

Chapter 4

Establishing Emergency Communication Strategies

Cascading catastrophes such as Hurricane Katrina and the September 11, 2001, terrorist attacks underscore the need for effective communication during emergencies. Communication is fundamental to the business carried out by health care organizations on a day-to-day basis and becomes even more important during crisis situations. Effective communication both within the organization and with external agencies during an emergency helps to ensure the smooth implementation of emergency operations plans (EOPs).

The success or failure of an EOP is often determined by timely access to communication, ensuring the flow of critical information. More than just using the proper equipment, communication requires verbal and written interaction with staff and the community. This chapter, beginning with the Joint Commission requirements and expectations as detailed in Sidebar 4-1 (page 54), addresses the key components of communication during an emergency, one of the six critical areas of effective emergency management.

Emergency Communication Strategies

Though the standard focusing on reliable communications capability requires that organizations establish emergency communication strategies, the emphasis on communication as part of emergency management is not new with the creation of this standard. Rather, it broadens the requirements for effective communication to include ongoing communication with staff, the public, and the community. The standard also encourages organizations to strive for standardized com-

munication both internally and externally. Although The Joint Commission does not require organizations to use the National Incident Management System (NIMS), some type of system like the NIMS is encouraged to ensure standardized communication across the organization and the community. (More information about the NIMS and other incident command systems is found in Chapter 3.)

In any health care organization, internal communication patterns develop and change to fit the day-to-day needs of administration, management, and care. Health care organizations also need to communicate externally with staff and private physicians; other health care organizations; medical testing laboratories; medical examiners; public safety services, including emergency medical services (EMS); and the general public seeking medical care or information.

The challenges associated with communication during an emergency are similar to other emergency management challenges—emergencies are by their very nature unpredictable and so are their effects on health care organizations and the communities they serve. In the event that community infrastructure is damaged and/or an organization's power or facilities experience debilitation, communication pathways, whether dependent on fiber-optic cables, electricity, satellite, or other conduits, are likely to fail. A mere forecast of an emergency also could in itself overwhelm vital communication services such as cellular phone service. Despite the barriers to communication during an emergency, organizations

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Established Communications

Emergency communications procedures should be clearly defined, with an emphasis on coordination. These procedures should be a straightforward expansion of day-to-day procedures rather than a radical change in normal operating procedures.

Sidebar 4-1.

Applicable Emergency Management Standard

The organization establishes emergency communication strategies.

This standard requires the following:

- The organization plans for notifying staff when emergency response measures are initiated.
- The organization plans for ongoing communication of information and instructions to its staff once emergency response measures are initiated.
- The organization defines processes for notifying external authorities when emergency response measures are initiated.
- The organization plans for communicating with external authorities once emergency response measures are initiated.
- The organization plans for communicating with patients and their families during emergencies, including notification when patients are relocated to alternate care sites.
- The organization defines the circumstances and plans for communicating with the community and/or the media during emergencies.
- The organization plans for communicating with purveyors of essential supplies, services, and equipment once emergency measures are initiated.
- The organization plans for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area (for example, among health care organizations serving a town or borough) regarding the following:
 - Essential elements of their command structures and control centers for emergency response
 - Names and roles of individuals in their command structures and command center telephone numbers
 - Resources and assets that potentially could be shared in an emergency response
 - Names of patients and deceased individuals brought to their organizations in accordance with applicable law and regulation, when requested
- The organization defines the circumstances and plans for communicating information about patients to third parties (such as other health care organizations, the state health department, the police, the Federal Bureau of Investigation).
- The organization plans for communicating with identified alternate care sites.
- The organization establishes backup communication systems and technologies for the activities identified above.

must plan for ways to overcome these obstacles in order to fulfill their responsibilities to patients, staff, and the community as a whole (as described in Sidebar 4-2, page 55).

Communicating with Staff and External Authorities

Clear and effective communication is critical in implementing the organization's EOP. In the absence of clear and credible information, health care staff, patients and their families, and the community as a whole can become increasingly stressed as speculation abounds.

Notifying and communicating with staff are important to successful emergency management activities. An organization's EOP should provide processes for notifying staff when emergency response efforts are initiated. Telephone, fax, and pager numbers should be noted and updated on a regular basis to be

sure that necessary clinical, administrative, technical, and support staff can be reached initially and as the emergency progresses. For telephone numbers, the list should include office, home, and cell phone numbers. Knowing the best way to reach these individuals and maintaining a list of their next of kin helps to make this process go more smoothly.

Most organizations use a chain or pyramid format to communicate with staff in order to free valuable phone lines and staff resources necessary to carry out the EOP. Health care organizations also should consider having contingency plans to use radio or television stations to reach staff if telephone or cellular services are unavailable. For example, an organization's emergency management plan might include a process to notify the media whenever it is operating under special circumstances such as a winter storm warning or a flood warning.

Sidebar 4-2.**Communication Is Key**

Communication is probably the most important of the six critical issues that can profoundly impact the outcomes of an emergency. Communication is so important because without effective, continuous, and consistent communication, all the other areas of emergency management would be unmanageable. Emergency response must be communicated and coordinated with staff, patients, families, and the community, including community responders such as police, fire, and emergency operations. Effective communication is critical to a coordinated response.

