Maryland Region V
Emergency Preparedness Coalition
Communications and Information Sharing Plan

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Contents

Purpose

This plan was created to guide Region V's communication and information sharing efforts during a regional response to a disaster or large-scale event. The plan contains a detailed description of communication mechanisms that Region V can use during regional responses. It also describes the concept of operations for the Region's Medical Coordinator Center (MCC). During a regional response to a disaster or large-scale event, the MCC, led by a Lead Coordinator, is responsible for:

- Establishing and maintaining regional communications;
- Keeping communication partners informed by delivering periodic briefings; and
- Facilitating regional discussions and decision making.

This plan includes appendices which show what alerts the MCC should watch, what actions the MCC should take during an event, and what communication mechanisms are available to the Coalition Partners. This plan should be considered a living document, and should be tested and revised as necessary.

Communication partners

What appears below is a list of communications partners that could be part of a regional response effort. For each partner as brief description of their role in a regional response is provided.

Coalition Members

The Region V Coalition Membership consists of representatives from healthcare facilities and related agencies in the region. The Membership list is available upon request from the Coalition Chair.

NOTE: Not all of the parties described below are members of the Coalition – the parties that are not part of the Coalition are expected to play some role during a regional response in Region V. These parties will be referred to as "communication partners", while members of the Coalition will be referred to as "members" in this plan.

State Facilities

The state agencies that will assist in responding to a regional event in Region V include the Maryland Department of Health & Mental Hygiene (DHMH), Maryland Institute for Emergency Medical Services Systems (MIEMSS), and the Maryland Emergency Management Agency (MEMA). Maryland DHMH will coordinate efforts among local health departments and healthcare facilities during regional events. DHMH is the contact point for access to the Strategic National Stockpile. The Maryland Institute for Emergency Medical Services Systems (MIEMSS) coordinates emergency medical services planning and response. It provides 24-hour communication capabilities between ambulances and hospitals and tracks the status of hospitals and related facilities. The Maryland Emergency Management Agency (MEMA) leads the State Emergency Operations Center (SEOC) during large-scale events. MEMA will also coordinate statewide communications through its Joint Operations Center (JOC).

State facilities are responsible for regular communication with DHMH and, with assistance from the Region V Hospital Preparedness Program (HPP) Coordinator (a DHMH employee who assists with emergency preparedness and response, described below), are accountable for regularly testing their redundant communication equipment.

Local Health Departments

Local health departments work with DHMH to disseminate event-specific health information to healthcare facilities and specific directions and emergency messaging to the public. The departments communicate with hospitals through the Maryland Health Alert Network (MDHAN, described below) and coordinate public information through the Joint Information Center (JIC). Furthermore, the departments ensure county testing of redundant communication systems.

County Offices of Emergency Management (OEMs)

County Offices of Emergency Management (OEMs) report events to MEMA, determine medical and non-medical resource availability, and coordinate with public and private facilities to distribute and allocate resources. OEMs identify additional resources to support communications when needed.

Acute Care Hospitals

Acute care hospitals notify OEMs of potential medical surge situations and the current availability of hospitals resources. During events, hospitals maintain ongoing communication with OEMs and the Medical Coordination Center (MCC, the regional communication coordinator, described below). Hospitals, with assistance from the Region V HPP Coordinator, are responsible for the ongoing testing of redundant communications equipment.

The Hospital Preparedness Program (HPP) Coordinator

The Hospital Preparedness Program (HPP) seeks to ensure that United States healthcare systems have the capacities and capabilities to respond to and recover from natural and man-made public health events. Within DHMH, the Office of Preparedness and Response (OP&R) is responsible for the oversight and management of the HPP to ensure the emergency preparedness resiliency of Maryland healthcare systems.

The HPP Regional Coordinator assists OP&R in emergency response efforts by serving on the OP&R Emergency Response Team during all drills, exercises and real world emergency events, performing duties as assigned. The HPP Regional Coordinator may work at a designated Emergency Operations Center (EOC) during an event.

