

Eastern Healthcare Preparedness Coalition State - Medical Assistance Team II

Emergency Support Function - 8 Public Health and Medical Service



**2022**

**Communications Best  
Practice Guide &  
Information Sharing Plan**



This document describes the recommended Best Practice, Standards & Contact information for the Eastern Healthcare Preparedness Coalition with planning for communication interoperability with EMS, hospitals and other public safety agencies

**TLP GREEN**

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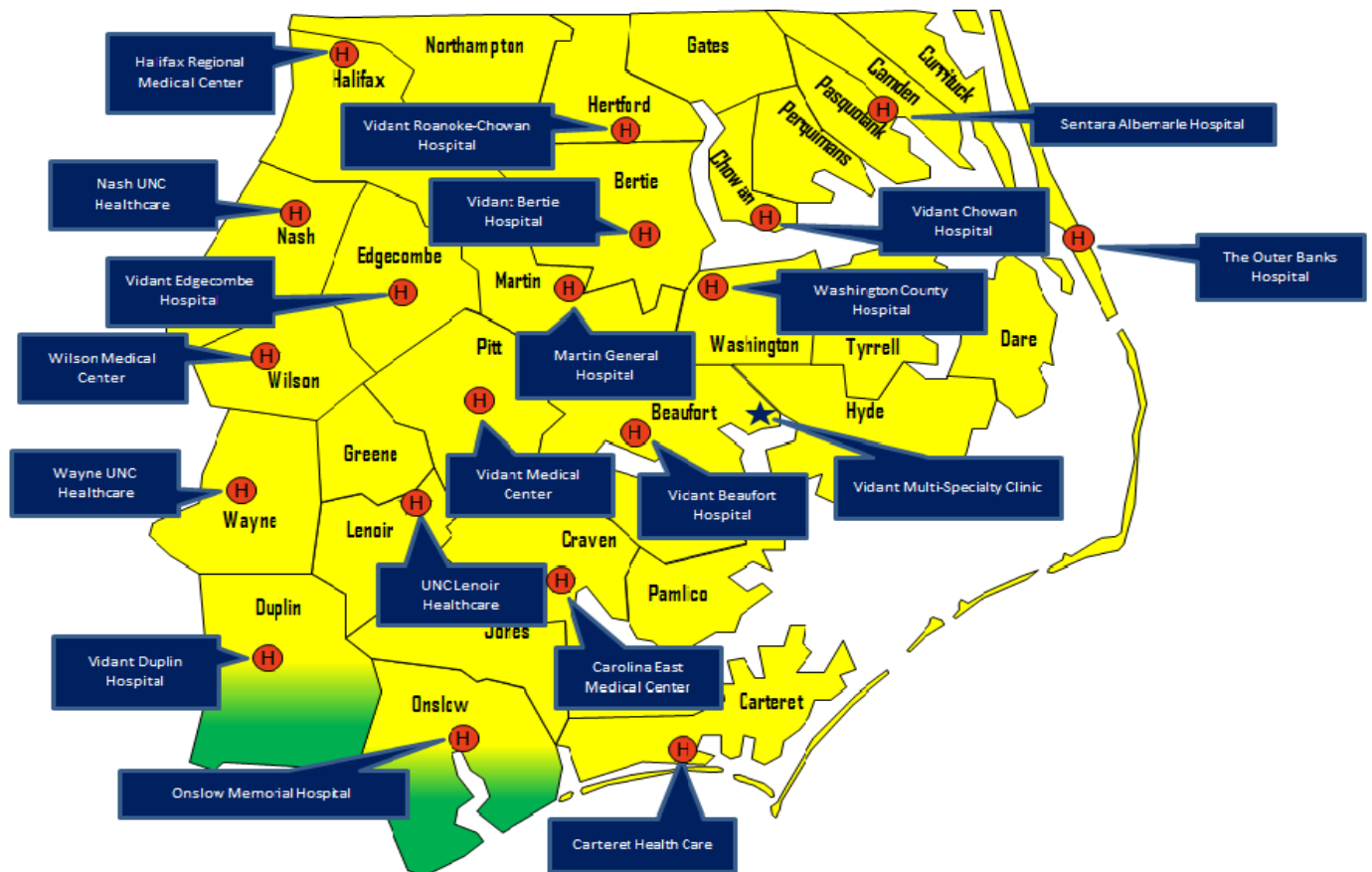
## Regional Radio Communications Overview

EHPC utilizes the North Carolina Voice Interoperability Plan for First Responders Network (VIPER) for its main radio communication platform. This document is meant to specifically address EMS related issues and assist with planning for EMS Regions and agencies. Common healthcare communications paths include the following:

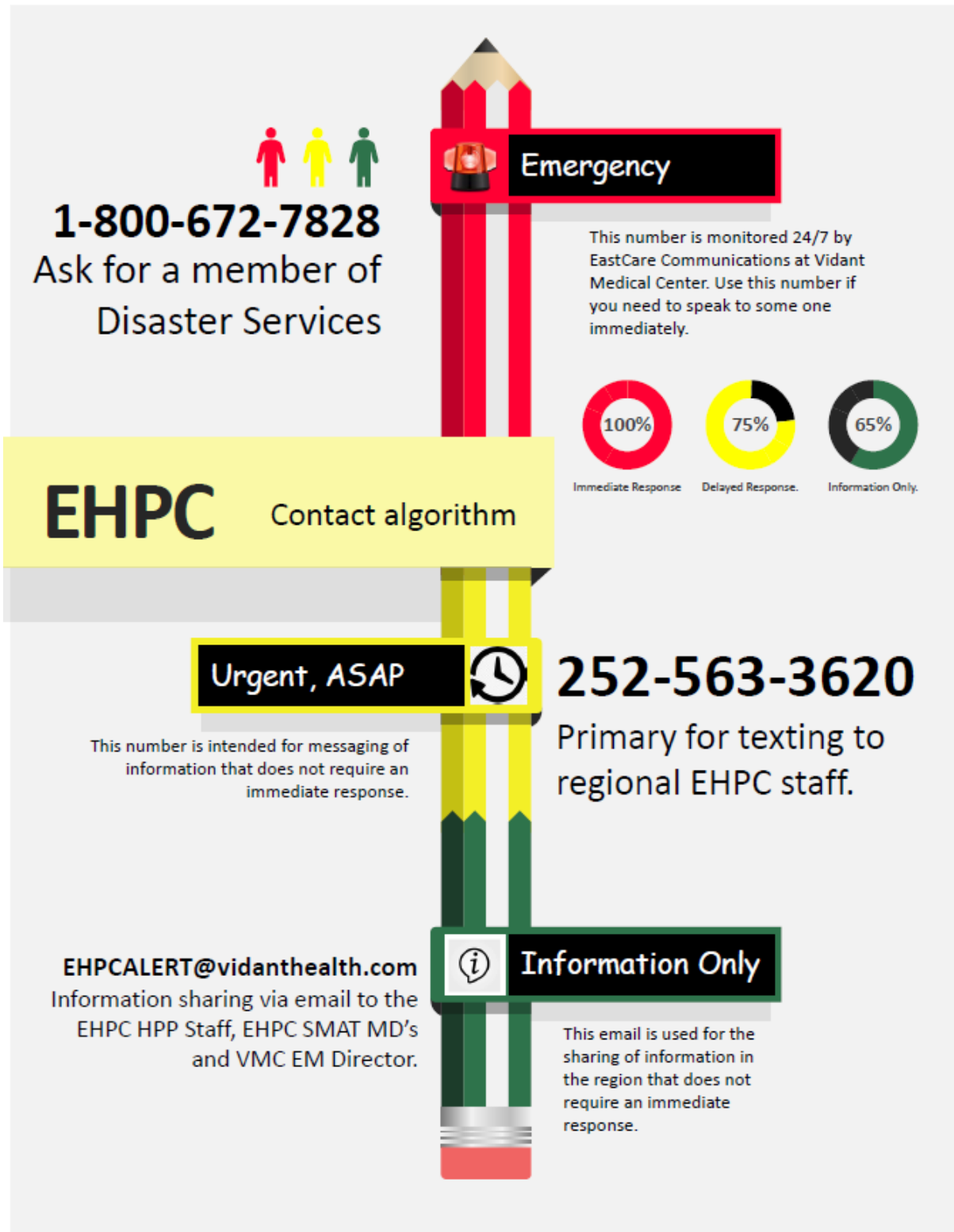
- Hospital to Ambulance
- Hospital to Hospital
- Hospital to First Responder
- Hospital to Air Ambulance

