

## Washington Hospital Disaster Exercise – 051304 Communications Plan

### FOR ALL STATIONS:

- Communications will be conducted along a three-tier protocol, in accordance with NIMS guidelines.
- Med-Net will monitor 800 MHz Hospital Common; 146.90, 444.525, 146.76 (Forks), 53.03, 53.09
- Harborview MC will monitor 800 MHz Hospital Common; 146.90, 444.525, 53.03 (also used for Command & Control frequency)
- Tactical – King Co is 146.90
- Tactical – all others is 444.525 (or 6M if necessary)
- Command & Control – 53.03
- Resource/Logistics – local simplex

### Phase I: 05/13/04 0800-14:00 District 6 Medical Services Teams

Plan for Emergency communications within District 6 (King Co)

### Mission #: 04-T-0275

#### Scenario:

There is an outbreak of highly contagious Severe Acute Respiratory Syndrome (SARS) in the greater Puget Sound region. This has been precipitated by an incoming visitor from the Far East. The infection has the potential to cause an epidemic of respiratory infections throughout the Northwest.

Additionally, an apparent terrorist attack occurred at several locations along the I-5 corridor. Two separate, but nearly simultaneous, incidents of exploding Anhydrous Ammonia trucks, presumably stolen, exploding along I-5 would indicate that this is not an accident.

Unconfirmed rumors indicate that there is a third incident occurring at Naval Station Everett that is going to involve the local health care system.

NDMS will be transporting “patients” from Fort Lewis to approximately seven King Co. hospitals, using three vans. They will be playing both scenarios. They will not have radio support.

#### Immediate consequences include:

- Emergency departments and physician offices are flooded with seriously ill patients, who will need to be isolated and quarantined once they are identified.
- Overload and failure of everyday communications systems,
- Dozens of casualties caused by both the explosions.
- Transportation routes are compromised by the explosions on I-5.
- EOCs are activated and local RACES, ARES & ACS groups mobilize.

#### Timing Assumption:

The Drill will start Thursday morning at 09:00, and we assume that the event is occurring during a morning rush-hour on May 13.

#### Objectives:

- 1) Support the communications needs of hospitals receiving patients from the “field” where normal communications are lacking.
- 2) Practice communicating the distribution of patients from mass casualty incidents, as coordinated by the Disaster Medical Control Hospital (Harborview)
- 3) Test the communications capability between hospitals in King County.
- 4) Test the communications capability between Harborview and the other Disaster Medical Control Hospitals, via Med-Net.

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### Communications Protocols:

- Net Control will identify as Med-Net 1 or Med-Net 2 – call sign WW7MST
- Command & Control Communications between various Emergency Operation Centers, the Health Department, and Med-Net Control will be on **53.03 -/R (100.0) on South Mtn.**
- Tactical Communications between King County hospitals and Med-Net Control will be conducted on the linked W7SRZ repeater system. Primary frequency will be 146.90 -/R (103.5). Linked frequencies will be 443.550 +/R (103.5) and 53.550 -/R (100.0). Med-Net Control will relay information to the receiving hospitals.
- Resource requests will be handled on 146.42 simplex, but operators will need to ask Med-Net for permission and coordination to switch frequencies.
- Radio operators should report to their assigned location no later than 30 minutes before the exercise, which will begin at 09:00 Thursday morning. Be sure to present your ID card, as security may be tight.
- Stations are advised to identify with a **tactical call sign** for the facility. (e.g. "This is Overlake Hospital to Med-Net.") Personal Amateur Radio call signs should only be used at the end of a transmission.
- Please remember to identify any disaster message traffic with an advisory that "**This is an exercise or drill message**".
- **HF contact between Puget Sound Blood Center and American Assoc. of Blood Banks in Maryland: Scheduled contact at 1900z, or 1200 local. 40M (7.238 +/-QRM); 20M (14.250 +/-QRM); 15M (21.375 +/- QRM) Initial contact will be by cell phone 240-793-6736, Howard W3CQH**

### Types of Messages to expect:

During the course of the exercise, in King County Amateur Radio will mirror what is happening on the 800 MHz system: There will be initial announcements, and then operators will be asked to obtain a bed count from the facility, using the Hospital Capacity Report form for your district. **For THIS exercise, we will only collect the Alpha and Bravo categories.** Once the bed count reports are collected, Harborview, the Disaster Medical Control Hospital, will begin triaging and distributing patients to the various hospitals, based on the receiving hospital's capacity. At some point, there will be additional announcements that must be relayed to the hospital staff to direct their attention to the Web page, for instructions on a conference call. Hospitals taking part in the Conference Call are an indicator of successful message traffic. There will be lots of radio traffic related to SARS, and for blood from the Blood Bank.

Before and throughout the exercise, I can be reached by cell phone: 206-954-4099, or pager: 206-997-0095. If you are unable to fulfill your assignment at the last minute, please let me know as soon as you possibly can so we can try to replace you.

