

DC Emergency Healthcare Coalition Communications Support Annex

A Support Annex to the DC EHC Emergency Operations Plan for Duty Officers/HCRT Members

I. Purpose:

This document provides guidance on the specific processes, procedures, and technology related to the communication systems utilized by the DC Emergency Healthcare Coalition during incident response. The information management needs during response require the ability to share information within the Coalition as a group of healthcare organizations, with jurisdictional agencies, with other external partners (RHCC, Suburban Maryland Hospital Communication Center), and potentially Federal entities (e.g. HHS, DHS).

This document serves as a support annex to the DC EHC Emergency Operations Plan (EOP) Base Plan. The DC EHC EOP contains the fundamental communication concepts and procedures this Annex supports by providing operational details.

The processes and procedures outlined within this support annex are designed to support, not supplant, the communications (SOPs) for Coalition participating organizations and other response organizations that may interface with the Coalition.

As with any component of the EOP, this document is intended to provide guidance only and does not substitute for the familiarity or training on the EOP or the experience of the personnel responsible for making decisions at the time of the incident.

II. Assumptions:

1. Emergency Managers will be the primary point of contact for all information within the healthcare organizations during day to day interactions but an individual within each organization will be appointed as a specific liaison to the Coalition during incident response.
2. The ability of the Coalition to rapidly transition to a response state requires that some baseline communications capabilities are functional 24/7/365.
3. The capability to exchange both verbal and written (documented) information is essential during DC EHC incident response.
4. The internal communications standard operating procedures (SOPs) at participating organizations should account for the appropriate internal dissemination of information once received through Coalition communications modalities.
5. Agreements have been made to permit the Coalition to utilize certain technologies for support according to their incident specific needs.

III. System Components

The processes for use of the various Coalition technologies are covered in the EOP Base Plan (individual technical instructions are included as attachments to this support annex). The technologies utilized include the following:

1. Coalition Notification Center (CNC)

- A 24/7 notification function of the Coalition, fulfilled on a rotating basis by Children's National Medical Center (Children's National), MedSTAR Transport Communication, and Providence Hospital. The 3 CNCs rotate primary response duty on a monthly basis and provide redundant backup notification capability for each other.
- The CNCs monitor communications on HMARS, DOH Radios, RHCC's Med Com network and EMRC's SYSCOM network, and have tone generators to open communications over HMARS to all users.
- CNC phone number: 1-877-323-4262

2. Hospital Mutual Aid Radio System (HMARS):

- The District of Columbia Hospital Association (DCHA) possesses the radio license for the Hospital Mutual Aid Radio System (HMARS). As such, it maintains management and maintenance authority for the system
- Primary non encrypted radio system used to convey verbal 'ALERT' notifications to Coalition participants (as opposed to other notification categories).
- Hospitals, Skilled Nursing Facilities (SNFs), and select representatives (e.g. Poison Center) for other participating organizations possess radios capable of receiving notifications and communicating back to the CNC.
- Monitored 24/7 only by hospitals, on duty CNC, National Poison Control Center, Maryland, and Virginia Hospital Coordination Centers.

3. Healthcare Information System (HIS)

- The Hospital Information System (HIS) is a web-based information sharing program that has the capability of sharing files, posting information, sending notifications to personal devices.
- HIS primary and backup servers are located at WHC who, along with a consultant maintain the system components.
- All categories of notifications (ALERT, ADVISORY, ACTIVATION, and UPDATE) may be transmitted through HIS to participants' personal devices.
- There are different levels of access to the system: Besides administrator rights reserved for a select few, most organizations have both "liaison" access and "viewer only" access. Select positions within each organization are capable of uploading data with liaison access.
- There are separate pages on the HIS addressing the unique needs of the three major types of DC EHC healthcare providers: Hospitals (the main DCHIS tab), skilled nursing facilities of the DC Health Care Association (DCHCA tab), and the community health clinics of the DC Primary Care Association (DCPCA tab).
- Duty Officers and HCRT members have individual access and have write restricted operations area where in process and operational documents are posted.
- A practice tab allows authorized users to practice using the various features of the system without actual activation of any particular component.

4. Teleconference bridge: VA Nationwide Teleconferencing System (VANTS)
 - Provided to the DC EHC by the VAMC
 - Two dedicated teleconference lines with a capacity of 75 callers each.
 - Supports call moderated facilitation through different touch tone commands and with operator support during regular work hours.
 - An additional teleconference line can be made available by MWHC (1-888-453-4221 / 202-877-3662) if needed.
5. Healthcare Alert Network (HAN):
 - DC DOH is the managing authority for the HAN messaging system that is utilized by the Coalition.
 - Internet based and capable of sending rapid text or synthesized voice messages to FAX, landline, cell, mobile text, and email devices.
 - Utilized by the Coalition to send ACTIVATION and other messages to the following specific page groups (to keep messaging more focused than that available through HIS):
 - Duty Officers (DOs)
 - Emergency Managers
 - Family Assistance Centers
 - Hospital Command Centers (HCCs)
 - HCRT cadre
 - HIS Personnel
 - Public Information Officers (PIOs)
 - Senior Policy Group (SPG)
 - Security Directors
 - DCPCA members
 - DCHCA members
 - Dialysis Centers
6. DC Department of Health 700 MHz radio:- Medical Coordination Channel (Channel 1)
 - DC DOH is the licensed authority for the 700 MHz radio system that is deployed in hospitals, SNFs, and CHCs.
 - Not encrypted
 - Serves as a back up to the HMARS radio system
 - Alternatively, can be activated by DC DOH for specific situations
 - Not continuously monitored 24/7 by healthcare organizations

In addition, there are several technologies listed here that are not components of the DC Emergency Healthcare Coalition but which may be utilized by others interfacing with the Coalition.

1. MedCOMM (Medical Communication Center)
 - The radio system utilized by the Northern Virginia Hospital Alliance for coordination of their hospital organizations only.
 - Based out of the Regional Healthcare Coordination Center (RHCC) during business hours (based out of Fairfax INOVA Hospital during

non-business hours – for large incidents would be transferred back to RHCC after initial notifications)

- The RHCC is capable of monitoring HIS and HMARS.
 - Utilizes WebEOC to communicate internally with its participating organizations
2. Suburban Maryland Hospital Coordination Centers
 - Coordinate information sharing with hospitals and other facilities in their respective jurisdictions
 - Doctors Hospital is the Prince George's County Coordination Center
 - Suburban Hospital is the Montgomery County Coordination Center
 - Both capable of monitoring HMARS and HIS
 - See Attachment 6, NCR Hospital Incident Information Sharing Procedure, for how information will be shared between hospitals in Maryland, Virginia and the District of Columbia
 3. Emergency Medical Response Center (EMRC) Coordination center operated by the Maryland Institute for Emergency Medical Service System (MIEMSS) for healthcare system coordination State wide
 - Capable of communication with DC DOH and DCHSEMA
 - Capable of monitoring both HMARS and HIS
 4. DC Fire and EMS (FEMS) radio system
 - Radio system operated by DC Government for Fire and EMS operations and incident management
 - Provides for DC FEMS communication with CNCs through the use of channel "3-H Notify".

IV. Concept of Operations

The material outlined in the DC EHC EOP's Base Plan Concept of Operations provides information on the processes and procedures for use of the above listed technologies. The technical descriptions of how to operate the various above listed Coalition devices /systems are provided in attachments (1-6) to this support annex (for use during response). In addition, attachment 6 pertains to communication with National Capital Region (NCR) partners.

V. Attachments to Communications Annex

1. HMARS
2. HIS
3. DOH Radios
4. HAN
5. Teleconferences
6. NCR Information Sharing
7. DC EHC Master Personnel and Organization Telephone Directory
8. Master Organization Communication Equipment List

Communication Annex

Attachment 1: HMARS (Hospital Mutual Aid Radio System)-Hospitals (non CNC) / Skilled Nursing Facility Users

System Description

- HMARS provides shared channel, non-secure, voice communications between Coalition members including:
 - All DC Hospitals;
 - All DC Skilled Nursing Facilities (SNFs)
 - DC Agencies (HSEMA, DOH/HEPRA, OCME, FEMS);
 - Member associations: National Poison Control Center, Visiting Nurses Assn., DC Primary Care Assn. (DCPCA), DC Health Care Assn. (DCHCA);
 - Northern VA Hospital Regional Response Coordination Center and MD MIEMSS;
 - Selected non-DC “Beltway” Hospitals
 - 3 Coalition Notification Centers
 - Selected Federal Contacts (US Capitol Office of the Attending Physician, White House).
- HMARS communications are generally initiated from the Coalition Notification Centers (CNC).
- Some hospitals have 2 HMARS controller desk-sets; other Coalition organizations have one controller desk-set. Some Coalition members have been assigned a portable radio and spare battery rather than a desk-set; the principles of use remain the same.
- By fall 2011 a means of streamlining HMARS over HIS will be implemented and will provide the ability to listen to broadcasts anywhere there is internet connection.
- Your organization’s radio location(s)/contact(s):
Transmitter location:
Transmitter POC:
Portable HMARS Location:
Portable HMARS POC:

Intended Use

- Rapid alerting regarding potential impact from:
 - Health / medical events that may lead to immediate patient influx or increased demand for services
 - Security, environmental, or other events that may require facilities to immediately adopt a protective posture
- Reporting of resource status (such as bed capacity) or emergency situation
- Placing urgent requests for mutual aid assistance
- Alerting coalition members to monitor or use other Coalition communications (e.g. upcoming urgent teleconference, monitoring HIS)

Authorized HMARS Communications (EHC operations only)

- EHC members, partners, and others who want a message broadcast over HMARS will make a request to CNC
 - EHC members and partners are authorized to initiate direct HMARS communication only in an emergent situation where delay of 20 minutes may lead to loss of life or disruption of the DC healthcare system.
- The CNC is authorized to initiate the following communications via HMARS as appropriate:
 - Any request for Duty Officer/HCRT/ DOH, or DCFEMS
 - Routine system tests and patient capacity(Red, Yellow, Green); all responses are to be logged by the CNC and reported if requested to the DO, DCFEMS or DOH
- When the CNC receives a request from someone other than the above then they shall immediately consult with the DO/HCRT for approval or further direction
- **NOTE: It is important for healthcare organizations to understand that HIS is utilized for important but abbreviated one way communications. The majority of more detailed information is conveyed via HIS once an incident is underway**
- **NOTE: Coalition member organizations and partners are authorized to initiate an HMARS communication only in an emergent situation where delay of 20 minutes may lead to loss of life or disruption of the DC healthcare system or in situations in which the telephone system is not working**

Information for Duty Officers, HCRT, and CNCs

Authorized HMARS Communications (DC EHC Operations Only)

- *The following situations indicate that in initial DC EHC notification message (ALERT) on HMARS should be developed and conveyed*
 - *A Washington DC or appropriate Federal agency requests notification to all or a segment of DC EHC organizations, or requests activation of the HCRT to support DC or Federal actions (it is anticipated that any Federal request would come through DC authorities).*
 - *A recognized non-jurisdictional agency requests notification to healthcare organizations (current accepted entities include US Capitol Office of the Attending Physician, or VA and MD Coalitions)*
 - *Any DC EHC member healthcare organization (HCO) has fully activated its EOP and requests a notification be sent out, or requests activation of the HCRT to support its incident information needs.*
 - *If prior incidents of similar nature have justified notifications and/or activation of the HCRT.*
 - *If the Coalition Duty Officer requests an HMARS message to be sent out or activation of the HCRT.*
- *If the Coalition SPG requests or a recognized member of the SPG requests an HMARS message to be sent out or activation of the HCRT*
- *As noted above, Coalition member organizations and partners are authorized to initiate an HMARS communication only in very rare circumstances.*

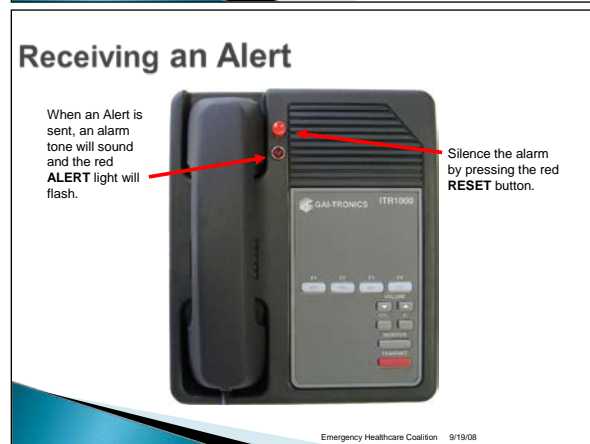
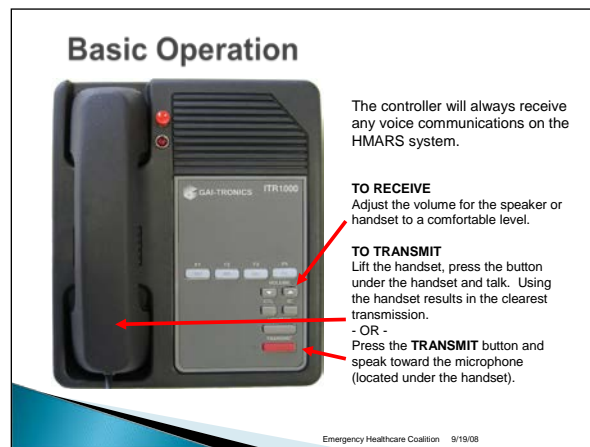
How to Use HMARS (EHC CNCs only)

- The CNC will monitor and log all HMARS communications 24/7
- Initiating HMARS broadcasts:
- CNCs will conduct roll calls on a varied weekly according to schedule determined by the CNC Directors Work Group
- Monitor and log all HMARS communications during operational hours and provide prompt and appropriate responses as requested.