The highest and most effective level of interoperability is achieved when users share the same radio system and have shared talk groups directly accessible to them in their radios. Common communications paths for hospitals and public health will be discussed in further best practices documents. It is encouraged that all new facilities and vehicles being designed include VIPER capable radios in their budget.

### EHPC Region

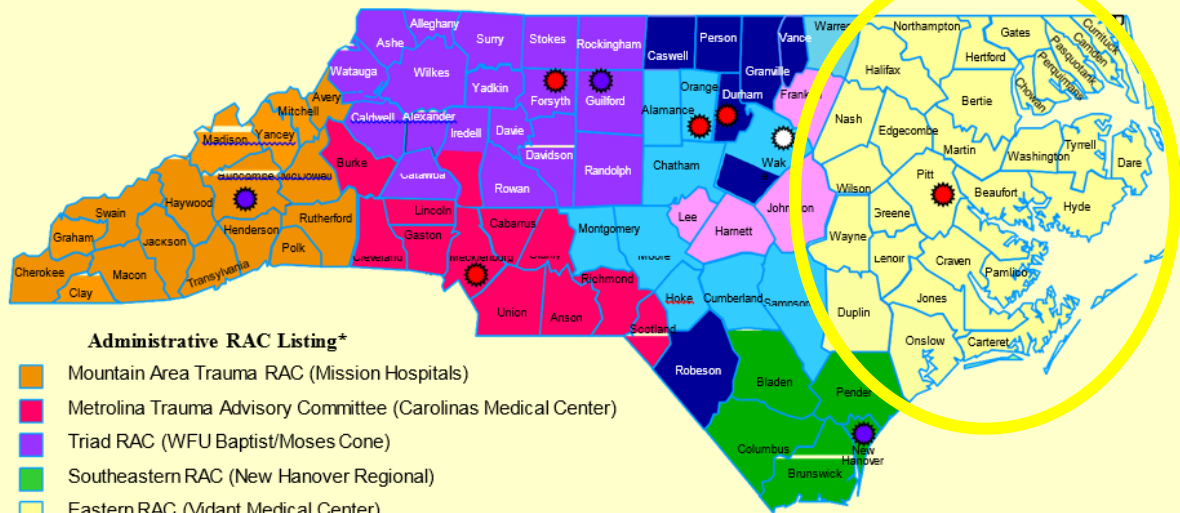


### EHPC Contact algorithm



\*Refer to the EHPC Information Sharing Plan for additional contact procedures.

## North Carolina Regional Advisory Committee (RAC) Trauma Center Map July 2017



**Administrative RAC Listing\***

- Mountain Area Trauma RAC (Mission Hospitals)
- Metrolina Trauma Advisory Committee (Carolinas Medical Center)
- Triad RAC (WFU Baptist/Moses Cone)
- Southeastern RAC (New Hanover Regional)
- Eastern RAC (Vidant Medical Center)
- Duke RAC (Duke University Hospital)
- Mid Carolina Trauma RAC (UNC Health Care)
- Capital RAC (WakeMed)
- Indicates a Level I Trauma Center
- Indicates a Level II Trauma Center
- Indicates a Level III Trauma Center

Counties with different colors indicate two or more hospitals with different RAC affiliations as follows:

- Iredell County:** Iredell Memorial Hospital – Triad  
Davis Regional Medical Center – Triad  
Lake Norman Regional Medical Center – Metrolina
- Richmond County:** Sandhills Regional Medical Center – Metrolina  
FirstHealth Richmond Memorial Hospital – MidCarolina
- Wake County:** Duke Raleigh Hospital – Duke  
Rex HealthCare – MidCarolina  
WakeMed Hospital – CapRac

### EHPC Counties

Beaufort	Bertie	Camden	Carteret	Chowan	Craven	Currituck	Dare	Duplin(Hosp)	Edgecombe
Gates	Greene	Halifax	Hertford	Hyde	Jones	Lenoir	Martin	Nash	Northampton
	Onslow (Hosp)	Pamlico	Pasquotank	Perquimans	Pitt	Tyrell	Wayne	Wilson	Washington

Onslow and Duplin County shared with Southeastern HPC

Participation in the NC VIPER Radio System

The decision to participate in VIPER must be made in conjunction with state and county officials, local public safety, adjacent EMS agencies and hospitals. This must also include an evaluation of interoperability with other radio systems. For questions, please utilize the points of contact in this document.

<b>DEFAULT VIPER TALKGROUPS TO MONITOR WHEN OUTSIDE COMMUNICATIONS FAIL:</b>
<b><u><a href="#">EHPC DISASTER (VMK79100) (For all Healthcare and EMS in EHPC region)</a></u></b>
<b>EMERGENCY ASSISTANCE VIPER TALKGROUPS:</b>
<b>NCEOC "STATE EOC" OR SW CALL "LOCAL COUNTY 911 CENTER"</b>

### Minimum Communication Training for EMS Responders

VIPER Medical Network (VMN)

[There is no up to date VIPER radio training online. EHPC is working with statewide partners in creating a new curriculum. It will be shared to the region once established.](#)

### Available Communication systems for Hospitals in EHPC Region

- North Carolina Viper Medical Network (VMN)
- Legacy VHF (State EMS and Patient Report 155.340 / 155.280)
- National Public Safety Planning Advisory Committee (NPSPAC) Channels
- Individual county/city radio systems
- Satellite Telephone
- Amateur Radio (Auxcomm)
- Current landline telephone systems
- Cellular telephone systems / FirstNet

### North Carolina Medical Communications Network (NCMCN) MED 8/10 overview (Discontinued)

The majority of the NCMCN system was demobilized in late 2018, but a few sites remain operational at the time of this update. The system should generally be considered demobilized. Eastern North Carolina does still have a few repeaters in operation. MED8 (Located on the roof of ECHI Vidant Greenville), MED 10 located at Farmville and MED 10 located on Columbia. All of these repeaters are in operation and available for use. One site near Charlotte (Concord) also has MED8/10 operational. These sites are still overseen by NCOEMS and will continue operation as long as the equipment is functional.

