Georgia Amateur Radio Emergency Service

HOSPITAL EMERGENCY OPERATIONS PLAN

for

Hospital Emergency Radio Operators

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Definitions

1. Amateur Radio Emergency Service— The group of licensed amateur radio operators who provide emergency communications as part of the Amateur Radio Relay League (ARRL) Field Organization.
2. Hospital Operators— The group of emergency communicators trained in the National Incident Command System (NIMS) who operate under the authority of the Georgia Section Amateur Radio Emergency Service (GAARES).
3. Section Emergency Coordinator (SEC)— The appointed leader of all ARES operations within the State of Georgia.
4. Assistant Section Emergency Coordinator (ASEC)— The appointed leader of each designated GAARES Branch. Hospital operations falls under the oversight of the ASEC for the Department of Human Resources/Public Health.
5. District Emergency Coordinator (DEC)— The appointed leader who coordinates with multiple local ARES groups. There is a DEC for each of the nine (9) districts under GAARES.
6. Emergency Coordinator (EC)— The appointed leader of the ARES group at the local or county level.
7. Regional Coordinating Hospital (RCH)— In each of the 14 regions throughout the State the largest hospital is designated as the RCH. All sub-regional hospitals rely on their RCH for supplies distribution in the event of a regional emergency or disaster.
8. Hospital Emergency Manager (EM)— The professional emergency managers appointed or employed by the healthcare facility or hospital to manage and mitigate disasters within their designated service area. The Emergency Manager answers directly to the hospital CEO.
9. National Incident Management System (NIMS)—The nationally recognized method of managing any and all disasters and civil emergencies developed by the Federal Emergency Management Agency (FEMA) and mandated to all the States, Territories, and Districts of the United States. NIMS is mandated under the Laws of the State of Georgia and is used exclusively to manage critical incidents by Georgia Emergency Management & Homeland Security Agency (GEMHSA).
10. Disaster—An event, expected or unexpected, that creates an imminent danger to the safety and security of the citizenry and/or the government. Examples include natural disasters such as hurricanes and tornadoes, unintentional man-made events such as major hazardous material incidents and nuclear materials incidents, and intentional acts including terrorist acts and acts of war.
11. Disaster Declaration—A declaration issued by the Governor of this State, or by the local governing body of a portion of this state, or a local hospital which authorizes specific actions to be taken to address an existing or impending disaster.

Organization

The Georgia Amateur Radio Emergency Service/Hospital Operations Emergency Service is comprised under the following organizational design.

1. Hospital Emergency Manager
2. The ARES Section Manager (SM)
3. The Section Emergency Coordinator (SEC)
4. The Assistant Section Emergency Coordinator for the Department of Human Resources/ Public Health (ASEC-PH)
5. The GA State Hospital Net Manager
6. The Emergency Coordinator
7. The Hospital Operator

Roles & Responsibilities

Hospital Operators will serve their designated healthcare facility in the role of a volunteer communicator only. You are not required to accept additional assignments if you feel they fall outside of your training or capability.

Volunteers are managed by the Hospital Authority-

When activated at a healthcare facility or hospital the ARES operator is under the direction of the hospital incident command. The operator is expected to follow all rules and procedures as dictated by the IC and act professionally at all times.

Once the operator steps foot on hospital property they are no longer under the authority of ARES leadership. **They are a *functional* unit, and *do not* command *operationally* in any manner. This avoids any ambiguity in the chain of command.**

Operators must abide by Part 97 rules and regulations at all times.