Federally Qualified Health Centers (FQHCs)

Federally Qualified Health Centers (FQHCs) serve Medically Underserved Areas and receive grants under Section 330 of the Public Health Service Act. FQHCs should regularly communicate with DHMH and, with assistance from DHMH and the Region V HPP Coordinator, are responsible for regularly testing their redundant communications equipment.

Statewide Coordination

If an event evolves beyond the regional level, the SEOC will be activated. In this situation, local health departments and the MCC will remain the primary contact point for local healthcare facilities. As needed, local EOCs will work with the SEOC to fulfill resource requests.

During a large-scale event, or declared emergency, the Statewide Communications Interoperability Coordinator (SWIC) will work with Maryland Emergency Management Agency's Joint Operations Center (MJOC) to coordinate communications efforts.

Communication mechanisms organized by tiers

Tier 1

Tier 1 communication mechanisms are the **first** line of communication during normal and emergency operations because they are the most familiar, frequently used, systems. Tier 1 systems are not "hardened" to withstand catastrophic events, and most of them rely on commercially available communications networks, protocols, and devices. While reliable enough for day-to-day use, these systems are simply not designed to operate in extreme conditions like those that can follow a large scale emergency event. Even when Tier 1 systems do not fail it may be necessary to switch to second or third tier systems to reduce congestion or overloading.

Landline Phones

Use

- Voice Communications

Administration

Landline phones are a main form of day-to-day routine communication by and between Region V members. Each member organization is responsible for the operation of its own landline phones. Traditional landline copper wire phone systems with corded receivers will function during a power outage if a backup battery is in place. Modern phone systems, Voice over Internet Protocol (VoIP) systems, while more capable, are less reliable. Commercial landline phone systems are not public-safety grade. This means that landline phones are likely to fail during large-scale events and disasters.

Pros: User-friendly, widely available, landlines that are corded and use copper wire are generally self-powered so if power goes out and there is a backup battery in place a landline is still functional

Cons: Likely to fail or become congested during large-scale events – if the power goes out and there is no backup battery, most landline phones no longer functional

Cellular devices

Uses

- Voice Communications
- Data Communications

Administration

Cellular devices are a main form of day-to-day routine communication by and between Region V members. Each member organization is responsible for the operation of its own cellular devices. Cellular devices can still function when the power fails (at least initially), and many devices provide access to email and the internet, which can be accessible even when the power is out. These devices, however, rely on commercial networks that are not public-safety grade. This means that the cellular networks on which these devices depend are likely to fail during large-scale events and disasters.

Pros: Text messaging capability (and email capability on many) – texts and emails can sometimes go through when calls cannot; does not initially require working outlets to function if device is already charged; many can access the internet

Cons: Eventually need to be charged from an electric source to function; Cellular networks are likely to fail or become congested during large-scale events.

Email

Uses

- One-on-One data and information sharing
- Distribution list capabilities

Administration

Email is a main form of day-to-day routine communication by and between Region V members. Each member organization is responsible for the operation of its own email system. Email allows members and communication partners to easily reach out to all members of the group at once, such as through a distribution list, while also providing for more individualized discussion. Email relies on commercial networks that are not public-safety grade. This means that email is likely to fail during large-scale events and disasters.

A dedicate email address has been established for the Medical Coordination Center (see more in following section). This email address is administered by DHMH, and can be used to communication with the MCC while it is activated. A list of Coalition email addresses is maintained by the Coalition Chair.

Pros: Can reach many people at once; generally functions better than phone calls during emergencies; easily accessible

Cons: Requires Internet access

State of Maryland Google Documents

Uses

- File Sharing
- Collaborative Drafting and Editing

Administration

DHMH maintains many of their files through Google Documents (Google Docs), which is an Internet file-sharing and document collaboration service. The platform allows those with an '@maryland.gov' email address to share files through Google Docs as well as edit documents collaboratively. Internet access is necessary for Google Docs to function.

A dedicate Google Documents account has been established for the Medical Coordination Center (see more in following section). This WebEx account is administered by DHMH, and can be used to communication with the MCC while it is activated.