## North Carolina Viper MEDICAL NETWORK Overview:

VIPER is an 800 MHz medical radio system referred to as the “Viper Medical Network” or VMN. This system is within the 800 MHz state trunked VIPER radio network “Voice Interoperability Plan for Emergency Responders.” The VMN establishes a digital talk group for each hospital, military hospital, veteran’s hospital, state facilities, mobile hospital and community health center within the state. Provisions are included for the bio laboratories, poison center and the state medical assistance teams. When radio equipment is deployed for the VMN, any hospital, ambulance or field medical service unit anywhere in the state will be able to communicate throughout the system and across the entire state. For interoperability compatibility, every radio that functions as part of the VMN must have a common group of channels with standard channel names. The VMN radios must therefore be equipped with a series of “Talk Groups,” which are similar to channels in a conventional or “legacy” radio.

The standardized Talk Groups for the **VMN radios** are set up in the following classifications:

1. Statewide Medical Talk Groups
2. Statewide Calling Talk Groups
3. Statewide Event Talk Groups
4. State Highway Patrol Mutual Aid Talk Groups
5. North Carolina Emergency Management Approved Talk Groups
6. Domestic Preparedness Region (DPR) Talk Groups

### Viper Statewide Medical Vmn Talk Groups

Following is a description of the purpose and suggested operation for each of the classifications of VIPER Statewide Channels: The Viper Medical Network (VMN) provides a talk group “channel” for each hospital in the state thus enabling VMN VIPER users the ability to contact hospitals for medical or patient care communication from anywhere in the state. There are 185 statewide digital Viper Medical (VM) talk groups. Each of the hospital talk groups are identified by a 5-digit numeric address. The 5-digit hospital addresses are grouped into twelve radio zones or banks identified as the “VM” talk groups. These zones are established so the channels can be installed in mobile or portable radios, as well as hospital control stations.

The hospital talk groups are identified by three ZONE characters such as “VMA,” “VMB,” “VMC,” “VMD,” “VME,” etc. ... through to “VMM.” Within each of these twelve VM zones there are sixteen numeric 5-digit addresses which correspond to each hospital in the state. The 5-digit numeric address corresponds to the hospitals old NCMCN DTMF tone number. Each hospital has a pre-designated VM address which a hospital obtain by authorization when it installs a VIPER medical control radio. The authorization application form is included in the DTMF Reference document available from the web site listed below. The hospital VMN address becomes operational and will be listed in the hospital radio directory upon application.

All VMN mobile, portable and hospital control radios must have all of the VM talk group list programmed into the radio to insure operational compatibility when future hospitals are implemented. A VM hospital address can be obtained by submitting the VIPER MEDICAL NETWORK APPLICATION, which is included within the above noted publications.



**Viper Statewide Calling Talk Groups**

The VIPER Statewide Calling Talk Groups allow VIPER radio users to make contact with the 9-1-1 Center or Public Safety Answering Point (PSAP) in properly equipped counties across the state. This enables any VIPER radio to contact either their home 9-1-1 Center when they are out of their home county or to contact the 9-1-1 Center in the county that they may be in at the time assistance is needed. Contact can be established by installing a station to monitor these talk groups. There are FIVE Statewide Calling Talk Groups located within the radio in the zone identified as “SW”. These are listed below with the standard channel name used for programming:

BANK #	BANK NAME	
	STATEWD	
CHANNEL	NAME	STATUS
1	SW-CALL	Existing TG
2	SW-CONF	New TG
3	EM-EOC	Existing TG
4	EM-EBO	Existing TG
5	EM-CBO	Existing TG
6	EM-WBO	Existing TG
7	EM-RRT	Existing TG
8	EM-SAR	Existing TG
9	LZWEST1	Existing TG
10	LZWEST2	New TG
11	LZEAST1	Existing TG
12	LZEAST2	New TG
13	LZCENTRAL1	Existing TG
14	LZCENTRAL2	New TG
15	LZPDM ONT1	New TG
16	LZPDM ONT2	New TG



**Statewide Viper Event Talk Groups**

The VIPER Statewide Event Talk Groups are not assigned to any specific agency. They provide all VIPER users (128) statewide talk groups which can be directed in the event of a multi-agency response that exceeds the scope of a normal occurrence or covers a larger than normal geographic area. In the future it is anticipated that a centralized State operated communications center will serve as the clearinghouse for assignment of these talk groups based upon location and need. The Statewide Event Talk Groups are in a zone or bank in the radio identified as “EVENT” or “EVT”. They have the standardized channel naming listed below:

BANK #	BANK NAME
	EVTA
CHANNEL	NAME
1	ALPHA1
2	ALPHA2
3	ALPHA3
4	ALPHA4
5	BRAVO1
6	BRAVO2
7	BRAVO3
8	BRAVO4
9	CHRLY1
10	CHRLY2
11	CHRLY3
12	CHRLY4
13	DELTA1
14	DELTA2
15	DELTA3
16	DELTA4

BANK #	BANK NAME
	EVTB
CHANNEL	NAME
1	ECHO1
2	ECHO2
3	ECHO3
4	ECHO4
5	FXTRT1
6	FXTRT2
7	FXTRT3
8	FXTRT4
9	GOLF1
10	GOLF2
11	GOLF3
12	GOLF4
13	HOTEL1
14	HOTEL2
15	HOTEL3
16	HOTEL4

BANK #	BANK NAME
	EVTC
CHANNEL	NAME
1	INDIA1
2	INDIA2
3	INDIA3
4	INDIA4
5	JULIET1
6	JULIET2
7	JULIET3
8	JULIET4
9	KILO1
10	KILO2
11	KILO3
12	KILO4
13	LIMA1
14	LIMA2
15	LIMA3
16	LIMA4

BANK #	BANK NAME
	EVTD
CHANNEL	NAME
1	MIKE1
2	MIKE2
3	MIKE3
4	MIKE4
5	NOVEMBR1
6	NOVEMBR2
7	NOVEMBR3
8	NOVEMBR4
9	OSCAR1
10	OSCAR2
11	OSCAR3
12	OSCAR4
13	PAPA1
14	PAPA2
15	PAPA3
16	PAPA4

BANK #	BANK NAME
	EVTE
CHANNEL	NAME
1	QUEBEC1
2	QUEBEC2
3	QUEBEC3
4	QUEBEC4
5	ROMEO1
6	ROMEO2
7	ROMEO3
8	ROMEO4
9	SIERRA1
10	SIERRA2
11	SIERRA3
12	SIERRA4
13	TANGO1
14	TANGO2
15	TANGO3
16	TANGO4



Statewide Highway Patrol Mutual Aid Viper Talk Groups

The VIPER Statewide Highway Patrol Mutual Aid Talk Groups serve as a means for all VIPER users to have the ability to contact one of the State Highway Patrol’s communications centers.

