

# HOSPITAL EMERGENCY RADIO OUTGOING MESSAGE PILOT PROGRAM

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**UPDATE:** GNYHA is re-transmitting this document with important changes. Hospitals are encouraged to carefully read all highlighted sections to understand alterations made to this citywide pilot program.

At the start of 2016, New York City Emergency Management (NYCEM) Watch Command began transmitting a series of messages via the NYC Hospital Emergency Radio Network for any incident deemed a 10-60 (major response event) by the Fire Department of the City of New York (FDNY). As of November 1, 2016, NYCEM Watch Command will also transmit such messages for any event FDNY deemed a Level C or Level D Mass Casualty Incident (MCI). Information about MCI levels and this expansion of the initial pilot program is described in detail in the highlighted sections below.

Beginning January 1, 2016, the New York City Emergency Management (NYCEM) Watch Command will transmit a series of messages via the NYC Hospital Emergency Radio Network for any event the Fire Department of the City of New York (FDNY) deems a 10-60 (major response event). Transmission of these messages—a pilot program that NYCEM has committed to for one year—is a feature being added to the existing Hospital Emergency Radio Program. Watch Command transmissions will be one-way communications, so hospitals should NOT respond to the communication to acknowledge receipt or ask additional questions. This pilot program has no impact on the current FDNY notification protocols used to communicate with hospitals in close vicinity to an emergency incident. Those protocols remain the same.

The purpose of this document is to help NYC hospitals think through adjustments to their internal procedures that the pilot program may warrant.

## THE HOSPITAL EMERGENCY RADIO NETWORK

Since 1999, all 911-receiving hospitals in New York City have been connected to NYCEM's Watch Command via an 800-megahertz radio network. **The radio network serves as a communication mode of last resort for NYC hospitals, to be used only if all other forms of outgoing communication have failed.** During Hurricane Irene in 2011 and Hurricane Sandy in 2012, a handful of hospitals that lost power were able to maintain communication with response agencies via their emergency radios.

Depending on the facility, radios are typically kept within the Emergency Department, a security checkpoint, or within any appropriate area that is monitored 24/7. In order to maintain the radio network's functionality, Watch Command conducts periodic radio checks. The current monitoring program involves several unscheduled radio checks per week, with a monthly report provided to each participating hospital.

There have been previous instances when Watch Command has transmitted emergency incident information over the Hospital Emergency Radio Network, such as when US Airways Flight 1549 made an emergency landing in the Hudson River. This pilot program introduces a formalized protocol for the sharing of high-impact emergency incident information with NYC hospitals.



*GNYHA is a dynamic, constantly evolving center for health care advocacy and expertise, but our core mission—helping hospitals deliver the finest patient care in the most cost-effective way—never changes.*

## GNYHA/NYCEM HOSPITAL EMERGENCY RADIO SUBCOMMITTEE

In May 2015, Watch Command Director Ben Krakauer presented on the Hospital Emergency Radio Network at GNYHA's Emergency Preparedness Coordinating Council meeting. The idea was raised to transmit outgoing messages via the radio network to increase situational awareness for high-impact emergency events. In response, GNYHA and NYCEM formed a Hospital Emergency Radio Subcommittee.

The Subcommittee, which comprises representatives from several NYC hospitals, FDNY-EMS, and the Regional Emergency Medical Services Council of New York City (REMSCO), has met a total of three times. During these meetings, subcommittee members worked to define high-impact emergency events of potential consequence to hospitals, and examined current notification categories used by Watch Command as part of its All Call and Notify NYC e-mail-based programs. Given the availability of information through these other programs, subcommittee members felt it was important to reserve use of the radios exclusively for emergency incidents that may require an immediate change in a facility's level of preparedness, whether to a heightened level of monitoring or activation.

## FDNY 10-60 CODES

FDNY uses the 10-60 code for major response events, which triggers a series of actions that bring significant resources to bear to respond to and manage an incident. With the assistance of FDNY and Watch Command, the Subcommittee examined every 10-60 incident for 2015 to determine if any would warrant outgoing messages to hospitals. These incidents included building explosions/collapses, a crane collapse, a scaffolding collapse, and motor vehicles striking dwellings. Nearly all of the 10-60s produced multiple patients and garnered significant media attention. On average, there are eight to 12 10-60 events in a given calendar year.

