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Policy #	3 DRH EC 900	Effective Date 12/01/07

OBJECTIVE

To describe the various communication systems available during unexpected events or planned major events. To provide guidance on the use and maintenance of the Michigan Public Safety Communication System to facilitate the flexible coordinated uninterrupted health response for major events. To facilitate communication standardization and interoperability of health care operations during an emergency situation and/or major event. To describe the common framework in which local, state and regional agencies operate/communicate to support the overall state emergency preparedness program.

SCOPE

Security, Administration, Emergency Department, Safety Officer, Epidemiology, Information Services

DEFINITIONS

MC3000 Digital Desktop Controller – Region 2 South communication radio system that provides digital transmission, has trunked communications and talkgroups available.

Michigan Health Alert Network (MIHAN) – a secure, internet-based health alert notification system. The system can transform written text to a spoken message to allow participants to be contacted via phone. MIHAN contains over 2,000 participants from each local health department, hospital and governmental agencies for the State of Michigan and Canada.

HAM Radio – Amateur radio communication in a range of frequencies from just above AM broadcast band (1.6 MHz) to the microwave region, at several hundred gigahertz. These frequencies have been designated for amateur use by the FCC. This radio is designed to provide emergency back-up radio communications capability.

Major Events – according to Homeland Security Presidential Directive 8 a major event is defined as domestic terrorist attacks, major disasters, and other emergencies.

State Emergency Operations Center (SEOC) – The primary point of direction and control for coordinating all state response and recovery activities. The State Director of Emergency Management and Homeland Security implement the orders and directives of the Governor in the event of a "state of emergency" or "state of disaster" declaration.

Community Health Emergency Coordination Center (CHECC) – (formerly referred to as the State Health Operations Center – SHOC) – The Michigan Department of Community Health (MDCH) Emergency Coordinating Center is a supporting center to the SEOC on health and medical issues. The CHECC communicates with the SEOC via the MDCH Emergency Management Coordinator (EMC) who maintains a seat in the SEOC. It is through this mechanism that information and direction between the SEOC and the CHECC occur.

Local Emergency Operations Center – The local emergency manager monitors all local events for the nature, scope and magnitude to determine if additional assistance is required. If the emergency/disaster escalates to the point where coordination among several agencies is required, the emergency manager activates the local Emergency Operations Center (EOC) and notifies key personnel. Local response procedures are followed and if conditions warrant, the Michigan State Police Emergency Management & Homeland Security Division District Coordinator is notified for further assistance and communication with state level agencies.

Regional Medical Coordination Center – Provides support to local EOCs. It is designed to be a medical resource to local emergency management, not another layer in the response efforts.

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POLICY

Duplicative communication systems have been established in an attempt to provide an infrastructure to support information exchanges during emergency situation. The established systems will be used during such events to both provide information as well as requesting support from within and outside of the DMC.

PROVISIONS

- I. DMC Centrex
 - A. Four emergency modes are associated with the DMC Campus Centrex phone system
 - 1. Normal (business as usual)
 - Includes Centrex services from SBC Central Office, Spectralink Wireless Phones associated with Centrex numbers, Voice Mail, Automated Attendants, Automated Cass Distribution, XTEND Paging system, Code Blue Paging and Pay Phones
 - 2. Partial Failure at Hospital Mode (phone system is out of service because of cable feed to the site is cut)
 - a. Communication will be thru cellular phones, two way radios (Security) and Pay Phones where available
 - 3. Entire Campus Phone System Out of Service Mode (there is power or in power failure using generators)
 - a. Emergency backup phone systems will be activated as long as there is power.
 - b. There are a limited number of phones and lines on back-up systems assigned to critical areas. These telephones can be identified by the red label with white lettering marked EMERGENCY PHONE.
 - c. See Attachment 4-E-1 for the DRH/DMC EMERGENCY PHONE lines and locations
 - 4. No Power (SBC is affected and does not have power)
 - a. There is no main phone system or backup
 - b. Two way Radios (Security) or HAM Radio Operators
 - c. Cellular Phones
 - d. Runners
 - B. All designated phones on the Emergency Phone System have 5 digit dialing capability to other back up phone locations.
 - 1. To dial out and access the outside network, you must dial 99. Dial 9, (wait for dial tone) dial 9 + the desired number including area code if necessary.
 - C. During an emergency state, Operator Services will handle calls from outside of the DMC. Due to a limited number of lines on the back up phone system, calls will be screened and restricted to urgent matters.
 - The main number is 313-873-1551. Direct dial is not available in this mode. All outside calls can only be answered by the DMC operators who will transfer the caller to the appropriate emergency location.
 - D. The voice communications help desk number is 313-966-2400.
 - E. Detroit Receiving has implemented Group Paging which can be used to communicate with Medical and Administrative Management with one page
 - 1. Circumstances for initiating group paging would include
 - a. Announced/unannounced regulatory visits by
 - 1) JCAHO at DRH or other DMC sites
 - 2) CMS
 - 3) OSHA/MIOSHA
 - 4) Fire Marshall
 - 5) Other regulatory bodies as appropriate



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- b. Code Yellow Activation
- c. Alerts
 - 1) Other hospitals in the vicinity in distress
 - 2) Border delays
 - 3) National Emergency
- 2. Two major communication groups are maintained on the DMC Global Directory to insure the ability to text page
 - a. ZZ-DRH-Ldrshp Alert Group will be managed by the Administrative Executive Secretary and is comprised of:
 - 1) Supervisors and above
 - 2) Hospital President
 - 3) VPMA
 - 4) Chief and Vice Chief, Medical Staff
 - 5) Chair Emergency Committee
 - 6) Safety Officer
 - 7) IT Representative
 - 8) Biomed Representative
 - 9) Logistics
 - 10) CSP Management
 - 11) Administrative Nurse Supervisor Pager
 - 12) Coordinator, Emergency Pharmacy Services
 - b. ZZ-DRH Emerg MD Group is managed by the Coordinator, Medical Staff Affairs and is compromised of:
 - 1) Department Chairs/Chiefs at DRH
 - 2) Medical Directors
 - 3) VPMA
 - 4) Chief, Vice Chief, and Past Chief, Medical Staff
- 3. Authorized to activate the group paging
 - a. Incident Commander
 - b. Hospital President
 - c. VP's/Administrator-on-call
 - d. Or designee

