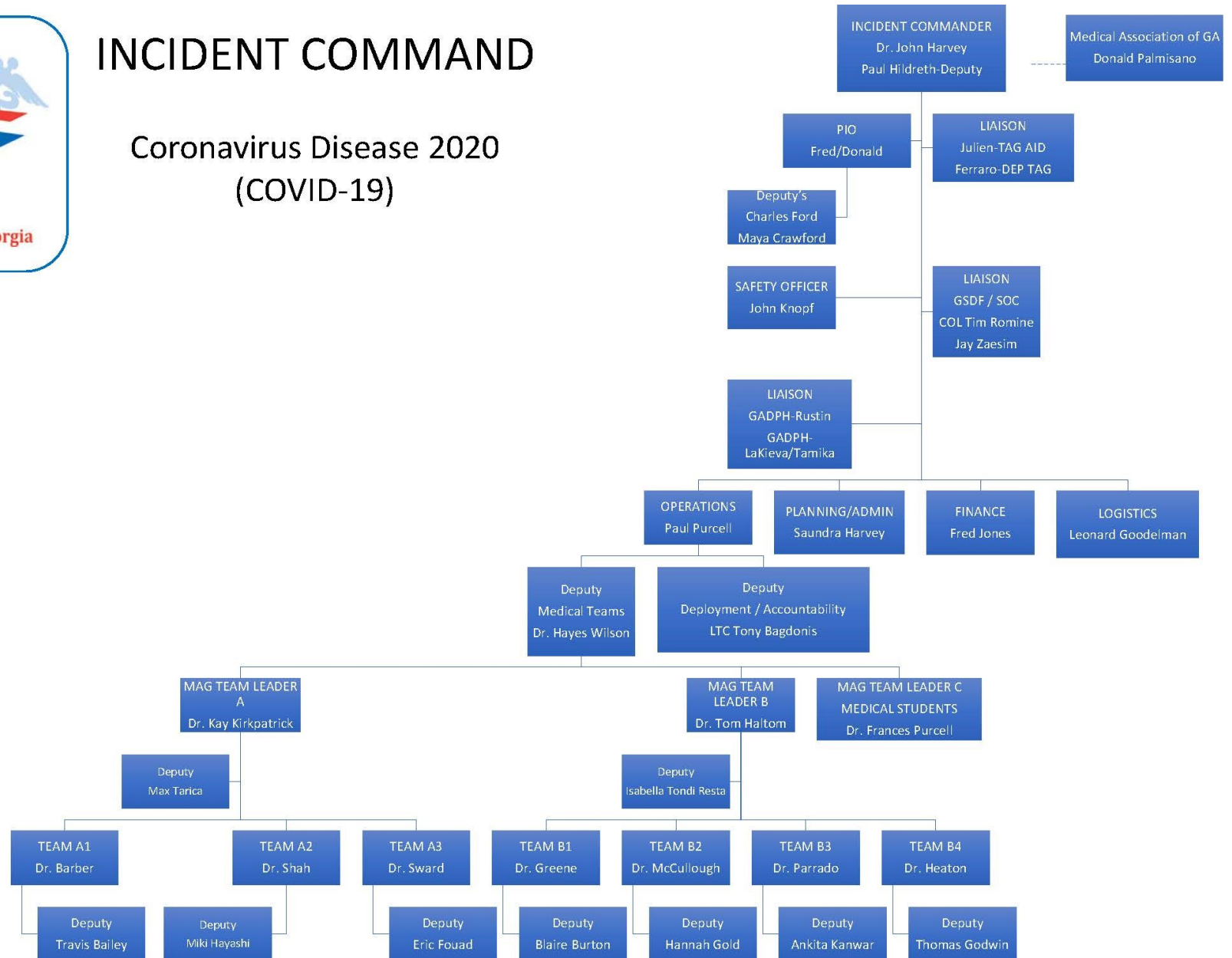
## Logistics

Leonard Goodelman



# INCIDENT COMMAND

## Coronavirus Disease 2020 (COVID-19)



4/20/2020

# MAG MRC Volunteers

## Field Deployed



Amena Y Abbas, EMT  
Lisa Angel, RN  
Travis Bailey, DO  
James W Barber, MD  
Mason T Bennett  
Steven E Bernard, EMT  
Natalie M Bertrand  
Donna B Burton, EMT  
Joy B Chastain, MD  
Kathryn S Cozonac, RN  
Bryan J DeMarco, MD  
John S Gerguis, MD  
Angela S Gerguis, MD  
Wendy H Greenberg, MD  
Kristin N Hake, RN  
Luz M Heaton, MD  
Mohammad A Helala, MD  
Joel E Higgins, MD  
Teresa Hollingsworth

