



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. REF030B, REF004A etc.)
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 and Region 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

Signalink Modem
USB-Serial Adapter
TNC-X (for Packet capability)
KENWOOD CABLE
DSTAR VHF/UHF Radio
VHF/UHF Antenna
HF Radio
HF Antenna
*Deep Cycle Battery
Headset
Headset Adapter
Foot Switch
**Hand Switch
Power Supply
Battery Box w/Power Gate
RigRunner
VHF/UHF Programming Software w/data cable
HF Programming Software w/ programming cable
Lightening Arrester (2 needed)
Laptop Computer w/ Hospital Printer Access

Model

TigerTronics SLUSB6PM
FTDI
MFJ-1270X
MFJ-5086 (Cable for TNC-X)
Icom ID-5100
Diamond X-50NA
Kenwood TS-480SAT
Buckmaster DX-OCF
75 aH AGM Marine
Heil PSE6
Heil AD-1K
Heil FS-3
Heil HS-2
Alinco DM-330FXT
West Mountain DCTOGO-RR
SPG 58513-1381
WCS-D5100- Data
KRS-480-USB
PolyPhaser IS-50NX-C0 #

* 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
Antenna Tuner

Rig Expert AA-600
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, soldering iron, 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 030B
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
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Digital Modes:

Winlink Winmor/Packet/P2P	
FIDigi (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 Med Ctr	W4DRC	Piedmont Newton General Hospital	
Cornerstone Med Ctr		Piedmont Rockdale Med Ctr	
Fannin Regional Hospital	N4FRH	Shepherd Ctr	
AdventHealth Gordon		South Fulton Med Ctr	
AdventHealth Murray		Southern Regional Med Ctr	
Piedmont Mountainside Med Ctr		WellStar Atlanta Med Ctr	
B – Northeast Georgia Med Ctr	NG4HS	WellStar Atlanta Med Ctr South	
Chatuge Regional Hospital	KK4CRH	WellStar North Fulton Reg Hospital	
Chestatee Regional Hospital?		E – Piedmont Athens Regional Med Ctr	KN4PSU
Habersham Med Ctr		Clearview Regional Med Ctr	
Mountain Lakes Medical		Landmark Hospital of Athens	
Northeast Georgia Med Ctr – Braselton		Morgan Memorial Hospital	WR4MC
Stephens County Hospital?		Navicent Health - Baldwin	
Union General	W4NGT	Northeast Georgia Med Ctr – Barrow	WR4BC
C – Floyd Med Ctr	WX4FMC	Northridge Med Ctr – Commerce	
Cancer Treatment Ctrs of America (No ED)		St. Mary's Good Samaritan Hospital	
Cartersville Med Ctr		St. Mary's Hospital	
Healthsouth Rehab Hospital of Newnan?		St. Mary's Sacred Heart Hospital	
Higgins General Hospital		F – Med Ctr Navicent Health	
Kindred Hospital – Rome		Coliseum Med Ctr	
Piedmont Newnan Hospital		Coliseum Northside Hospital	
Polk Med Ctr		Houston Med Ctr – Warner Robins	KJ4PSI
Redmond Regional Med Ctr		Houston Med Ctr – Perry	WR4MG
Tanner Med Ctr – Carrollton	KK4DVM	Med Ctr of Peach Co. Navicent Health	KN4DGF
Tanner Med Ctr – Villa Rica		Monroe County Hospital	
D – Grady Health System	KK4CTX	Piedmont Henry Hospital	
Anchor Hospital?		Regency Hospital of Central Georgia	
CHOA at Egleston		Rehabilitation Hospital Navicent Health	
CHOA at Hughes Spalding		Upton Regional Med Ctr	W4OOH
CHOA at Scottish Rite		WellStar Spalding Hospital	
CHOA Neighborhood Facilities?		WellStar Sylvan Grove Hospital	K4SGH
Emory Decatur Med Ctr		G – Augusta University Med Ctr	
DeKalb Hillendale Hospital		Burke Med Ctr	
Eastside Med Ctr		Charlie Norwood VAMC – Augusta	
Emory Johns Creek Hospital		Doctor's Hospital – Augusta	
Emory St. Joseph's Hospital		East Central Regional Hospital	
Emory University Hospital		Eisenhower Army Med Ctr	
Emory University Hospital Midtown		Emanuel Med Ctr	
Emory Wesley Woods Geriatric?		Health South Walton Rehabilitation Hosp	
Georgia Regional Hospital Atlanta		Jefferson Hospital	
Gwinnett Med Ctr – Lawrenceville	KK4FGK	Jenkins County Med Ctr	
Gwinnett Med Ctr – Duluth	KK4FGL	Select Specialty Hospital - Augusta	
Kindred Hospital		Trinity Hospital of Augusta	
Northside Hospital – Forsyth		University Hospital	
Peachford Hospital		University Hospital – McDuffie	