BANK #	BANK NAME	
	TRP M/A CMN	
CHANNEL	NAME	STATUS
1	TRPA M/A	Existing TG
2	TRPA CMN2	Existing TG
3	TRPB M/A	Existing TG
4	TRPB CMN2	Existing TG
5	TRPC M/A	Existing TG
6	TRPC CMN2	Existing TG
7	TRPD M/A	Existing TG
8	TRPD CMN2	Existing TG
9	TRPE M/A	Existing TG
10	TRPE CMN2	Existing TG
11	TRPF M/A	Existing TG
12	TRPF CMN2	Existing TG
13	TRPG M/A	Existing TG
14	TRPG CMN2	Existing TG
15	TRPH M/A	Existing TG
16	TRPH CMN2	Existing TG



**Viper NC Emergency Management (NCEM) Talk Groups**

North Carolina Emergency Management (NCEM) has authorized certain talk groups to be provided to local emergency officials to facilitate coordination between state emergency management staff, the State Emergency Operations Center (EOC) and local agencies. These four talk groups are to be used primarily by local emergency management representatives, however they may be used on a secondary basis by any duly authorized representative of any federal, state or local emergency response agency for the same purpose. The NCEM talk groups are listed below along with their standardized channel naming:

- NCEM Eastern Branch Office Staff .....NCEM-EBO
- NCEM Central Branch Office Staff .....NCEM-CBO
- NCEM Western Branch Office Staff .....NCEM-WBO
- NCEM State Emergency Operations Center (EOC) .....NCEM-EOC

**Viper NC Emergency Management (DPR) Talk Groups**

The DPR talkgroups will serve as the primary means for agencies and jurisdictions to establish voice interoperability at a regional level. These talkgroups, if operationally possible, should be used prior to requesting a state event talkgroup. The regional zone usage will be dictated by the location of where the event/incident/exercise/training is occurring. All radio traffic passed on the DPR talkgroups is “in the clear” and presumed to be monitored by members of the public. The “FREESPACE” (channel 16) can be used for agency specific needs. Examples of this could be:

- Agency specific dispatch talkgroup
- Specified local coordination talkgroup
- Conventional frequencies (repeated or simplex)

The DPR talkgroups will follow the geographic boundaries of the NCEM Branches as illustrated below.

**Coordinating agency:** East – Pitt County Communications  
 Central – Moore County  
 West – Mitchell County Communications

**Request process:** VIPER users may contact the coordinating agency via telephone or email via the pathways provided by the NCEM Communications Branch. Talkgroups will be assigned based on certain criteria which includes, but is not limited to:

- Regional incident status
- Regional special event status
- Geographic proximity to other incidents/events
- Validation of need
- Whether the DPR talkgroup will need to be monitored for accountability

**Requestor Information:** The requestor will be required to provide the following information:

- Agency name
- POC first and last name
- POC contact information, should the talkgroup become compromised, interference is encountered, or the talkgroup needs to be retracted
- POC email address
- Duration of usage – From, To
- Event type – Incident, Event, Exercise, Training
- Brief explanation of the situation regarding the event type

The coordinating agency has the right to restrict, recall, or freeze DPR talkgroup assignments at any time based on regional incident status or no-notice regional incidents as outlined. The DPR talkgroup coordinating agencies will work with the NCEM 24Hr Watch to determine the best way to proceed if this occurs.

BANK #	BANK NAME
	DPR EAST

CHANNEL	NAME	STATUS
1	DPREAST1	(Ex: DPR1TG1)
2	DPREAST2	(Ex: DPR1TG2)
3	DPREAST3	(Ex: DPR1TG3)
4	DPREAST4	(Ex: DPR1TG4)
5	DPREAST5	(Ex: DPR1TG5)
6	DPREAST6	(Ex: DPR2TG1)
7	DPREAST7	(Ex: DPR2TG2)
8	DPREAST8	(Ex: DPR2TG3)
9	DPREAST9	(Ex: DPR2TG4)
10	DPREAST10	(Ex: DPR2TG5)
11	DPREAST11	(Ex: DPR3TG1)
12	DPREAST12	(Ex: DPR3TG2)
13	DPREAST13	(Ex: DPR3TG3)
14	DPREAST14	(Ex: DPR3TG4)
15	DPREAST15	(Ex: DPR3TG5)
16	FREESPACE	USER TBD

BANK #	BANK NAME
	DPR CENT

CHANNEL	NAME	STATUS
1	DPRCENT1	(Ex: DPR4TG1)
2	DPRCENT2	(Ex: DPR4TG2)
3	DPRCENT3	(Ex: DPR4TG3)
4	DPRCENT4	(Ex: DPR4TG4)
5	DPRCENT5	(Ex: DPR4TG5)
6	DPRCENT6	(Ex: DPR5TG1)
7	DPRCENT7	(Ex: DPR5TG2)
8	DPRCENT8	(Ex: DPR5TG3)
9	DPRCENT9	(Ex: DPR5TG4)
10	DPRCENT10	(Ex: DPR5TG5)
11	DPRCENT11	(Ex: DPR6TG1)
12	DPRCENT12	(Ex: DPR6TG2)
13	DPRCENT13	(Ex: DPR6TG3)
14	DPRCENT14	(Ex: DPR6TG4)
15	DPRCENT15	(Ex: DPR6TG5)
16	FREESPACE	USER TBD

BANK #	BANK NAME
	DPR-WEST

CHANNEL	NAME	STATUS
1	DPRWEST1	(Ex: DPR7TG1)
2	DPRWEST2	(Ex: DPR7TG2)
3	DPRWEST3	(Ex: DPR7TG3)
4	DPRWEST4	(Ex: DPR7TG4)
5	DPRWEST5	(Ex: DPR7TG5)
6	DPRWEST6	(Ex: DPR8TG1)
7	DPRWEST7	(Ex: DPR8TG2)
8	DPRWEST8	(Ex: DPR8TG3)
9	DPRWEST9	(Ex: DPR8TG4)
10	DPRWEST10	(Ex: DPR8TG5)
11	DPRWEST11	(Ex: DPR9TG1)
12	DPRWEST12	(Ex: DPR9TG2)
13	DPRWEST13	(Ex: DPR9TG3)
14	DPRWEST14	(Ex: DPR9TG4)
15	DPRWEST15	(Ex: DPR9TG5)
16	FREESPACE	USER TBD

### Legacy VHF

The VHF frequencies 155.280 MHz and 155.340 MHz have been selected as North Carolina statewide standard VHF frequencies. To assist in standardization of usage of these two frequencies, the following is required:

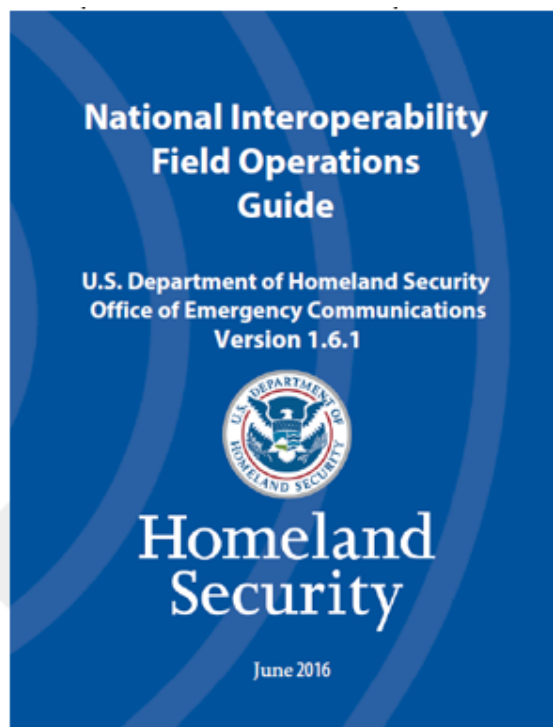
The frequency 155.280 MHz (“280”) is designated primarily for mutual aid calls. It is preferred that the frequency not be used for dispatch purposes. For new or modified systems, it is suggested that an alternate frequency be selected for dispatching. The frequency 155.340 MHz (“340”) is dedicated to communication between ambulance treatment teams and hospital personnel directing treatment of patients prior to arrival at a hospital or treatment facility. This frequency is to be used only for this purpose. This frequency is for emergency communication associated with the care or transport of sick or injured persons. Information exchanged on this frequency must be pertinent to the treatment of the patient at the scene or while enroute to the proper treatment center. This frequency is not to be used for dispatching, paging or interfacility communications.

### NPS (National Public Safety Channels)

NPSPAC has designated national mutual aid channels to facilitate 800 MHz voice interoperability communications among local, state, and federal public safety agencies. Further information about NPS channels can be found at:

<http://www.ncdhhs.gov/dhsr/EMS/pdf/dtmfref.pdf>

BANK #	BANK NAME
	NIFOG
CHANNEL	NAME
1	8CALL90
2	8TAC91
3	8TAC92
4	8TAC93
5	8TAC94
6	7TAC51
7	7TAC52
8	7TAC53
9	7TAC54
10	7TAC71
11	7TAC72
12	7TAC73
13	7TAC74
14	7LAW61
15	7FIRE63
16	7MED65



## Aeromedical

### AEROMEDICAL Landing Zone Guidance

The LZ (Statewide Landing Zone) talkgroups serve as a means for all users to have the ability to communicate with aircraft operated by Air Medical evacuation providers across North Carolina. The LZ talkgroups are assigned geographically based on the map below. These talkgroups are assigned ad-hoc, meaning use is coordinated on a case-by-case basis by those in need. Every attempt to coordinate the LZ talkgroups should be taken in order to maintain air and ground team safety.

LZ talkgroups notated as "1" are primary talkgroups for communications between scene responders and incoming aeromedical resources. LZ talkgroups notated as "2" are the primary talkgroups for the aeromedical assets to coordinate with receiving facilities, direct transfers to specialized areas and hospital landing pad coordination. LZ talkgroups notated as "2" can also be used as a secondary

talkgroup for communications between scene responders and aeromedical resources as needed. All aeromedical patient reporting should be conducted on the receiving facilities VMN (Viper Medical Network) for patients heading directly to the Emergency Department. Flight following agencies are encouraged to program, monitor and record LZ 1 and LZ 2 in their respected zone.

**LZ talkgroups are not to be used for specific aeromedical providers to carry out “flight following” activities, unless the primary means has become degraded.**

BANK #	BANK NAME	
	STATEWD	
CHANNEL	NAME	STATUS
1	SW-CALL	Existing TG
2	SW-CONF	New TG
3	EM-EOC	Existing TG
4	EM-EBO	Existing TG
5	EM-CBO	Existing TG
6	EM-WBO	Existing TG
7	EM-RRT	Existing TG
8	EM-SAR	Existing TG
9	LZWEST1	Existing TG
10	LZWEST2	New TG
11	LZEAST1	Existing TG
12	LZEAST2	New TG
13	LZCENTRAL1	Existing TG
14	LZCENTRAL2	New TG
15	LZPDMONT1	New TG
16	LZPDMONT2	New TG



## Air Operations (Air Ops) talkgroups

The Air Operations (Air Ops) talkgroups are used for incident-based air-to-ground or air-to-air usage. These talkgroups will be assigned by NCEM based on state activation level in coordination with the applicable SAR point of contact (POC). SAR aircraft (rotary and/or fixed-wing) are designated by NCEM Emergency Services and should have access to VIPER based on their radio capabilities. These entities include, but aren't limited to:

- Law Enforcement aircraft (NCSHP, CMPD, etc.)
- North Carolina National Guard (UH-60, LUH-72)
- Civil Air Patrol (CAP)
- North Carolina Forestry
- North Carolina Wildlife
- United States Coast Guard

Air Ops talkgroups will be assigned based on incident, geographic area, and/or task. For example:

1. NC Helo-Aquatic Rescue Team (NCHART) mission to the Linville Gorge to extract an injured hiker.
2. Assignment of an Air Ops talkgroup to an operations-based sector in expectation of hurricane conditions.
3. Assignment of a talkgroup for airspace deconfliction base on a multi-airframe operation in a close geographic area. This task will be completed by authorized personnel that are approved to carry out this tasking.

The conventional frequencies contained in the Air Ops zone will follow the NIFOG programming information and be used for air-to-ground operations only. At no time will the usage of the talkgroups contained in this zone supersede, nor replace, the usage of required applicable Federal Aviation Administration (FAA) frequencies. Any specific questions pertaining to the manner for which aircraft communicate should be directed to NCEM Emergency Services or their designee.

BANK #	BANK NAME	
	AIR-OPS	
CHANNEL	NAME	STATUS
1	AIROPS1	Existing TG
2	AIROPS2	Existing TG
3	AIROPS3	Existing TG
4	AIROPS4	Existing TG
5	AIROPS5	Existing TG
6	AIROPS6	Existing TG
7	AIROPS7	Existing TG
8	AIROPS8	Existing TG
9	AIROPS9	Existing TG
10	AIROPS10	Existing TG
11	7AG58D	NIFOG
12	7AG60D	NIFOG
13	7AG67D	NIFOG
14	7AG68D	NIFOG
15	7AG88D	NIFOG
16	8TAC94D	NIFOG



### HEMS Patient Movement Considerations during Disasters

Patient movement immediately prior to and following hurricanes remains to be a challenge across North Carolina. Once local HEMS medevac flight services stop flying, the North Carolina Emergency Management (Air Cell) becomes the lead aviation coordination authority having jurisdiction. Flight services are encouraged to collaborate with the NCEM air cell for when flight services can be restored in their region(s). EHPC along with NCEM has makes effort to provide an ESF8 representative to the NC AIR CELL during times of activation. Providing accurate facility status, appropriate care destinations along with proper transfer is critical for good patient outcomes. EHPC will provide the most up to date information on regional facilities information to the NCEM AIR CELL during events. EHPC also works closely with the NCEM AVIATION Communication group to ensure all communication modes are available to MEDEVAC aircraft.

### Aeromedical Interoperability

Responder and Aircraft with VIPER capability:

If the aircraft and the personnel on the scene coordinating the landing both should both possess the “LZ” (Landing Zone) East/Central/West talk groups. If additional modes are needed for communication, contact the primary PSAP for coordination.