Subcommittee members concluded that it would be beneficial to receive an official communication from Watch Command during such incidents. Even if a particular facility is unlikely to be impacted by the incident, the message would underscore the incident's seriousness and enable the facility to maintain heightened awareness, and be better positioned to answer questions from leadership. The outgoing messages would also enable potentially impacted facilities to more quickly activate their internal response plans and garner needed resources and staff.

The pilot program described in this document does NOT replace FDNY notification protocols used to communicate with hospitals in close vicinity to an emergency incident. Those protocols remain the same. Rather, the purpose of Watch Command messages is to increase overall situational awareness among NYC hospitals.

## MCI LEVELS

As of August 1, 2016, FDNY uses a four-level categorization system for MCIs. FDNY determines the MCI level based on the type and severity of the incident, and the potential number of patients. Use of these levels informs how FDNY responds and provides additional situational awareness to hospitals.

- **Level A (Moderate) MCI:** The vast majority of MCIs in NYC are classified as a Level A (Moderate MCI). This is a relatively static incident producing or with the potential to produce a small number of critical patients. *Examples of Level A MCIs: motor vehicle accident or residential fire with small numbers of potential patients.*
- **Level B (Significant) MCI:** This is a relatively static incident producing or with the potential to produce significant numbers of critical patients. *Examples of Level B MCIs: bus accident, small residential building explosion/collapse.*
- **Level C (Major) MCI:** This is a dynamic incident producing or with the potential to produce a substantial number of critical patients. *Examples of Level C MCIs: mass shooting, medium to large building explosion/collapse.*

- **Level D (Catastrophic MCI):** A catastrophic event will likely overwhelm the health care system. Hospitals will be expected to redirect all efforts to incident response. Rather than rely solely on a notification call from FDNY Emergency Dispatch for such an event, hospitals should instead rely on notification sources such as NYCEM Watch Command hospital radio transmittals, NYCEM All Call email notifications, and information from credible media outlets. All hospitals should prepare to receive patients. *Examples of Level D MCIs: World Trade Center attack, intentional release of poison gas in subway system.*

For more information about the above MCI levels, and new EMS-to-hospital protocols enacted on August 1, 2016, please review [EPN-23](#) (dated July 27, 2016).

### MCI LEVELS AND 10-60S

MCI Levels provide information about incident severity and potential numbers of patients, whereas the 10-60 code indicates an incident that requires significant FDNY resources. Some incidents that are deemed a 10-60 may produce very few patients, such as the January 2016 crane collapse. While incidents deemed a Level C or Level D MCI by FDNY (which are expected to be rare) may also be deemed a 10-60, events such as a mass shooting may not be deemed a 10-60. With these distinctions in mind, it is important that staff responsible for monitoring the hospital emergency radio listen carefully to transmittal messages to gain information about incident specifics that can inform an appropriate hospital response.

### SAMPLE MESSAGES

When an FDNY 10-60 code is transmitted, hospitals can anticipate receiving a series of related messages—an initial message, one or multiple update messages (depending on the length of the incident), and a final message. As with all emergencies, information is dynamic and could change significantly throughout the course of the incident.

Because FDNY operations can continue for several days, the messages provided to hospitals will mirror the actions of FDNY's Medical Branch, meaning that a final message will coincide with the de-escalation of on-scene medical activities.

Again, Watch Command messages are one-way communications. **Hospitals should NOT respond to the communication to acknowledge receipt or to ask additional questions.** If a hospital needs to communicate with Watch Command, hospital staff can call Watch Command at (718) 422-8700.

Below are sample messages a hospital could expect to receive during the course of a 10-60 incident. All transmissions will be preceded by 2-3 alert tones.