“The (pre-2008) emergency management standards require organizations to monitor communications during an emergency management drill. Organizations should expand upon that point and focus not just on monitoring communication but also planning for it,” says John Fishbeck, associate director, Division of Standards and Survey Methods, The Joint Commission. Organizations should determine not only how they will communicate at the *beginning* of an emergency but how they will communicate *throughout* the emergency, given its changing dynamics. Also, the standard emphasizes the point that an organization should not just determine one method of communication to use during an emergency—such as walkie-talkies, cell phones, or satellite phones—but should prepare for backup methods of communication in case the primary method fails.

Source: Adapted from Joint Commission Resources: Preparing for a change in preparedness. *Environment of Care News* 10:5, May 2007.

BE PREPARED TIP**Old-Fashioned Communication**

In the age of instant communication through cellular phones, text messaging, and the Internet, it can be easy to overlook more old-fashioned methods for communicating. For example, having specific individuals designated to serve as messengers either within the organization or to the scene of an emergency, alternative care site, or community response center can ensure that critical information is relayed.

Staff members who hear the information would then call in for instructions about how and when to report to work.

Although some staff will come in spontaneously to lend assistance during an emergency, it is impossible to know how many will do so. Some staff might even be fearful of going to the organization if, for example, it has been involved in a bioterrorist incident or if there is a sense of lawlessness such as that seen in some parts of New Orleans after Hurricane Katrina.

For staff who are already at work, a public-address system can be used to make an organizationwide announcement that the EOP is going into effect. The announcement should also instruct designated on-duty staff to begin emergency preparations for their departments and to periodically report by a specified means to the organization's emergency management coordinator on the status of these preparations. A mobile paging system can be used to recall off-duty staff when the project-

BE PREPARED TIP**Telephone Numbers**

In addition to numbers for key staff, organizations should maintain a list of numbers of all of the departments in the organization, as well as pay phones and elevator phones.

ed number of patients is expected to overwhelm on-duty staff. More information about staff roles and responsibilities can be found in Chapter 7.

Ongoing communication during an emergency is just as important as the original notification. If telephone lines and/or wireless communication are working after an emergency, the organization could have mechanisms in place to provide periodic updates, such as a prearranged telephone chain, or e-mail,

voice mail, or fax messages. Written messages for staff could include using dry-erase boards set up at nursing stations throughout the facility or disseminating news bulletins. Organizations might also choose to set up several hotlines, including the following:

- One for family members looking for loved ones
- One for employees seeking information about the EOP activation
- One for medical personnel
- One for external authorities, vendors, or other stakeholders seeking updates

Having a protocol that details which mode of communication, including the various backup options, should be used during an emergency will eliminate confusion about how staff will receive emergency information. Not only should the communication modalities be predetermined, they should be interoperable and consistently used across the organization. Staff should be training to use the different types of communication equipment prior to an emergency.

The communications standard also addresses the need to communicate with external authorities in order to ensure a coordinated emergency management response. By notifying external authorities when emergency response measures are initiated and by planning for communication with external authorities, linkages can be put in place to manage and sustain operations. In other words, an organization's process for notifying external authorities of emergencies, including both internal and external events identified by the organization, is an important part of the EOP.

The incident commander should have a list that outlines the different types of organizations that must be contacted. The list might start with local entities, such as incident commanders at surrounding health care organizations, the fire department, police department, EMS, and the local health board. Next, the various local emergency management groups, such as the local emergency planning committee, county emergency operations center, community emergency response teams, citizens corps council, and/or area planning councils, could be notified. Organizations at the national level, such as the Centers for Disease Control and Prevention (CDC), the Environmental Protection Agency, and the National Guard, would be alerted next.

List of Key Internal Personnel

The incident commander should maintain an updated list of key staff members readily available in the event of an emergency. The list might include the following personnel:

- Hospital or long term care organization CEO
- Administrator on call
- Emergency department physician, chief (hospital)
- Administrative supervisor or house manager
- Director of security
- Chief nursing officer
- Director of engineering
- Director of infection control (hospital epidemiologist)
- Chief of microbiology/lab medical director
- Chief of medical staff
- Risk manager
- Public relations manager
- Information services/communications director
- Product resources director
- Director of pharmacy
- Chaplain/pastoral counselor
- Social services director
- Ethics officer

Source: Joint Commission Resources: *Are You Prepared? Hospital Emergency Management Guidebook*. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations, 2006.

For each entity, the list should contain an individual's name and instructions for how to contact him or her in an emergency. Consider mandating that key administrators, staff members, and marketing/communications personnel keep a copy of the emergency phone list at home and in their offices.

The CDC has devised a protocol for notifying local and state public health department leaders in the event of a bioterrorist incident. This tool can also be modified for use in the event of other types of emergencies. See Figure 4-1 (page 58).

Communicating with Patients, Families, and the Media

Dealing with people searching for their family members, with the media, and with those who do not need care but are worried can tie up scarce resources unless addressed as an integral component of emergency communication planning. Communication with

Staff Communication Difficulties

Communicating what is needed of staff can be difficult. First, the incident might not be recognized immediately as a large-scale emergency. For example, if the lights flicker and the hospital or long term care facility switches to emergency power, staff might wrongly assume that power has been restored to all areas. This is why it is important for an organization to have a way to inform staff that an emergency situation is occurring. Second, the organization might be operating on a “business as usual” plan when the internal emergency strikes. If the plan calls for staff to stop what they are doing and assume emergency-response tasks different from they are used to, the end result might be an uncoordinated response to the emergency situation. Staff need to know how to perform their daily routines to prevent an uncoordinated response.

the public during and following an emergency must be clear, credible, and consistent. This requires thorough planning in advance of any major occurrence. For example, organizations should think about issues such as the following:

- How do families and the community at large get news? Consider all of the available media outlets—radio, newspaper, television, and Internet-based options—and develop a list of contacts at each outlet.
- Are there any restrictions—either based on internal organization policies or applicable laws—on releasing information? Be sure to include these considerations in plans for emergency communication so that policies are followed even during emergencies.
- Is it possible to create templates for media advisories or news releases in advance? By using a fill-in-the-blank format, information can quickly be inserted and updated as conditions warrant, and the public can be kept informed.
- How will the release of information be coordinated with external agencies?
- Who will deliver information to the media and to the public? Designating a spokesperson—along with backups who can step in if the situation persists—allows the organization to communicate a consistent message.

