

Detroit East Medical Control Authority
System Protocols
REGION 2 SOUTH MEDICAL COORDINATION CENTER (MCC)
CONCEPT OF OPERATIONS

March 2013

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I. Goal/Objective:

The goals and objectives of the MCC are to assist the Region 2 South health care infrastructure to do the following:

- A. Provide support to local EOCs
- B. Facilitate flexible, coordinated uninterrupted health response
- C. Facilitate standardization and interoperability of health care operations
- D. Ensure optimal and efficient use of available resources for the health care community
- E. Ensure the development of emergency plans and procedures for health care response that may be necessary to mitigate an event.

II. Scope:

This concept of operations delineates the MCC's method of interagency coordination primarily among the health care infrastructure of Region 2 South. The MCC also communicates with other elements of MEMS for defined purposes when MEMS is utilized, as defined in section V. D.

III. Policy:

The purpose of this concept of operations is to provide guidelines for the operations of the MCC.

IV. Definition

The MCC provides support to local EOCs and is designed to be a medical resource whose purpose is to assist with the provision of a flexible, coordinated uninterrupted health response to ensure optimum and efficient use of medical resources. This often includes the collection of critical health information and may include the direction or movement of resources in collaboration with local and state emergency operations.

V. Provisions:

- A. Central Coordination Agency/Dispatch
 - 1. HEMS, Inc. is the designated primary emergency communications contact for Region 2 South.
 - 2. The Logistics Manager, Bioterrorism Preparedness Coordinator (BT Coordinator), Medical Director maintain an emergency coverage schedule so that at least one individual is in town at any given time. The HEMS communications center maintains the 24 hour contact information for the Region 2 South Staff.
 - 3. HEMS Communications Center is responsible for 24 hour/365 day monitoring for emergency radio communications for Region 2 South.

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B. MCC Location:

There are currently two MCC locations:

1. Fixed Site - HEMS at 33030 Van Born, Wayne, Michigan, 48152
2. Mobile - Mobile Medical Coordination Center which will be housed at a designated secure location in Region 2 South.

C. Activation:

Activation of the MCC can occur in accordance with the methods listed in the MEMS Concept of Operations, Section II. C. MEMS Activation.

D. MCC Communication:

1. Communication Methods:

The MCC will utilize a variety of communication methods, based on the specific needs of the incident once it is activated. These methods are described in the Region 2 South Communication Plan.

2. Communication Flow During an Event

- a) Region 2 South routinely communicates with its planning partners when it learns of activities that may impact them. This may occur prior to the MCC being activated.
- b) If the MCC is activated, the MCC will notify the following entities of its activation utilizing methods outlined in the communication plan:
 - (1)Region 2 South Local Health Departments
 - (2)Region 2 South County Emergency Management programs
 - (3)Region 2 South District Emergency Manager
 - (4)Region 2 South Medical Control Authorities
 - (5)Region 2 South Hospitals
 - (6)Office of Public Health Preparedness
 - (7)Adjacent regions (via BT Coordinator and/or Medical Director)
- c) In addition, other regional partners may be notified as appropriate based on the circumstances of the event.
- d) The letter and corresponding diagram on page 3 was jointly issued by MDCH and MSP Emergency Management to describe the medical communications pathway during an emergency response.

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JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JANET OLSZEWSKI
DIRECTOR

June 23, 2006

Dear Emergency Response Partners:

The National Response Plan (NRP), with the companion document the Interim National Preparedness Goal (the Goal), has designated 7 national priorities that guide entities at all levels of homeland security, and other emergency preparedness programs in the development and maintenance of the capabilities to prevent, protect against, respond to, and recover from major events. Health and medical issues are closely tied to several of the national priorities. The primary capability-specific priority that targets health and medical issues is *Strengthen Medical Surge and Mass Prophylaxis*. This has been the focus of activity of the Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA) and Centers for Disease Control and Prevention (CDC) Cooperative Agreements and has recently been incorporated into the Michigan Homeland Security Strategy.