Pros: Decreases complexity; very efficient way to collaborate on documents and share files; more secure than many other mechanisms

Cons: Only available for those on the maryland.gov domain; requires internet access to function

Web-Ex

Uses

- Video and Traditional Conference Calls
- Screen-sharing

- Chat capability

Administration

Web-Ex is an online platform that facilitates online meetings and document sharing. Via Web-Ex, users can hold video or traditional conference calls, as well as engage in chatroom discussions. Documents and general messages can also be displayed on Web-Ex for users to view.

A dedicate WebEx account has been established for the Medical Coordination Center (see more in following section). This WebEx account is administered by DHMH, and can be used to communication with the MCC while it is activated.

Pros: Provides screen sharing, video/phone conference capabilities; more secure than some mechanisms

Cons: Requires internet access; requires login credentials

Web Emergency Operations Center (Web-EOC)

Uses

- Information Sharing with EOCs
- Resource and Mutual Aid Requests

Administration

"Web-EOC" is software designed to bring real-time crisis information before, during, and after an event to the Maryland SEOC, as well as to other local, state and federal EOCs. The system acts as a single access point for the collection and dissemination of event-related information and provides a variety of options for documentation sharing. This system is to be monitored during any event as it provides real-time information needed to all groups with access.

Independent copies of Web-EOC are purchased and maintained by individual agencies (typically by the local departments of emergency management, among others). **Some, but not all**, of these individual Web-EOC instances are networked for cross-agency communications. **Some, but not all**, of the Region V members have access to their respective county's implementation of Web-EOC, along with training regarding Web-EOC request procedures. This software can be a powerful tool, as long as those who need to use it have the proper level of access and training. That said, previous exercises have shown that within Region V, the effective use of Web-EOC remains a real challenge.

Pros: Both a communication platform and an alert system; more secure than some forms of communication because it requires login; used in many emergency operations centers

Cons: Web-EOC systems are not interoperable across the region; Web-EOC is not in use across all of the region

Maryland Emergency Medical Resources Alert Database (MEMRAD)

Uses

- Event Alerts and Notifications
- Bed Availability and Patient Tracking
- Resource Request Tracking

Administration

MEMRAD is a platform that consolidates the County/Hospital Alert Tracking System (CHATS), the County/Hospital Request System (CHRS), and the Facility Resources Emergency Database (FRED) into a single system. The current web interface being used is HC Standard, which allows users to view and acknowledge FRED alert messages and provides the information requested using a standard web browser. MEMRAD is administered by MIEMSS.

Pros: Specially designed system that is tailored to tracking resources, participants will be using this system during an event so it is a good way to get an alert seen

Cons: Requires Internet access; Is a narrowly tailored system that is not a good fit for general communications

Maryland Health Alert Network (MDHAN)

Uses

- Emergency Notifications
- Information sharing

Administration

DHMH operates the Maryland Health Alert Network (MDHAN) – a secure communication system capable of rapid distribution of health alerts and important documents, as well as collaboration within and between agencies throughout Maryland. MDHAN utilizes multiple formats to deliver notifications, which include email, phone, fax, and text messaging.

Pros: Familiar form of communicating public health updates; secure

Cons: Not easily accessible – requires login credentials, may not be appropriate for non-public health bulletins and updates

Regional Incident Communication and Coordination System (RICCS)

Use

- Information sharing inside the NCR

Administration

The Regional Incident Communication and Coordination System (RICCS) is a 24/7 system that helps officials communicate during emergencies. The system, used daily, has about 1,500 users in more than 50 groups and delivers more than 1,600 messages per year. Metropolitan Washington Council of Governments (MWCOG) owns and maintains this system. MWCOG staff oversees its operation, maintains group lists, trains users, organizes regional calls, and serves as a backup host center. MWCOG staff also manages the NCR Ops Center Coordination Group, which uses RICCS and other platforms to unify local, state, and federal operations centers. Additionally, staff supports regional communication by creating specific homeland security content on other web properties.