One of the first steps to communicating with patients and their families under emergency conditions might be to establish a hotline that plays prerecorded messages that provide updates on the crisis while callers are placed on hold. Individuals staffing the organization’s phone lines should receive training on relaying information to callers. By establishing a hotline that plays updated, prerecorded messages about the emergency and how the organization is handling the emergency, valuable resources can be directed elsewhere. A similar hotline can also be established for employees seeking information.

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Communicating with Staff

Face-to-face communication with staff is an important part of responding to emergencies. To accomplish this type of communication, leaders can conduct personal rounds to all departments, provide standing-room-only briefing sessions, and hold routine update meetings with staff.

The prescribed messages could include self-care information for patients and descriptions of the steps the organization is taking to minimize risk to those being cared for at the facility. The messages could also explain the details of the emergency. For example, in the event of suspected anthrax contamination, the message could explain anthrax detection and treatment methods. This type of information could easily be obtained from organizations such as the CDC. Telephone operators should keep a list of phone numbers of other organizations to pass along to callers for further information. An example would be the toll-free Disaster Welfare Inquiry number of the American Red Cross, which can handle 50,000 phone calls per hour. When using information from external agencies or making referrals to external agencies, organizations should consider how to coordinate with these external agencies to deliver needed information to the public.

Organizations should also consider the need for fact sheets, brochures, and public service announcements to address the concerns of people who will physically go to the facility to obtain information. The same information can also be posted on the organization’s Web site.

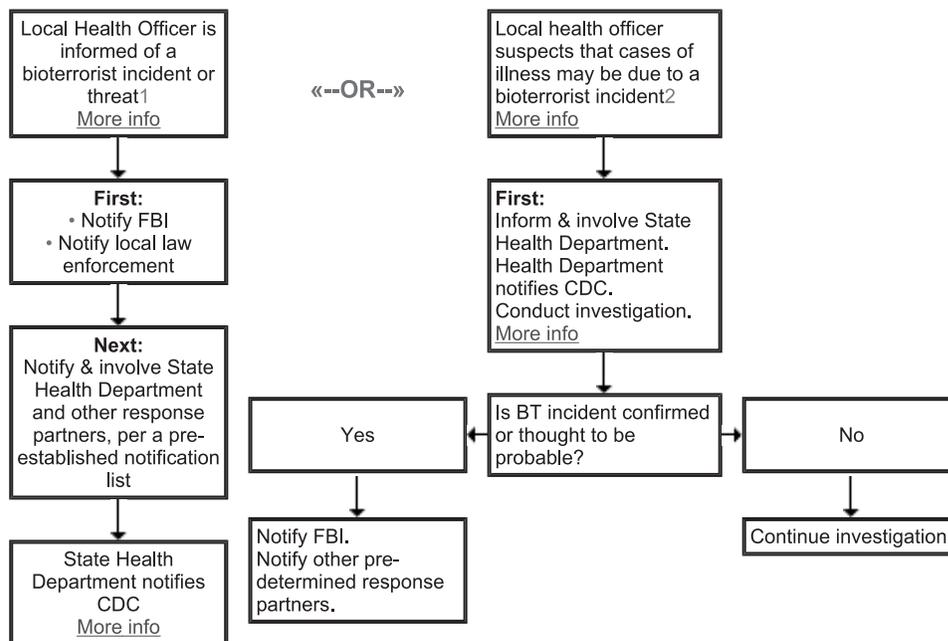
Figure 4-1. External Emergency Notification Procedures Recommended by the CDC

This page from the Centers for Disease Control and Prevention (CDC) Web site illustrates how the CDC instructs local and state public health department leaders to respond when informed of or suspecting a bioterrorist incident or threat.

[What to Do in an Emergency >](#)

Protocols: Interim Recommended Notification Procedures for Local and State Public Health Department Leaders in the Event of a Bioterrorist Incident

Background



Source: Centers for Disease Control and Prevention. <http://www.bt.cdc.gov/emcontact.Protocols.asp> (accessed Feb. 22, 2007).

Organizations might also choose to create an on-site family information center in which pastoral care workers, social workers, case managers, and other personnel can provide information and support for family and friends waiting for information on the condition of disaster victims. Fact sheets addressing topics from how to cope with emergencies to symptoms of post-traumatic stress disorder can be distributed at the information center.

Other family and media communication planning issues to consider include the following¹:

- Where will the public receive information regarding family members? Where will the media receive information regarding individuals receiving care in the facility?
- How will the public and media be directed to the area where information is provided?
- What information will be provided to family members? What information will be provided to the media?
- Who will provide information to family members? Who will provide information to the media?
- What provisions will be considered to effectively communicate with non-English-speaking individuals?