How to Use HMARS

- Monitor and log HMARS communications during operational hours and provide prompt and appropriate responses as requested.
- Initiating HMARS Broadcasts:
 - If an organization feels a situation warrants that an HMARS Alert be broadcast, they should call the CNC at 1-877-323-4262 and request an HMARS broadcast. Only the CNC can address all radios on the network by issuing an Alert Tone. The CNC may refer communication requests to the Coalition Duty Officer for approval / guidance.
 - Only under an emergent situation, as described above, may a Coalition member organization initiate broadcast directly over HMARS without CNC coordination. Generally, only the CNC will hear such transmissions and will have to take subsequent actions based on the situation.
- Receiving HMARS Broadcasts:
 - Before a broadcast comes from the CNC, an alarm tone will sound and depending on the radio a red ALERT light will flash (SNF radios do not have this feature)
 - For desk-sets:
 - A red ALERT light will also flash on the set
 - Silence the alarm by pressing the red RESET button next to the red ALERT light
 - For hand held radios:
 - There is no need to interrupt the ALERT tone as it will stop automatically.
 - NOTE: Broadcasts from sites other than the CNC will not be preceded by the ALERT tone or light.
 - Adjust the volume for the speaker or handset to a comfortable level using the volume up/down buttons.
 - Listen and write down the broadcast message
 - When your organization is addressed during a roll call, acknowledge receipt of the message – for example “Hospital Center Copies.”
- Replying to an HMARS Broadcast:
 - Broadcast your organization’s response when prompted by the CNC Operator.
 - In routine patient capacity reporting via HMARS, the facility reports when prompted the number of major [**Major injury victims (red/yellow tag)**: *Those expected to require admission and/or significant medical/ hospital resources (operating room, critical care, extensive orthopedics intervention, etc.)*] and minor (**Minor Injury victims (green tag)**: *Those expected to be treated and released or require very little medical/hospital resources.*) victims the facility can accept.
 - There are two methods to broadcast from desk-set:

1. Lift the handset out of the cradle, press and hold the button under the handset, wait 1-2 seconds, and then talk holding the handset 3-6" from your mouth. Using the handset results in the clearest transmission; or
 2. Press the TRANSMIT button on the desk-set and speak toward the microphone (located under the handset). You should try to be within 6-12 inches of the microphone when you speak. Again, wait 1-2 seconds after pressing TRANSMIT before speaking.
- Portable radio
 1. Turn the radio on by twisting front left button clockwise- and a brief audible beep should be heard
 2. Turn channel selection knobs to select settings "A" and "1" (NOTE: there is an outer ring around the knob that is utilized to select the numeric selection.
 3. Adjust the volume button by turning the on/volume button clockwise
 4. To talk hold the radio 3-6 inches from your mouth and push and hold the left side button in, wait 1-2 seconds before talking and release button when message is complete
 5. When the radio is no longer to be used return it to charging unit, and leave it "on" with the volume sufficiently loud enough to be heard when needed.
 - Roll calls over HMARS are conducted weekly for acute care hospitals and monthly for skilled nursing facilities using a varied shift schedule.
 - For any real incident, the CNC will broadcast that the ALERT is for a "real incident."



Set-Up Requirements & Maintenance

- HMARS users must ensure at least one HMARS radio (including the base unit associated with desk-sets that is normally found elsewhere in the facility—i.e. penthouse, closet, on roof, etc.) is on emergency power, placed in a secure, accessible location, monitored during all hours of facility operation, by trained staff that are prepared to initiate activation of facility emergency plans.
- Every organization should determine and indicate here whether their HMARS radio and transmitter are on emergency power:
 - ☐ HMARS IS on emergency power here
 - ☐ HMARS IS NOT on emergency power here.
- A copy of this procedure should be kept in a protected manner (e.g. in a plastic pocket folder) near the HMARS radio(s) at all times.
- Spare batteries should be kept charged for use when needed for hand held radios..

Troubleshooting

- Problems with operating the unit should be reported to Teltronics at
 - 301-468-6500 during business hours
 - 301-585- 9065 nights/weekends
-
- Unless an immediate resolution is at hand, the Duty Officer should be notified of the problem.

Communication Annex

Attachment 2: Healthcare Information System (HIS)

Contents

1. System Description	1
2. Intended Use	2
3. How to Use	
A. Logging in	4
B. Front Page Features	4
C. Notifications	5
D. Text Alerting Preferences	6
E. Grids and Tables (Points to Remember)	8
F. Points of Contact (POC Chart)	9
G. Bed Capacity and Clinic Visit Grids	10
H. Situation & Resource Status Dashboards	14
I. Blood Products Inventory	15
J. Documents	16
K. Mutual Aid Tracking Template	17
L. Personnel & Equipment Response Templates	18
M. Patient Tracking	19
N. DCEHC Duty Officer On-Call List	21
O. Discussions	22
P. Specialty Top Navigation Tabs	22
4. Set-up Requirements and Maintenance	24
5. Troubleshooting	24

1. System Description:

- A website, built in Microsoft Office SharePoint Services (MOSS) and operated by the DC EHC that is used to send notifications to personal devices and to share information among DC EHC members and partners

2. What is it used for:

- Share alert and response information among DC EHC members and partners, such as:
 - Posting and sharing DC EHC Emergency Operations Plans, response documentation,
 - Posting and broadcasting Coalition notifications via e-mail and short message service (SMS).
 - Posting organization points of contact (POCs) Posting organization and DC EHC changing resource and situation information, such as
 - Bed Capacity
 - Patient Tracking
 - Resource availability reporting
 - Staff availability reporting
 - Information posting

- DC EHC Duty Officers on call schedule and contact numbers
 - DC EHC after action discussions and reports
 - Streaming of HMARS radio broadcasts (expected mid 2011)
- There are 4 levels of access to HIS provided to DC EHC members. The number of Viewers and Liaison users will be determined by each DC EHC facility.
 - **Viewer**--Every DC EHC member organization and partner organization is provided a “viewer” account (named “viewer.<your organization name or abbreviation>”), which can view and download but cannot write to or upload to any portion of the site.
 - **Liaison**-- Every DC EHC member organization and selected partner organizations are provided a “liaison” account (named “liaison.<your organization name or abbreviation>”), which allows posting of documents, receipt of notifications via text messaging, and updating of information in various information sharing templates and matrices.
 - **Individual**--Every DC EHC Duty Officer, Response Team Member, and Notification Center Technician has an individual account (named “<firstname>.<lastname>”) with the same capabilities as the Liaison accounts, plus access to HCRT and DO portions of the website.
 - **HIS System Administrator**- Several system administrators have access to create and delete access accounts and to make changes in the HIS system when required. The Coalition Duty Officers should be called if system administrator help is needed.

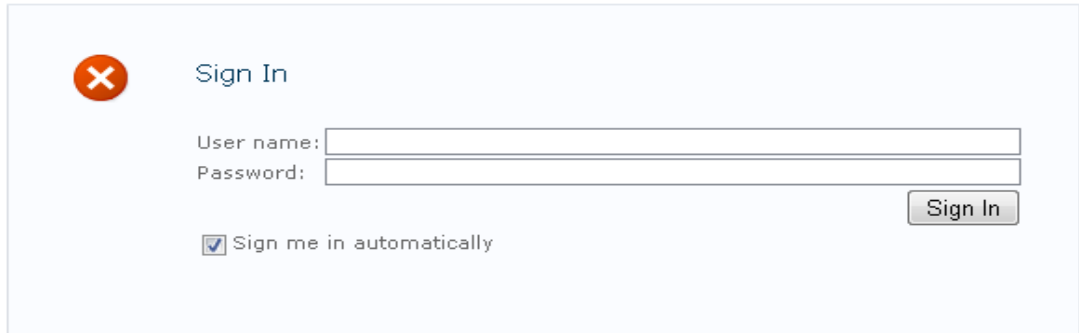
3. Intended Use:

- HIS provides a centralized reporting and information collection point for the DC EHC.
- On the top navigation bar different tabs for specialty HIS sites are available based on the user access permission level. General view tabs include the main HIS, HCRT (Healthcare Coalition Response Team), DCPCA, DCHCA, Dialysis Centers and the EMC (Emergency Management Committee). Specialty tabs requiring unique permission access may be on the site, but not visible to all viewers such as the Security Directors tab. The format for specialty sites is the same for each site with specific changes made for the uniqueness of different organization types. Screen shots are shown where pertinent differences are found.
- The following information is shared on the HIS:
 - DC EHC member organizations can upload information regarding resource / situation reporting tables for:
 - Organizational Situation & Resource Status
 - Bed availability (Hospital and SNF Bed Capacity Grids)
 - System blood product inventory
 - Mutual aid assistance available for donation such as:
 - Healthcare Personnel
 - Healthcare Equipment
 - Incident patient demographics for when Patient Tracking is initiated
 - Points of Contact for the organization for external coordinating entities such as the HCRT.
 - Any number of other tables may be established real-time when needed for enhanced healthcare coordination.

- Document Folders are generally managed by the HCRT and can contain information such as:
 - DC EHC Emergency Operations Plan (EOP)
 - DC EHC Forms
 - Current Event Documents
 - Clinical Management Documents (to help standardize clinical practice during healthcare response)
 - Preceding event documents, for analysis and development of improvement actions.
 - Planning documents
 - Training documents for use by DC EHC member organizations (e.g. how to train staff on use of HIS)
 - Any number of other document libraries that may be required for enhanced healthcare coordination.
- Coalition Communications Directory
- Duty Officer “on-call” schedule with phone numbers
- Discussion boards for posting of
 - “After action” comments and improvement suggestions.
 - Help and ‘How-To’ instructions
 - Other topics as needed.
- DC EHC Events Calendar and DC/NCR Events Calendar
- HMARS broadcast streaming (expected mid 2011)
- Notifications. The DC EHC Duty Officer, HCRT Manager, Coalition Notification Center, or partner organizations such as DC DOH will post “Notifications” on the HIS utilizing the categories listed below. Short text message announcements are automatically sent to SMS text and e-mail addresses listed in the HIS Notification Users Directory. The Notifications posted on HIS should be kept short (see HIS notification template in DC EHC EOP). The resulting text messages may refer the receiver to access HIS to get or provide more information.
 - **ALERT** - conveys the highest importance, provides information warranting immediate action or attention. (Notification-generated Alerts should also be accompanied by an additional, more active notification through HMARS and possibly HAN)
 - **ADVISORY** - provides information that may require healthcare organizations to conduct limited activities
 - **UPDATE** - FYI, notification is informational in nature.
 - **TEST** - this is a test message, no response required
- The HIS is also used as a virtual workspace for the HCRT, where response coordination efforts are planned and documented

4. Logging In.

- a. Enter <https://heoc.org/dchis> into your internet browser; click “go”. The following log-in window should appear:

A screenshot of a web-based sign-in window. It features a light blue background with a white border. In the top left corner, there is a red circular icon with a white 'X'. To its right, the text 'Sign In' is displayed in a blue font. Below this, there are two input fields: 'User name:' and 'Password:'. To the right of the 'Password:' field is a 'Sign In' button. Below the input fields, there is a checkbox labeled 'Sign me in automatically'.

- b. View-only Access:

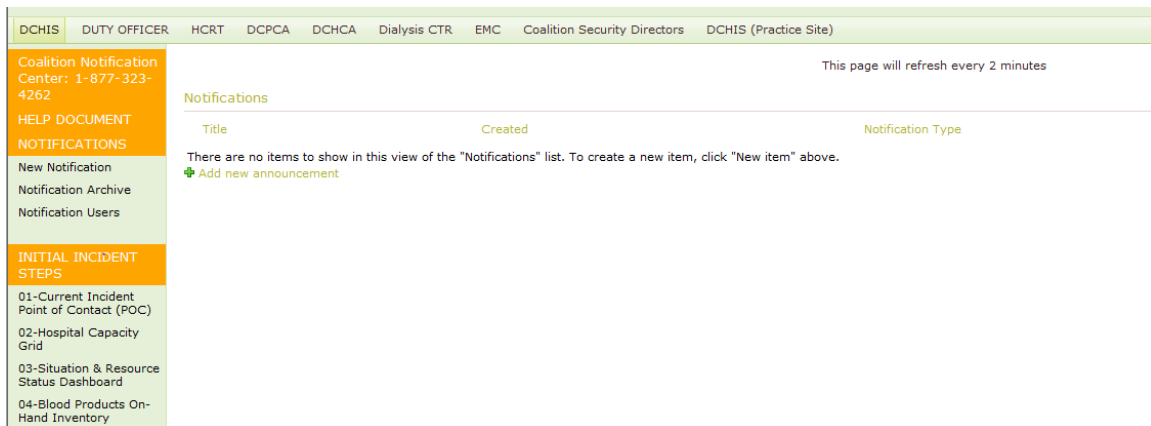
- Username: viewer.xxxxx
(“xxxx” is your organization’s brief name, in lower case.)
- Password: _____ (restricted; write in your organization’s password)

- c. Liaison Access:

- Username: liaison.xxxxx
- Password: _____ (restricted; write in your organization’s password)

The next page viewed should be as below.

5. Front Page Features

A screenshot of the DCHIS (Practice Site) front page. The top navigation bar is green and contains links: DCHIS, DUTY OFFICER, HCRT, DCPA, DCHCA, Dialysis CTR, EMC, Coalition Security Directors, and DCHIS (Practice Site). The left sidebar is orange and contains links: Coalition Notification Center: 1-877-323-4262, HELP DOCUMENT, NOTIFICATIONS, New Notification, Notification Archive, Notification Users, INITIAL INCIDENT STEPS, 01-Current Incident Point of Contact (POC), 02-Hospital Capacity Grid, 03-Situation & Resource Status Dashboard, and 04-Blood Products On-Hand Inventory. The main content area is white and contains a 'Notifications' section with a table header: Title, Created, Notification Type. Below the header, there is a message: 'There are no items to show in this view of the "Notifications" list. To create a new item, click "New item" above.' and a link: '+ Add new announcement'. A footer note states: 'This page will refresh every 2 minutes'.

- i. Top Navigation Bar: Select the bar that most appropriately represents your organization (e.g. SNFs, click on DC HCA). Different top navigation tabs are available to different users based on their user access permission level.
- ii. Side Navigation Bar: See the chart below that indicates what each item links to and where this is further discussed in this document.

Side Navigation Bar links to...	discussed in section #		discussed in section #		
<div>Coalition Notification Center: 1-877-323-4262</div> <div>HELP DOCUMENT</div> <div>NOTIFICATIONS</div> <div>New Notification</div> <div>Notification Archive</div> <div>Notification Users</div> <div>INITIAL INCIDENT STEPS</div> <div>01-Current Incident Point of Contact (POC)</div> <div>02-Hospital Capacity Grid</div> <div>03-Situation & Resource Status Dashboard</div> <div>04-Blood Products On-Hand Inventory</div> <div>COMMUNICATION REFERENCES</div> <div>Comm. Directories</div> <div>Daily 24/7 In-house Point of Contact (POC)</div> <div>HCRT Points of Contact (POC)</div> <div>CURRENT INCIDENT DOCUMENTS</div> <div>Current Event Documents</div> <div>Clinical Management Documents</div>	<div>CNC phone number</div> <div>Notifications<ul style="list-style-type: none">New NotificationsArchivesUser Settings</div> <div>Initial Steps (commonly used items)<ul style="list-style-type: none">POCCapacitySituationBlood Inventory</div> <div>Communication Refs.<ul style="list-style-type: none">Comm DirectoryDaily POCHCRT POC</div> <div>Current Documents<ul style="list-style-type: none">Current EventsClinical Documents</div>	<div>6</div> <div>7</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div>	<div>RESPONSE TEMPLATES</div> <div>Patient Tracking Grid</div> <div>Mass Burn Annex Attach.5</div> <div>Equipment</div> <div>Personnel</div> <div>Mutual Aid Tracking</div> <div>Interfacility Transport Tracking Form</div> <div>DCEHC Links</div> <div>Demo</div> <div>PLANS AND REFERENCE DOCUMENTS</div> <div>Planning Documents</div> <div>Planning Templates</div> <div>DC EHC EOP</div> <div>Preceding Event Files</div> <div>Coalition HVA</div> <div>Disaster Triage and ED Capacity Reporting Training</div> <div>Site Pages</div> <div>EHC EOP Archive</div> <div>System Help Guides</div> <div>HMARS RADIO ON-LINE</div> <div>HMARS Main Page</div> <div>HMARS Alternative Page</div> <div>DUTY OFFICER ON-CALL</div> <div>Weekly ON CALL</div> <div>CNC Rotation Schedule</div>	<div>Response Templates / "Grids"</div> <div><ul style="list-style-type: none">Pt. TrackingMass BurnEquipmentPersonnelMutual Aid</div> <div>Plans and Reference<ul style="list-style-type: none">Planning DocsPlanning Templ.Preceed EventsHVATraining</div> <div>HMARS links</div> <div>Duty Officer On-Call</div> <div>Calendars<ul style="list-style-type: none">DC EHC EventsDC-NCR events</div>	<div>11</div> <div>13</div> <div>10</div> <div>9</div>


- b. To see a view of recent notifications in a table view, click the heading, "Notifications."