- **Initial Message:** "This is NYC Emergency Management Watch Command with an **initial** major incident notification. FDNY has transmitted a major incident response for <insert type of incident> at <insert incident location with borough>. <Add any additional relevant information.> Please continue to monitor your radio for additional information."
- **Update Message:** "This is NYC Emergency Management Watch Command with an **update** on the major incident at <insert location with borough>. Units on the scene are reporting <insert situation report and current patient count>. Please continue to monitor your radio for additional information."
- **Final Message:** "This is NYC Emergency Management Watch Command with a **final update** on the major incident at <insert location with borough>. <Insert final update.> This will be the last notification about this incident."

The radio transmissions are simply one mode of communication. Similar informational messages will be provided through the NYCEM All Call and Notify NYC programs. If an individual monitoring the emergency radio did not hear the entire message, he/she should refer to these e-mail-based communications for complete information.

## INTERNAL HOSPITAL PROCEDURES

**UPDATE:** The information below has been updated to include considerations for Level C and Level D MCIs.

With the launch of this pilot program in January 2016, NYC hospitals must ensure that appropriate communication and activation protocols are in place to responsibly receive and manage information about FDNY 10-60 or Level C-D MCI events received through the hospital emergency radio network. We encourage hospitals to review the questions below to determine if modifications to current protocols may be warranted.

### Monitoring of Hospital Emergency Radio

- Who within your institution currently monitors the Hospital Emergency Radio? Is the radio monitored 24 hours a day, 7 days a week?
- How will you train staff in that role to listen for 10-60 or Level C-D MCI notifications from NYCEM Watch Command?

### Acting on Information Received

- When a 10-60 or Level C-D MCI notification is received, what steps will staff monitoring the hospital emergency radio be expected to take? Is there a procedure for determining what actions should be taken? For example, if the 10-60 incident or Level C-D MCI is in the same borough as your facility, will he/she do something different than if it is in another borough? What will the procedure be for a neighboring borough? Does the procedure vary based on the size/scope of the incident?
- Are different actions taken by that staff person during business hours vs. at night and on weekends?
- If a staff change occurs while a 10-60 or Level C-D MCI event is ongoing, what will the handoff procedures be?

### Communication

- Will a 10-60 or Level C-D MCI notification warrant a communication to hospital leadership? Will communication be warranted only if the 10-60 or Level C-D MCI has occurred in the same borough or a neighboring borough of the facility?
- What will happen when a final notification for the incident is received from Watch Command?

### Activation Decisions

- How will appropriate staff (e.g., AOD, Emergency Managers) determine what actions need to be taken in response to the transmission of a 10-60 or Level C-D MCI notification?
- Will a 10-60 or Level C-D MCI notification alone trigger activation of the Hospital Incident Command System or will other information be required before such a decision is made?
- How will updates and final 10-60 or Level C-D MCI messages be integrated into activation and demobilization decisions?

## PILOT PROGRAM MONITORING AND EVALUATION

GNYHA will monitor this pilot program's implementation and, with NYCEM evaluate its effectiveness throughout 2016, to allow for needed adjustments on the part of Watch Command and hospitals. Monitoring and evaluation will be an ongoing process, with feedback collected from hospitals after each 10-60 or Level C-D MCI incident.

In order to evaluate hospital responses to the 10-60 or Level C-D MCI incident notification, GNYHA asks all hospitals to consider the following questions:

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- Did the person monitoring the radio in your facility receive the initial message and follow-up messages?
- Did the person monitoring the radio understand how to communicate the information he/she received to others in your facility?
- Did your facility take any preparedness actions based on the information received?
- If so, what actions?
- Was it clear to your facility when the incident was over?
- Will you be making any modifications to your internal procedures based on this 10-60 or Level C-D MCI incident?
- If so, what modifications?
- Do you have any suggestions for making the pilot program more effective?

Based on the feedback received throughout the year, at the end of 2016 NYCEM, GNYHA, and members of the Hospital Emergency Radio Subcommittee will discuss the merits of making the FDNY 10-60/Level C-D MCI Notification Protocol a permanent fixture of the Hospital Emergency Radio Program.

Thank you for your participation in this pilot program. If you have questions, thoughts, or feedback, please contact Jenna Mandel-Ricci, Vice President, Professional and Regulatory Affairs at GNYHA, at [jmandel-ricci@gnyha.org](mailto:jmandel-ricci@gnyha.org) or (212) 258-5314.