Tier 2

Day-to-day commercial communication systems like those in Tier 1 can fail during emergency events. Power outages, network congestion, and other issues can result in a loss of Tier 1 system connectivity. Tier 2 systems are a **second** line of communications during normal and/or emergency operations. These systems are day-to-day communication systems that have been hardened to operate when and where normal systems might fail or become unreliable.

Digital Emergency Medical Services Telephone (DEMSTEL)

Use

- Voice Communications

Administration

Maryland Institute of Emergency Medical Services Systems (MIEMSS) operates the Digital Emergency Medical Services Telephone (DEMSTEL) - a Voice over Internet Protocol (VoIP) communications tool which maintains microwave connectivity between critical facilities such as hospitals, health departments, and 9-1-1 call centers even when primary telephone and radio networks become inoperable.

Pros: More resilient than traditional phone lines; widely-available at most state and local response partner locations

Cons: Relies on microwave connectivity that can be interrupted with low-cloud cover (even dense fog)

Land Mobile Emergency Communication (700-800MHz) Radios

Use

- Voice Communications

Administration

Land mobile radio (LMR) systems (typically operating in the 700-800 MHz radio range) allow a wide range of responders to communicate from point-to-point, and within "talk groups" that allow for interagency communication between local jurisdictions and emergency response organizations (police/fire/EMS). Local LMR systems can be connected to the statewide "Maryland First" LMR system used by state agencies, allowing for cross-jurisdictional and statewide communications. Local LMR systems are typically administered by local departments of emergency services.

The Statewide Communications Interoperability Coordinator (SWIC) will work with Maryland Emergency Management Agency's Joint Operations Center (MJOC) to coordinate statewide LMR communications efforts - including creating any regional talk-groups or patches that may be needed to communicate across the various county and state LMR systems.

Pros: Highly reliable ("public safety grade"); great for communication with responders in the field (police/fire/EMS, onsite incident command).

Cons: Dedicated talk-groups may be needed to coordinate regional communications; handheld radios are not user-friendly, operator training is required.

Tier 3

Tier 3 communications systems are a **third** line of communications to use if Tier 1 and Tier 2 systems have failed. Tier 1 and Tier 2 failure is unlikely to occur, but is possible, and would probably result from widespread and prolonged power outages (as exhaustion of generator fuel supplies results in loss of backup power) and/or the loss of terrestrial communications infrastructure needed to support those systems such as towers, lines, and data centers.

Satellite Telephones

Use

- Voice Communications (push-to-talk)

Administration

Local health departments, state facilities, and hospitals in Maryland are equipped with all-mounted "MSAT" satellite telephones. These satellite telephones are designed for use on the LightSquared Network and support continent-wide Push-to-Talk (PTT) and voice communications. It should be noted that these satellite phones will not work if there is heavy cloud cover.

Pros: Operation is similar to traditional telephone networks, with the addition of push-to-talk capability.

Cons: Will not work with heavy cloud cover, or if roof-mounted dish is jarred out of alignment. There is a delay between when a message is spoken and when it is heard – this can make group discussion difficult (especially in push-to-talk mode).

Tier 4

Tier 4 communications system are the line of communications of **last resort**. These systems are operated independently by dedicated and highly-skilled amateurs, hobbyists, and radio enthusiasts who are able to provide communications capabilities with limited power over long distances.

Amateur Radio ARES/RACES

Uses

- Voice Communications
- Email
- Phone Call Relay

Administration

Amateur Radio is a free radio service authorized by Part 97, The Amateur Radio Service, of the Communications Act of 1934 and utilized by licensed operators. Amateur radio is used by these operators to assist in emergency situations. Amateur Radio Emergency Service (ARES) and Radio Amateur Communications Emergency Service (RACES) consist of licensed amateurs who have voluntarily registered their qualifications and equipment for communications duty when a disaster strikes. Local health departments, hospitals, state facilities, and FQHCs are encouraged to have a licensed individual within their organization or a written agreement with the local ARES/RACES team to operate the amateur radio for training and emergencies. The ARES/RACES team provides organizations with an operator to assist the facility with communications. The ARES/RACES operator operates the radio; the facility controls the communication messages.