Membership & Training

Requirements for Hospital Emergency Communications Operators:

Level 1 Operator

1. Radio Amateur in good standing with valid Amateur Radio License (any class)
2. Willingness and ability to deploy in the field, as necessary, to provide emergency communications
3. Completion of the Gwinnett County Emergency Communications training program and/or,
4. Completion of the ARRL Emergency Communications Course (EC-001)
5. Active registration with GHA911.org and completion of WebEOC training/orientation.
6. Participation in training, meetings, and exercises.
7. Knowledge of commonly accepted amateur radio practices.
8. Skill in acting as a net control operator.
9. Familiarity with passing traffic, both by voice and by digital means.
10. Active participation in the monthly Georgia Hospital Net
11. Completion of the Georgia Hospital Emergency Communications Training Courses.
12. Completion of training in HIPAA Privacy guidelines (*every two years*)

Level 2 Operator

1. Meet all requirements for Level 1 and,
2. Possession of General class license (or higher)
3. Possession of the GAARES badge
4. Demonstrated skill in performing the stations' full operational capabilities.
5. Participation in all continued education emergency operations training programs

Activation

ARES Hospital Operators stand ready to mobilize upon activation from the *local hospital*.

Under no circumstances will an ARES operator self-deploy.

Activation notification will be through the Everbridge notification system or other means as established by the local hospital authority. Notifications may be for standby readiness, activation or deactivation.

All ARES operators are encouraged to monitor the GHA911 WebEOC system for situational awareness in all events in their area of service. Additionally, operators are expected to monitor one or more of the primary communications frequencies established by Ga ARES. These include but are not limited to:

HF-	**3.975MHz LSB / 7.287.5MHz LSB**
DSTAR-	**(Established State-wide Reflector, i.e. REF 030B)**
Local Repeater-	

Local Activations:

Once activated, the Hospital Operator(s) will report to the hospital Emergency Manager (EM), or designee, will maintain contact with the Emergency Manager or designee and report to their area of operation (AO). The hospital EM, or their designee will relay information from the Incident Command (IC). In the event of an extended deployment the Hospital operator will coordinate with back-up operators and assign duty shifts.

The hospital ARES Team should be activated at the same time the hospital staff is activated for a possible emergency. They should receive the same briefing as the staff to give them an overview of the possible/emergency they are preparing for and what they will be expected to do during the emergency.

Hospital access –

The hospital ARES Team should have access to the facilities and equipment on a 24-hour basis. They should be able to access the equipment for training and maintenance. They should also have access to the cafeteria during all activations and it should be paid for by the hospital or at least allow them to purchase it at staff prices.

Coordination with key hospital personnel, Emergency Managers, Facility Managers –

The ARES Team leadership should have access to the emergency leadership team of the hospital. They should be able to talk with them when necessary and not just when an emergency arises.

    A. The ARES leadership should be involved with any planning involving the hospital/region pertaining to the hospitals response during an emergency.

    B. The ARES leadership should designate at least one (1) operator to be active in the Region Coalition and attend all scheduled meetings.

Dress Code for ARES members –

As an emergency communicator you will very likely be interacting with hospital staff that you can expect to be at a professional and/or management level. Typically in any emergency situation, the highest levels of management will be involved and they will expect to be interacting with professionals. Recall from earlier in this document that while you are on hospital property, you are under the direction of the hospital incident command. In a professional environment peers are expected to act and conduct themselves in a professional manner. A professional manner includes exhibiting a professional appearance.

While there are legitimate exceptions it should be assumed that business casual is the default manner of dress. The hospital ARES Team should dress neatly at all times. There should be no cut-offs, greasy or soiled clothing worn at any time, unless it, occurred while on duty at the facility and no other clothing is available to change into. Shorts are only acceptable for medical issues, prosthetics, or where environmental conditions dictate. Pants or slacks can be khaki style. Blue jeans are acceptable as long as they are not faded, frayed, or torn. Shirts and blouses should not contain text (advertising, events, political, etc.) other than accepted hospital logo. Shirts issued by the hospital with hospital logo for their staff are acceptable if they are offered or acquired. ARES District Emergency Coordinators (DEC) should consult the hospital liaison to be aware of expected dress standards for ARES EMComms.

Net Operations-

Operators will establish and maintain HF liaison with the hospital Emergency Net on each shift, at all times.

Available additional operators will be divided into two (2) twelve hour shifts to provide communications as needed from the hospital EOC.