Sidebar 4-3.

One Country's Approach

Israel has an extensive structure for providing communication during an emergency that might be useful to study for ideas in establishing emergency communication strategies. Each Israeli hospital has an information center whose purpose is to provide reliable, accurate, and appropriate information during a national emergency. The center's functions include the following:

- Consolidating information regarding casualties admitted to the hospital
- Transmitting information regarding casualties to other information centers (regionally or locally) according to the need and situation
- Providing information to families
- Preparing family members for meetings with the injured person
- Providing psychological first aid to the family members of casualties
- Locating the family members of civilian casualties
- Providing information regarding unknown care recipients, including the collection of their photographs from different sites

The information center is staffed by the director of social services and includes a team of social workers, recorders, a computer expert, a physician, and security personnel. Signs direct people to the information center, which is located near the hospital entrance but is not adjacent to the casualty absorption area.

When a high-casualty incident occurs, the entrances to Israeli hospitals are closed off, to prevent the public from entering the care areas. "Consideration should be given to establishing a front information center to calm the public and conduct initial inquiries to identify relatives in the group and to regulate the public's entry to the main information center," notes the Israeli master plan. Personnel in the front information center locate the family members in the crowd and bring them into the hospital. Security forces help prevent people who have no need to enter the hospital area from entering it.

Information provided to family members by telephone from Israeli hospitals is limited to the fact that the family member is located at the hospital. No details are given about his or her condition until the family arrives at the hospital. Only a team consisting of a physician and a social worker provides notice to the family of a death. Information is conveyed to the media in Israel by the hospital spokesperson, the hospital director, or someone acting on his or her behalf.

Source: The *Israeli Master National Emergency Standard Operating Procedure for Hospitals* manual.

- What services will be offered to family members (for example, crisis/bereavement counseling, first aid)?
- What amenities will be offered to family members and the media (beverage/snack machines, public telephones, restrooms, and so forth)?
- What communications equipment is required?
- What staff are required?

Sidebar 4-3 (above) provides an example of the structure used in Israel to communicate with the public, family members, and the media.

Organizations should have a process in place for communication with news media, which can serve as a source of public education and community support. For example, the organi-

zation should consider designating a telephone line specifically for media requests and identify a spokesperson, such as an individual from the communications/marketing department (and an alternate for this person), to handle all media inquiries. If the designated spokesperson is a volunteer without any marketing or communications experience, then he or she should be given specific training on how to handle calls and inquiries from the media. A "news" or "advisory" page on an organization's Web site can also be used to offer information to the media.

Organizations should be prepared to provide information to the media on key topics such as the number of patients being received, the number of patients being treated, the types of injuries being treated, the number of patients that have been

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Establishing a Press Office

Maintaining or establishing a press office, staffed by designated individuals who know how to interact with the press and with local and regional health organizations, helps organizations be consistent in the information released.

released, and how patients that had been at the facility at the time of the emergency are being care for. In addition, organizations should identify a list of internal experts who can participate in press conferences and handle media questions. The contact information of these experts should be readily accessible. Other considerations include how to conduct regular press conferences, address rumors, and handle members of the media who come to the facility seeking information or an interview. Although updating the public with the latest information during an emergency is critical, it has to be done in a way that preserves patient safety and confidentiality per state and Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.

Answering the following questions will help organizations manage media relations during an emergency²:

- Has an area within the organization been designated for receiving the media?
- Is the receiving area for the media located a sufficient distance from the emergency department or where patients are being treated, the command post, and waiting areas for relatives, family, and friends?
- Does the area designated for the media have telephone and television access?
- Has a staff member(s) been designated to control and take care of the needs of the media?
- Has a spokesperson for the organization been identified?
- Do staff know how to route calls or inquiries from reporters?
- Has the designated spokesperson been provided with a set of key messages approved by organization leadership?
- Has a plan been created to guide the internal spokesperson's communications with emergency management agencies or other lead community agencies?
- Are procedures in place for handling requests for information from the media and updating that information?
- Are procedures in place for responding to requests from reporters that are received after business hours?

- Are procedures in place for responding to a reporter(s) who arrives at the facility?
- Are plans in place for how the organization's Web site can be used to disseminate information and for how that information will be updated on the Web site?

Communicating with Suppliers

The standard under discussion includes a new requirement that recognizes the importance of communicating with purveyors of essential supplies, services, and equipment when emergency measures are initiated. This requirement ties in with other emergency management standards that deal with strategies for managing resources and assets during emergencies, but it primarily emphasizes the need for communicating with those individuals and organizations that provide the resources necessary for the organization to operate. The process used to carry out this requirement could be similar to that for notifying external authorities. For example, the organization should identify in advance those that provide essential supplies such as medications or linens, services that range from utilities to contract employees, and equipment such as personal protective equipment or generators. The health care organization should maintain a list of these organizations or individuals that must be contacted. The list could start with the supplies, services, and equipment most critical to the type of emergency situation at hand or to immediate operations and then move to those that need to be contacted as the emergency continues. For each purveyor, the list should include the organization, the name of an individual to be contacted, and instructions for how to contact him or her in an emergency. A copy of the phone list should be kept in a designated place in the institution, and organizations might also wish to consider mandating that key personnel responsible for emergency management keep a copy of this list at home and in their offices.

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Periodic Updates

Ongoing communication during an emergency is important to keeping internal and external constituents informed. Periodic updates can be delivered using methods such as a telephone chain, a voice mail system for recording messages for staff, or a mass fax or e-mail blast. Another consideration is the importance of coordinating with local and external agencies for accomplishing ongoing communication.