Whether an aircraft is equipped with VIPER or VHF/UHF radio, they may choose to contact responders and/or hospitals in several ways:

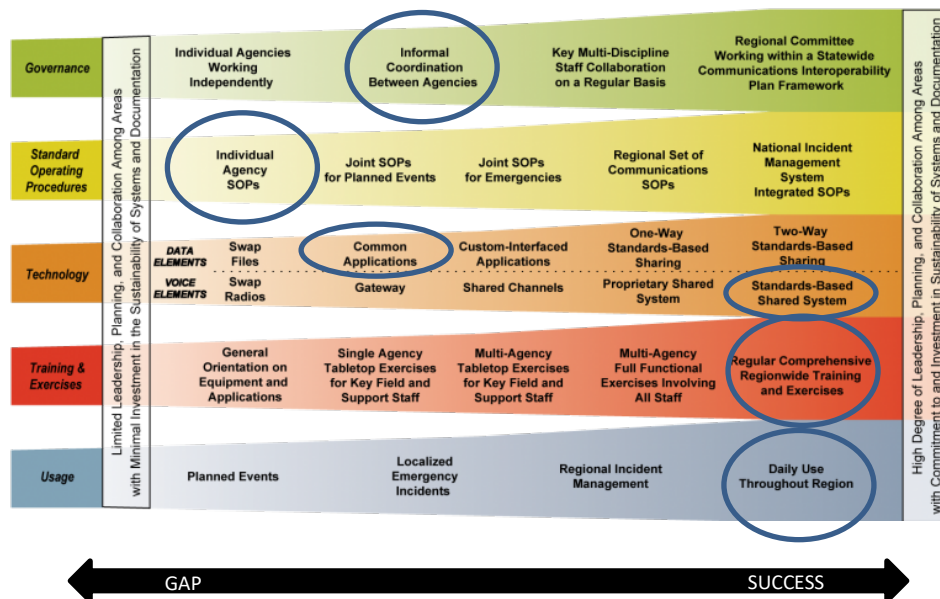


- Appropriate designated VIPER talk group (LZ EAST/CENTRAL/WEST), VML, State event TG etc
- NPS 90-94 Direct or repeater if known (Common to all 800MHz radios). Some counties also have established NPS700Mhz common channels.
- Legacy VHF State EMS 155.280 NO PL or State Fire 154.280 NO PL. It is preferable that. NO PL is used for interoperability communications. It may be necessary to enable the appropriate county PL if radios are not programmed appropriately. See county PL reference at the end of this document. The appropriate communication pathway is relative to the available resource in the aircraft and the hospital. It may also be dependent on the effective communication of what is needed between the aero medical crew and the dispatcher.

### Hospital Interoperability

The highest and most effective level of interoperability is achieved when users share the same radio system and have shared talk groups directly accessible to them in their radios. Shared Interoperable talkgroup resources exist in a variety of forms and may be called common, pool or tactical. It is imperative that hospitals plan effectively with mutual aid, law enforcement, fire and hospital partners. Hospitals must be aware of local, regional and statewide interoperable radio resources and procedures. Best practice is to use shared interoperable resources by progression. Beginning with internal and progressing to local/county first, then to regional and statewide resources last. Some progression may need to be skipped in the case of using a State Event TG for EMS mutual aid or a VIPER LZ talkgroup for air ambulance landing.

EHPC Region Interoperability Grade 2021



### Regional wide area communication fallbacks:

#### Amateur Radio (Auxcomm)

The usage of Amateur Radio still plays a vital backup role for hospital communications. A variety of equipment is strategically placed throughout the region. Equipment is tested on a regular basis through a variety of different oversight agencies (Down East Linking System, CARES and EHPC Cluster DMR). HF (High Frequency) data relay links are also available that link field operations with NCEM RCC’s, EOC and the outside world. Additional information can be found in the EHPC COMMS CARD Reference.



### MSAT and VSAT

Mobile Satellite (MSAT) units are strategically placed throughout the region in various hospitals and first responder agencies providing two way radio and telephone services. Some hospitals also have handheld satellite phones for emergency backup telephone contact. Very Small Aperture Terminal (VSAT) units are available through EHPC SMAT and partnering agencies for emergency broadband and VOIP capabilities. MSAT and VOIP VSAT numbers are available upon request and considered controlled classified. The following EHPC hospitals have satellite telephones:

- Vidant Medical Center, Greenville
- Carolina East Medical Center, New Bern
- Onslow Memorial Hospital, Jacksonville
- Carteret Health, Morehead City

### PACE Planning (Strategic – Wide Area)

Agencies throughout the EHPC region are encouraged to develop PACE (Primary, Alternate, Contingency, Emergency) communication pathways for redundancy. If your agency needs assistance with developing the flow, please reach out to us. At EHPC, our current PACE algorithm is:

1- Voice Communications	
<b>P</b> Primary	Landline and Cellular telephone (Consider- GETS, WPS)
<b>A</b> lternate	Viper radio (EHPC DISASTER talkgroup) aka VMK79100
<b>C</b> ontingent	(In order) MED10 Tone F Farmville, UTAC41 ECHI, MSAT EBO if available
<b>E</b> mergency	HF 3999KhzNight/7299KhzDay USB voice, other AUXC modes (DMR, Analog)
2- Data Communications	
<b>P</b> Primary	Terrestrial based connections (Cable, DSL etc)
<b>A</b> lternate	Cellular broadband (Consider band 14 options / multiple carriers)
<b>C</b> ontingent	Satellite broadband connectivity
<b>E</b> mergency	HF Winlink for message retrieval and relay
3- Intra-team Information Sharing Platforms	
<b>P</b> Primary	NC TERMS
<b>A</b> lternate	EHPC App along with Bridge4PS messaging
<b>C</b> ontingent	Email
<b>E</b> mergency	Voice phone. If this has failed, start into voice communications PACE

**EHPC also maintains an internal PACE procedure for internal team communications**

## Communications during Disasters

Emergency response communications also requires pre-planning. Talkgroup progression should also be used and must be assigned by the controlling dispatcher based on availability. It is important to work closely with the local dispatch center(s) to ensure a shared resource is not already in use. Regional and state talkgroups need to be checked out appropriately. Based on the scope of the incident, the controlling dispatcher and the incident command structure must communicate effectively to ensure the most appropriate resource is assigned and matches the radio resource requirements of all responders. Dispatchers and incident commanders may choose to patch resources as an incident expands and it becomes necessary to change talkgroups based on the larger response.



## Regional Testing and Exercise

### Monthly Regional Testing

Monthly regional testing of various RF equipment will be conducted for the following modes:

- VIPER VMN
- MSAT
- VSAT/ VOIP
- Auxcomm modes
- GETS/WPS

The following items are tested once per quarter:

- EHPC Emergency 1-800 phone number and SMS delivery
- EHPC Urgent/ASAP phone number
- EHPC ALERT email distribution
- Regional Mass Casualty email distribution

All hospitals are currently tested monthly. All emergency service and healthcare agencies are encouraged to participate. Please contact EHPC for the Monthly Testing Procedures.

## Yearly Communication Exercises (COMMEX's)

EHPC started to provide yearly communication exercise training in late 2021. The strategic goal is to provide one Functional Exercise (FE) each year ahead of hurricane season. Either a tabletop exercise (TTX) or FE will be planned each fall based on current trends/gaps. The exercises are HSEEP compliant and open to any agency wishing to participate.