6. Notifications

- a. Notifications for the past 2 hours are posted at the center of the front page.
i. Older notifications are listed under the "Notification Archive" link

This page will refresh every 2 minutes

Notifications

Title	Created	Notification Type
There are no items to show in this view of the "Notifications" list. To create a new item, click "New item" above.		
 Add new announcement		

- b. To see a view of recent notifications in a table view, click the heading, "Notifications."
c. To view the complete text and details of a specific notification, click its title.
d. To enter a new notification and send out alert message:

- i. **NOTE: This function is to be performed by or coordinated with the Duty Officer or HCRT.**
- ii. **NOTE: Depending on which page the user is on (DCHIS, DCHCA, DCPCA) will dictate the recipients of the notification. For example, sending a notification while on the DCHCA page will result in only SNF member organizations receiving the message..**
- iii. Click on “Add new Announcement”
- iv. Complete the following form:

- v. Select notification type--definitions are provided on the form.
- vi. When entering title and text, remember to keep the message as short as possible while being complete. If more information needs to be conveyed with the notification, the user has two choices:
 1. Create a word document with the additional information and attach it to the notification using the “attach file” button.
 2. Create a word document with additional information and upload it to the documents section of HIS. The notification should tell recipients where to look for the document. .

NOTE: Some text message carriers split messages greater than 160 characters into multiple messages. Therefore, if too many characters are placed in the “body” section, users may receive multiple pages for one notification.
- vii. DO NOT do anything with the “Email Sent” checkbox.

7. Text Alerting Preferences:

- a. Text Alerts for the HIS Notifications should go to a group of people at your facility who need to be informed about healthcare emergencies, response coordination, and plan activation. Consider the following type of personnel for receiving notifications:
 - Emergency preparedness coordinators/managers

- Security officers
 - ICS command and general staff
 - ED supervisors
 - Bed / admissions coordinators.
 - Facility administrators
- b. There are two ways for an individual to set the system to receive alerts:
- i. Use the Liaison account for your organization
 1. This way, you can readily see all the people who are notified for your organization in one view
 - ii. If assigned, use your Individual account
 1. When assigned an individual account, you can set up a notification profile which establishes what types of notifications go to which of your devices. For example: “Alert” level notifications going to all of your devices, and “Update” and “Advisory” level notifications going only to your work e-mail.
- c. Browse to the Notification Users listing by clicking on “Notification Users” under the quick-launch bar heading, “Notifications” on the DC HIS main page.

Last Name	First Name	E-mail Address	Notification	Facility/Agency
Abdubarr	Ali	aabduabarr@wcaadc.org	Test; Alert; Advisory; Update	
Abele	Jennifer	jabele@abley.org; 7039463660@vtext.com	Alert; Advisory; Update	
ABRAMSON	RANDI	RABRAMSON@READFORTHECITY.ORG; randi.abramson@gmail.com	Test; Alert; Advisory; Update	
Achey	Samantha	samantha.achey@va.gov; 2023744937@att.net	Test; Alert; Advisory; Update	VAMC
Administrator	GUH Clinical	2024051439@usamobility.net; 2024052236@usamobility.net	Alert; Advisory; Update	

Notification Users - New Item

Edit

Save

Cancel

Paste

Cut

Copy

Commit

Clipboard

Last Name *

First Name

E-mail Address

Please separate Emails with semicolon (;)
Check your carrier if uncertain about the e-mail address for SMS text. Common formats include:
ATT: number@att.net, or @txt.att.net
Nextel: number@page.nextel.com
Pager: number@usamobility.net
Sprint: number@sprintpcs.net, or @messaging.sprintpcs.com, or @messaging.nextel.com, or @pm.sprint.com
Verizon: number@vtext.com

Notification

☐ Test
☐ Alert
☐ Advisory
☐ Update

Facility/Agency *

Save

Cancel

- d. To Edit an entry:

- i. Scroll the list to find your organizational or individual listing sorted by last name (for organizational listings, “Liaison” =last name, and organization = first name.
 - ii. Rest your cursor over the last name of the listing you wish to edit to activate the pop-up menu. Click the “Edit” menu button just to the right of the name. The next screen will show the complete profile listing and may be edited by the user.
- e. Creating a new notification profile.
 - i. If after searching the existing profiles for you and your organization, and you decide that editing the existing profile will not serve your need and a save profile is desired, then...
 - ii. Click the “save” button just below the page title.

Notification Users - New Item

Edit

Save Cancel Paste Copy Commit Clipboard

Last Name *

First Name

E-mail Address

Please separate Emails with semicolon (;)
 Check your carrier if uncertain about the e-mail address for SMS text. Common formats include:
 ATT: number@att.net, or @txt.att.net
 Nextel: number@page.nextel.com
 Pager: number@usamobility.net
 Sprint: number@sprintpcs.net, or @messaging.sprintpcs.com, or @messaging.nextel.com, or @pm.sprint.com
 Verizon: number@vtext.com

Notification

☐ Test
☐ Alert
☐ Advisory
☐ Update

Facility/Agency *

Save Cancel

- f. On the entry/edit form:
 - i. If creating a new profile, enter first and last name.
 - ii. Edit the rest of the form, following the guidance provided.
 - iii. Multiple addresses may be entered, separated by semicolons.
 - iv. Select the level of notifications for which the profile will be applied
 - v. Choose your facility or agency affiliation. If none listed, choose “other”

8. Grids and Tables—General points to remember

- a. Tabular data may be presented in two formats on HIS:
 - i. **Tables**—This information is not directly editable. To change your organizations information, the user must first click on the edit icon (usually to the left of the organization's name). The next screen will provide information to be entered by the user in boxes. When completed and submitted, the user will be taken back to the table which will now demonstrate the changes made.

- ii. **Datasheet**—This allows direct editing of data. Looks like a spreadsheet with data in discreet cells.
 1. Note that some browsers are set so that “active-X controls not enabled.” If this is the case tabular data will only be presented in “table” format and datasheet views will not be possible. Check your browser’s setting if this is encountered.

9. Points of Contact (POC) Chart

- a. At the onset of an incident or event response, members and partners will likely be asked (via an “Alert” notification) to enter their POC.
- b. Under “Initial Steps” on the main page, click on “To Upload POC on Chart; go here”

DCHIS • Daily 24/7 In-House Point of Contact (POC) • All Items -								
DCHIS	HCRT	DCPCA	DHCA	Dialysis CTR	EMC	DCHIS (Practice Site)		
	Entity	Position	First Name	Last Name	Primary Phone	Secondary Phone	Fax	
Coalition Notification Center: 1-877-323-6762								
HELP DOCUMENT	MGUH	House/Operations Supervisor	Clinical	Administrator	202-444-2513	(202) 405-1439/2513 PAGER	(202) 295-3401	
NOTIFICATIONS	Hadley	House/Operations Supervisor	PCC	NURSE SUPERVISOR	202-870-1378	202-574-5700		
New Notification	HUH	ED Charge Nurse	Charge Nurse	Emergency Department	202-865-1141	202-438-8861...Mike Jones	202-865-1038	
Notification Archive	MGMC	House/Operations Supervisor						
Notification Users								
INITIAL INCIDENT STEPS	MNRH	Incident Commander	Michael	Boemmel	202-877-1906	202-877-1000		
01-Current Incident Point of Contact (POC)	SHW	Life Safety/Security Director	Michael	Jackson	202-546-5700 ext 3525	202-731-5494		
02-Hospital Capacity Grid	St. Eliz.	Liaison	Kevin	O'Brien	202-671-0347	202-236-2464		
03-Situation & Resource Status Dashboard	UMC	House/Operations Supervisor	Nursing Supervisor		202-574-6000			
04-Blood Products On-Hand Inventory	Sibley	House/Operations Supervisor	Patient Care	Coordinator	202-369-0938			
COMMUNICATION REFERENCES	VAMC	Security Control	Police	Dispatch	202-745-7289	202-745-8189		
Comm. Directories	GWU	House/Operations Supervisor	House Operations Supervisor		202-715-6103			
Daily 24/7 In-house Point of Contact (POC)	MWHC	House/Operations Supervisor	Nursing	Supervisor	202-877-2064			
HCRT Points of Contact (POC)	Providence	Hospital Operator CNC			202-269-7006 or CNC	703-868-3025(C) Ted Pickett	202-269-7727 (F)	
	CNMC	House/Operations Supervisor	Hospital Operator		202-476-5000 Ask hospital operator to page AD or MAOC	202-259-7781 pager Liaison Patty Needham		
	PIW	House/Operations Supervisor	Various	Numbers	202-885-5610 (CAC - Admissions), 202-885-5600 (Front Desk)	202-499-3715 (Nursing Supervisor), 202-369-4242 (CCO - Carol D.)	202-369-4495 (Alice Oueli, phone)	
CURRENT INCIDENT DOCUMENTS	WRNMMC	Liaison	Command Duty Office	(24 Hour phone line)	301-295-4611 option 3			
Current Event Documents	OCME		Denise	Lyles	202-698-9018	202-329-9018		
	METHODIST HOME OF DC	Liaison	KAREN	FRYER	240-461-6335			

- c. Note: Entering your facility's contact information here will not update your HIS Alert settings. It is recommended that you check these settings periodically to ensure your facility contacts receive HIS Alerts.
- d. The chart is initially alphabetically sorted by "Entity." Scroll down to find the POC entries for your organization.
- e. Enter new or updated POC information:
- f. Click on the "edit" icon at the left end of the line to be edited.
- g. To create another line for your organization, click on the blue "save" button, just below the page title
- h. Complete the entry/edit form that appears, and click "OK"

10. Bed Capacity & Clinic Visits Grids

- a. When requested to upload this specific information to HIS, access the Capacity Grids:
 - i. Click on the appropriate tab for your organization:
 1. DCHIS for Hospitals
 2. DCPCHA for CHCs
 3. DCHCA for SNFs
 - ii. There are two ways to get to your appropriate capacity grid:
 1. Under "Initial Steps" in left hand column click on "To Complete ...Capacity Grid; go here"
 - a. For CHCs the link says, "...Health Center Patient Visits..."
 2. Under "Response Templates" in left hand column, click "Hospital Capacity Grid"
 - a. Disregard the colored columns on the Hospital Capacity Grid; they represent bed reporting groupings used by US Department of Health & Human Service for nation-wide visibility of bed availability.

- b. To Edit Capacity for you facility
 - i. Click the “Edit” icon at the left side of your facility-specific view.
 - ii. Fill in the Capacity information on the next displayed page (or “Visits” for CHCs) entry/entry form
 1. Hospitals: Often the bed reporting request will involve only ED bed categories (the first three columns).
 - iii. Images of the Hospital and SNF Bed Capacity Grids and the DCPCA Patient Visits Grid are below:

c. Hospital Bed Capacity Grid:

Hospital	ED Immediate RED	ED Delayed YELLOW	ED Minor GREEN	ED census	Burns	Med/Surg Adult Tele	Med/Surg Adult non-Tele	Med/Surg Peds Tele	Med/Surg Peds non-Tele	ICU+Stepdown	PICU	NICU	Psych	O.R.	Ob/L&D	Neonate	Isolation	Hospital Census	Contact information	Modified By	Modified
CHMC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Please Fill in Your Name & Number	Jim Ott	5/13/2014 1:14 PM
CHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Please Fill in Your Name & Number	Jim Ott	5/13/2014 1:14 PM
CHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Please Fill in Your Name & Number	Jim Ott	5/13/2014 1:14 PM
CHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Please Fill in Your Name & Number	Jim Ott	5/13/2014 1:14 PM
CHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Please Fill in Your Name & Number	Jim Ott	5/13/2014 1:14 PM
CHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Please Fill in Your Name & Number	Jim Ott	5/13/2014 1:14 PM
CHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Please Fill in Your Name & Number	Jim Ott	5/13/2014 1:14 PM
CHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Please Fill in Your Name & Number	Jim Ott	5/13/2014 1:14 PM
CHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Please Fill in Your Name & Number	Jim Ott	5/13/2014 1:14 PM
CHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Please Fill in Your Name & Number	Jim Ott	5/13/2014 1:14 PM
CHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Please Fill in Your Name & Number	Jim Ott	5/13/2014 1:14 PM
CHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Please Fill in Your Name & Number	Jim Ott	5/13/2014 1:14 PM
CHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Please Fill in Your Name & Number	Jim Ott	5/13/2014 1:14 PM
CHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Please Fill in Your Name & Number	Jim Ott	5/13/2014 1:14 PM
CHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Please Fill in Your Name & Number	Jim Ott	5/13/2014 1:14 PM
CHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Please Fill in Your Name & Number	Jim Ott	5/13/2014 1:14 PM
CHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Please Fill in Your Name & Number	Jim Ott	5/13/2014 1:14 PM
CHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Please Fill in Your Name & Number	Jim Ott	5/13/2014 1:14 PM

DCHIS > Hospital Capacity Grid : Please Fill in Your Name & Number

DCHIS
DUTY OFFICER
HCRT
DCPCA
DCHCA
Dialysis CTR
EMC
Coalition Security Directors
DCHIS (Practice Site)

Save
Cancel

X Delete Item
* indicates a required field

Hospital *
ED Major (RED) *
ED Delayed (YELLOW) *
ED Minor (GREEN) *
ED census *
Burns *
Med/Surg Adult Tele *
Med/Surg Adult non-Tele *
Med/Surg Peds Tele *
Med/Surg Peds non-Tele *
ICU+Stepdown *
PICU *
NICU *
Psych *
O.R. *
Ob/L&D *
Neonate *
Isolation *
Hospital Census *
Contact information *

SHW
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
Please Fill in Your Name & Number

Created at 6/14/2010 10:05 PM by HEOC\peter.knapp
Last modified at 5/1/2014 1:14 PM by Jim Ott

Save
Cancel

d. Skilled Nursing Facility (SNF) Bed Capacity Grid

Please only complete the Capacity Grid when requested.