Nancy R Jackson-Patterson, RN  
Ankita Kanwar  
Rila Kim-Tummala, MD  
Maranda F Lumsden, RN  
Olivia R Norris, EMT  
Walesha K Oglesby, RN  
Katherine J Purdy, PA  
Cassandra Riley  
Jose F Rodriguez-Curras, MD  
Lisa A Sward, MD  
Amanda R Tong, RN  
Stella I Tsai, MD  
Gurshawn S Tuteja  
Laurie K VanMeter, LPN  
Spencer D Wenzel, PA  
W Hayes Wilson, MD  
Taylor G Wilson, EMT  
Mark J Yanta, MD

# MAG MRC Volunteers

## Available for Deployment



Benjamin H Adams, MD  
Dare A Adewumi, MD  
Sharon C Amaya, MD  
Marc G Amaya, MD  
Michael G Anderson, MD  
Christopher J Apostol, MD  
Michael I Appel, MD  
Zoe G Athens  
Michelle Au, MD  
Summera Aziz, MD  
Susan J Baker, DMD  
Angie M Barco, NP  
Jack A Bell, DDS  
Adam E Berman, MD  
Richard R Besaw  
William F Bina III, MD  
Samantha H Bishop, RN  
Travis W Blalock, MD  
Melissa M Bock, RN  
Sarah E Boswell, MD  
Gwendolyn M Boyce  
Jeffrey A Bradley, MD  
Kenneth M Braunstein, MD  
Holly Brode  
Cynthia J Brown, RN  
Donald G Browning Jr, MD  
Mark T Brulte, MD  
Terry N Bryant,  
Joseph D Bush  
Jeffrey D Callaway  
Oscar T Cassity Jr, MD  
Michael Chaliff Chaliff, MD  
Katherine E Chapman, RN  
Meenakshi Chugh  
Michelle M Cipriani, MD  
Mariana M Claghorn, DC  
Dwayne L Clay, MD  
Aris Cochon, MD

Sarah L Codrea, DO  
Hiram D Coffey Jr,  
Howard J Cohen, MD  
Lori S Corley, MD  
Matthew Cornelison  
Maya N Crawford, MD  
Teodoro F Dagi, MD  
Gordon A Dale  
Alexa V Dantzler  
Rebecca DeCarlo, MD  
Gwendolyn A Delaney, MD  
Carmel S Doolan, RN  
Anne L Dunlop, MD  
Kelly L Dyar, RN  
Melissa M Easley  
Stanley B Eaton, MD  
Michelle Egeolu, MD  
Jared C Eggleston  
Christina R Ekstrom, NP  
Richard S Ellin, MD  
Dylan B Elliott  
Jeffrey B English, MD  
Christopher Everett, MD  
Ginny R Everton, RN  
Allen B Filstein, MD  
Kathryn M Fitton  
Charles L Ford IV, MD  
Sheri A Forman  
George W Garriss III, MD  
Shahzad S Ghorri, MD  
Jeffrey E Goldberg, MD  
Bradley G Goldberg, MD  
Gayle L Goldstein, MD  
Michael j Grady, DO  
Michael Greenwald, MD  
Evan M Greller, DC  
Saumya Gurbani  
Giang Ha

Timothy S Hanes, MD  
Caryn Hanrahan  
Abdul Mateen M Hasan  
Caryn S Hatcher, RN  
Benjamin Hayes, MD  
Thomas C Henris, MD  
Robert Hirsch, MD  
Wayne K Hoffman, MD  
Gregory Hopkins, MD  
Maggie L Hopkins, MD  
Sharon Howard  
Mary K Humphries, DO  
Suraayah R Hunter, RN  
Meredith Ingram, PA  
Lara M Jacobson, MD  
Stephen W Jarrard, MD  
Kelley B Jimison, NP  
Albert Johary, MD  
Ryan P Johnson, DO  
Laroice R Johnson, RN  
Alisha M Kavouklis  
Shannon D Keely, RN  
Leah Kim  
Kimberly klaus, PA  
Claudia S Kretzschmar, MD  
Keren Landman, MD  
Donald K Lane  
Joash T Lazarus, MD  
Brian A Lee Sr, EMT  
Ella Leung, MD  
Tina M Lewis, EMT  
Bradford C Lipman, MD  
Debra Lister, MD  
Sarah A Long, RN  
Sarah S Lopienski, RN  
Robert S Lykens, MD  
James R Malcolm, MD  
Steven I Marlowe, MD



# MAG MRC Volunteers

## Available for Deployment



Tara N Massarelli  
Susan M Massey-Connolly  
Alfred Mazur, MD  
John P McCaskey, MD  
Tammy L McClenny, RN  
E Frank McDonald Jr, MD  
Flavia E Mercado, MD  
Rebecca B Mietling, RN  
W. Charles Miller, MD  
Debra L Miller, LPN  
Tanya L Mims, APRN  
Mary Alice N Mina, MD  
Nan R Monahan, MD  
Mark d Moncino, MD  
Ralph Morales, MD  
Elena Morgan, MD  
Darla J Morgan, MD  
Charlie D Morgan-Seeley, RN  
Lauren S Nagashima-Whalen, MD  
Patrick Narh-Martey, MD  
Romulo Navarro, MD  
Michal J Nesnick, DC  
Danny A Newman Jr, MD  
Amanda A Newton, RN  
Ceana Nezhat, MD  
Steve A Nickisch, MD  
Sherwin Niles, EMT  
Michael A Norman, MD  
Abidemi O Ogunbode,  
Omoyele A Oluwa  
Claudia J Ordonez, LPN  
Gary s Orris, MD  
Ehizele Osehobo, MD  
Cheryl W Owens  
Kiran Patel, MD  
Sarah G Pearson, RN  
Jessica M Peeler, NP