## Regional Communication Considerations

### Radio Encryption & HIPAA Considerations

Radio encryption use has been on the increase across the nation for a variety of reasons. Generally, NC does not use radio encryption across the VMN system. The communications should be considered “unsecured” and easily intercepted by the public. It is recommended that facilitates and agencies plan on including encryption into their radio feature sets. It is extremely important to consider multikey in the features to ensure intra-agency keys are not loaded in in SLN/CKR slots 1-20. Currently no encryption is required on any OEMS assigned talkgroups. All communication on a radio should be considered “in the clear” and treated as such related to patient privacy. North Carolina has recently adopted a statewide encryption plan. Additional information can be found in the plan regarding encryption best practices.

### Triage System Used

In North Carolina, EMS uses the SMART triage tag. This is considered the standard across the state. In the EHPC region, most EMS agencies utilize the START and JumpSTART triage methods. Additional, NC OEMS has developed templates for STEMI, STROKE, Pediatric, Trauma, and Burn Triage and Destination Plans (<http://www.ncems.org/triageanddestination.html>). Below are the colors that may be referenced during a call-in report.

- **Minor** delayed care / can delay up to three hours
- **Delayed** urgent care / can delay up to one hour
- **Immediate** immediate care / life-threatening
- **Deceased** victim is dead or mortally wounded / no care required
- **Blue** victim is expectant to become deceased / supportive – comfort measures



Training can be found at the SMART website (<http://www.smartmci.com/training.php>) or by contacting the EHPC Healthcare Preparedness Coordinator.

**Hospital/EMS Diversion**

Hospital diversion may be required for a variety of reasons. (Patient loading, power or critical infrastructure outages etc). Most hospitals in the region are geographically located and not in close proximity to each other thus making diverting difficult. If a diversion is required, the following recommendations should be considered:

- 1 • Notify County PSAP  
Hospital resides in of  
Diversion
- 2 • Notify Neighboring  
Hospitals in Region of  
Diversion
- 3 • Notify Surrounding PSAPs  
of Diversion

**Possible reasons for diversion:**

**ED Saturation** (Hospital Emergency Department resources are fully committed to critically ill patients and not available for additional ALS care.

**Physical Plant Casualty** (Fire, Bomb Threat, Loss of critical infrastructure and power)

**Facility patient overload** (Hospital is not capable of holding any additional patients or out of monitoring equipment

**Recommended Exceptions:**

<b>Obstetrics</b>	<b>Sexual Assault</b>
<b>Specialized Treatment</b>	<b>Unstable</b>

**The following link is established for sharing diversion information:**

<https://nc.readyop.com/fs/4dqb/3118>

### **Facility Disruption Alert**

EHPC has an easy way for regional facilities to report infrastructure and mission critical equipment outages. The following link can be used to complete the notification:

**<https://nc.readyop.com/fs/4dqU/96df>**

### **Regional Mass Casualty Email Blast**

EHPC in conjunction with Vidant Health has established a blast email distribution list for notice of an MCI (Mass Casualty Incident) or high impact event causing large patient movements. This is for situational awareness of HPC staff and the larger hospital bed coordination centers. The email address to trigger notifications is **[REGIONALMASSCASUALTY@Vidanthealth.com](mailto:REGIONALMASSCASUALTY@Vidanthealth.com)** . **This email should only be used to trigger alerting for an actual event. This distribution list is tested quarterly to ensure functionality.**

### **Additional radio communication resources in region**

Additional equipment and manpower can be obtained from the North Carolina STR (Strategic Technology Reserve) provided by NCEM-SHP/TSU. Other regional communication assets are available through NCEM or OEMS by request. Statewide ComL's (Communication Unit Leaders) are available upon request for long duration or complex incident communications. If you need communication assistance or support- please contact the SEOC 24hr center which will notify the ESF-2 section.

### **PSAPS (Public Safety Answering Points – Dispatch Centers)**

A Primary PSAP, or Primary Public Safety Answering Point, is the first point of reception by a public safety agency of a 911 call. A PSAP must be capable of receiving and processing enhanced 911 calls from all voice communications service providers to be designated as a Primary PSAP. All PSAP centers in the EHPC region can be reached by dialing 911. Non-Emergency numbers can be found in the "EHPC COUNTY QUICK REFERENCE" in this document. All PSAPs should also be monitoring VIPER SW CALL.

## EHPC County Quick Reference Information

EHPC QUICK REFERENCE FOR COUNTIES					
County	Hospital	Switchboard	VMN TG	COUNTY PL	PSAP
<b>Beaufort</b>	Vidant Beaufort	252-975-4100	VMA50242	151.4	(800) 682-0101
<b>Bertie</b>	Bertie Memorial	252-794-6600	VMH57984	162.2	(252)-794-5330
<b>Camden</b>	N/A	N/A	N/A	107.2	DARE/CURRITUCK
<b>Carteret</b>	Carteret General	252-808-6000	VMG57682	179.9	(252)726-1920
<b>Chowan</b>	Chowan Hospital	252-482-6481	VMB50682	123	(252) 482-4444
Craven	Craven Regional	252-633-8111	VMB50762	162.2	(252) 633-6620
<b>Currituck</b>	N/A	N/A	N/A	107.2	(252) 232-2424
<b>Dare</b>	Outer Banks Hosp	252-449-4500	VMD52701	107.2	(252) 473-3444
<b>Duplin</b>	Duplin General	910-296-0941	VMB50862	110.9	(910) 296-1911
<b>Edgecombe</b>	Heritage Hospital	(252) 641-7700	VMF56752	131.8	(252) 641-7911
<b>Gates</b>	N/A	N/A	N/A	118.8	(252) 357-0210
<b>Greene</b>	N/A	N/A	N/A	88.5	(252) 747-3411
<b>Halifax</b>	Our Community	252) 826-4144	VMB50599	203.5	(252) 583-1991
<b>Hertford</b>	Roanoke Chowan	(252) 209-3000	VMC52442	203.5	(252) 358-5341
<b>Hyde</b>	N/A	N/A	N/A	110.9	(252) 926-2781
<b>Jones</b>	N/A	N/A	N/A	110.9	(252) 448-7091
<b>Lenoir</b>	Lenoir Memorial	(252) 522-7797	VMD52552	94.8	(252) 527-7111
<b>Martin</b>	Martin General	(252) 809-6138	VMD52642	192.8	(252) 792-8151
<b>Nash</b>	Nash General	(252) 443-8070	VMG57642	107.2	(252) 972-1414
<b>Northampton</b>	N/A	N/A	N/A	203.5	(252) 574-1041
<b>Pamlico</b>	N/A	N/A	N/A	NONE	(252) 745-3101
Pasquotank	Albemarle	252-335-0531	VMD52902	107.2	(252) 331-1500
<b>Perquimans</b>	N/A	N/A	N/A	173.8	(252) 426-5511
<b>Pitt</b>	Vidant/Pitt Mem	(252) 847-4100	VMD52952	107.2	(252) 902-2605
<b>Tyrell</b>	N/A	N/A	N/A	151.4	(252) 796-2251
<b>Wayne</b>	Wayne Memorial	(919) 736-1110	VMF56842	110.9	(919) 735-5588
<b>Wilson</b>	Wilson Memorial	(252) 399-8040	VMF54662	173.8	(252) 237-8300
<b>Washington</b>	Washington Co	(252) 793-4135	VMH57963	110.9	(252) 793-2422