Seven Cardinal Rules of Risk Communication

1. Accept and involve the public as a partner. Your goal is to produce an informed public, not to defuse public concerns.
2. Plan carefully and evaluate your efforts. Different goals, audiences, and media require different actions.
3. Listen to the public's specific concerns. People often care more about trust, credibility, competence, fairness, and empathy than about statistics and details.
4. Be honest, frank, and open. Trust and credibility are difficult to obtain; once lost, they are almost impossible to regain.
5. Work with other credible sources. Conflicts and disagreements among organizations make communication with the public much more difficult.
6. Meet the needs of the media. The media are usually more interested in politics than risk, simplicity than complexity, danger than safety.
7. Speak clearly, with compassion. Never let your efforts prevent your acknowledging the tragedy of an illness, injury, or death.

Source: Covello V., Allen F.: *Seven Cardinal Rules of Risk Communication*. Washington, D.C.: U.S. Environmental Protection Agency, Office of Policy Analysis, 1988.

Communicating with Other Health Care Organizations

The Joint Commission's emergency management standards emphasize the fact that no organization can operate alone as a "silo" during an emergency. Emergencies that occur in one community can impact surrounding communities because of the potential needs for supplies, alternative care sites, and/or additional staff to treat victims.

Several of the elements of performance (EPs) under the communication standard address this aspect of emergency management by requiring organizations to plan for communicating in a timely manner with other health care organizations that together provide services to a contiguous geographic area such as a town, borough, county, or region. Specifically, organizations must communicate regarding the following:

- Essential elements of their command structures and control centers for emergency response
- Names and roles of individuals in their command structures and command center telephone numbers
- Resources and assets that potentially could be shared in an emergency response
- Names of patients and deceased individuals brought to the organization in accordance with applicable laws and regulations, when requested

These requirements have been part of accreditation standards prior to January 1, 2008, and are part of emergency management fundamentals that build capacity and identify resources that could be used during a crisis. Meeting these requirements will be made much easier if an organization has involved the community in its emergency management planning from the

outset. As a starting point, consider the following leadership issues and questions for collaborating with proximate health care organizations:

- What health care organizations are geographically proximate (all types, whether offering similar services or not)?
- What proximate health care organizations offer similar services?
- What are the command structures of proximate health care organizations during an emergency?
- How will we communicate with proximate health care organizations?
- Who will be contacted at each organization?
- What similar resources (supplies, beds, staff, and so forth) might be shared or pooled in an emergency response?
- What might our organization be able to provide for proximate health care organizations?
- What might our organization need from each proximate health care organization?
- What in-kind or reciprocal agreements might we make with each organization?
- If patients must be evacuated from our organization, which neighboring organizations could receive transferred individuals?
- What supplies/vendors does each proximate organization rely on for materials that might be needed in an emergency?
- What backup plans do proximate organizations have for supplies in case of an emergency?
- How will information about the names of patients and deceased individuals brought to organizations be shared (per law and regulation)?

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Redundant Communications Encouraged

Provide redundant communication systems—cell phones, two-way radios, satellite phones, and so forth. Redundancy is a good idea because relying on only one system could leave an organization without communication options if the emergency knocks out that system.

When addressing these issues, it might make sense to begin with state hospital or nursing home associations for background information. For example, the Greater New York Hospital Association has compiled information about its members' emergency operations centers and key emergency personnel and capabilities.

Communicating with Alternative Care Sites

Communication capabilities with off-site facilities might be easier to address if, for example, the alternative care site is a government building, military facility, or a school. A closed health care facility, a tent, or a sports stadium, could pose more complex challenges. Regardless of where the alternative site is, organizations should consider how they will communicate about issues such as transportation, patient needs, staff, equipment, capacity, changing conditions, and other crucial information. In addition to traditional modes such as land-based telephones, faxes, and Internet access, organizations should consider more portable means such as two-way radios, cellular phones, satellite phones, wireless telephones, and so forth. Organizations might wish to develop a checklist to ensure that all communication issues are addressed.

Backup Communication Systems

When an emergency occurs, telephones and cell phones often fail and leave organizations without their usual means of communication. A contingency plan for backup of internal and external communication systems is crucial to ensuring that hospitals and long term care organizations can still communicate even in the face of the unexpected. Phone line options include maintaining a backup power source for internal phone switches, diversifying existing phone lines, and planning for the prioritized repair of existing phone lines. In addition, organizations should consider using satellite phones during emergencies, as these phones communicate using signals that are beamed to and from satellites, enabling them to continue to function when a natural disaster has damaged land lines or wireless telephone infrastructure. Table 4-1 (page 63) provides a list of communication equipment options.

Communications options aside from the telephone are the use of a public-address system and/or closed-circuit television system. Organizations might also use an alarm system that signifies when the facility is in an emergency-response mode. Any of these options could be followed up with messages on the organization's Web site and e-mails to all staff and employees.

Other methods for communication include wireless e-mail devices, such as personal digital assistants, 800 MHz radios, ham radios, and walkie-talkies. If possible, several radio transmitter/receivers should be equipped to operate on multiple frequencies, with dedicated channels in place.

The Radio Amateur Civil Emergency Service, which is regulated by the Federal Communications Commission, is a group of amateur radio operators who can be dispatched in times of emergency. Hospitals and long term care organizations might consider establishing contact with local ham radio operators who might be willing to volunteer their services during an emergency.