Pros: Flexible, highly-reliable communication channel

Cons: Requires certified operators and (relatively) complicated equipment

Concept of Operations - Medical Coordination Center (MCC)

The Medical Coordination Center (MCC) acts as the coordinator of regional communication and single point of contact for regional situation updates during events that require a regionally coordinated response. The MCC is led by a **Lead Coordinator** during the event.

Activation

The on-duty Lead Coordinator is responsible for monitoring the various relevant alert-systems (see Appendix A), and activating the MCC when necessary. Alternatively, Coalition members can request the Lead Coordinator activate the MCC.

On-duty Lead Coordinator Roster

A quarterly roster of on-duty Lead Coordinators is maintained by the Coalition identifying:

1. A staff member from one member hospital to serve as the primary on-duty Lead Coordinator, and
2. A staff member from one local health department to serve as the backup Lead Coordinator if the primary on-duty lead coordinator is unable to serve during the event.

The HPP will always be the final possible Lead Coordinator, in case both the designated hospital staff member and designated local health department staff member are unable to staff the role.

Both the Coalition Chair and the HPP hold the login information Lead Coordinators will need to access MMC-specific communications accounts, such as the MCC's email and WebEx account (see discussion of communication mechanisms above for more), and will distribute the credentials to the identified on-duty and backup Lead Coordinators when the roster is set.

When establishing the on-duty roster, the Coalition should take into consideration that individuals serving as Lead Coordinators must have certain characteristics in order to ensure that the MCC functions properly. Individuals serving as Lead Coordinator should be trained in the Incident Command System, have familiarity with this plan, and have expertise in communication and coordination amongst healthcare facilities, including backup communications. There must be an active Lead Coordinator for the entirety of an event, and this may require the assignment of multiple Lead Coordinators to perform the role in shifts.

The MCC's Function

In response to an event requiring regional coordination and response, the MCC will:

1. Establish and maintain regional communications

   The on-duty Lead Coordinator is responsible for passively monitoring alert systems during their assigned quarter. If an event occurs, the Lead Coordinator should self- activate the MCC, or activate once requested to do so by the Coalition Chair or members. If possible, the Coordinator should log onto the MCC's email, WebEx, and Maryland State Google Docs accounts, and begin to actively monitor the alert systems for alerts and information to share with the members and communication partners during situation update briefings.

   After ascertaining the rough details of the event, the Lead Coordinator will begin entries into the MCC Activity Log (see Appendix C). In the Activity Log, the Coordinator will note

that it has been activated and the reason for its activation. The Coordinator shall continue to maintain the log during the entirety of the event.

2. Schedule and lead the Initial Meeting

   Upon activation, the Lead Coordinator must reach out to the group using an available communication system and announce the time the initial meeting will take place, as well as the communication system which will be used for the meeting. During the meeting, the Lead Coordinator should help guide the group in decision-making about communications, specifically:

   - The primary communication mechanism(s),
   - The backup communication mechanism(s),
   - MCC location (physical v. virtual) and Lead Coordinator location (anywhere with access to the relevant communication mechanisms), and
   - Operational tempo and briefing schedule.

   The Lead Coordinator will be especially helpful in the discussion regarding what communication mechanisms should be used. The Lead Coordinator can refer to this plan for a menu of various communication systems, and should make the group aware of the chosen communication systems' possible limitations.

3. Keep members and communication partners informed by delivering periodic and accurate situation update briefings

   The MCC will periodically conduct situation update briefings. During situation update briefings, the MCC will share the essential elements of information (EEI) relating to the event. The EEI relating to an event are those pieces of information that are timely, relevant, and actionable during the response to the event.[1] The MCC should recognize what is not EEI and remove this extraneous information from the information they are sharing. The MCC should use status update briefings to correct any misinformation or rumors that may be spreading. When there is uncertainty surrounding the situation, the MCC should acknowledge it and emphasize that they are working to learn more, and that all will be updated once more information becomes available.