Facility	Total Beds	Avail. Beds	Avail. O2 beds	Avail. vent beds	Contact-Phone	Modified
Sum= 2,931	Sum= 12	Sum=	Sum=			
Carolyn B Lewis	183				Nora Wellington 202-355-3763 (cell)/Nurse Supervisor 202-279-5822	2/14/2014 9:30 AM
Carroll Manor	252				Tina Sandri 202-269-7100/Carole Pollara 301-502-0429	5/1/2014 1:21 PM
Deanwood	296	12			Rose (Rhea) Gilliam 202-399-7504 ext. 535 / Ted Neiman 202-399-7504	5/12/2014 11:03 AM
Ingleside	60				Ann Schiff 301-956-5571	3/17/2014 10:23 AM
Unique Residential Care Center	230				Garth Grannum, 202-535-2115	5/1/2014 1:21 PM
Jeanne Jugan	40				Sr. Celestine Meade 202-269-1831	5/1/2014 9:19 AM
Knollwood	60				Barbara D'Agostino 202-541-0151	4/24/2014 5:04 PM

Skilled Nursing Facility Capacity Grid - Garth Grannum, 202-535-2115

Edit

Save

Cancel

Paste

Cut

Copy

Delete Item

Attach File

CommitClipboardActions

Contact-Phone *

Garth Grannum, 202-535-2115

Facility *

Carolyn B Lewis

Specify your own value:

Unique Residential Care C

Total Beds

230

Avail. Beds

Avail. O2 beds

available beds with oxygen support

Avail. vent beds

available beds with ventilator support

Created at 7/26/2010 8:07 AM by Jim Ott
Last modified at 5/1/2014 1:21 PM by Jim Ott

Save

Cancel

e. Community Health Center (CHC) Visits Grid

Please only complete the Capacity Grid when requested.

Facility	Staffed Chairs	Open for Appointment	Contact-Phone	Modified
BMA of Columbia Heights			(202)	5/6/2013 11:13 AM
BMA of Dupont Circle			(202)	5/6/2013 11:13 AM
BMA of East River Park			(202)	5/6/2013 11:13 AM
BMA of Northeast			(202)	5/6/2013 11:13 AM
BMA Southeast			(202)	5/6/2013 11:13 AM
Capitol Dialysis LLC			(202)	5/6/2013 11:14 AM
Children's National			(202)476-5140	5/1/2014 1:31 PM

Health Center Visits - Please Fill In Your Name & Phone

Edit

Save Cancel Paste Cut Copy Delete Item Attach File

Commit Clipboard Actions

Contact-Phone *

Pts Seen

Discharged

Sent to ED

Admitted

Center Name ☒ Carl Vogel ☐ Specify your own value:

Created at 7/27/2010 8:00 AM by Jim Ott
Last modified at 11/4/2013 7:07 AM by Jim Ott

Save Cancel

f. Dialysis Centers

Please only complete the Capacity Grid when requested.

Edit Facility

BMA of Columbia Heights

BMA of Dupont Circle

BMA of East River Park

Staffed Chairs

Open for Appointment

02-Patient Chairs Capacity Grid - (202)

Edit

Save Cancel Paste Cut Copy Delete Item Attach File

Commit Clipboard Actions

Contact-Phone *

Facility * ☒ BMA of Columbia Heights ☐ Specify your own value:

Staffed Chairs

Open for Appointment

Created at 5/6/2013 11:09 AM by Jim Ott
Last modified at 5/6/2013 11:13 AM by Jim Ott

Save Cancel

11. Situation & Resource Status Dashboards

- a. The situation and resource status dashboard provides information about how the incident has impacted your facility
- b. DC EHC Member organizations should change their status anytime they have activated their EOP, even if this has not been requested by the Coalition.
- c. Click on the appropriate tab for your organization:
 - i. DCHIS for Hospitals
 - ii. DCPCA for CHCs
 - iii. DCHCA for SNFs
- d. Access the Situation & Resource Status Dashboard by one of two ways:
 - i. Under “Initial Steps,” click on “To Complete Situation & Resource Status Dashboard; go here” or
 - ii. Under “Response Templates,” click “Situation & Resource Status Dashboard”
- e. Regardless of your organization type, the Situation & Resource Dashboard is the same:

To update the time stamp without changing any status, just click the **EDIT** icon to the left of the facility name and then click **SAVE** without doing anything else.

Edit	Entry	EOP	HCC	Evac	SIP	Fac	FacB	InPt	OutPt	Sfg	Wtr	Gas	UP	Gen	HVAC	Food	Comm	HMAR	B.S.	P/V	DS	PSS	Reason for change	Modified
	CNMC	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	5/1/2014 1:08 PM
	GUH	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	5/1/2014 10:33 AM
	GWU	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	5/1/2014 1:08 PM
	HADLEY	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	5/1/2014 1:10 PM
	HJH	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	5/1/2014 1:08 PM
	MNRH	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	5/1/2014 11:57 AM
	MWHC	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	5/1/2014 1:08 PM
	PIW	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	1/24/2014 7:53 AM
	PROV.	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	5/1/2014 1:08 PM
	SHW	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	3/2/2014 8:52 PM
	SIBLEY	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	5/1/2014 1:09 PM
	ST.BLIZ	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	5/1/2014 1:10 PM
	UMC	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	11/4/2013 7:02 AM
	VAMC	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	5/1/2014 1:09 PM

- f. Note the colored cells, generally meaning:
 - i. Green cells indicate “OK”
 - ii. Yellow cells indicate partial problem or partial response posture
 - iii. Red Cells indicate significant problems or full response posture
 - iv. Black cells indicate a capability not provided by the organization
- g. Hovering your cursor over the column headings or the cells will pop up a brief description of what is meant for that particular column.
- h. Generally the two most important columns to change are the first two which indicate whether your organization's EOP has been activated and whether your Command Center has been activated.
- i. To edit, click edit icon at the left end of the row for your organization, fill out the form, including the “Reason for change” notes.
 - i. Note that definitions and descriptors of what the color ratings mean can be viewed on the right side of the page. Expand a description by clicking on the “+” button to the left of any category (image below).

Situation & Resource Status Dashboard - GUH

Edit

Save Cancel Paste Cut Copy Delete Item Attach File

Commit Clipboard Actions

Entity * GUH

Hospital EOP Status Green

Command Center Green

Evacuation Green

Shelter in Place Green

Facility Status Green

Facilities (Buildings) Green

Inpatient Status Green

Outpatient Status Green

Staffing Green

Water Green

Natural Gas Green

Utility Power Green

Generators Green

HVAC Status Green

Food Supply Green

Comm-Telecom-IT/IS Green

HMAR/FEMS Radios Green

Blood Supply Green

Pharm/Vaccine Green

Decon System Green

Protective Services/Surveillance Green

Reason for change

Click the + to open the definition →

Situation & Resource Status Definitions

Color Description

Indicator : A - Hospital EOP Status (3)

Green Normal Operations

Red Full Activation

Yellow Partial Activation

Indicator : B - Command Center (5)

Blue Virtual Activation

Green Inactive

Orange Alternate HCC

Red Activated

Yellow Partial Activation

Indicator : C - Evacuation (4)

Green Normal Operations

Orange Full Evacuation

Red Closed

Yellow Partial Evacuation

Indicator : D - Shelter In Place (3)

Indicator : E - Facility Status (4)

Indicator : F - Facilities (Buildings) (3)

Indicator : G - Inpatient Status (3)

Indicator : H - Outpatient Status (3)

12. Blood Products On-Hand Inventory

- In order to assist all partners with blood product inventory situational awareness, an inventory grid can be located on the left navigation as the fourth item of "Initial Incident Steps." To open click the link for 04-Blood Products On Hand Inventory.

Sc

Site Actions • Browse Items List

Exit Tools

Log Off Sign Out

DCHIS • Blood Availability Dashboard • Default •

DCHIS DUTY OFFICER HCRT DCPA DCHA Dialysis CTR EMC Coalition Security Directors DCHIS (Practice Site)

Search this site

		Type O+	Type O-	Type A+	Type A-	Type B+	Type B-	Type AB+	Type AB-	Plasma	Cryo	Platelets	Contact information	Modified	Last Updated
Coalition Notification Center: 1-877-323-4202		Sum=0	Sum=0	Sum=0	Sum=0	Sum=0	Sum=0	Sum=0	Sum=0	Sum=0	Sum=0	Sum=0			
HELP DOCUMENT															
NOTIFICATIONS															
New Notification															
Notification Archive															
Notification Users															
INITIAL INCIDENT STEPS															
01-Current Incident Point of Contact (POC)															
02-Hospital Capacity Grid															

- Once open click the small "EDIT" icon to the left of the facility abbreviation. Complete the grid and click "Save."

Blood Availability Dashboard - Please Fill in Your Name & Number

Edit Page

Save Cancel Paste Cut Copy Delete Item

Commit Clipboard Actions

Save Cancel

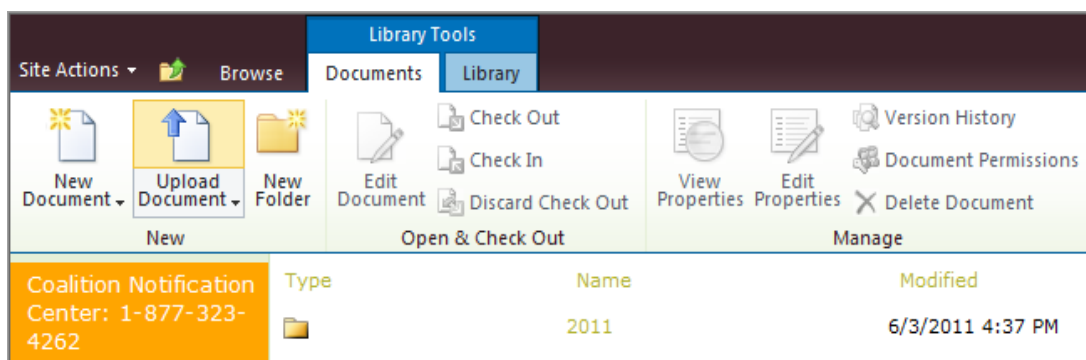
Hospital *	GUH
Type O+ *	0
Type O- *	0
Type A+ *	0
Type A- *	0
Type B+ *	0
Type B- *	0
Type AB+ *	0
Type AB- *	0
Plasma *	0
Platelets *	0
Contact information *	Please Fill in Your Name & Number

Created at 11/19/2012 11:48 AM by peter.knapp
Last modified at 5/1/2014 1:07 PM by Jim Ott

Save Cancel

13. Documents

- There are many different types of documents that may be uploaded to HIS. Some are for use during response and others for facility preparedness.
- The categories of documents are listed under the "Documents" heading on the left hand column on the main page.
- Look under Side Navigation Bar, "Documents", and click on the applicable document library (for example, "Current Event Documents")
- To Open a Document
 - Click on the document name or icon to open the document.
 - Please do not make changes to documents unless you are directed to do so.
- To Upload a document
 - Click "upload" in the blue button bar above the file / folder listing.



- ii. Enter the document file address in the “Upload Document” window, or use the “browse” button to browse and select the file to upload.
- iii. Click “OK”

14. Mutual Aid Tracking Template

DCHS - Mutual Aid Tracking - Default -																		
ATTENTION: Use this form to request or offer mutual aid. REQUESTOR: Specify needed item in the first 7 columns, then provide org. and contact info. OFFEROR: Specify offers of mutual aid in columns 1-6 and 10-13, plus contact info in columns 7-9. ACCEPTOR: Indicate acceptance of an offer in columns 14-15. Notes in column 16. Time/dates of sent, received, and returned (columns 17-19) entered by offeror, requestor, and offeror, respectively.																		
DCHS	DUTY OFFICER	HCRIT	DCPCA	DCHCA	Dialysis CTR	EMC	Coalition Security Directors	DCHS (Practice Site)	Search this site									
Need/Offer	Qty.	Unit	Resource	Kind-Type	Capability	Org.	Org. Contact	Location	Mob.\$	per	Use \$ ea	/T	Accepted	Accept Contact	Notes	Sent	Rec'd	Return
Coalition Notification Center: 1-877-323-4262	Need	5	each	Personnel	5 police officers to secure facility	GWUH	Petinaux 202-741-2948	GWUH 900 23rd St NW					Not yet			5/1/2014 10:00 AM		
HELP DOCUMENT	Need	10	each	Equipment	i-vents from stockpile	CNMC	Liaison 202-476-6823						Not yet			5/1/2014 11:00 AM		
NOTIFICATIONS																		
New Notification	Need	50 sets of sheets	each	Supplies	Urine	CNMC	Harlyn Brown 202-476-6800						Not yet					
Notification Archive	Need	10,000	each	Pharmaceuticals	Doxycycline	Medication	GWUH	Petinaux 202-741-2948					Not yet					
Notification Users																		

- a. This template is used for posting specific resource **needs** or specific **offers** of aid to fill those needs.
- b. The user begins to enter their information by establishing a new row of information. The next row always starts after the last row of entered information. Place your cursor into first cell at the bottom (marked with a * to the left of the column). Tab to next cell to begin to enter information. Exit row by pressing your “enter” key prior to browsing away from the page.
- c. The columns of information in order:
 - i. Need/Offer—Is this entry a need for aid or an offer of aid?
 - ii. Resource Category: Personnel, equipment, supplies, facilities, or pharmaceuticals.
 - iii. Quantity—Must enter a number
 - iv. Units on the quantity
 - v. Kind-Type—Specify as much as possible, details about the resource (e.g. rapid influenza test kits made by XX manufacturer).
 - vi. Capability—Define the capability or intended use of the needed resource if applicable.
 - vii. Location—Where should the resource report to/be delivered (if known already)?
 - viii. Organization – enter your organization.
 - ix. Organization Contact—enter the point of contact for your organization (e.g. name, phone, and E-mail, if desired).
 - x. Mob. \$—Mobilization and demobilization costs; total costs such as cleaning, preparation, transport, etcetera.
 - xi. Unit—Units for which the mobilization cost applies. Choices are “each” and “all”, but fill-in choices are allowed.
 - xii. Use \$—The cost to use the resource
 - xiii. /T—Per unit of time that the use cost applies for the amount of resource indicated in the “Unit” field.

- xiv. Accepted—The accepting contact indicates whether the offer is accepted. Choices are limited to: “Yes,” “Partial,” and “not yet”. Default entry: “Not yet”.
- xv. Accepting Contact—Name and contact info for the accepting organization.
- xvi. Notes—Additional notes regarding the acceptance or offer.
- xvii. Sent—Time/Date the assisting organization sends the resource
- xviii. Received—Time/Date the supported organization receives the resource
- xix. Returned—Time/Date the resource is back in possession of the assisting organization
- d. Supported organization completes columns 1-9, and any needed notes in column 16. The rest of the entries on this line will remain blank.
- e. Assisting organization starts a new row indicating their offer, since quantities and specification may differ. Offers are entered in columns 1-13, plus any needed notes in column 16.
- f. The Supported organization signals its acceptance by calling the Assisting organization POC and completing columns 14 – 15 of the offer line.
- g. The Assisting organization enters time/date resources are sent.
- h. The Supported organization enters time/date resources are received.
- i. The Assisting organization enters time/date resources are returned.

NOTE: This webpage is merely intended to track offers and requests. If two organizations are going to execute a sharing agreement as per the DC EHC Mutual Aid Agreement, they are highly encouraged to have both parties fill out and sign the DC EHC Mutual Aid Form 2 to clarify the agreement before it is executed.

15. Personnel and Equipment Response Templates

- a. The personnel and equipment templates provide another way to identify resources that could be made available as mutual aid. This will generally be utilized when a single organization has filled out a DC EHC Mutual Aid Form 1 and submitted it to the HCRT.
- b. Both of these templates provide means for DC EHC member organizations, particularly hospitals, to offer resources during an emergency causing a resource shortage.
- c. To access these resource tables, click “Equipment” or “Personnel” under the heading of “Response Templates.”