In an effort to reinforce mechanisms to manage a coordinated statewide response, it is critical that all partners clearly understand the role of the following:

- State Emergency Operations Center (SEOC) - The primary point of direction and control for coordinating all state response and recovery activities. The State Director of Emergency Management and Homeland Security implement the orders and directives of the Governor in the event of a "state of emergency" or "state of disaster" declaration.
- Community Health Emergency Coordination Center (CHECC) – (formerly referred to as the State Health Operations Center – SHOC) - The Michigan Department of Community Health (MDCH) Emergency Coordinating Center is a supporting center to the SEOC on health and medical issues. The CHECC communicates with the SEOC via the MDCH Emergency Management Coordinator (EMC) who maintains a seat in the SEOC. It is through this mechanism that information and direction between the SEOC and the CHECC occur.
- Local Emergency Operations Center - The local emergency manager monitors all local events for the nature, scope and magnitude to determine if additional assistance is required. If the emergency/disaster escalates to the point where coordination among several agencies is required, the emergency manager activates the local Emergency Operations Center (EOC) and notifies key personnel. Local response procedures are followed and if conditions warrant, the Michigan State Police Emergency Management & Homeland Security Division District Coordinator is notified for further assistance and communication with state level agencies.
- Local Public Health Operations Center - Public health specific support for local emergency operation centers. Not operational in all jurisdictions.

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MCA Board Name: Detroit East Medical Control Authority
MCA Board Approval Date: 03/19/2013
MDCH Approval Date: 10/25/2013
MCA Implementation Date: 11/01/2013

Section 9-2

Detroit East Medical Control Authority
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Emergency Response Partners
Page 2
June 23, 2006

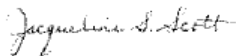
- Regional Medical Coordination Center - Provides support to local EOCs. It is designed to be a medical resource to local emergency management, not another layer in the response efforts. The purpose of this component is to assist with the provision of a flexible, coordinated, uninterrupted health response to ensure optimum and efficient use of medical resources. This often includes the collection of critical health information and may include the direction or movement of resources in collaboration with local and state emergency operations. This is considered a critical component of the management system for integrating medical and health resources during large scale emergencies and is a requirement for funding according to the 2006/2007 DHHS National Bioterrorism Hospital Preparedness Program Cooperative Agreement Guidance document. This management response system is the foundation of the healthcare response capability that outlines **responsibility** not authority during an emergency.
- Hospital Emergency Operations Center - Facility specific center to coordinate their health care operations within current established protocols which include integration into regional initiatives when the hospital's specific capacity has been overwhelmed.

Communication is a key component in all emergency response efforts. These communication pathways must be clearly delineated (Figure 1). The SEOC remains the lead agency for any state of emergency response. All state agencies support the SEOC in varying degrees depending on the nature of the event and according to the Emergency Support Functions as defined in the NRP. The CHECC is a supporting agency for all health and medical related events such as medical surge, mass prophylaxis, and other infectious diseases such as pandemic influenza. During an event the SEOC communicates critical tasks to the CHECC by way of the MDCH EMC. This often includes outreach for information about resources to the health and medical community which may include direct communication with the regional medical coordinating center and local public health. The results of the outreach are then relayed back to the SEOC for processing using the established incident command communication procedures.

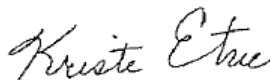
The Goal and the NRP establish a common framework in which local, state and regional agencies can operate in an emergency. This framework serves to guide public and private agencies in appreciating their unique contributions while working toward a goal shared by all. Through persistent hard work, state and local homeland security, public and private health organizations, and public safety can continue to build the framework that connect them to one another to support the overall state emergency preparedness program.

We are confident that the state of Michigan will be prepared for any eventuality due to your continued collaboration and diligence.

Sincerely,



Jacqueline S. Scott, D.V.M., Ph.D.
Director
Office of Public Health Preparedness



Kriste Etue, Captain
Deputy State Director of
Emergency Management
And Homeland Security