When activated, members will be expected to be self-sufficient for food, clothing, and shelter for a minimum of 3 to 5 days. Members must provide their own transportation.

Members with disabilities that prevent them from physically deploying shall be utilized as relay stations, alternate net control stations, and digital relay stations, as required.

Statewide Activations:

When notified of possible out of county deployment, the EC or designee will contact all members of ARES and develop a list of persons available for deployment and what radio equipment they can provide. ***Statewide activation is strictly voluntary***.

If the request is immediate, the ARES Net will be activated to provide pertinent information to all members, including initial rally point. Members will then travel to the state assigned rally point.

If the request is a stand-by request, such as that for a potential hurricane strike, then the EC or designee will develop an availability list and transmit said list to the requesting official (SEC, DEC, ASEC). In this case, the use of e-mail and text is authorized to determine availability.

Once deployed outside the area, members shall follow instructions from the local Incident Command, EM, or local EC.

Members volunteering to be deployed outside their county should be prepared to be self-sufficient for a minimum of 3 to 5 days and be able to work a minimum of 12 hour shifts.

Stand By Mode:

There are times when the potential for severe weather or similar critical event comes with advance warning. Examples are Hurricane Watch and Warning, Blizzard Watch and Warning, Ice Storm Watch and Warning, Winter Storm Warning, and even Red Flag Fire Watch or Warning.

It is the duty of the EC and AEC's to keep membership informed in these instances to prevent rumor and innuendo. Members, when informed such a watch or warning has been issued, should take the time to secure cash ($100 minimum in small bills), inventory their equipment, gas up their vehicle, and be ready to deploy if needed.

However, we ***do NOT deploy unless specifically requested to do so by the local hospital EM***.

There is no one specific set of instructions that can cover every conceivable communications emergency or need for tactical communications resources. The need for resources shall be determined by the hospital EM according to the specific emergency situation. Other factors, such as illness or family distress, can also affect the availability of certain operators.

Deactivation Planning:

The ARES Team leadership should be involved in all planning aspects pertaining to the activation, use and deactivation of the ARES Team and its members.

After-Action reporting:

The ARES Team should have input in the after action report created after every event. This is a way to let the hospital emergency leadership know of items that worked well, items that didn't work as planned and possible solutions to those items.

Continued emergency operations training:

The ARES Team should continually find ways to train for emergency events. It is the only way to improve the capability of the team members in preparation for future emergencies.

Participation in drills/exercises:

All ARES Teams should be included in all hospital-wide and Region Wide drills and exercises. This is a time for them to practice operational skills and improve them.

Utilization

Emergency Communications:

The Amateur Radio Emergency Service is the last line of communications in an emergency situation. Georgia ARES has WebEOC (GHA911 channel) to communicate between the 15 Regional Coordination Hospitals (RCH), The Department of Public Health EOC and the State EOC (SOC).

Amateur radio may be used for both tactical and logistical message handling. Most tactical traffic will be handled via HF, DSTAR, on local repeaters or by simplex VHF. Most logistical communications will be handled digitally over HF using WinLink Express if WebEOC is not available for message handling from point to point.

Supported Agencies:

Primary Supported Agencies:

1. Georgia Hospitals
2. Long Term Care Facilities
3. Assisted Living Facilities/Nursing Homes
4. Hospice Agencies

Secondary Supported Agencies:

1. Georgia Emergency Management/Homeland Security Agency
2. Georgia Department of Public Health
3. Georgia Hospital Association

Ga ARES will provide communications support during a communications emergency to the above listed agencies in the order listed. Our primary mission is to support hospital emergency communications. Selection of communications assets will be based on available resources at the time of request.

Communication Modes

Primary communication modes for TACTICAL communications will be by voice transmission over HF, DSTAR, simplex frequency or local repeater.

Primary communication mode for LOGISTICAL communication traffic from point to point (P2P) shall be via Winlink Express over any available WinLink Gateway within range or P2P.