DCHIS • Personnel • All Items -													
ATTENTION: Indicate the number of available personnel to loan to other facilities in the following categories. METHOD: 1) Click on Edit icon (pen & paper) at the front of the row; 2) edit in entry form; 3) click "OK".													
DCHIS	DUTY OFFICER	HCRT	DCPCA	DCHCA	Dialysis CTR	EMC	Coalition Security Directors	DCHIS (Practice Site)					
Location/Notification Category: 1-877-323-4262	Edit	Hospital	Anesthesiol.	MD, Emergency	MD, Gen. Surg.	MD, Gen. Med.	OB-GYN	MD, Peds	MD, Trauma Surg.	MD, Other	Nurse, ED	Nurse, CCU	Nurse
HELP DOCUMENT		CNMC	0	0	0	0	0	0	0	0	0	0	0
NOTIFICATIONS		GUH	0	0	0	0	0	0	0	0	0	0	0
New Notification		GWU	0	0	0	0	0	0	0	0	0	0	0
Notification Archive		HADLEY	0	0	0	0	0	0	0	0	0	0	0
Notification Users		HHH	0	0	0	0	0	0	0	0	0	0	0
INITIAL INCIDENT STEPS		MGMC	0	0	0	0	0	0	0	0	0	0	0
01-Current Incident Point of Contact (POC)		NRH	0	0	0	0	0	0	0	0	0	0	0
02-Hospital Capacity Grid		PIW	0	0	0	0	0	0	0	0	0	0	0
03-Situation & Resource Status Dashboard		PROVIDENCE	0	0	0	0	0	0	0	0	0	0	0
04-Blood Products On-Hand Inventory		SHW	0	0	0	0	0	0	0	0	0	0	0
COMMUNICATION REFERENCES		SIDLEY	0	0	0	0	0	0	0	0	0	0	0
		ST. ELIZABETHS	0	0	0	0	0	0	0	0	0	0	0
		UMC	0	0	0	0	0	0	0	0	0	0	0
		VAMC	0	0	0	0	0	0	0	0	0	0	0
		WHC	0	0	0	0	0	0	0	0	0	0	0
		WRNPMC	0	0	0	0	0	0	0	0	0	0	0

Patient Tracking Grid - New Item

Edit

Save Cancel Paste Cut Copy Attach File

Commit Clipboard Actions

Hospital ☐
☐ Specify your own value:

Tag#

Last Name *

First Name

DOB

Sex ☐ Male
☐ Female
☐ Other
☐ Unknown

Race

Patient Location

Diagnosis

Disposition

Dispo Sent 12 AM 00

Save Cancel

- c. Start a new row by placing your cursor next to the row indicated by the “*.”
- d. The Patient Tracking Grid has the following fields (* indicates data entries are restricted and must be entered using a pull down tab):
 - i. Facility
 - ii. [Triage] Tag #
 - iii. Other Number (other identifying number e.g., state DL, SSN, etc)
 - iv. Number Type (this states the type of number in the previous column, e.g. SSN, state DL, or other)
 - v. Last Name
 - vi. First Name (plus middle name is OK)
 - vii. *Gender (must be “Male” or “Female”)
 - viii. Age in years or months

- ix. *Years or Months -- the units for the number in the previous column(Must be "Year(s)" or "Month(s)")
- x. *Situation (must be "Burn", "Trauma", "Infectious", or "Deceased")
- xi. *Crit/Mod/Min (must be "Critical", "Moderate", or "Minor")
- xii. Sent to/Disposition
- xiii. *Sent time (must be in format: MM/DD/YYYY HH:mm am/pm (e.g. 04/13/2011 10:25 pm)
- e. Patient tracking data may be entered two ways:
 - i. Direct entry into the grid, cell-by-cell
 1. Use the pull-downs for the fields below marked with a *, because entries are limited to those available.
 2. Double click the cursor into a cell to insert the cursor and edit text.
 3. Just select a cell and start typing to replace the text within the cell.
 4. Hit Tab to move to the next cell on the right;
 5. Hit Enter to move down to the next row and save the row exited.
 - ii. To copy-and-paste entries from a spreadsheet you have developed on your computer, the spreadsheet must be formatted exactly the same as the Patient Tracking Grid (i.e. the columns must match up).
 1. The template spreadsheet is located in Documents > DC EHC EOP > EOP Forms > Patient Tracking Template.xls.
 2. A link to this address is provided in the "ATTENTION" note at the top of the Patient Tracking Grid.
 3. Save the spreadsheet to your computer / network.
 4. Enter the data locally into the Template file.
 5. Select the range of cells to be pasted into the DC HIS Patient Tracking Grid, and copy.
 6. Select the first cell of the data entry row: the cell to the right of the * at the bottom-left of the table—Do Not insert the cursor into the cell---There should be a heavy blue line outlining the cell if it is properly selected.
 7. Paste.

17. DC EHC Duty Officers On-Call List

- a. Access by clicking "Weekly ON-CALL" under "Duty Officer On Call"
- b. The resulting view will show the primary and back-up DOs and contact numbers for the upcoming 4 weeks.
- c. To view the entire schedule: Click "View: Front View" above the top-right corner of the table and select the "All Items" view

DCHIS - Weekly ON-CALL - front view -

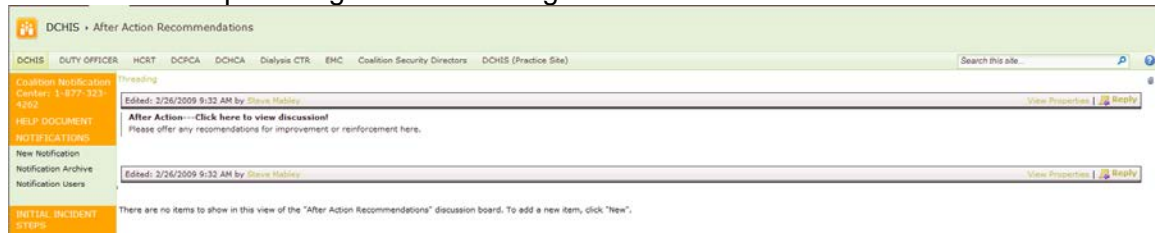
DUTY OFFICERS: Please edit the On-Call List when you switch slots with other DOs. Click View: "All Items"; scroll to the line to be edited, click the "edit" icon on the right side of the row; edit form; click "OK." If inserting another row is needed to cover a "New" at the top of the table, and enter a new record.

DCHIS	DUTY OFFICER	HCRT	DCPCA	DCHCA	Dialysis CTR	EMC	Coalition Security Directors	DCHIS (Practice Site)	Search this site
Coalition Publication Center: 1-877-323-4282	Begin	End	Primary On-Call	Primary Phone	Secondary On-Call	Secondary Phone			
HELP DOCUMENT	5/12/2014	5/19/2014	Anne-Marie Avila	202-374-1653 / 703-989-3368	Ali Abdullah	301-257-7915; 202-541-6209			
NOTIFICATIONS	5/19/2014	5/26/2014	Ali Abdullah	301-257-7915; 202-541-6209	Karen Fryer	240-461-6235			
New Notification	5/26/2014	6/2/2014	Karen Fryer	240-461-6235	Trevor Corneil	240-475-3248 / 202-535-2116			
Notification Archive	6/2/2014	6/9/2014	Trevor Corneil	240-475-3248 / 202-535-2116	Garth Granum	202-255-3207 / 202-535-2115			

1 - 4

18. Discussions

- a. Discussions can be used for many purposes:
 - i. There are plans to develop a “How-to and Help discussion area that will provide guidance to using HIS.




- b. To post a reply to a message, click the “Reply” button on the right edge of the message header.
- c. Enter your comments on the resulting “New Item” form and click “OK” to save.

A screenshot of a web form titled "After Action Recommendations - New Item". The form has a dark header bar with "Editing Tools" and buttons for "Edit", "Format Text", and "Insert". Below this is a toolbar with icons for "Save", "Cancel", "Paste", "Copy", and "Attach File", with labels "Commit", "Clipboard", and "Actions" underneath. The main body of the form is a large text area labeled "Body". Inside the text area, the following text is pre-filled: "From: Steve Mabley", "Posted: 2/26/2009 9:32 AM", "Subject: After Action---Click here to view discussion!", and "Please offer any recommendations for improvement or reinforcement here.". At the bottom of the form are "Save" and "Cancel" buttons.

19. Specialty Top Navigation Tabs

- a. Depending on the individual user's access permission level additional tabs appear on the top navigation bar. Two examples of specialty tabs which may be viewed by all users include:
 - i. EMC

1. The EMC tab may be viewed by all users. This tab contains information and documents pertaining to the work of the DCEHC Emergency Management Committee. The center section features the next EMC meeting location, agenda and documents to be discussed at the next meeting. An archive appears on the left containing past minutes and documents. Documents for past and current grant deliverable activity, work groups and task forces are also on the left navigation bar.


EMC

DCHIS DUTY OFFICER HCRT DCPCA DCHCA Dialysis CTR **EMC** Coalition Security Directors

EMC Calendar
Emergency Mgt. Committee
EMC Minutes Archive
EMC Document Archive
Work Groups
DECON TASK FORCE
Work Group Meeting Schedule
Grant 2013-2014
Completed Grant Deliverables
Grant Documents
Discussions
Suggested HIS Improvements
Libraries
Training Documents
DCEHC Exercises
DCEHC AARs

EMC ANNOUNCEMENTS


JUNE EMC MEETING
by Jim Ott

When: Tuesday, June 10, 2014 10:00 AM-12:00 PM

Where: St. Elizabeth's 1100 Alabama Ave, SE, Washington, DC 20032

[+ Add new announcement](#)

NEXT EMC MEETING DOCUMENTS

<input type="checkbox"/> Type	Name
	DCEHC IND Planning Template Near Final d2 5-19-14a NEW

[+ Add document](#)

- ii. HCRT (Healthcare Coalition Response Team)
 1. A Healthcare Coalition Response Team (HCRT) is a group of Duty Officers assembled under incident management to manage an event whose scope is too large or complex to be managed by a single Duty Officer. The HCRT site may be viewed by all HIS users to see what the HCRT is doing to manage the event, see the incident action plan and the general documentation by the HCRT. Only HCRT members can manipulate the data on the HCRT tab, but all users can

view. Unique to the HCRT are HICS forms modified for HCRT use.

HCRT Initial Event Log-201

HCRT Incident Name	Date/Time	Initial Incident Details	Initial Points of Contact	Notifications Sent	Initial Objectives Determined	HCRT Positions Assigned	Other actions Initiated	Prepared by/Position
There are no items to show in this view of the "HCRT Initial Event Log-201" list. To add a new item, click "New".								
Add new item								

HCRT Incident Objectives-202

Incident Name	Date/Time	Operational Period (From-To)	HCRT Overarching Objectives	Objectives for the designated operational period	Weather and other incident considerations for the designated operational period	General Safety Message	Operational Period Attachments	Name/Position
There are no items to show in this view of the "HCRT Incident Objectives-202" list. To add a new item, click "New".								
Add new item								

HCRT Organizational Chart-207

Position	Home Organization	Person Assigned	Cell	Alternate Number	Email	Date/Time Assigned
HCRT Leader						
HCRT IIS						
HCRT Liaison Officer						
HCRT Operations Section Chief						
HCRT Logistics Section Chief						
HCRT Planning Section Chief						
ICM Representative						
Add new item						

HCRT Operational Log-214a

Incident Name	Date/Time	Operational Period	Section	Position	Major Events, Decisions, Notifications	
There are no items to show in this view of the "HCRT Operational Log-214a" list. To add a new item, click "New".						
Add new item						

20. Set-up Requirements and Maintenance:

- Each DC EHC member and partner organization shall insure they have appropriate trained personnel who can access HIS at in a timely and efficient manner.
- Each DC EHC member and partner organization shall insure that relevant members of their organization have signed up to receive notifications from HIS.
- Each partner should be prompt in responding to messages to access the system and populate designated information when requested.

21. Troubleshooting

- Check your organization's liaison and any of you personal notification alert profile settings and e-mail addresses at regular intervals (e.g. quarterly)
- If you experience difficulties with accessing or using HIS, contact the current DC EHC Duty Officer on call, which is posted on HIS. If you cannot access this information, then contact the Coalition Notification Center (877-323-4262) and request the contact information for the current Duty Officer on-call.

DC Emergency Healthcare Coalition

Communication Annex Attachment 3: DOH Radio

System Description

- Motorola XTS 1500 handheld 700 MHz Radio.
- Provides shared channel (Channel 1-Medical Coordination Channel), non-secure, voice communications between DOH and select Coalition members including:
 - All DC Hospitals, SNFs, CHCs, and CNCs.
- DOH communication is generally initiated from the HECC
- Hospitals typically have 2 portable radios; other Coalition organizations have one portable radio.

Intended Use

- Radios are not monitored 24/7.
 - Coalition members and CNC should turn on and monitor DOH radios when:
 - Directed during an incident (e.g. messaging received through HMARS, HIS, HAN)
 - When HMARS radios fail during an incident
 - When directed by DOH to do so in preparation for a planned event
 - DOH may use the radios to contact individual Coalition organizations for situation/status updates.
 - Your organization's radio location(s) / contact(s):
-

Information for Duty Officers, HCRT, and CNCs

When HMARS Radio Fails (DC EHC Operations Only)

HMARS fails to function, and backup repeater does not function, CNC will notify Duty Officer and recommend use of DOH Radio in lieu of HMARS. If approved:

Notify DOH (202-671-4222) that the DOH radio will be carrying all HMARS communication;

Send HIS or HAN alert, and

Post HIS announcement explaining the transfer of HMARS functions to the DOH Radio.

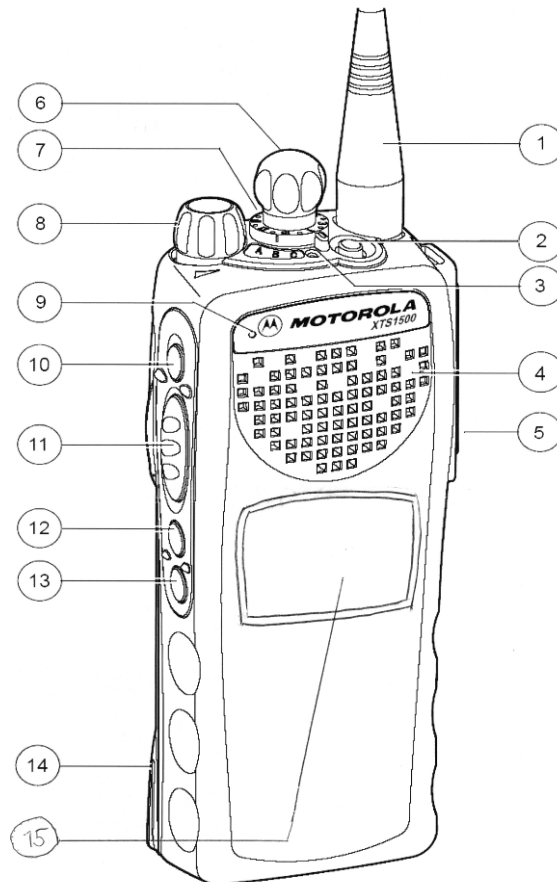
- **Receiving DOH radio broadcasts:**
 - Ensure Channel Knob (#6) is set to "1"; and Rotary Switch (#7) is set to "A".
 - Turn the radio on by twisting front left button (#8) clockwise- the front screen backlight should be lit and a brief audible beep should be heard indicating device is "on."
 - Adjust the volume by turning the "ON" button (#8) clockwise to increase /counterclockwise to decrease.
 - Orange Panic Button (#2)—Do not push it. If you do, turn radio off for 5 seconds and turn back on to "reset."