   The MCC should make these situation update briefings timely, concise, and accurate. During a crisis people often process information by: simplifying messages, holding onto current beliefs, looking for additional information, and believing the first message that is heard. Acknowledging this reality, the MCC should work to verify the occurrence of a disaster quickly, notify the members and communication partners of the MCC's activation, and hold the first situation update briefing as soon as possible. A major goal of the MCC should be to give notice of its activation and hold the first situation update briefing before misinformation can be widely spread.

[1] See, CDC Crisis & Emergency Risk Communication Manual 2014 Edition, available at http://cdpsdocs.state.co.us/safeschools/Resources/CDC%20Centers%20for%20Disease%20Control%20Prevention/cerc_2014edition

4. Facilitate regional response discussions and decision making

   The MCC should recognize that during a crisis, people naturally adopt the communications pathways that they use most frequently. The role of the MCC is to act as an overall coordinator of communication, not as a go-between, or bottleneck, for regular communication between parties. Communication pathways between facilities like hospitals and local government already exist, and members and communication partners should be encouraged to communicate their needs to one another as they usually do. The MCC becomes essential when these regular communication pathways are disrupted, such as when Tier 1 communications fail. The MCC also serves an important function as a coordinator for communications when decisions need to be made at the regional level and the MCC is the most logical facilitator for decision making.

Deactivation: Lessons Learned and After-action Reporting

After an event which required the activation of the MCC has ended, the Coalition should evaluate the region's response. The evaluation should include a description of what primary and backup communication mechanisms were chosen, and how they fared throughout the event. The evaluation should also describe where the MCC was located and if there were any problems with this location, as well as what the operational tempo was and if it served the needs of the members during the event. The Region should examine how this plan was beneficial and, if the plan failed to serve the group during the event in any aspect, how the plan can be altered to make it a more successful tool for later use.

Building a culture of interoperable communications

To be reliable, effective, and resilient, communication mechanisms, techniques, and protocols must be exercised regularly, and Coalition members must be adequately trained on communications. It is important that the Coalition incorporate communications elements in exercise and training efforts. After exercises and real-world events, after-action reports should include a candid evaluation of communications shortcomings and recommend improvements (including needed changes to this plan).

Specifically:

- The MCC should be activated and tested as part of all regional exercises,
- Each communication mechanism listed in this plan should be drilled and trained on regularly to ensure that all Coalition members can use it effectively,
- The Coalition needs to make communications interoperability a top priority by ensuring:
    - The On-duty Lead Coordinator Roster is maintained;
    - A sufficient number of individuals have the required training and practice to serve as Lead Coordinator; and
    - Communications failures or shortcomings are taken seriously, and addressed at the regional level.

Appendix A: Relevant Alerting Systems

1. MEMRAD
2. Web-EOC
3. MDHAN
4. Alert Montgomery
5. Alert Prince George's
6. Charles County Citizen Notification System
7. St. Mary's County local health alert system – sends notifications to healthcare providers as public health issues emerge (primarily via email but also through text and fax)
8. Calvert County Alert
9. Capital Alert – alert system for the NCR
10. Alert DC
11. Alert Bowie 2.0
12. Alert Rockville
13. Takoma Park Alert
14. Greenbelt Alerts

Appendix B: MCC Lead Coordinator Job Action Sheet

Timeframe	Medical Coordination Center
On Activation	***Initial Actions:*** • Log onto the MCC's email, WebEx • Begin actively monitoring the alert systems, i.e. MEMRAD, MDHAN, Web-EOC, etc. • Verify the occurrence of the event and determine the event's magnitude ASAP. • Alert all members and communication partners that the MCC has been activated, what time the Initial Meeting will occur, and what communication mechanism will be used for the meeting.

Initial Meeting Checklist	• Discuss the following:
	  ○ Decide what communication system(s) will be the primary communication mechanism(s) and what system(s) will be used as backup in case the primary mechanism(s) fail (See Appendix D as a general guide.)
	  ○ Determine MCC operation location.
	  ▪ While the MCC can work virtually, and is not fixed to a specific facility, it is important that the MCC operate from a location where primary and backup communication mechanisms are accessible and working.
	  ○ Set operational tempo
	  ▪ Determine the frequency of situational reports.
	  ▪ Determine the schedule of status briefings held by the Lead Coordinator.
	  ▪ Determine when shift changes for the MCC will occur, and assign a Lead Coordinator to take the next scheduled shift.