The primary form used over Winlink Express will be the **ICS-213** standard message. All traffic will be logged, regardless if it is digital or voice transmission using the **ICS-309**. A copy of the message will be retained by the sending operator for maximum accountability. The content of all messages sent or received shall be considered confidential and not be revealed to anyone other than the sending and receiving parties*. (Care should be taken to utilize the current ICS forms as available in the Winlink Express Standard Templates folder).*

Health and Welfare Traffic will be referred to either the nearest NTS net or the SATERN Net if it is active.

If the emergency situation involves a Hurricane Watch or Warning, assets may be assigned to monitor and report to the Hurricane Watch Net, but only if the asset is available and in the affected area.

Net Operations

The Ga ARES Net will operate as long as needed during a local emergency. The primary HF frequency of **3.975 LSB** will be used for statewide events as well as local regional repeaters so long as that repeater is available. The Net will be used for command and control of incoming and outgoing assets, as well as to keep the group informed.

The secondary HF frequency of **7.287.5 LSB** will be utilized if propagation is poor for the 80M frequency for other tactical communications as determined by the nature of the incident at the discretion of the Net Manager and EC.

All nets operating under emergency conditions are directed nets and all traffic should flow through Net Control unless otherwise indicated.

Tactical call signs relating to the location and nature of the assignment can/shall be made at the time of deployment. Tactical call signs will be retained for each assignment and relief operators will notify net control when taking over a particular post or assignment.

APPENDIX A

RECOMMENDED HOSPITAL EQUIPMENT

Item	Model
SignaLink Modem	TigerTronics SLUSB6PM
USB-Serial Adapter	FTDI
TNC-X (for Packet capability)	MFJ-1270X
KENWOOD CABLE	MFJ-5086 (Cable for TNC-X)
DSTAR VHF/UHF Radio	Icom ID-5100
VHF/UHF Antenna	Diamond X-50NA
HF Radio	Kenwood TS-480SAT
HF Antenna	Buckmaster DX-OCF
*Deep Cycle Battery	75 aH AGM Marine
Headset	Heil PSE6
Headset Adapter	Heil AD-1K
Foot Switch	Heil FS-3
**Hand Switch	Heil HS-2
Power Supply	Alinco DM-330FXT
Battery Box w/Power Gate	West Mountain DCTOGO-RR
RigRunner	SPG 58513-1381
VHF/UHF Programing Software w/data cable	WCS-D5100- Data
HF Programing Software w/ programing cable	KRS-480-USB
Lightening Arrester (2 needed)	PolyPhaser IS-50NX-C0 #
Laptop Computer w/ Hospital Printer Access	

*   Battery needs to be "Certified" as spill proof
**   Either the Foot Switch or the Hand Switch can be used with the headset

OPTIONAL

Antenna Analyzer	Rig Expert AA-600
Antenna Tuner	LDG AT-200PRO-II

APPENDIX B

RECOMMENDED PERSONAL EQUIPMENT

All hospital operators should have, at the ready, the following items for immediate deployment:

a. Food, water, and weather appropriate clothing for a minimum of 3 to 5 days.
b. A yellow ARES safety vest, preferably the approved ARES safety vest.
c. Your wallet size copy of your amateur radio license.
d. Your Ga ARES photo ID
e. Pliers, screwdrivers, crimpers, and other tools needed to repair your station.
f. Extra fuses which match your equipment.
g. Their own personal motor vehicle, fully fueled and ready to go.