- **Broadcasting or Responding to a DOH Radio Broadcast**

- To talk, hold the radio 3-6 inches from your mouth and push and hold the button on the left side of the device (#11) and wait 1-2 seconds before talking into the microphone (#4) and release button (#11) when message is complete.
- Wait for an opening in the communication before activating.
- Keep communications brief
- Follow proper radio etiquette

- **Charging the radio**

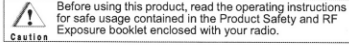
- When the radio is no longer being used, turn it off and return to the charging stand.
- The device can be used if left in the charging stand – remember to turn off when not in use
- Charging light will be on when device is being charged, and will show red if battery requires charging, green if battery is charged.



• Manufacturer's Quick Reference Card

ASTRO® XTS™ 1500 Digital Portable Radio, Model 1.5 Quick Reference Card

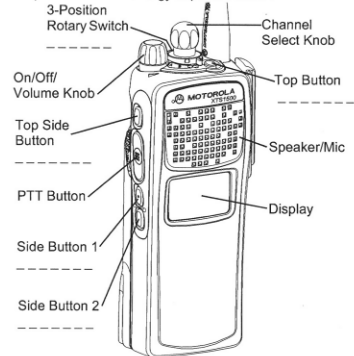
Product Safety and RF Exposure Compliance



Before using this product, read the operating instructions for safe usage contained in the Product Safety and RF Exposure booklet enclosed with your radio.

ATTENTION!

This radio is restricted to occupational use only to satisfy FCC RF energy exposure requirements. Before using this product, read the RF energy awareness information and operating instructions in the Product Safety and RF Exposure booklet enclosed with your radio (Motorola Publication part number 6881095C98) to ensure compliance with RF energy exposure limits.



Write your radio's programmed features on the dashed lines.

Radio On/Off

- 1 On – On/Off/Volume knob clockwise.
- 2 Off – On/Off/Volume knob counterclockwise.

Zones/Channels

- 1 Zone – Move **Zone** switch to desired zone.
- 2 Channel – Turn **Channel Selector** knob to desired channel.

Receive/Transmit

- 1 Radio on and select zone/channel.
2 Listen for a transmission.
OR
Press and hold **Volume Set** button. Release **Volume Set** button.
OR
Press **Monitor** button and listen for activity.
- 3 Adjust volume, if necessary.
- 4 Press and hold **PTT** to transmit; release to listen.

Send an Emergency Alarm

- 1 Radio on and press **Emergency** button. You see red LED; you hear short, medium-pitched tone.
- 2 Display shows **EMERGENCY**.
- 3 When acknowledgment is received, you hear four tones; alarm ends; radio exits emergency.

Send an Emergency Call

- 1 Radio on and press **Emergency** button. A short, medium-pitched tone sounds.
- 2 Press and hold **PTT**. Announce your emergency into the microphone.
- 3 Release **PTT** to end call.
- 4 Press and hold **Emergency** button for one second to exit.

Answer a Phone Call

- 1 Phone-like ringing, LED flashes GREEN, **PHONE CALL** and **J** are displayed.
- 2 Press **Call Response** button.
- 3 Press **PTT** button to talk; release to listen.
- 4 Press **Call Response** button again to hang up.

Display Status Symbols

	Call Received. Receiving an individual call.
	View Mode. The radio is in the view mode.
	Received Signal Strength Indication (RSSI). Received signal strength for the current site (trunking only). The more stripes in the symbol, the stronger the signal.
	Battery. <ul style="list-style-type: none"> Conventional = Flashes when the battery is low. Smart = The number of bars (0-3) shown indicates the charge remaining in your battery. Note: Smart battery will be available at a future date.
	Talkaround. You are talking directly to another radio or through a repeater. On = direct Off = repeater
	Monitor (Carrier Squelch). This channel is being monitored.
	Scan. The radio is scanning a scan list.

PMLN4940B-6

Set-Up and Maintenance Requirements

- Each Coalition partner with a DC DOH radio shall ensure it is charged on emergency power, placed in a secure, accessible location.
- Each Coalition partner with a DC DOH radio shall be able, if requested, to immediately place the radio in a location where it can be monitored by trained staff who are ready to respond 24/7.
- Each organization will ensure that on-duty staff are familiar with radio location, proper use and troubleshooting.

Troubleshooting

- Problems with operating the unit should be reported to the DOH HEPRA Duty Officer at 202-671-4222 or 202-671-5000.

DC Emergency Healthcare Coalition

Communications Annex Attachment 4: Health Alert Network (HAN)

System Description:

- A software system, operated by the DC DOH, used to send alert text messages (“Alerts” and “Activations”) to the e-mail, cell phones, pagers and mobile communications devices of persons on pre-determined call groups. Coalition call groups include:
 - Duty Officers (DOs)
 - Emergency Managers
 - Family Assistance Centers
 - Hospital Command Centers (HCCs)
 - HCRT cadre
 - HIS Personnel
 - Public Information Officers (PIOs)
 - Senior Policy Group (SPG)
 - Security Directors
 - DCPCA members
 - DCHCA members
- Each individual in a HAN call group “permits” their personal communication device(s) to receive text messages (the personal communications devices are not provided by the Coalition).
- Note that DC DOH has also established HAN call groups to fulfill its own notification needs:
 - Hospital senior leaders
 - Hospital Infection Control / Infectious Disease
 - Hospital emergency preparedness coordinators
 - Hospital Pharmacy Directors
 - Hospital Laboratory Directors
 - Hospital Emergency Department

Information for Duty Officers, HCRT, and CNCs

HAN messaging is primarily used as a backup to DC HIS notification by the Duty Officer (DO) or the HCRT. Generally, only “Alert” or “Activation” messages are appropriate for HAN messaging.

- *These and other situations where HAN notification may be warranted include:*
 - *Urgent teleconference announcements*
 - *Notification of an imminent threat or incident.*

Situations where the CNC is authorized to send out a HAN message, followed by notification of the Duty Officer, include only those where there is an overriding need for urgent notification of an EHC Call group of:

- *Imminent threats to the healthcare system where notification of DOs, HCRT, SPG, or emergency managers is needed in addition to notification via HMARS.. Examples include confirmed mass casualty incidents or confirmed terrorist bombing*

Intended Use:

- The DC EHC Duty Officer, HCRT Manager or Coalition Notification Center will send Coalition “Alerts” or “Activations” to a selected call group when indicated. For example:
 - Urgent teleconference announcements
 - Activation of the HCRT
 - Notification of an imminent threat or incident.
- HAN alerts will be very succinct and will generally direct the receivers to more information, usually posted on the HIS.
- HAN Alerts may duplicate HMARS Radio alert, but will not necessarily do so. HAN and HMARS address different receivers/persons/locations.
- HAN may also be used as a secondary backup to HIS messages

How to Use:

- Receiving a HAN Alert message:
 - Messages will be brief and will generally refer to more information on the HIS.
 - Follow instructions for more information. Do not call the Duty Officer or CNC for clarification.
 - Be aware that a longer alert message may be divided into separate messages, based on limitations of your device and/or communications service.
 - Confirm the message if means to confirm is provided
 - NOTE: If a confirmation code is requested, this may be entered into your device by dialing “0000.”.

Information for Duty Officers, HCRT, and CNCs***How to Operate HAN (DC EHC Operations Only):******How to Send Alert Message via HAN (EHC Operations Only):***

1. *To initiate a HAN message via the internet:*

Go to <https://dohhan.com/>

Log on:

Username:

Password: _____.

2. *Click: Alerts (middle of the blue bar across top of page)*
3. *Click: Send Alert by Role (1st item in under “Alert Menu”)*
4. *Click: + States (under Role Directory on the left) to expand list*
5. *Click: + DC to expand list*
6. *Click: + DC DOH to expand list*
7. *Click: + Hospitals to expand list*

Information for Duty Officers. HCRT, and CNCs - continued

8. *Click on user group(s) to receive the message (i.e. Duty officer, Emergency Managers, etc)*
 - a. *Your choice(s) will appear in Alert Recipients*
 - b. *DCEHC groups include:*
 - i. *DC EHC*
 - ii. *DC EHC-Duty Officers*
 - iii. *DC EHC-Emergency managers*
 - iv. *DC EHC-Family Assistance Centers*
 - v. *DC EHC-HCC*
 - vi. *DC EHC-HCRT cadre*
 - vii. *DC EHC-HIS Personnel*
 - viii. *DC EHC-Hospital OU Manager*
 - ix. *DC EHC-Public information Officers*
 - x. *DC EHC-Senior Policy Group*
 - xi. *DC EHC-Security Directors*
9. *Priority Setting – Select “High”*
10. *Sensitive Option – Select “Yes”*
11. *Duration Option –Select “1 hour”*
12. *Alert Type –Select “Profile No Security Code”*
 - a. **Note:** *If “User Profile” is mistakenly selected, the system will demand a security code to deliver the message, and will keep calling everyone until message is delivered. The security code is: 0000, in the unfortunate case this happens.*
13. *Event Status—Select (Actual, Exercise, Test) as appropriate*
14. *Acknowledge—Select “Yes” –The user will have to acknowledge receipt.*
15. *Delivery Time—Select “15 min. (15)”*
16. *Alert Program—Select “HAN”*
17. *Severity—select appropriate category for recipients to read in the alert, based on the event (Extreme, Severe, Moderate, Minor, Unknown).*
18. *Jurisdictional Level – Check “Local”*
19. *Enable Signature—Check the box and fill in sender info.*
20. *Subject –Enter “EHC” plus notification type (“ALERT”, “ADVISORY”, “UPDATE”, or “ACTIVATION”), and a concise message title.*
21. *Message– Enter concise message (preferably 160 characters or less which will fit into one SMS message)*
22. *Ignore the “Attach Recorded Message” button.*
23. *Click “Send Alert” button*
24. *Confirm Message Sent by clicking “OK”*

Information for Duty Officers. HCRT, and CNCs - continued

To Read a Message (DC EHC Operations Only)

- Click on Home Page, then Active Alerts, and then Alert Time Listing for message, then read Alert Details.

To Confirm Receipt a Message (DC EHC Operations Only)

- Click on “Confirm Receipt” of Alert (under Alert Details heading)

Notification of a DOH call group (DC EHC Operations Only)

- If notification of a DOH-maintained call group is desired, call DOH HEPR “Duty Officer” and request authorization to do so. DOH Call Groups include:
 - Hospital senior leaders
 - Hospital Infection Control / Infectious Disease
 - Hospital emergency preparedness coordinators
 - Hospital Pharmacy Directors
 - Hospital Laboratory Directors
 - Hospital Emergency Departments

Monitor Alert Notification via HAN(DC EHC Operations Only):

- Go to: Alerts Menu (in the blue bar at the top) > View My Sent Alerts
 - a. Open View My Sent Alerts and select the criteria to search alerts you have initiated. In order to retrieve all alerts you have sent, do not select any criteria.
 - b. Click Search.
 - c. To view the complete details of a specific alert, click on the Time/Date Sent of that alert and you will be shown the Alert Details screen. This will include the confirmation status of each user in the Role(s) to which the alert was sent.

Message format (DC EHC Operations Only).

- Since the size of text messages receivable on mobile devices is often limited, HAN notifications should be very concise in the following format:
 - Subject Line: “EHC [Alert /Activation]:[event]”
 - Situation,
 - Action needed,
 - By whom,
 - By when,
 - By what means,
 - “Details on HIS,” as appropriate,
 - Groups sent to

Set-up and Maintenance:

- To recommend new individuals be added to (or removed from) DC EHC Call Groups, approval must be sought from the EMC Chairperson.

- When approved, individuals will receive access and instructions on how to enter their contact information in the HAN system.
- The DC EHC EMC will coordinate update of call groups semiannually and forward updates to designated DOH HEPRA official for data entry.
- Periodic test messages will be distributed via HAN, and will be clearly labeled as a “TEST”.

Information for Duty Officers. HCRT, and CNCs

DC EHC Operations Only

System Tests will be initiated by the Duty Officer on the first workday of every even month by broadcasting the following test message:

“EHC Test: Bimonthly HAN Test. Sent to all devices. Ensure your profile is current. Details on HIS in the Comms Annex of your EHC EOP or on HIS under the EOP link. Sent to DOs, HCRT, SPG, & EMs”.

Refer all requests for additions or deletions from HAN call lists to EMC Chairperson.

Troubleshooting:

- When messages are not received as your HAN setup profile indicates, notify John Rowell john.rowell@dc.gov 202 997-5223, , Arlene Thomas: Arlene.thomas@dc.gov 202 671 0833 or DOH HEPRA Duty Officer at 202-671-4222
- If you require a HAN Account: Notify the DC EHC EMC Chairman who will request the DOH set one up.

Information for Duty Officers. HCRT, and CNCs

DC EHC Operations Only

How to check if a person has a HAN Account

Log onto HAN at dohhan.com

Click “Directory” in middle of blue menu bar

Click on the following to expand the following on the left side

+ Role Directory

+ States

+ DC

+ DC DOH

+ Hospitals

Click on DCEHC to see the directory for the entire EHC, sorted by last name.


Messages not received by registered person, website unavailable or not functioning

Notify John Rowell john.rowell@dc.gov 202-997-5223, or the HEPRA Duty Officer at 202-671-4222

Compose a Message

To compose a message:

1. Go to **Messages: Mail** and select the **Compose** side tab on the left. The following page opens.

2. Enter the message information in the fields (see field descriptions below). Required fields are marked with an asterisk [*].
 3. If you want to save this message in **Drafts**, click the save icon  in the upper right corner of the page.
- Click **Preview and Test** to [preview and test](#) the message before sending.
 - Click **Send** to send the message without previewing.

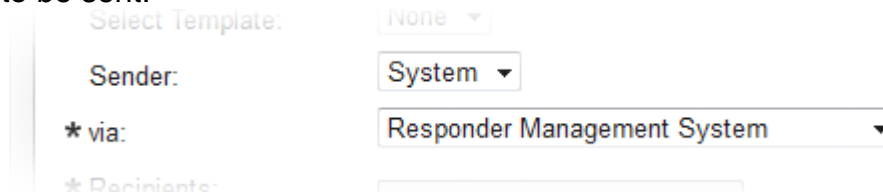
Compose a Message: Fields

Template

Select a template from the drop-down list if you want to create the message from a template.

Sender

Specify the sender of the message. Select **System**, **Unit**, or **Myself**. If you own multiple systems, specify through which system you want the message to be sent.

