

## Hospital Emergency Amateur Radio Operator

Mission: To provide an alternate path of external or internal communications when normal hospital or community communications have failed or have been disrupted.

Several references are made to roles (in italics) that are part of the Incident Command System. The ICS may or may not be in use at all hospitals in a particular event. This document assumes that ICS is in use, but if that is not the case the references can be disregarded. ICS forms always should be used regardless.

### **Actions to take when activated for a hospital emergency assignment:**

#### Take with you to assigned location

- Vest, preferably with "Radio Communications" identification
- HT, spare batteries and adapter (HT to coax with PL259 connector, to mate with SO239 female connector at antenna drop) in case COTS Radio is unavailable, and for internal communications with another ham. HT should be dual band type and have a gain antenna if possible.
- COARES ID
- Hospital ID for hams who have received background checks
- Copies of ICS-213 and ICS-214 forms, downloadable from [www.coares.org](http://www.coares.org) (it is good practice to make copies of these forms and place them in your go kit). Also pen/pencils.
- A copy of this document
- A mag mount antenna
- If assigned to a location which does not have a COTS Radio, in addition to an HT it is good practice to take along another radio such as a dual band mobile, antenna and power supply.

#### Upon arrival at assigned location

- Park in an area that will not interfere with hospital operations (not necessarily where you would park for a routine hospital antenna and radio check).
- Check in with security not only to obtain the COTS Radio but to alert them of your presence and the reason for your being there. If parking is not free ask about arrangements for avoiding parking fees.
- Set up COTS Radio (if location is equipped), and prepare to operate equipment (COTS Radio or your own) to provide ongoing communications support.
- Check into COARES or FCEM&HS emergency net, using a tactical call sign based on hospital name.
- Contact hospital personnel to let them know who you are and what services you can provide. This may be the Emergency Room Charge Nurse or another person you may be directed to by the Charge Nurse. Ask the Charge Nurse if hospital administration needs to be informed of your presence.

- Obtain a briefing from the *Section Chief* or other Hospital incident management team personnel on:
  - Size and complexity of incident
  - Expectations of the *Incident Commander*
  - Incident Objectives
  - The situation, incident activities, and any special concerns

#### Activities at assigned location

- Participate in briefings and meetings as requested by hospital personnel.
- Do not leave COTS Radio position without coordination with Net Control; notify Net Control upon return.
- When requested, relay hospital status reports to Net Control.
- Communicate directly with the *Logistics Section Chief, Communications Unit Leader*, or designee via radio or designated *Runner* for all urgent communications per Incident Command System procedures.
- Request a designated runner to be assigned, if appropriate.
- Advise designated personnel immediately of any operational issue you are not able to correct or resolve.
- Use ICS-213 Message Form for all formal messages.
  - When receiving a message verbally over the air, carefully enter all required message information on the form.
  - If the COTS Radio, and the station sending the message, are both equipped with fldigi (and you are knowledgeable with fldigi) use fldigi/flmsg to send and receive the message and print the received message.
  - Otherwise use the 3-part ICS-213 Message Form which should be available in the yellow folder in one of the pockets in the radio case (bear down with ball point pin!)
  - Obtain a runner to carry the message to the recipient.
  - If using a 3-part form, retain the white copy and send the yellow & pink copies to the message recipient.
  - The runner should wait for the recipient to enter the reply and their signature (printed and written). The recipient should retain the pink copy.
  - The runner should then return the yellow copy to the ham operator at the COTS Radio.
  - The ham operator at the COTS Radio should then transmit the message reply to the originator.
    - Note: if a copy machine (or network-connected printer) is not available at the radio position for printing the ICS-213 message received, or if 3-part forms are not available, fill out a message form and make two copies at an available copy machine.

- Retain one copy at radio position, take two copies to recipient.
- Obtain recipient's reply, copy the form if possible so the recipient can keep a copy, and take recipient's reply back to the radio position so the reply can be transmitted to the message originator.
- Record all notable communications sent or received, and individual notable activities, in the ICS-214 Activity Log. Again, both ICS forms are available for download at [www.coares.org](http://www.coares.org).
- Ensure messages requiring follow up are so noted and tracked according to message precedence (message number assigned in the order received) and importance.
- Receive and archive all formal ICS-213 Messages.
- When completing a shift and turning over communications to another amateur radio operator:
  - Brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital.
  - Insure the new operator is introduced to appropriate hospital personnel.
  - Address equipment needs and setup, including frequencies used and documentation practices (ICS-213 Message Forms and ICS-214 Activity Log).
  - Address any health, medical, and safety concerns.
  - Address political sensitivities, when appropriate.

### Special Communications Requests

- The hospital may request communications between the hospital Operations Center and the ham stationed at the COTS Radio (antenna drop location). Three methods to meet this request are:
  - Utilize 70 cm, with a ham equipped with an HT positioned at the Operations Center, and the ham at the COTS Radio location also with an HT. An HT antenna with better gain than the standard rubber duck antenna is preferred. Depending on the location of the Operations Center, this approach may not be possible.
  - If the Operations Center has outdoor facing windows, it may be possible to communicate with Net Control and/or the ham at the COTS Radio position, by using an HT and a roll-up J-Pole antenna which can be found in each hospital COTS Radio case (along with tape for attaching the antenna to a window). Various window locations can be tested to determine the optimal antenna mounting location.
  - If these methods are not successful, a third option is to utilize a runner between the Operations Center and the ham at the COTS Radio position.
- The hospital may request communications between a particular location within the hospital and the ham at the COTS Radio. The same three methods described above should be considered.

### Demobilization

- Do not leave post until released by your supervisor.
- When relieved, inform Net Control and sign off from net(s).

- Do not store completed forms in the COTS Radio case; deliver them to your supervisor or to the *Documentation Unit*. If there is no one to take the forms, then keep them in your possession, as the forms likely will be requested later.
- Secure COTS Radio and return it to Security for storage.
- Notify the *Planning Section Chief* when demobilization is complete.
- Brief your supervisor on current problems, outstanding issues, and follow up requirements.
- Debrief personnel in issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes as needed.
- Submit comments to the *Planning Section Chief* for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan.

This document was inspired by and loosely based upon Job Action Sheet for the Emergency Amateur Radio Operator from Kaiser Permanente Amateur Radio Network.

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