APPENDIX C

Primary Frequencies

All ARES operators are encouraged to monitor the WebEOC system for situational awareness in all events in their area of service. Additionally, operators are expected to monitor one or more of the primary communications frequencies established by Ga ARES. These include but are not limited to:

HF-	3.975MHz LSB / 7.287.5MHz LSB
DSTAR-	Established State-wide Reflector- i.e., REF 004D
Local Repeater-	

Hospital Frequencies

Primary HF Frequency	3982.5 LSB
Secondary HF Frequencies	7282.5 LSB, 7188 LSB
Tertiary HF Frequency	5.330.5 USB
DSTAR	Statewide Reflector

Digital Modes:
Winlink Winmor/Packet/P2P

FlDigi (PSK125 +1500)	3.583 USB/7.083 USB
DRATS (REF030D)	net:gaares.ratflector.com:9000
	net:nwga.ratflector.com:9000
	net:rat.gaampr.net:9000

All hospital stations are required to establish communications with their Regional Coordinating Hospital (RCH) and the County Emergency Operations Center (EOC). Regional Coordinating Hospitals (RCHs) are required to be capable of communications with the GEMHSA State Operations Center (SOC) and the Department of Public Health SOC. Communications with other regional or sub-regional hospitals and healthcare facilities is optimal.

During periods of poor propagation, relaying of messages and documents may be employed.

APPENDIX D
Georgia Hospitals by Region with RCH First

Organization Name	Call Sign	Organization Name	Call Sign
A - Hamilton Medical Center	W4DRC	Rockdale Medical Center	
Cornerstone Medical Center		Shepherd Center	
Fannin Regional Hospital	N4FRH	Southern Regional Medical Center	
Gordon Hospital		WellStar Atlanta Medical Center South	
Murray Medical Center		WellStar Atlanta Medical Center	
Piedmont Mountainside Medical Center		WellStar North Fulton Hospital	
B - Northeast Georgia Medical Center	NG4HS	**E - Piedmont Athens Regional Medical Center**	KK4EVX
Chatuge Regional Hospital	KK4CRH	Clearview Regional Medical Center	
Chestatee Regional Hospital		Elbert Memorial Hospital	
Habersham Medical Center		Landmark Hospital of Athens	
Mountain Lakes Medical		Morgan Memorial Hospital	WR4MC
Northeast Georgia Medical Center Braselton		Northeast GA Medical Center Barrow	WR4BC
Stephens County Hospital		Northridge Medical Center	
Union General		Piedmont Athens Regional Medical Center	
C - Floyd Medical Center	WX4FMC	St. Mary's Good Samaritan Hospital	
Cancer Treatment Centers of America (No ED)		St. Mary's Hospital	
Cartersville Medical Center		St. Mary's Sacred Heart Hospital	
Healthsouth Rehabilitation Hospital of Newnan (No ED)		**F - Medical Center Navicent Health**	
Higgins General Hospital		Coliseum Medical Centers	
Kindred Hospital (No ED)		Coliseum Northside Hospital	
Piedmont Newnan Hospital		Houston Medical Center	KJ4PSI
Polk Medical Center		Medical Center Navicent Health	
Redmond Regional Medical Center		Monroe County Hospital	
Tanner Medical Center-Carrollton	KK4DVM	Perry Hospital	
Tanner Medical Center-Villa Rica		Piedmont Henry Medical Center	KJ4KPX
D - Grady Health System	KK4CTX	Regency Hospital of Central Georgia	
Anchor Hospital		Rehabilitation Hospital Navicent Health	
CHOA at Egleston		The Medical Center of Peach County	KN4DGF
CHOA at Hughes Spalding		Upson Regional Medical Center	
CHOA at Scottish Rite		WellStar Spalding Hospital	
CHOA Neighborhood Facilities		WellStar Sylvan Grove Hospital	K4SGH
DeKalb Medical Center	KJ4QFY	**G - Augusta University Medical Center**	
DeKalb Medical Center at Hillendale		Burke Medical Center	
Eastside Medical Center	KK4FGI	Charlie Norwood VAMC Augusta	
Emory Johns Creek Hospital		Doctors Hospital - Augusta	
Emory St. Joseph's Hospital		East Central Regional Hospital	
Emory University Hospital		Eisenhower Army Medical Center	
Emory University Hospital Midtown		Emanuel Medical Center	
Emory Wesley Woods Geriatric		Healthsouth Walton Rehabilitation Hospital	
Georgia Regional Hospital Atlanta		Jefferson Hospital	
Gwinnett Medical Center - Lawrenceville	KK4FGK	Optim Medical Center Jenkins	
Gwinnett Medical Center - Duluth	KK4FGL	Select Specialty Hospital - Augusta	
Kindred Hospital		Trinity Hospital of Augusta	
Northside Hospital		University Hospital	
Northside Hospital - Forsyth		University Hospital McDuffie	
Peachford Hospital		Wills Memorial Hospital	
Piedmont Atlanta Hospital		**H - Fairview Park Hospital**	
Piedmont Fayette Hospital		Bleckley Memorial Hospital	
Piedmont Newton Hospital		Carl Vinson VA Medical Center	
Ridgeview Institute		Southwest Georgia Regional Medical Center	
Central State Hospital		**L - Tift Regional Medical Center**	W4PVW
Dodge County Hospital		Cook Medical Center (No ED)	
Jasper Memorial Hospital		Oconee Regional Medical Center	
RiverWoods Behavioral Health System		Putnam General Hospital	