In addition, training appropriate staff to repair nonfunctioning communication equipment can help get the facility back on the communication track following an emergency. Because radio and microwave systems can be damaged, organizations should have available replacement supplies of antennas, coaxial cable, and other hardware that is susceptible to damage. Make sure that telephone lines coming into the communication center are buried, clearly marked, and protected from incurring possible damage.

BE PREPARED TIP

Telephone Line Locations

Keeping written records available for quick reference of telephone line locations will enable staff to easily locate broken equipment.

Table 4-1. Communications Equipment

Radio Equipment	Wire line	Combination
Two-way radio	Telephone	Cellular telephone
Pagers	Fax machine	Satellite telephone
Broadcast radio	Computer modem	
Television	Public-address system	
Satellite	Organization intercom	

Source: Joint Commission Resources: *Guide to Emergency Management Planning in Health Care*. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations, 2002.

Table 4-2. Communicating During Emergencies

Maintain an updated list of key staff members. Be sure to include the following personnel and their contact information:

- Chief executive officer
- Administrator on call
- Emergency department physician, chief (hospital)
- Administrative supervisor or house manager
- Director of security
- Chief nursing officer
- Director of engineering
- Director of infection control (hospital epidemiologist)
- Chief of microbiology/lab medical director
- Chief of medical staff
- Risk manager
- Public relations manager
- Information services/communications director
- Product resources director
- Director of pharmacy
- Chaplain/pastoral counselor
- Social services director
- Ethics officer

Identify a backup communication system. Organizations can use wireless e-mail devices, satellite phones, 800 MHz radios, ham radios, walkie-talkies, or a messenger system. Consider also creating plans to avoid overloading normal communication systems and maintaining the supplies needed to fix broken communication systems.

Notify external authorities of emergencies. Prepare a list of local and national authorities, as well as their contact information.

- Locally: Fire department, police department, emergency medical services, pharmacies, utility companies, essential vendors, blood banks, the local health board, city and county emergency operations center, community emergency response teams, citizen corps councils, and area planning councils
- Nationally: The Centers for Disease Control and Prevention, the Environmental Protection Agency, the National Guard, and the American Red Cross

Communicate with the news media. Identify a spokesperson as well as a list of experts who can participate in press conferences and handle media questions. Make sure staff members know where to route calls or other inquiries from reporters.

Communicate with patients and families. Establish a hotline specifically for patients and their families that can play prerecorded messages about the status of the crisis and what the organization is doing to reduce the risk of harm to patients.

Source: Joint Commission Resources: *Are You Prepared? Hospital Emergency Management Guidebook*. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations, 2006.

Yet another process that can be used to aid effective communication during emergencies and serve as a backup is a system used within the United Kingdom called Access Overload Control, whereby major mobile telephone companies reserve exclusive use of available channels for emergency services and local authorities at disaster scenes. This system allows calls to

be made without being interrupted when radio/telephone networks are overloaded.

Table 4-2 (above) provides strategies for communicating during emergency situations.

CASE EXAMPLE:

A HOSPITAL'S EMERGENCY RESPONSE TO THE VIRGINIA TECH SHOOTING

It promised to be a typical Monday morning at Montgomery Regional Hospital, a 146-bed general acute care and Level III trauma center located in Blacksburg, Virginia. A full complement of staff was scheduled to handle the day's variety of procedures. But early that morning, tragedy struck, and in a matter of hours, the day went from typical to unforgettable.

At approximately 7:30 A.M., two students were brought into the hospital after having been shot four miles away on the campus of Virginia Tech. One student was dead on arrival, and the other died shortly after. As the emergency department (ED) staff recovered from the shock of the first two shootings, a message came over the ED scanner notifying the hospital of an extensive, multiple-victim shooting at the university. Montgomery Regional Hospital jumped into action.

The following case example examines several aspects of how the organization coped with the emergency, including challenges related to communication.

Activating the Emergency Management Plan

"Our first step was to call a Code Green, our disaster code, over the public-address system to notify the staff there was an emergency," says Scott Hill, chief executive officer. "We also activated our call tree, which is used to call extra personnel into the facility." The hospital also activated its incident command system, as well as other aspects of its emergency management (EM) plan. Hill assumed his role as the incident commander, while Loressa Cole, chief nursing officer, immediately went to the ED and stepped into her role as operations commander.

Preparing for the Mass Influx of Patients

"At the time of the shootings, several patients were already in the ED," says Cole. "We quickly evaluated those patients to determine who we could discharge immediately and who needed to be moved out of the ED for treatment elsewhere in the hospital." Cole directed all nursing directors to report to the ED to help with discharging and relocating patients.

The hospital has a 25-bed ambulatory surgery department located adjacent to the ED. According to the hospital's EM plan, this unit can be used to treat trauma victims during an emergency. The hospital canceled all elective surgeries scheduled for that day in the unit and discharged patients waiting for surgery. "Within minutes, we had freed up our 16-bed ED and our 25-bed ambulatory surgery center, with the exception of a few patients who could not be discharged or moved elsewhere," says Cole. During this time, Cole also assessed the hospital's critical care department to determine the number of available beds for trauma victims as well as the status of the hospital's operating rooms (ORs). "Four ORs had surgeries under way, but they were able to complete within 30 minutes, freeing up not only the rooms but the surgical staff as well," says Cole. "Three general surgeons, one ear-nose-and-throat surgeon, and two orthopedic surgeons were available to assist in the emergency. As a result of the call tree, additional critical care and ED nursing staff came in, as well as several staff members who came of their own accord when they heard about the shooting on the news."

