

**Fall Amateur Radio Emergency Communications Exercise (FAR-ECOMM)  
Annual Simulated Emergency Test, W. WA. Section  
10/4/03**

**Phase I: 10/4/03 0900-1015: District 5 and 6 Medical Services Teams**  
Plan for FAR E-Comm (Fall Amateur Radio Communications Exercise)

The King County and Pierce County Medical Services Communications Teams will support the simulated terrorist event that ARES/ACES teams in King County are conducting, by providing communications to the hospitals in those counties on Saturday, Oct. 4, 2003.

**Mission #: 03-T-530**

**Scenario:**

An apparent terrorist attack against three (fictitious) major power connection points in the region brings the Puget Sound area into darkness. News sources report what may have been three simultaneous explosions from truck bombs. Many injuries and casualties are reported. Fire departments aid cars and ambulances are responding, and are beginning to flood area hospitals with the injured.

**Immediate consequences include:**

- Overload and failure of everyday communications systems,
- Transportation grid-lock as traffic signals, trolleys and other systems do not function, Elevators stop, stores and offices are dark,
- all these events increases pressure on police, fire and medical services, as well as the Utilities
- Hundreds of casualties caused by both the explosions and the resulting power outage.
- EOCs are activated and local RACES, ARES & ACS groups mobilize.

**Timing Assumption:**

While the Drill will start Saturday morning at 09:00, we assume that the event is occurring during a Monday evening rush-hour mid October at 18:00. It is a cold and rainy evening. There is a rapid on-set of darkness.

As the drill begins, it is now Monday evening, 19:00 drill time. The explosions occurred an hour before – the region is dark.

**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. Several of the facilities did not participate in the last exercise.

**Communications Protocols:**

- Communications between 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 444.825 +/R, and 53.550 -/R (100.0). Med-Net Control will relay information to the receiving hospitals.
- Communications between various Emergency Operation Centers, the Health Department, and Med-Net Control will be on 53.330 -/R (100.0) on Mt. Baldi.

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- Radio operators should report to their assigned location no later than 30 minutes before the exercise, which will begin at 09:00 Saturday morning. Exercise play for King and Pierce Co teams will be over by 10:30, although you are welcome to continue to monitor the second half of the exercise if desired. Most of it will be conducted on 6M frequencies.
- 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**".

During the course of the exercise, operators will be asked to obtain a bed count from the facility, using the Hospital Capacity Report form for your district. 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.

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**

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## **Phase II: 1030-1130: Districts 1, 2, 3, and 4 - Hospital Communications Test**

### **Mission #: 03-T-530**

During the second phase of the fall Simulated Emergency Test (SET), Med-Net Control (**WW7MST**) and Harborview Medical Center will attempt to identify a communication path, and exchange hospital information, with most of the hospitals in Districts 1-4 (all besides King and Pierce Counties). In many cases this will be the first attempt at communicating with these hospitals.

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 each district, via amateur radio, during the period that Phase I is taking place (0900-1015). Each district should have a primary hospital, or Disaster Medical Control Hospital (DMCC), 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. (This concept may be as new to the hospital as it is to the radio operators, but it will be a good first attempt.)

During Phase II, beginning at about 1030, Med-Net Control (**Tactical: Med-Net; Call-sign: WW7MST**) will begin polling all of the hospitals in each district in turn, beginning with the DMCC hospital for each district. The DMCC or district net control, should report the results of the district hospital net, and then we will call each hospital in that district to determine if we can contact them.

### **Objectives:**

- 1) Test the communication paths from each hospital in Western Washington, organized by the Bioterrorism Health Districts, using 6M repeaters wherever possible, and 2M/70cm as an optional communication path.
- 2) Test our ability to communicate with hospital in Vancouver, BC, and Portland, OR.
- 3) Practice the use of the Hospital Capacity Report form and obtaining the bed count information

### **Communication Protocols:**

- 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; and secondary 53.370 (100.0) WR7V Blyn Mtn
- Communications between District 3, District 4, and OHSU in Portland, OR: use primary 6M repeater: 52.930 (100.0) K7CH - BAW FAW; and secondary: 51.330 Rx (100.0) K7CH – North Mtn.
- 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 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

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frequencies will be 443.550 +/R (103.5) and 444.825 +/R, 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. Each district will be participating at different levels of activity.
- The Regional Hospital Communications portion will begin at 10:30 Saturday morning. Most of it will be conducted on 6M frequencies. Hospital communications exercise should terminate about 11:30-12:00.
- 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.

Before and throughout the exercise, I can be reached by cell phone: 206-954-4099, or pager: 206-997-0095.

Enjoy the exercise and thanks so much for taking the time to volunteer. I, and the hospitals, appreciate it very much. **We have never attempted an exercise of this scope before, so we should learn a lot of information about our ability to communicate. We will build on the results to design a better exercise next year. Thanks you again for your participation.**

**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).**