Piedmont Atlanta Hospital		Willis Memorial Hospital	
Piedmont Fayette Hospital		H – Fairview Park Hospital	
Organization Name	Call Sign	Organization Name	Call Sign
Bleckley Memorial Hospital		Memorial Hospital and Manor	
Carl Vinson VA Med Ctr		Miller County Hospital	
Central State Hospital		Mitchell County Hospital	
Dodge County Hospital		Phoebe North Med Ctr	
Jasper Memorial Hospital		Phoebe Sumter Med Ctr	
Navicent Health – Baldwin		Phoebe Worth Med Ctr	
Lower Oconee Community Hospital?		Southwest Georgia Regional Med Ctr	
Putnam General Hospital		L – Tift Regional Med Ctr	W4PVW
Taylor Regional Hospital		Dorminy Med Ctr	
Washington County Regional Med Ctr		Irwin County Hospital	
I – Piedmont Columbus Midtown Med Ctr		Memorial Hospital of Adel	
Columbus Specialty Hospital		South Georgia Med Ctr	
Crisp Regional Hospital		South Georgia Med Ctr – Berrien	
Doctor’s Hospital - Columbus		South Georgia Med Ctr – Lanier	
East Alabama Med Ctr?		M – Memorial Satilla Health Waycross	
Flint River Community Hospital		Appling Health Care System	
Jack Hughston Memorial Hospital?		Bacon County Hospital	
Martin Army Community Hospital?		Charlton Memorial Hospital?	
Midtown Med Ctr – West		Clinch Memorial Hospital	
Piedmont Columbus Reg Midtown		Coffee Regional Hospital	
Piedmont Columbus Reg Northside		Jeff Davis Hospital	
Regional Rehab. Hospital – Phenix City?		Wayne Memorial Hospital	
Roosevelt Warm Springs Rehab & Spec		N – WellStar Kennestone Hospital	KK4OIO
Stewart Webster Hospital		Northside Hospital – Cherokee	
St. Francis Hospital		Ridgeview	
Warm Springs Med Ctr		WellStar Cobb Hospital	
WellStar West Georgia Med Ctr	WX4WGM	WellStar Douglas Hospital	
WellStar West Georgia Reg Hospital		WellStar Paulding Reg Hospital	WX4PCA
J – Memorial University Med Ctr	K4MUM	WellStar Windy Hill Hospital	
Candler County Hospital			
Candler/St. Joseph’s Hospital of Savannah	W3SJC		
East GA Regional Med Ctr			
Evans Memorial Hospital			
Landmark Hospital of Savannah			
Liberty Regional Med Ctr			
Meadows Regional Med Ctr			
Optim Med Ctr - Screven			
Optim Med Ctr – Tattnall			
St. Joseph’s Hospital of Savannah	K4SJH		
Southeast GA Health System - Brunswick			
Southeast GA Health System – Camden			
K – Phoebe Putney Memorial Hospital	KK4LLV		
Brooks County Hospital			
Colquitt Regional Med Ctr	WD4KOW		
Donaldsonville Hospital			
Grady General Hospital			
John D Archbold Memorial 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.*