Before patients began arriving on site, the ED staff was in constant communication with the first responders to the scene. "The communication with the first responders was outstanding. Before a patient arrived on site, we knew he or she was coming, the level at which he or she was triaged, and his or her identified treatment needs," says Hill. That day, the hospital treated 15 more victims from Virginia Tech in addition to the original 2.

(continued)

Case Example: A Hospital's Emergency Response to the Virginia Tech Shooting, *continued***Managing the Media**

One particular aspect of security that proved challenging was managing the media. “Media were present from all over the world,” says Charlie Smith, director of plan operations and security. “By locking down the facility and controlling access, we were able to contain the media in one designated area of our parking lot.” Several Montgomery staff members were assigned to providing regular updates to the media, including issuing regular press releases.

Overcoming Challenges

One of the biggest challenges faced during the incident was communication. “Every director in the hospital uses a cell phone to communicate. Because of the nature of this incident and the need for students, police, families, and so forth to use their cell phones, the lines got bogged down, and it was difficult to maintain a connection,” says Hill. “We are examining the possibility of using ham radios during future emergencies to prevent this issue from happening again.”

The hospital also had to communicate in an efficient yet compassionate way with parents and family members of the victims. “Many parents called and arrived on site looking for their children,” says Cole. “We quickly realized we needed a list of all the shooting incident patients at our site as well as those at nearby hospitals. By quickly referencing this list, I was able to tell a parent whether his or her child was being treated at a medical facility. If his or her child was not on the list, I referred the parents back to Virginia Tech for more information. Those were not easy conversations to have,” he recalls. “But by having a process to follow, communication was streamlined, and we were able to provide as much information as we had at the time.”

Working with the Community

Montgomery Regional was not the only hospital that treated victims that fateful day. Other area hospitals, including Carilion New River Valley Medical Center in Radford, Carilion Roanoke Memorial Hospital in Roanoke, and Lewis-Gale Medical Center in Salem, also treated victims. “Everyone really pulled together to respond to the incident,” says Hill.

Montgomery Regional was prepared for a communitywide response. “We perform regional disaster planning, which includes all the region’s hospitals, emergency medical technicians, police and fire departments, and even Virginia Tech’s police department and rescue squad. Consequently, we had relationships in place before the event, which allowed us to have a coordinated and effective response,” says Hill.

Addressing Security Issues

The emergency created several security issues that Montgomery Regional Hospital had to address. “Our organization typically has one security officer on duty during the day. After the first shooting, this officer came to the emergency department, locked down the department, and manned the area,” says Smith. “After we heard about the multiple victims on the ED scanner, we activated the security portion of the EM plan, which calls for members of our maintenance department to back up security. With this backup in place, we had six more individuals responsible for security.”

The hospital needed to quickly control access to and from the facility because of the large volume of media, parents, and friends of victims coming to the hospital. “We locked down the facility, including the doors. Only the main lobby door remained open. We also posted security personnel at each door to reroute people to the main lobby door, where identification was checked.” The organization kept the facility locked down for seven days after the incident to ensure security for patients and staff.

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Case Example: A Hospital's Emergency Response to the Virginia Tech Shooting, *continued*

Addressing the Needs of Staff

“Shootings don’t happen often in this town, and certainly not shootings of this magnitude,” says Hill. “Even the first two shootings of the morning were traumatic for the staff, not to mention the entire incident.” To provide immediate support for staff, the hospital relied on volunteer chaplains and other resources. The organization’s contracted employee assistance program also provided counselors on site that day. “We made the counselors available to anyone who asked for help, including hospital staff, medics, patients, and friends and family members,” says Hill.

Health care organizations across the country also reached out to help the staff at Montgomery Regional. “It was amazing the volume of e-mails, letters, phone calls, and flowers we received from individuals and organizations throughout the country, offering their support and encouragement,” says Hill. “This outpouring of support also helped staff members cope with the event and its residual effects.”

Lessons Learned

Although the hospital was effective in its response to the event, there are ways to improve. “We plan on doing an internal debriefing, as well as a regional one,” says Hill. The governor of Virginia also called together a commission to further examine the event and how response efforts could be improved.

Source: Reprinted from Joint Commission Resources: Addressing a tragedy. *Environment of Care News* 10:8, Aug. 2007.

CASE EXAMPLE: EXPERIENCES WITH EMERGENCY COMMUNICATIONS

Hospitals participating in TOPOFF2—a large-scale bioterrorism drill led by the U.S. Department of Homeland Security in 2003 that simulated the detonation of a “dirty bomb” in Seattle and the release of a plague virus in Chicago—experienced several communication problems.¹ Among them were nonfunctioning walkie-talkies due to dead spots and unread e-mail messages from public health officials because staff were too busy “on the floor.” Contingency plans included installing extra phones and new radio repeaters to cure dead spots, designating a staff person to monitor all incoming e-mail, and runners to carry messages to staff.

When the phones at Harborview Medical Center in Seattle failed due to being overburdened following an earthquake in 2001, administrators quickly addressed the problem. They broadcast a general page asking staff, employees, patients, and visitors to get off the phone unless they had an emergency reason, aside from the earthquake, for using it.² The 351-bed institution considered instituting a policy that when a Code Delta—the organization’s disaster code—is called, nobody would be allowed to use the phone except for emergency hospital business, for at least 15 minutes. Afterward, department managers would designate one phone in the department for outside calls, and individuals would have to take turns using it.