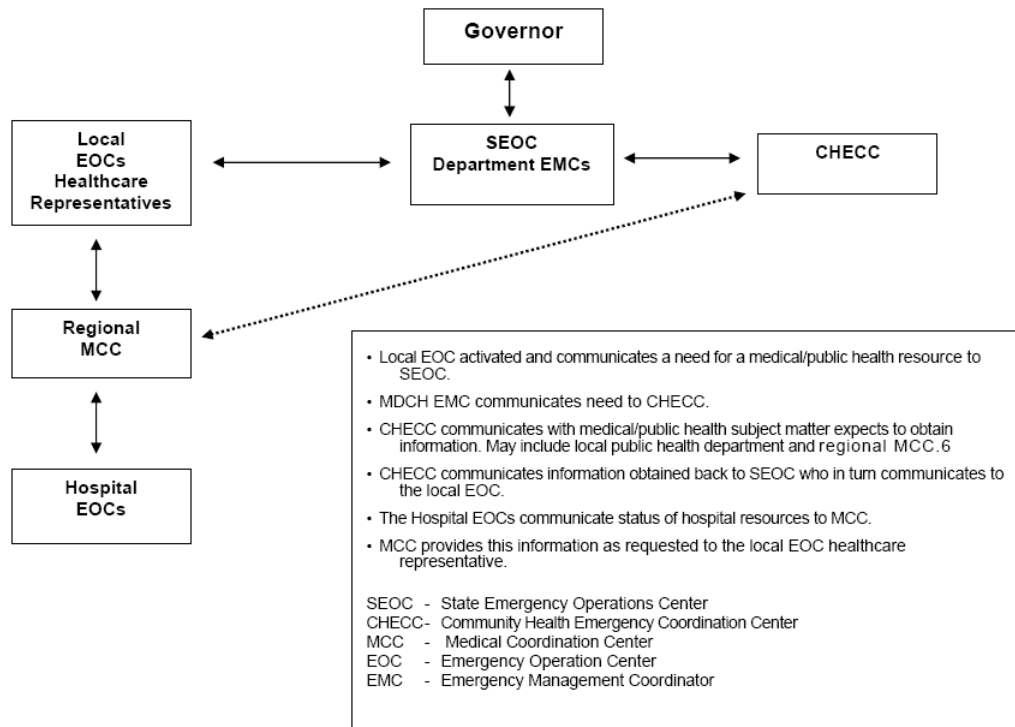
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**Medical Communications Pathway During
 Emergency Response**



Communications
 pathway during.doc
 5/22/2006

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E. MCC Operational Activities

When activated, the MCC may perform some or all of the following activities in conjunction with Emergency Management, Local Health Departments, Medical Control Authorities and the Community Health Emergency Coordination Center. The specific activities performed will be based on the specific needs of the incident.

1. General Medical Response Activities

- a) Establish the Regional MCC as a component of the local EOC.
- b) Assist with the provision of a flexible, coordinated uninterrupted health response to ensure optimum and efficient use of medical resources which may include:
 - (1)Collecting critical health information.
 - (2)Directing or moving resources in collaboration with local and state emergency operations.
- c) Facilitate standardization and interoperability of health care operations.
- d) Review and implement a regional catastrophic event health strategy in collaboration with regional partners, local health departments and local Emergency Management.

2. MEMS Activities

- a) Provide strategic ACC staff planning, analysis and forecasting and assist in the establishment and ongoing function of the ACC(s).
- b) Work with local EOCs and the CTS to coordinate patient/casualty movement to and between assigned medical facilities and transfers to distant facilities.

3. Resource Coordination/Facilitation Activities

- a) Facilitate identification of health care resources and capabilities, anticipate potential shortfalls, communicate them to the appropriate EOC and facilitate sharing of health care resources when appropriate.
- b) Coordinate with LHD and EM for the credentialing and identification of health care providers and volunteers utilizing the Michigan Volunteer Registry.
- c) If deployment is indicated and in accordance with the CHEMPACK/MEDDRUN Communications Manual, coordinate with CHEMPACK Storage Sites and hospitals in Region 2 South to facilitate the distribution of CHEMPACK supplies.
- d) If deployed in Region 2 South, in accordance with the CHEMPACK/MEDDRUN Communications Manual, assist with fielding of

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CHEMPACK containers and MEDDRUN Med Packs

4. Data Collection and Status Reports
 - a) Coordinate with local EOCs and public health on the creation and scheduling of status reports from the ACC(s) and hospitals.
 - b) Provide regular updates to local EOCs and the CHECC regarding the health care situation during the event.
 - c) Facilitate regular updates to EMS systems regarding bed/medical resource availability.
 - d) Establish and maintain a functional medical communication system utilizing various regional communication methods to share information (see regional communication plan).
 - e) Identify and submit specific response requirements during and after an event.
 - f) Consolidate and analyze medical incident data for periodic situation reports via EMS systems when implemented.

5. Medical Control Authorities/EMS Emergency Protocols Consultation/Protocols
 - a) If necessary, work with MDCH, LHD and MCAs to revise, create and implement emergency EMS protocols, policies and procedures that may be necessary due to the event.

VI. References:

Modular Emergency Medical System: Expanding Local Healthcare Structure in a Mass Casualty Terrorism Incident (MEMS Copper Book). June 1, 2002.

U.S. Army Soldier and Biological Chemical Command, Homeland Defense Office

Modular Emergency Medical System (MEMS) Planning Tools. May 2004

Michigan Department of Community Health, Office of Public Health Preparedness

Regional Operational Plan Template. February 2005

Michigan Department of Community Health, Office of Public Health Prepared

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