Haoran Peng, MD  
Carla Perry, NP  
Mariko S Peterson, MD  
Dee W Pettigrew III, MD  
Annie Phung  
Caroline Pilgrim, PA  
Alexander M Pishal  
Pamela K Platt  
Carmen R Prater, RN  
Tami M Prince-Clarke, MD  
Robin R Pyburn, MD  
Alyse M Ragauskas  
Vandana Ramaswamy, NP  
Sophia S Rashid  
Taylor Rathel, EMT  
Challori Reddy, MD  
Jada Reese, MD  
Patrick D Retterbush, MD  
Matthew C Revilla, PA  
Monica V Rhymes, NP  
Eddie Richardson Jr, MD  
Jonathan L Riley  
Misty R Roach, LPN  
Nichon D Roberson  
Barbara E Robertson, MD  
Bruce E Rudisch, MD  
Joseph A Ruiz  
MarQuenda Sanders  
James T Sandwich, MD  
Ebony R Sankey, RN  
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Rachel E Schwartz, PA  
Jennifer Seagle  
John R Simpson, MD  
Susan E Smith  
Carla B Smith, RN  
Christopher c Smith, EMT

Jessica Stewart, RN  
Michael Sundell  
Renee M Swaim, RN  
Katharine C Templeton, PA  
Laura Tharp, MD  
James E Thomas  
Williams F Thornehoe, MD  
Martin L Throne, MD  
Raymond E Tidman, MD  
Tisha M Titus, MD  
Jeff A Traub, MD  
Pamela C Traya, PA  
Thomas S Upshaw, MD  
Christopher P Vakkur, EMT  
Rabia Vaughns, PA  
Jo Veal  
Michelle M Venn, RN  
Joshua L Vickers, MD  
Cynthia L von Hohenleiten, RN  
Catherine E Wallace  
Marshall Waller  
Steven Walsh, MD  
Jen Warfield, RN  
Catherine Warner, MD  
Thomas Wehmann, MD  
Christopher C Whalen, MD  
Emily K Willis  
Carol M Wolff, DDS  
Christine L Woodall, RN  
Sheila Woodhouse, MD  
Susan E Yandel, NP  
Amy E Yarbrough, RN  
Ginger L Yravedra, NP  
Alison K Zavadny, MD  
Rim B Zecarias, RN  
Joanne Zhu, MD

# MAG MRC Volunteers In Reserve



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Nicol Bates  
Rebecca Bernard  
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Katrena M Brittian  
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Celio Burrowes, MD  
Shobhna D Butler  
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Dierdre D Cooper, RN  
Hunter Crane  
Sharon L Crosby, RN  
Asma Daoudi  
Steven Diamond, MD  
Jeff Dockery, MD  
Mikayla K Dorminey  
Carl R Duggan  
Michael Dunn, MD  
Ariel K Dyches  
Bonnie M Evans  
Richard J Friedman,, MD  
Manuela Gallego Builes  
Nikhila Gandrakota  
Jordi R Gatón  
Jasmine N Gentry  
Larry Goldstein

Mary Gregg, MD  
Sara Guercio, RN  
Shruti Gupta  
Kimberly Halverson, RN  
Magdi M Hanafi, MD  
Derek A Harp  
Ansley D Harralson, EMT  
Justin F Harrell, MD  
Leigh S Harris  
Laura D Hartmann,, MD  
Dorian Hayes, MD  
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Adam Jenks  
Samantha C Johnson  
Sudhakar Jonnalagadda, MD  
Umamaheswari Jonnalagadda, MD  
Faria Khan, MD  
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Brandy M Kirkwood  
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Charles A Manly III, MD  
Alfred W Mazur, MD  
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Roberta A Mitchell, APRN  
Dorothy E Mitchell-Leef, MD

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Negin S Moon  
Rodrigo E Morales, MD  
Mary K Nobles, NP  
Am C Outlaw  
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William L Perusek Jr.  
John P Polites  
Natalie Raven,, RN  
Cathy L Renz, RN  
Jonathan L Riley,  
Dino C Romero  
Austin R Satterfield  
Michael K Schaufele, MD  
Clayton S Seigel  
Nisha N Shah, MD  
Sarah E Smith, NP  
Stephen Smith, MD  
Joseph S Snooks II, MD  
Hannah D Squires  
Nancy W Stead, MD  
Sharon Swigart  
Edd D Thomas, MD  
Lindsey Threlkeld, MD  
Alexandra M Waits  
Nicole E Wilson, MD  
Denis L Zavodny