II. 800 MHz

- A. The 800 MHz controller units for Detroit Receiving are located in the Emergency Department and in the Administrative Boardroom.
 - 1. Emergency Department
 - a. Responsible to identify and train staff on the use of the unit
 - b. The communication specialist assigned to the main nurses station will be responsible for the daily/weekly tests and maintaining the test log
 - 2. Administration/Safety Officer
 - a. The DRH Safety Officer is responsible to identify and train staff on the use of the unit
 - b. The DRH Safety Officer and/or his designee is responsible for the daily/weekly tests and maintaining the test log
 - 3. Security Department
 - a. Responsible to identify and train officers on the use of the units.
 - b. Be prepared to operate either unit during an incident
- B. Detroit Receiving Command Talkgroup
 - 1. Zone B Region 2 South Hospital Talkgroup
 - 2. Channel 5





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- 3. Designation/Display 82DTR
- C. Detroit Receiving Control Talkgroup
 - 1. Zone A
 - 2. Channel 2
 - 3. Designation/Display CHREG2S
- D. Talkgroup Templates are maintained with each controller unit.
- E. Product Requirements (see Attachment 4-E-2 for specifications)
 - 1. Controller unit must be on emergency power and remain plugged in at all times
 - 2. Requires annual maintenance
 - 3. System or Radio failure
 - a. ER#00/00 error message means radio needs service soon
 - b. FL#00/00 is a fail message and the radio needs immediate Service
 - c. Write down all error or failure message numbers.
- F. System is to be used for routine testing and during an emergency activation of a major event or incident
- G. Only approved radio operation and protocols are to be followed at all times when using either the 800 MHZ or prep radios. (See Attachment 4-E-3).

III. HAM Radio

- A. The DRH HAM Radio is located in the Security Command Center 1L.
- B. The HAM Radio equipment can only be operated by FCC licensed HAM radio operators. A radio operator will be assigned to the hospital
- C. Implementation
 - 1. The radio operator will make personal contact with the ED Charge Nurse and Security and request access to the radio and explain the reason for requesting access.
 - 2. The operator will set up the radio and operate in a fashion approved by the Charge Nurse
 - 3. The radio operator will advise the Charge Nurse and Security when the radio will be taken outside of the hospital facility. In such cases the HAM radio operator will advise the Charge Nurse of the reason(s) for removing the radio and the anticipated date and time when the equipment will be returned to the hospital
 - 4. The radio operator will advise the Charge Nurse/Security when the radio can be put back into storage and request access to the storage area.
- D. Assigned HAM radio operators will test the radio equipment on a periodic basis. Testing activities could take from 30 minutes to several hours depending on what equipment needs to be tested. Full scale equipment testing will involve removing the radio from the hospital for a short period of time.

IV. Michigan Health Alert Network (MIHAN)

- A. MIHAN allows for DRH to enroll a maximum of five (5) users to the system.
 - 1. DRH Manager of Epidemiology
 - 2. DRH Safety Officer
 - 3. DRH Administrator
 - 4. DMC Microbiology Medical Director & Microbiology Technical Director
 - 5. DRH Public Relations Director
- B. Changes in MIHAN assignment are authorized by DRH Administration in consultation with the DMC Emergency Medical Director
- C. Alert notifications are distributed from MIHAN utilizing a role-based directory selecting individuals or groups to be notified. The directory is geographically based on counties that are grouped together within one of the eight emergency preparedness regions.
- D. Alert Priority
- 1. Most alerts are low-priority which contains important health-related information, but no immediate Sponsor: Environment of Care Committee. N Moss, VP, Chr./Environmental Services





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action is required.

- 2. High priority alerts requires immediate action; a large number of people are likely to be impacted.
- 3. An alert pertaining to something that is highly lethal and/or communicable may be communicated via a high-priority alert.
- E. Responses to alerts
 - 1. All MIHAN participants are responsible for reviewing an alert and confirming receipt of the alert
 - 2. Depending upon the nature of the alert, at least two members of the DRH MIHAN team will review the alert and make recommendations for action to the DRH Administrator on-call. Actions can include but are not limited to taking no action, limited communication via e-mail, hospital-wide communication, preparing and providing data/information, etc.
 - a. All major communications within and outside of the hospital must be coordinated thru the DRH Public Relations Department
- V. State of Michigan Medical Communications Emergency Response (Attachment)
 - A. The SEOC remains the lead agency for any State of Michigan emergency response.
 - B. The CHECC is a supporting agency for all health and medical related events such as medical surge, mass prophylaxis, and other infections diseases such as pandemic influenza.
 - C. During an event the SEOC communicates critical tasks to the CHECC by way of the MDCH EMC. This includes outreach for information about resources to the health and medical community which may include direct communication with the regional medical coordinating center and local public health.

ATTACHMENTS

Emergency Backup Phone System Telephone Listing MC300 Product Specifications
Radio Operations and Protocols
Communication Systems Reference – Region 2 South

REVIEW DATE: 08/01/09

SUPERCEDES: 3 DRH EC 004-E 12/01/06

3 DRH EC-004-E 08/01/06 3 DRH EC 004-E 08/01/05