



Marion County
Hospital
Emergency Communications
Operations Plan

For Hospital Volunteer Amateur Radio Operators

ARES Plan Volume II

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Section 1 Overview

Call up and activation

The Hospital Emergency Communications (HEC) ham volunteers activate when either the HEC Coordinator or anyone on a Call up list that has been provided receives a call from the hospital's designated official. The call can come from an automated hospital call system or hospital emergency coordinator or from any member of the Incident command staff at any hospital.

Unified command

There may be a unified command setup, which means that each hospital may create their own Incident command and not have one central command. That means that only one or both hospital systems may activate, but maybe not at the same time.

Activation

When either the HEC Coordinator or one of the hospital ham team members gets the call, it will likely be a notification that we will be within a short period of time (less than two hours). At that point, assigned teams will be put into standby and wait for further instructions. When the call comes in to deploy the team members will follow instructions and go to where they are needed setup their station and either establish a HOSPITAL HEC NET or wait for the established NET to call for check ins. Once the net has been activated, there will be regularly scheduled roll calls to ensure there is communications maintained over the course of the event.

Schedule

There will be two SHIFTS each 12 hr. if the event requires a long stay.

Section 2 Communications Plan

The Comm Plan

The hospitals will handle informal and formal message traffic as needed. The hospital will use the Hospital Incident Command forms such as the HICS 213 and other designated HICS forms. The HICS 214 Unit activity form is used for all hospital activities.

ICS205a

See ICS 205a in Marion County ARES Plan for frequency plan. This is hospital default and will be updated if necessary, prior to an event

AGENCY	TACTICAL CALL	PURPOSE	FREQ	MODE	PL	+/-	MODE	COMMENT
HOSPITAL SIMPLEX	HOSPITAL 1	HOSPITAL VHF	145.270	SMPX			A	PRIMARY
HOSPITAL SIMPLEX	HOSPITAL 2	HOSPITAL VHF	147.460	SMPX			A	SECONDARY
HOSPITAL SIMPLEX	HOSPITAL 3	HOSPITAL VHF	146.415	SMPX			A	TERTIARY
HOSPITAL SIMPLEX	HOSPITAL 4	HOSPITAL UHF	446.500	SMPX			A	PRIMARY
HOSPITAL SIMPLEX	HOSPITAL 5	HOSPITAL UHF	446.063	SMPX			A	SECONDARY
HOSPITAL PRIMARY	HEC	HOSPITAL	145.270	P	123	-	A	Tactical calls will be different for each hospital.
ANTHONY	KA4WJA	ALL	146.970	S		-	A	BACKUP REPEATER
WINLINK			145.030					GATEWAY
WINLINK			145.630					GATEWAY

Peer to Peer (P2P/Point to Point) Radio E-mail:

Hospital WINLINK P2P VHF or UHF simplex frequencies will be determined between ham Radio operators using Voice on any of the above or other frequency.

Section 3 Badging and vetting

Vetting

Members of the Hospital Emergency communications team are hospital volunteers. Or in some cases may be employees who are authorized under FCC Part 97.113c, Prohibited transmissions exceptions. They must meet the requirements for a volunteer and be vetted by the hospital organization they are assigned to. The exceptions may be determined by the hospital’s requirements. All must meet and observe rules for the assignment locations.

Badging

Each volunteer has a hospital ID badge as a hospital volunteer (or Employee ID). This allows them to enter the hospital at any time even if there's a lock down.

NIMS- Required certificates of training

HEC Volunteers must meet the minimum NIMS requirements for responders. IS-100.c, IS-200.c, IS-700.b, IS-800.c (Hospital and Healthcare are incorporated into the latest versions.) Earlier versions of courses are acceptable.

Team members are encouraged to take as many NIMS educational courses as possible.

Section 4 Readiness

Drills and exercises

The Hospital Emergency Communications ham operators are volunteers, they work under the volunteer management of the volunteer office until activated at which time they work under the Hospital Incident Command. The HEC team coordinator, a designated ham operator, works to develop training and exercises and interfaces with the hospital's volunteer office and emergency preparedness coordinator. Monthly activations include training meetings or exercises at each hospital, to ensure the communications skills are maintained, equipment is operational, become familiar with the hospital's floor plans and allow for the hospital staff to identify them so they work together in an emergency. Exercises are based on the Homeland Security Exercise and Evaluation Program. (HSEEP). The HEC ham team uses the HICS job aid for amateur radio operators as a guide for training in emergency communications.

Section 5 Communicating with county or state agencies

Outside agency communication

The Hospitals communicate between themselves but when there's a need to send a message or request to other agencies such as The Marion County Emergency Operations Center, contact the MERT radio room at KG4NXO either by voice on their designated frequency or by Winlink.

Contacting SWP

If our hospital's must directly contact the State Warning Point in Tallahassee, they must do so according to the state Comprehensive Emergency Management Plan. As such, all message traffic must come from the county emergency operations center. If the EOC/MERT cannot relay the message, then the ham station at one of the hospitals may be able to. Permission of the Marion County EOC Incident commander may be necessary to contact the SWP directly with their traffic. The responsibility to coordinate is between the hospitals Incident command and the Marion County Incident Command.

Section 6 Outside agency support

On the spot vetting

The Hospital Emergency Communications team may utilize other ham operators in the county as assets that are known to be reliable and vetted to act as relay stations for message handling between hospitals. Sometimes formal vetting is not practical in an emergency, in that case, vetting on the spot may be used. There are several methods to ensure outside ham operators can fill a job in an emergency.

1. Recommendation from a known ham team member
2. Recommendations from the EOC /and or MERT team who personally know the individual.
3. Interview with the hospital's security
4. Acceptance by the HEC Team coordinator or HEC UNIT Leader or Incident commander or Communications Unit Leader.

Section 7

This section will be added or amended as required. This plan is a work in progress and when completed, will become a part of the Marion County ARES Plan