At Regular Intervals During Event	***Status Briefing Agenda:***
	• Explain purpose of the briefing. This briefing will accomplish three tasks:
	  1. Remind Members and Partners of backup communications plan decided upon in initial call.
	  2. Provide Members and Partners with an incident status update.
	  3. Facilitate regional problem solving.
	• Remind members and partners of backup communications plan determined in initial call.
	  ○ Advise all members and partners that they must test these backup communication mechanisms if they have not already done so.
	• Provide Incident Status Update.
	  ○ Convey the "who, what, when and where" of the incident.

	○ Detail macro-elements of the situation collected from the various information-sharing/alert systems (MEMRAD, Web-EOC). ○ This update ***should not*** address specific issues at each location, but instead focus on ***regional issues***. • Facilitate regional problem solving. ○ The Lead Coordinator should facilitate a discussion during this meeting about regional issues, identifying and addressing items that require a regional response or decision. ○ These Status Update Briefings are intended to be **short and concise** – issues that require lengthy discussion should be addressed in a dedicated forum (a separate call, email chain, etc.). • Closing ○ At the end of the call, inform members and partners when the next briefing will be held, and what backup communication mechanism(s) will be used in case the primary communication system(s) fail.
On MCC Shift Change	***Shift Change:*** • Transfer Briefing for new Lead Coordinator – On each shift change the current Lead Coordinator should brief the new Lead Coordinator on: ○ Event status ○ Backup communications plan, and the state of the various communication mechanisms ○ Any outstanding regional issues ○ The status briefing schedule, and all other scheduled communications ○ MCC Activity Log maintenance
On Deactivation	***Demobilization:*** • Deactivate the MCC when it is no longer needed. • Prepare notes and documentation in order to provide input to the after-action report.

Appendix C: MCC Activity Log

Time	Activity	Activity Description

Appendix D: Communications Mechanisms Matrix

	Phone/ Email/ Web-based[2]	DEMSTEL VoIP	MEMRAD	Web-EOC[3]	MDHAN	Land Mobile Radio[4]	Satellite Phones	Amateur Radio
	Tier 1					Tier 2	Tier 3	Tier 4
PG CHD	x		x	x	x	x		
Montgomery CHD	x		x	x	x	x		
Charles CHD	x		x		x	x		
Calvert CHD	x		x		x	x		
St. Mary's CHD	x		x		x	x		
Charles CDES	x		x		x	x		
Montgomery COEM	x		x	x	x	x		
PG COEM	x		x	x	x	x		
Calvert CDES	x		x		x	x		
St. Mary's CDES	x		x		x	x		
Doctor's Community Hospital	x	x	x	x	x	x	x	x
Fort Washington Medical Center	x	x	x	x	x	x	x	x
Laurel Regional Hospital	x	x	x	x	x	x	x	x
Prince George's Hospital Center	x	x	x	x	x	x	x	x
MedStar Southern Maryland Hospital Center	x		x		x	x	x	x
MedStar Montgomery General Hospital	x	x	x	x	x	x	x	x
Washington Adventist Hospital	x	x	x	x	x	x	x	x
Holy Cross Hospital	x	x	x	x	x	x	x	x
Suburban Hospital	x	x	x	x	x	x	x	x
Calvert Memorial Hospital	x		x		x	x	x	x
Shady Grove Hospital	x	x	x	x	x	x	x	x
University of Maryland Charles Regional Medical Center	x		x		x	x	x	x

[2] Web-based services include WebEx and Google Docs (note that Google Docs users outside the @maryland.gov domain might have limited access).
[3] Individual instances of Web-EOC may not be interoperable - two members may both have access to Web-EOC and still not be able to communication with each other.
[4] Land Mobile Radio regional interoperability may require radio talk group patching, or use of special interoperability channels.