Enjoy the exercise and thanks so much for taking the time to volunteer. I, and the hospitals, appreciate it very much. **Please send me your total hours and round-trip mileage by E-mail, and any comments, concerns, feedback as soon as possible after the exercise. [n7lsl@arrl.net](mailto:n7lsl@arrl.net). We will have a feedback form on the MST Web page, [ww7mst.org](http://ww7mst.org), in the Members-Only section.** Debriefing meeting will be Saturday, May 22nd, location to be determined.

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### Phase II: 05/13/04 - approx 1000-1200 Districts 1, 2, 3, 4, and 5 - Hospital Communications Test

#### Mission #: 04-T-275

The second portion of this exercise will involve a few, but not all, hospitals in the other five districts, mostly the Disaster Medical Control Hospitals, except for District One, in which most hospitals are participating. In order to foster the development of the regional hospital districts, we are encouraging each district to attempt to communicate with the other hospitals in that district, via phone, radio, or via amateur radio to obtain a bed count. Each district should have a primary hospital, or Disaster Medical Control Hospital (DMCH), which will take the lead in determining hospital capacity for the district, and coordinating distribution of mass casualty patients. The Hospital Capacity Report form for each district should be utilized for this purpose. (**Alpha and Bravo categories only**) (This concept is still as new to the hospitals as it is to the radio operators).

**Please refer to the Assignment sheet for which facilities are participating.  
See Scenario and Timing Assumptions in Phase I (p1).**

Med-Net Control (**Tactical: Med-Net; Call-sign: WW7MST**) will begin polling the participating hospitals in each district, beginning with the DMCH hospital for each district. The DMCH or district net control, should report the results of the district hospital net to Med-Net. If a DMCH hospital is not playing, other participating be contacted.

Everett Naval Station will be transporting “patients” from their scenario to several hospitals in District One.

#### Objectives:

- 1) Test the communication paths between hospitals in Western Washington, organized by the Bioterrorism Health Districts, using both 70 CM and 6M repeaters wherever possible, and 2M as an optional communication path.
- 2) Attempt to identify ONE common 6M repeater that will allow Vancouver, BC to Portland, OR to communicate.
- 3) Practice the use of the Hospital Capacity Report form and obtaining the bed count information

#### Communication Protocols:

- Net Control will identify as Med-Net 1 or Med-Net 2 – call sign WW7MST
- Regional tactical communications, for those counties who are able to reach it, will be on UHF – Squak Mtn – **444.525 + (103.5)**. All hospitals should attempt this frequency.
- Forks will use Port Angeles VHF repeater 146.760 (100.0). Jefferson General should attempt relay also on 444.525.
- Long distance tactical communications, **for those who cannot reach the 440 repeater** should use the following 6M repeaters, which will both be monitored simultaneously:
  - Communications between Hospitals in **District 1, District 2, and Vancouver General Hospital (B.C.): use primary 6M repeater: 53.090 (100.0) W7UMH Lyman Hill; or alternate 53.370 (100.0) WR7V Blyn Mtn** (only if you can't use Lyman – contact Med-Net first.)
  - Communications between Hospital in **District 3, District 4, and OHSU in Portland, OR.: use primary 6M repeater: 53.03 (100.0) South Mtn, which is linked to BawFaw. 52.93 MHz. (100.0)**
  - **Any hospital using 6M should attempt all four frequencies to determine if there is one common repeater.**

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### Types of Messages to expect:

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- If you are unable to communicate on the assigned primary or secondary repeater, try one of the others. If all else fails, page me (numeric at 206-997-0095 or alpha-numeric [2069970095@my2way.com](mailto:2069970095@my2way.com)) and we can negotiate something else.
- Communications between King Co hospitals and Med-Net Control will also be conducted on the linked W7SRZ repeater system. Primary frequency will be 146.90 -/R (103.5). Linked frequencies will be 443.550 +/R (103.5) and 53.550 -/R (100.0). It would be an interesting test to see how far we can communicate on 2M.
- Radio operators should report to their assigned location no later than 30 minutes before the time assigned by your local emergency coordinator or hospital liaison. Each district will be participating at different levels of activity.
- Stations are advised to identify with a **tactical call sign** for the facility. (e.g. "This is Providence Centralia to Med-Net.") Personal Amateur Radio call signs should only be used at the end of a transmission.
- Please remember to identify any disaster message traffic with an advisory that **"This is an exercise or drill message"**. Routine communication checks don't require this.
- If time allows at the end of the exercise, and with Med Net approval, hospitals should experiment with different repeaters for region wide communications - that are not already allocated for emergency communications purposes

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Enjoy the exercise and thanks so much for taking the time to volunteer. I, and the hospitals, appreciate it very much.

**Please send me your name, call-sign, assignment, total hours and round-trip mileage by E-mail, and any comments, concerns, feedback as soon as possible after the exercise. [n7lsl@arrl.net](mailto:n7lsl@arrl.net). We will have a feedback form on the MST Web page, [ww7mst.org](http://ww7mst.org), in the Members-Only section. If you do not have a call-sign and the password, please let me know. We will have a debriefing meeting on Saturday, May 22<sup>nd</sup>, location to be determined. All are welcome to attend.**