Bellevue Hospital Center in New York City equipped its command post with 18 telephone lines, a computer, cable television, two-way radios, a copy machine, and a full staff, all of which played a role in maintaining both internal and external communications in the wake of September 11, 2001. Other communication tools used by city hospitals during and following the emergency included ham radios, combination call and two-way telephones, broadcast fax, and e-mail.

References

1. Rusting R.R.: Natural disasters: Responding to the unexpected. *J Healthc Prot Manage* 20(2):11–24, 2004.
2. Briggs S.M., Brinsfield K.H.: *Advanced Disaster Medical Response Manual for Providers*. Boston: Harvard Medical International Trauma & Disaster Institute, 2003, p. 35.

Source: Joint Commission Resources: *Are You Prepared? Hospital Emergency Management Guidebook*. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations, 2006, p. 62.

CASE EXAMPLE:

HOMELAND SECURITY EXERCISE SHOWS IMPORTANCE OF COMMUNICATION

In 2005 Hartford Hospital, located in Hartford, Connecticut, participated in the TOPOFF3 Full-Scale Exercise developed by the U.S. Department of Homeland Security to strengthen the nation's ability to prevent, prepare for, respond to, and recover from attacks involving weapons of mass destruction or from a natural catastrophe.

As part of the exercise, Hartford Hospital responded to a terrorist release of a chemical agent, testing its ability to manage casualties from this incident and its ability to plan and implement a recovery process. Hartford Hospital responded to the simulated attacks by activating internal emergency response plans, performing decontamination procedures, and collaborating in an emergency operations center to make necessary operational decisions.

After their organization's involvement in the exercise, Sandra C. Brown, bioterrorism program manager in the hospital's Department of Trauma Emergency Medicine, and Dr. Lenworth Jacobs, director of trauma and emergency medicine offer the following communication-related advice to other organizations.

Good Communication Among Staff Members Is Essential

In exercises, as well as in actual emergencies, it is crucial that the hospital staff has effective means for communicating key information. For instance, it is important that enough radios are available for the security department and that there is interoperability of the means of communication when many different entities are collaborating on any event. Organizations need to have a plan for how their staff will communicate during an emergency and what the primary means of communication will be. If certain staff members in the field do not have access to a particular mode of communication, such as a Web site used to send messages to staff, the secondary mode of communication, such as radio contact, needs to be planned out in advance to ensure that all staff members can be reached.

Organizations should also ensure that their internal communications systems are adequate to deal with a large-scale emergency. It is important for caregivers who are triaging and decontaminating patients outside the organization to have a way to communicate with caregivers inside the organization. Hartford Hospital used a portable internal communications system for this purpose.

One of the means of communication used by Hartford Hospital during the exercise was satellite phones that were provided to all hospitals for this exercise by the state. These telephones, which served as a secondary mode of communication for the staff at Hartford Hospital, had the benefit of providing communications abilities to the hospital if the regular phone lines failed. Satellite phones should be used with guidelines that dictate how many organizations will use them at once, because they can be overloaded by too many organizations using them simultaneously.

Another insight from Hartford Hospital is that communication should be as precise as possible at all times. For instance, rather than asking the nursing unit if it can take 20 patients, it is more time-efficient to tell the unit how many patients are arriving so that it can prepare for them.

In addition, in a large hospital, it is important to have people on staff to serve as message runners. Having effective communication procedures between the emergency department and the pharmacy is also crucial during an emergency. It is important to know how to access medications and who can access the medications (including which staff members can serve as stand-ins to access medications when other staff members are not available).

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Case Example: Homeland Security Exercise Shows Importance of Communication, *continued*

Ensure that the public information officer has access to a medical expert. Although hospitals generally have spokespeople who provide information to the media, the public has a desire to hear from a medical expert. If such a person is available and ready to answer questions, he or she can be very helpful in assisting the public information officer in press briefings.

Source: Adapted from Joint Commission Resources: *Are You Prepared? Hospital Emergency Management Guidebook*. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations, 2006, pp. 142–146.

For Additional Assistance

Information about communications is available from a number of sources.

The Office of Public Affairs of the U.S. Department of Health and Human Services (HHS) and other HHS agencies have developed messages and other resources for use during a response to an emergency. For those new to communicating in a crisis, basic educational materials regarding crisis communication are also provided. Among the topics are the following:

- *Communicating in the First Hours*
- *Initial Communication with the Public During a Potential Terrorism Event*
- *Terrorism and Other Public Health Emergencies: a Reference Guide for Media*
- *Public Health Emergency Response: a Guide for Leaders and Responders*
- *Communicating in a Crisis: Risk Communications Guidelines for Public Officials*
- *Emergency Risk Communications*

The materials can be accessed at <http://www.hhs.gov/disasters/press/newsroom/communication/index.html>.

Organizations such as the American Red Cross, <http://www.redcross.org>, and the Federal Emergency Management Agency, <http://www.fema.gov>, also have emergency preparedness print advertisements, guides, educational materials, and fact sheets available that might be useful for communicating during an emergency.

References

1. Joint Commission Resources: *Guide to Emergency Management Planning in Health Care*. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations, 2002.
2. Joint Commission Resources: *Are You Prepared? Hospital Emergency Management Guidebook*. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations, 2006.