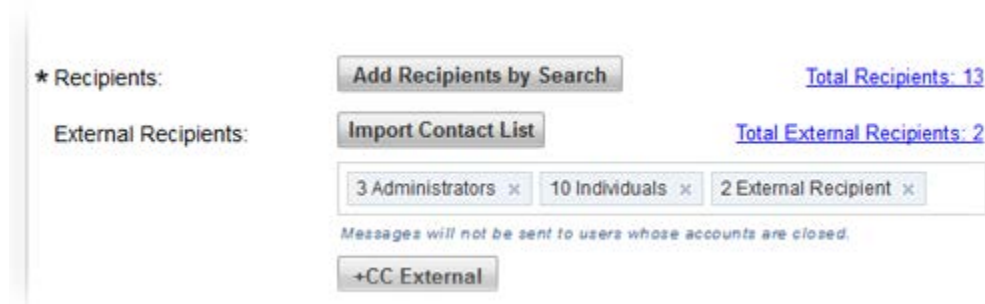


The screenshot shows a form with the following fields:

- Select Template: None (dropdown)
- Sender: System (dropdown)
- * via: Responder Management System (dropdown)
- * Recipients: (empty text field)

Recipients

[Add the recipients](#) of the message by clicking the **Add Recipients by Search** button. Clicking the **+CC External** button will allow you to enter email addresses of the [recipients external to the system](#). Clicking the **Import Contact List** button will allow you to [import a spreadsheet with external contacts](#).



The screenshot shows the Recipients section with the following elements:

- * Recipients: (label)
- External Recipients: (label)
- Add Recipients by Search (button)
- Import Contact List (button)
- Total Recipients: 13 (text)
- Total External Recipients: 2 (text)
- 3 Administrators x (button)
- 10 Individuals x (button)
- 2 External Recipient x (button)
- Messages will not be sent to users whose accounts are closed. (text)
- +CC External (button)

Subject

Enter the message subject.

Long Message

Specify whether you want the message delivered as an email or fax. Note that the **Internal** check-box stays selected by default and ensures that recipients get a copy of the message internally. Enter the message text. Limit the message to 1000 characters.

Short Message

Specify whether you want to send a short version of the message as a text

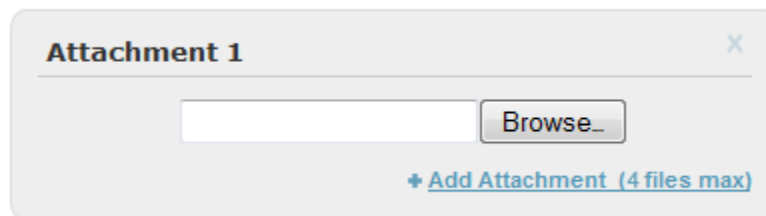
or pager message. Selecting any of these check-boxes activates a message text field. Limit the short message to 200 characters.

Voice Message

Specify whether you want the message to be delivered as a voice message to the recipients' phones. Selecting the **Phone** check-box activates the **Type** drop-down list and a message text field. Limit the message to 200 characters.

Attachment

Click the **Browse** button to select a file and attach it to the message. A message can have no more than four attachments.



Send Time

Specify whether you want to send the message immediately or delay the message delivery until certain time.

Time

Specify the time when you want the message delivered. This option is activated only if you select **Delay Until** for the **Send Time** option.

Priority

Set the message priority. Select between **Normal** and **High**.

Message Delivery

Select between the [escalation and blast options](#).

Time this message is available for response

Specify for how many hours the message will be available for retrieval and response. After the time specified, recipients will not be able to respond to this message. Note that this does not apply to [internal messages](#).

Validate recipient?

Specify if you would like to have the recipient confirm his or her identity once the message is received.

Leave message?

Specify if you would like to leave a voice mail if the recipient does not answer the phone.

Do not recontact if

Specify the condition(s) that need to be satisfied before the attempts to recontact the recipient stop. If you leave all check-boxes unselected, the recipient will be contacted multiple times according to the settings specified below.

Number of times to contact

Specify how many times you want the recipient to be contacted.

Time between each contact attempt

Specify time intervals between the attempts to contact the recipient.

Request a response?

Specify if you would like the recipient to [respond to the message](#). Provide additional response options if necessary and enter the description of each option. If applicable, provide the phone numbers you want the recipients to call as a part of their response. Note that the phone numbers do not appear in the internal message.

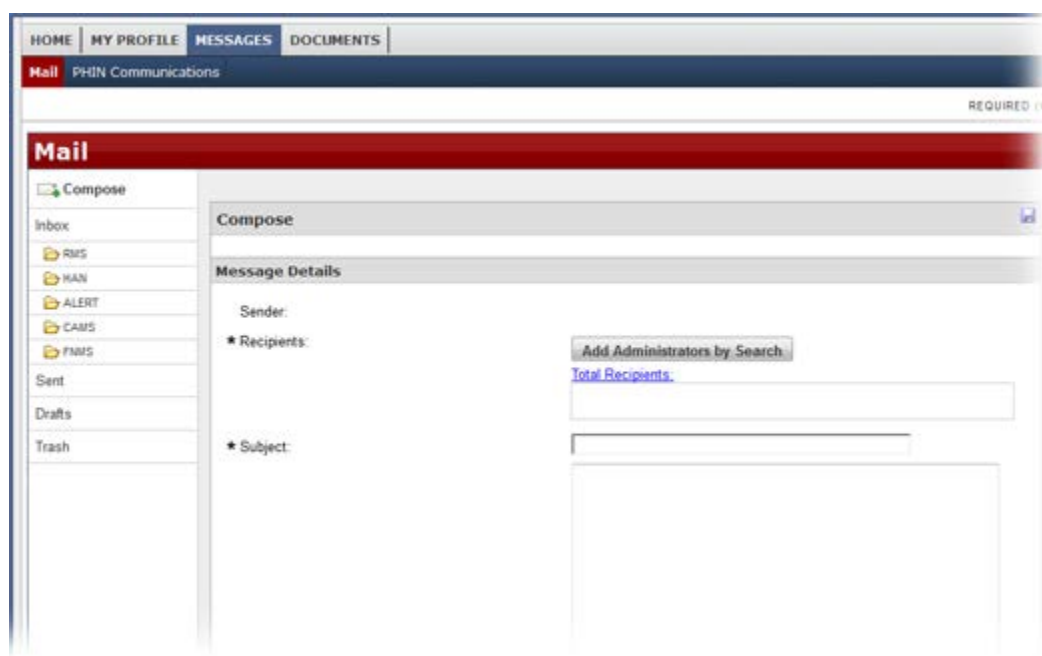
Save as Template?


Specify if you would like to save this message as a [template](#).

Compose a Message: Recipient View

System users who do not have administrative privileges have different messaging options. The following instructions are intended for the system users without administrative privileges. Note that depending on the configuration of your system, the users without administrative privileges might not have the option to compose messages available.

1. Go to **Messages: Mail** and select the **Compose** side tab on the left. The following page opens.



2. Enter the message information in the fields (see field descriptions below). Required fields are marked with an asterisk [*].
3. If you want to save this message in **Drafts**, click the save icon  in the upper right corner of the page.
4. Click **Send** to send the message.

Compose a Message: Recipient Fields

Sender

This field will display your name.

Recipients

Add administrators who will receive your message.

Subject

Enter the message subject.

Message

Enter the message text.

DC Emergency Healthcare Coalition

Communication Annex Attachment 5: Teleconferences

System Description

- Toll-free teleconference lines are available for use by Coalition members for response coordination and preparedness planning meetings.
- A scheduling calendar for pre-planned meetings is located on the Coalition's HIS internet SharePoint site under "Events Calendar".

Intended Use

- Figure 6 of the EOP describes the possible "response coordination" meetings that may be conducted via teleconference:
 - HCRT may arrange: internal management or planning meetings, or operations briefings for Coalition members.
 - SPG policy meetings,
 - Coalition meetings, for situation update, resource planning, strategy coordination, or information briefing
- DC EHC Emergency Management Committee "preparedness" teleconferences may be scheduled on the conference line using the scheduling calendar on HIS. Preparedness teleconferences may be cancelled without notice for response coordination teleconferences.
- All teleconferences during incident response will be convened or scheduled by CNC, Duty Officers, or HCRT.

How to Use Teleconferencing

- Forward all requests for Coalition conference calls to the Coalition Duty Officer (listed on the HIS "Weekly On-Call Schedule") or HCRT Operations Section Chief. Requests should include: Clear objective, agenda, needed and desired participants, designated presenters, and moderator.
- Meeting Announcement. Teleconference invitations will be distributed (via HMARS, HAN, DOH Radio, E-mail, HIS posting, or by other means), stating the need, who is invited, and the time of the teleconference.
- Teleconference Access.
 - Dial call-in number (this number will be provided along with the access code when notified of a pending teleconference), and enter access code when prompted:
 - Briefly and clearly state your name and organization followed by #, when prompted.
 - Conferees will hear a tone when one enters the conference.
- Teleconference Functions:
 - Mute / Unmute: *6
 - Operator Assistance *0 (business hours only)
 - Playback Attendees *8
- Teleconference Rules
 - Teleconferences must always have an agenda, preferably posted beforehand;
 - Written Material:

- Visual Aids: Visual aids, slides or documents may be distributed beforehand on HIS (or email if HIS not available).
- Minutes: The Duty Officer or HCRT Planning Section will ensure minutes are recorded and posted on HIS promptly, including attendee list, if collected.
- Teleconferences will always have a facilitator. Please do not speak until recognized by the facilitator.
- Always “mute” your phone or press *6 when not speaking. Press *6 again to un-mute and speak. A recorded voice will tell you whether you are muted or unmuted after pressing *6.
- **Never place the conference on “hold” or “call waiting”.**
- When off mute, ensure you are in a quiet area and are not shuffling papers or typing on a computer next the phone.
- Cellular phones and radios may cause interference in nearby phones or Polycom systems.
- Conference facilitators will disconnect noisy or disruptive participants.

Information for Duty Officers. HCRT, and CNCs

How to Set Up a Conference Call (DC EHC Operations only):

The Duty Officer or HCRT Operations Chief will may schedule an EHC conference call whenever the need arises, by setting a time and notifying the participants, The essential elements of a coalition teleconference request/plan are defined in General Meeting/Teleconference Template and subsequent templates provided in the EOP.

Select the meeting appropriate access code, considering availability and capacity:

Access Code 21964# “DC Emergency Healthcare Coalition #1”
75 line limit

(FOUO) Moderator Access: 21965#

- **Access Code 32911#** “DC Emergency Healthcare Coalition #2”
125 line limit

(FOUO) Moderator Access: 32913#

- “Moderator access codes” are needed if use of moderator functions, such as *4 Increase Volume, *5 Lecture Mode, and *7 Secure Conference are desired. See table below for complete listing..

If more lines are needed, call VANTS operators (under “Troubleshooting”) and request more lines (only available during business hours.

Prepare and distribute invitation via HIS, HAN, e-mail, and/or HMARS, as appropriate, including:

- *Meeting type:* [e.g. Situation Update Teleconference]
- *Date / time:*
- *Call-in number:* 800-767-1750
- *Access code:* [21964# or 32911#]
- *Objective*
- *Agenda:*
- *Desired participants:*
- *Attachments (if any):*

Dial in utilizing the moderator function if you will be the teleconference facilitator. Ensure minutes are promptly prepared and distributed (including attendance if collected).

Troubleshooting

- If there are problems or static on your line, disconnect and reconnect to get a better connection.
- Press *0 to obtain the assistance of a teleconference operator to mute a noisy line. (Available only during business hours)
- If problems persist, notify the Coalition Duty Officer or HCRT Operations Section Chief, listed in HIS.

Information for Duty Officers. HCRT, and CNCs

Troubleshooting (DC EHC Operations Only)

Occasionally, the VANTS System may have technical difficulties or outages. The VA REM for the NCR and the VAMC EPC will inform the CNC of any VANTS outages or problems.

*If low volume is a problem, advise participants that you will be increasing the call volume and they may want to adjust their own headset volume accordingly, then use moderator function *4.*

If there is a noisy line, there are two options:

*press *0 and ask the VANTS operator to search out and mute the offending line (only available ,M-F 7a-6p ET)*

*from moderator access number, press *5 and apply lecture mode. .*

VANTS operators are only available during business hours, M-F 7a-6p Eastern.

Phone # 304-262-7600 - Fax # 304-262-7632

Sharon LeMaistre, Audio Supervisor 304-262-7652

If there is ever a question about who within VA set up or who 'owns' these lines: Steve Mabley, VHA Regional Emergency Manager for the NCR,

Conferencing Commands (DC EHC Operations only) <i>(all commands except 6 & 8 require calling into the moderator access number)</i>		
*1	Dial Out	[FOUO]--This accesses an open line if you want to conference another participant on call. (you are temporarily removed from the conference)
*2	Dial Out "Bring In"	[FOUO]--This returns one who has dialed out back into the conference and places the called party into the conference. (Available only after one has used *1 to access a line and dial out).
*3	Dial Out "Hang Up"	[FOUO]--This returns one who has dialed out back into the conference and hangs up the called party. (Available only after the one has used *1 to access a line and dial out).
*4	Increase Volume	[FOUO]--Applies gain to the conference line
*5	Lecture Mode	[FOUO]--All conferees except moderators are muted. ("listen only" mode) Press *5 again to release turn off Lecture Mode.
*6	Self Mute	[PUBLICIZE]--Any participant can mute their line. If there is interference from ones phone connection, "self mute" may be more effective at reducing noise that muting one's phone. Press *6 again to un-mute.
*7	Secure Conference	[FOUO]--If the conference was set up for "Secure Mode", this will lock out further access to the conference. Secure mode must be first set up with the VANTS operator. Press *7 again to allow access to the conference.
*8	Name Playback	[PUBLICIZE]--If Name Record/Play has been set (this is the default for coalition conferences), then each recipient will be asked to state their name upon entry to the conference. Name Playback will play back all names of persons currently connected. One is temporarily removed from the conference when using Name Playback.
*0	Operator Assistance	[FOUO]--Operator is called and the user of this function will be temporarily removed from the conference during the discussion with the operator, and will be returned to the conference when to operator disconnects.

DC Emergency Healthcare Coalition
Communications Annex
Attachment 6: NCR Information Sharing

NCR Hospital Event Information Sharing Procedure

I. Purpose

Provide guidance to the hospital coordination centers located in the District of Columbia, Suburban Maryland and Northern Virginia on how to facilitate effective information sharing to support one another during preplanned events and major incidents.

The purpose of this procedure is not to supplant existing channels of communication or policies between the designated Coordination Centers and their respective local, regional or state authorities. This document also is not intended to address EMS unit communication with these Centers.

II. Participating Parties Servicing the NCR

DC Emergency Healthcare Coalition (DCEHC) - Coalition of the major healthcare organizations in the District of Columbia.

Northern Virginia Hospital Alliance (NVHA) - The community of 20 hospitals and free standing EDs.

Suburban Maryland Hospital Coalition (SMHC) - Coalition of 10 hospitals in Montgomery County and Prince George's County.