Organization Name	Call Sign	Organization Name	Call Sign

Taylor Regional Hospital
Washington County Regional Medical Center

Jeff Davis Hospital
Wayne Memorial Hospital

I - Midtown Medical Center

N - WellStar Kennestone Hospital   **KK4OIO**

Columbus Specialty Hospital
Crisp Regional Hospital
East Alabama Medical Center
Flint River Community Hospital
Jack Hughston Memoral Hospital
Martin Army Community Hospital
Midtown Medical Center
Northside Medical Center
Regional Rehabilitation Hospital (Phenix City - No ED)
Roosevelt Warm Springs Rehab and Specialty Hospital
St. Francis Hospital
Warm Springs Medical Center
WellStar West Georgia Medical Center
West Central Georgia Regional Hospital

Northside Hospital - Cherokee
WellStar Cobb Hospital
WellStar Douglas Hospital
WellStar Paulding Hospital   **WX4PCA**
WellStar Windy Hill Hospital

J - Memorial Health University Medical Center   **K4MUM**
Candler County Hospital
Candler Hospital of Savannah   **W3SJC**
East Georgia Regional Medical Center
Effingham Health System
Evans Memorial Hospital
Landmark Hospital of Savannah (no ED)
Liberty Regional Medical Center
Meadows Regional Medical Center
Optim Medical Center Screven
Optim Medical Center Tattnall
Rehabilitation Hospital of Savannah (no ED)
Southeast GA Health System - Brunswick
Southeast GA Health System - Camden
St. Joseph's / Candler of Savannah   **K4SJH**

K - Phoebe Putney Memorial Hospital   **KK4LLV**
Brooks County Hospital
Colquitt Regional Medical Center   **WD4KOW**
Donalsonville Hospital
Grady General Hospital
John D. Archbold Memorial Hospital
Memorial Hospital and Manor
Miller County Hospital
Mitchell County Hospital
Phoebe North Medical Center
Phoebe Sumter Medical Center
Phoebe Worth Medical Center
Pioneer Community Hospital of Early
Dorminy Medical Center
Irwin County Hospital
South GA Medical Center
South GA Medical Center - Berrien
South GA Medical Center - Lanier

M - Memorial Satilla Health in Waycross
Appling Hospital
Bacon County Hospital
Clinch Memorial Hospital
Coffee Regional Hospital

APPENDIX E
Healthcare Essential Elements of Information (EEI)

- Available means of communications
- Facility operating status
- Staffing status
- Facility structural integrity
- Status of evacuations or sheltering
- Critical medical services (e.g., critical care, trauma)
- Critical service status (e.g., utilities, sanitation, ventilation)
- Critical healthcare delivery status (e.g., bed status, laboratory and radiology)
- Patient/resident transport
- Patient/resident tracking
- Critical/Acute Resource Needs (materials, medications, utility back-up supplies, etc.)

*** *Hospital Operators may be asked to communicate the EEI to another hospital or facility.*