Maryland Institute for Emergency Medical Services (MIEMSS) – the state EMS agency in Maryland which operates a statewide communication system linking ambulances and hospitals

III. Coordinating Centers

Coalition Notification Center (CNC)

- Coordinating center for the District of Columbia which is provided by Children's National, MWHC – MedSTAR Transport Communication Center, and Providence Hospital Communication Center on rotated scheduled basis

Regional Hospital Coordinating Center (RHCC)

- Coordinating center for NVHA operated by Inova Healthcare System in conjunction with NVHA administrative staff and operated out of dedicated space within Inova Health System.

Emergency Medical Resource Center (EMRC)

- Coordination and notification center for communication among hospitals and EMS agencies in the State of Maryland.

IV. Response Procedures

- A. All communications between the respective Coordinating Centers are categorized to indicate level of priority of the message and the potential need for action. The following categories will be announced at the beginning of each message being relayed from one Center to the others:

Advisory – message that is informational but does not require immediate action by the recipient but potential for response exists

Alert – message provided that requires immediate action by the recipient

Update – information provided to update the information that have been provided previously

Test – process used periodically to check system function. The word “Test” shall be used in the front of a spoken or written message

- B. Types of shared information:

The following are examples of types of information that may be shared between Coordination Centers.

- **Alert / Notification and Situation status:** This is expected to be the most frequent notification to advise adjoining Coordinating Centers about an occurring incident with associated threat details. Can include situation status at scene or at individual healthcare organizations. Examples are provided below.
- **Resource status/requests:** Includes any request for resource status (e.g. beds) at healthcare organizations in the respective jurisdictions. Actual requests for resources should be coordinated with respective jurisdictional authorities (i.e. they should at least be made aware that requests are being made).
- **Upcoming, planned teleconferences:** Information regarding planned teleconferences during an incident that may have relevance to participating healthcare organizations in each region.
- **Event management guidance:** Any guidance developed or promoted within a single jurisdiction (note: this is not accompanied by any mandate to use the guidance; merely provided for informational purposes only).
- **Public information messaging:** Public information messaging developed for use in one region that may be helpful for review by the others.

- **Other:** Any other types of information not included in the above but that may be relevant for sharing/coordinating.

C. Validation of information:

- Coordination Centers shall take appropriate steps to confirm the authenticity and correctness of the information before sharing it the other three Coordination Centers
- On some occasions information received may not be quickly substantiated but is seemingly of such importance or time sensitive to share it immediately with the other Coordination Centers. It should made clear information being shared is not fully confirmed and the source of the initial information should be included in these types of messages. The decision to disseminate this information will remain the option of the receiving Coordination Center(s).

D. Notification Criteria:

A Hospital Coordination Center shall initiate notification to the other NCR Hospital Coordination Centers for any incident that occurs in their jurisdiction that warrants an alert internal to that jurisdiction. Examples include but are not limited to...

- Mass casualty incidents that have the potential to impact other jurisdictions (through scene transfers or through walk-ins) Any large scale
- HAZMAT incident with the potential to similarly impact neighboring jurisdictions.
- An event involving a suspected or confirmed Category A biological agent.
- A Fire/EMS agency has activated a Mass Casualty Unit, Task Force, or equivalent, for an event occurring in the National Capital Region -
- An agency or healthcare facility has accessed and/or requested a CHEMPACK or MMRS Rx cache
- An Emergency Operations Center (EOC) has activated and staffed the Health & Medical Services (ESF 8) function
- A hospital encountering a significant suspicious person(s) or conclusive suspicious act (i.e. creditable bomb threat, theft rings. Joint Commission impostor etc) asks the other facilities be notified
- A medical facility and/or residential healthcare organization is evacuating
- Hospital closure due to major incident
- Other significant event or incident that the hospital coordinating center feels warrants notification to the other NCR Hospital Coordinating Centers.

E. Methods of sharing information

a. General Practices

- Each message shall be pre-identified as to the type of notification being given (i.e. alert, advisory etc).
- Each Coordination Center's staff shall generally report the following information using Attachment 2 – Event Report Form outline
 - Caller name and call back number
 - Type of incident
 - Incident location(s)
 - Number and types of injuries/illness
 - Major Actions taken
 - Requests for assistance (and lead jurisdictional authority coordinated with)
 - Lead response agency
- The security of the information shall be taken into account when choosing the appropriate method of sharing

b. Available Communications Systems / Tools:

- Listed Phone numbers
 - Telephone numbers for the Coordination Centers in Attachment B will be the primary means for sharing alerts and advisories.
- Radio
 - The HMARS radio can be used to share information between the CNC, RHCC and SMCC. Those Centers not answering the radio call down will then be contacted ASAP by phone
 - The designated MEDCOM radio channel may be used as a back-up system to share information between DC and Va. Coordination Centers.
- Internet
 - RICS messaging can be used to “push out” messages en masse to registered hospital participants
 - Notifications and other information shall be sent out via each Coordination Centers web based information management system (i.e. email, Web EOC, HIS, FRED etc) to the other Coordination Centers.
 - The internet access instructions can be found in Attachment 3-Internet Access
- Teleconference
 - This form of communication may be used when Coordination Centers need to discuss pressing operational issues together during a response

- The Coordination Center closest to the incident will normally request the teleconference be conducted
- The teleconference number to be used is 1-888-453-4221-202-877-3662# or other number announced by the host Coordination Center
- The procedures outlined in Attachment 4 – Teleconferences shall be followed
- A teleconference will NOT be used for alerts and advisories

F. Center Communication Scheme

- DC → HMARS → Then phone Call to EMRC and RHCC (if no HMARS response)
- NoVA → Medcomm → Then phone call to EMRC and CNC (if no Medcomm response)
- MD → HC Alert → Then phone calls to CNC and RHCC

G. Contacting Key Coordinating Center Leadership

In the event that one coordination center wished to get in contact with the key leadership or on-call personnel from another coordinating center, the following should be followed for each coordinating center:

- District of Columbia Coalition Notification Center (CNC): Contact the primary (or alternate) CNC phone number, relay message to whoever answers the phone and ask for the **CNC Duty Officer** or their designee to return your phone call.
- Maryland Emergency Medical Resource Center (EMRC): Contact the primary (or alternate) EMRC phone number, relay message to whoever answers the phone and ask for **Chief of Field Operations** or their designee to return your phone call.
- Northern Virginia Regional Hospital Coordinating Center (RHCC): Contact the primary (or alternate) RHCC phone number, relay message to whoever answers the phone and ask for the **On-Call RHCC Incident Commander** or their designee to return your phone call.

H. Who shall receive the information

- Depending on the incident information obtained by a Coordination Center it will be their responsibility to share it as appropriate with the appropriate organization(s) using their designated dissemination procedures.

V. System Testing

General Testing

- To insure the system will work effectively and efficiently it shall be tested on a monthly basis
- The responsibility for initiating a test message shall be rotated on a monthly basis among the four facilities
 - Rotation will begin in January
 - Rotation order will be
 - DC-CNC (Jan, April, July, October)
 - VA. RHCC (February, May, August, November)
 - Maryland –EMRC (March, June, September, December)
- The day and time for the monthly testing will be determined by the host Coordination Center
 - The goal will be to test the system for days, evening and night shifts during weekdays and weekends by year's end
- The message – “This is a test of the NCR Hospital Information Sharing Procedure” shall be utilized and each Coordination Center will be asked to respond to the drill message and send any requested any information(making it up as needed)
- If a Coordination Center does not respond to a radio message they shall called by the host Coordination Center using the telephone number listed in Attachment 1 –Communication Directory and given the drill message

Training and exercise

- NCR Hospital Information Sharing Procedure will be used as appropriate for regional based exercises
- If the Plan is being used as part of an exercise the host jurisdiction will pre-warn the other Coordination Centers of the exercise.
- During any exercise the phrase “this is a drill message” will be used at the beginning and end of the message by the caller

VI. Attachments

- A. Directory of Coordination Centers
- B. Notification Procedure Process Flow

ATTACHMENT A

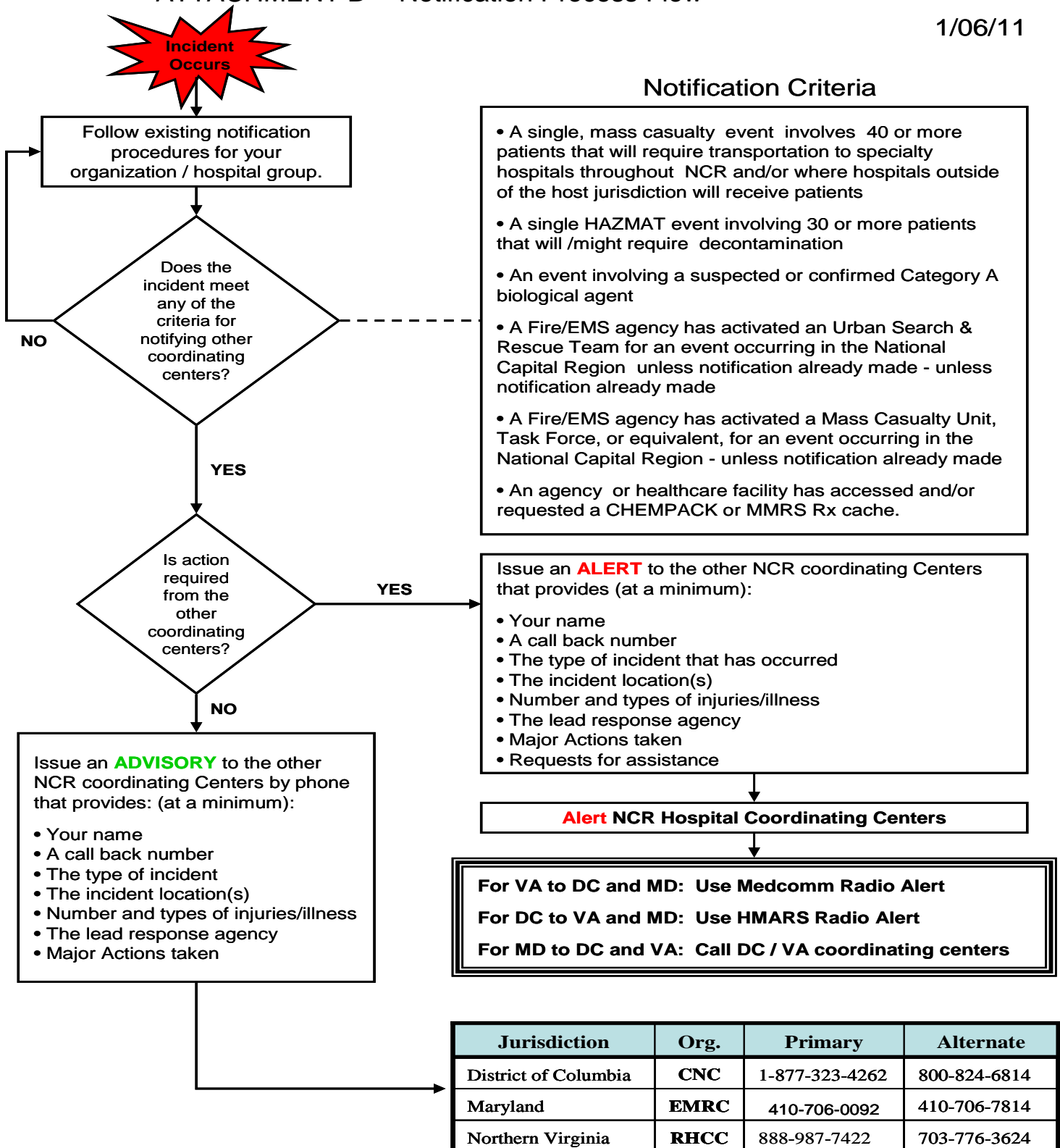
NCR Hospital Coordinating Centers Directory

	Hospital / Organization	Primary Phone (24/7)	Alternate Phone (24/7)	Fax (24/7)	Radio Info / Channel(s)	Satellite Phone	Coordinating Center Primary POC
DC	Coalition Notification Center (CNC) -- Childrens	1-877-323-4262	800-884-5433 202-476-3333	202-476-3356	*HMARS - 1st *DCFD 800mHz Channel 2 - 2nd *DC DOH 800 Mhz Radio - 3rd		Pete Jensen 202-476-5289 (Office) 202-207-7538 (Cell Phone)
	Coalition Notification Center (CNC) -- WHC	1-877-323-4262	301-552-4115 301-680-8730 cel 202-652-6596 cel 202-652-6593	800-267-5150 301-459-0380 (alt)	HMARS DC 800MHz - H3 Hospital CNC Arlington 800MHz - MedSTAR UHF - 462.9500 Rx/Tx (PL/DPL 77.0) VHF Aviation UNICOM 123.05	8816-4147- 2858	Brian Ashby Office -301-680-8369 Cell - 202-391-5658
	Coalition Notification Center (CNC) -- Providence	1-877-323-4262	202-269-7000	202-269-7727	HMARS and DC DOH 800 MDZ Radio		
NoVA	Regional Hospital Coordinating Center (RHCC)	1-888-987-7422	703-776-3624	703-289-8640	* Medcomm - 1st * Channel 9A on FFX Fire Radio System - 2nd * HMARS - 3rd	254-460-9240	Timothy Quist RHCC Manager 571-228-5556 (c) timothy.quist@novaha.org
Maryland	Maryland Emergency Medical Resource Center (EMRC)	410-706-0092	410-706-7814	410-706-4209	* EMS 460Mhz frequencies * Mont Co 800Mhz 72C,D&E		John Donohue 410-706-0415 (Office) 410-207-0071 (Cell Phone)

Note: last update: 1/24/11

ATTACHMENT B -- Notification Process Flow

1/06/11



Notification Criteria

- A single, mass casualty event involves 40 or more patients that will require transportation to specialty hospitals throughout NCR and/or where hospitals outside of the host jurisdiction will receive patients
- A single HAZMAT event involving 30 or more patients that will /might require decontamination
- An event involving a suspected or confirmed Category A biological agent
- A Fire/EMS agency has activated an Urban Search & Rescue Team for an event occurring in the National Capital Region unless notification already made - unless notification already made
- A Fire/EMS agency has activated a Mass Casualty Unit, Task Force, or equivalent, for an event occurring in the National Capital Region - unless notification already made
- An agency or healthcare facility has accessed and/or requested a CHEMPACK or MMRS Rx cache.

Issue an **ALERT** to the other NCR coordinating Centers that provides (at a minimum):

- Your name
- A call back number
- The type of incident that has occurred
- The incident location(s)
- Number and types of injuries/illness
- The lead response agency
- Major Actions taken
- Requests for assistance

Alert NCR Hospital Coordinating Centers

For VA to DC and MD: Use Medcomm Radio Alert

For DC to VA and MD: Use HMARS Radio Alert

For MD to DC and VA: Call DC / VA coordinating centers

CC Emergency Healthcare Coalition

Communication Annex

Attachment 7: DC EHC Master Personnel and Organization Telephone Directory

Insert the latest version of the personnel directory behind this page

DC Emergency Healthcare Coalition

Communication Annex

Attachment 8: Master Organization Communication Equipment List

Insert the latest version of the equipment list behind this page