## Summary of information sharing platforms

PLATFORM	EHPC USE
WebEOC	Main information sharing platform for North Carolina Emergency Management. This platform handles resource tracking and assignment, along with situational awareness dashboards and common operating pictures. All major incidents in North Carolina are created and documented here across all ESFs. EHPC mainly uses for situational awareness across the region. Not HIPAA Compliant.
ReadyOp	ReadyOp is currently used by North Carolina Office of EMS. The platform is designed to fill in the gaps on WebEOC for the ESF8 section. Alerting, file sharing (both inbound and outbound), documentation along with other features make it a widely used platform for the HCCs. EHPC uses ReadyOp for daily operations. Almost all email distribution and file recording is conducted on ReadyOp. HIPAA Compliant
TERMS	NC TERMS is the main training coordination platform across NC. In addition to training, there is a response component that shows team affiliation and credentialing. NC TERMS also has an extensive alerting component that is used across NC. EHPC uses TERMS for all training activities and also team alerting. TERMS is considered the first alerting platform used for response notifications. Not HIPAA Compliant
EHPC App	The EHPC App serves as a one stop shop for all aspects of the HCC. The App can be thought of as a traffic director. Depending on the user's request, they may be directed to ReadyOp, WebEOC or a file sharing repository. This is a convenient way for HCC partners to access information while mobile.
Social Media	EHPC utilizes a variety of social media including Facebook, Instagram and Twitter. EHPC regularly shares information across these platforms when appropriate.
Email	Email is one of our major information sharing tools. This comes from direct messaging and by various platform distribution lists.
SMS-Text	SMS/MMS messaging is used as one of EHPC's main alerting methods.
Conference Bridge (Voice)	EHPC maintains a standalone/backup audio conference bridge that can be taken on the road. The unit can operate over cellular or satellite if needed.
Conference Bridge (Video)	EHPC utilizes the WEBEX platform for its main video conferencing bridge. Session numbers will be disseminated once established.
HSIN	EHPC uses HSIN in the ESF2 Communication Unit section. HSIN provides a dashboard and conference bridge with state ESF2 representatives. Accurate infrastructure outage awareness is one major item the HCC uses.
B4PS (Bridge for Public Safety)	Bridge 4 Public Safety is used for situational awareness on daily operations and also per incident. This is mainly used on the NCEM side and ESF2. This is one of the best immediate situational awareness tools for EHPC staff related to infrastructure status across NC.

### Regional Conference Calls

Regional conference calls will be established **120 hours of a notice event starting at 11am EST daily** (or every 24hrs). Follow-up calls will be decided during the call. Examples of notice events can include, but not limited to:

- Tropical Storms, Hurricane, Winter Weather, Expected Flooding

Regional conference calls will be established **no-notice events starting at 11am EST following the event or on the following day at 11am EST.** Then they will occur daily (or every 24 hours) until deemed not needed. Follow up calls will be decided on the call. Examples of notice events can include, but not limited to:

- Tornado, man-made/technological events, etc...

Information needed during the call could include the status of:

Status	Structure	O2 BAR	# Boarding	# Beds	# Staffed beds
Census	Peds Beds	Peds ICU beds	Nursery Beds	NICU beds	ICU beds
# on vents	# in ED	# Adult beds	# Psych beds	# Rehab beds	Staff boarding
Power type	Genset type	Fuel on hand	Burn time left	HVAC	Communications
Blood supply	OR status	Food	Water	Morgue	Notes

EI (Essential Elements of Information) is discussed in further detail below

## REGIONAL CONFERENCE BRIDGE LINE

<https://vidanthealth.webex.com/vidanthealth/j.php?MTID=mc40f3b1b2d252f4bd4ae65630c237a>

Meeting number: 2310 660 2596

Password:1234

1-650-479-3208 Call-in number (US/Canada)

Access code: 2310 660 2596

**EMERGENCY CONF BRIDGE (VOICE ONLY) FALLBACK  
NUMBER IS 252-558-0920. Password TBA**



## WEB EOC ENTRY – SITREP GUIDANCE:

**SUMMARY:** NC HEALTHCARE and NC SPARTA WEBEOC platforms merged in early 2018 which provides a single login area for information sharing. Regional partners have expressed concern with “how and where” to post items in WEBEOC. Various boards are available based on your permission level. All healthcare positions (hospital, ems, public health and OEMS) can currently view the healthcare significant event board. It should be noted that WEBEOC is considered the main information sharing platform for in NC. Below, you will find the most common WEBEOC entries and general advice for each category. It should be noted WebEOC is NOT HIPAA compliant.

**POSTING IN HC-ACTIVITY LOG:** The healthcare (HC) activity log is an information board of activity entered for your agency only. Outside agencies will not be able to view your entries unless they are statewide significant event postings. This is a great place to log activity, testing and any other internal information related to day to day activities.

**POSTING IN HC-STATEWIDE SIGNIFICANT EVENTS:** The healthcare (HC) statewide significant event board is a place to share real-time information, specific situation reports and other pertinent information related to active incidents. A statewide significant event can be defined as an incident that reaches beyond your agency and requires information sharing and additional resources. Training posts should be limited in nature and agencies in the “monitoring” stage should not make posts here. A great example would be a critical infrastructure failure such as a radio/phone communication outage. These posts can be updated as the incident changes. Once a specific incident is created in WEBEOC, the NCEOC will begin to monitor the event.

**POSTING IN SIGNIFICANT EVENTS (SPARTA):** posting in the NCEM (SPARTA) statewide significant event board should be considered if additional visibility is needed. This can be for disciplines outside the healthcare arena. A great example would be an active fire in a hospital causing closure as this involves numerous disciplines.

**HC-HOSPITAL DASHBOARD UPDATING:** hospitals are encouraged to make sure their dashboard is up to date in WEBEOC.

Healthcare agencies can reach out to: [support\\_hppssystemssupport@dhhs.nc.gov](mailto:support_hppssystemssupport@dhhs.nc.gov) for technical assistance with information sharing platforms and access.

### EEI (Essential Elements of Information):

EHPC will send out daily requests for up to date facility information during times of disaster to hospital emergency managers. This information should be shared with the healthcare coalition so we can assist and provide mission critical information to NCOEMS and federal DHHS partners. EHPC completed a fillable form for Covid EEI in the app and is working on a form for weather / hurricanes that will be completed by May 2021. The form can be located on the APP under resources and our website [www.easternhpc.com](http://www.easternhpc.com). The form will also be sent to points of contact when needed. Information needed for reporting (Abbreviated here):

Status	Structure	O2 BAR	# Boarding	# Beds	# Staffed beds
Census	Peds Beds	Peds ICU beds	Nursery Beds	NICU beds	ICU beds
# on vents	# in ED	# Adult beds	# Psych beds	# Rehab beds	Staff boarding
Power type	Genset type	Fuel on hand	Burn time left	HVAC	Communications
Blood supply	OR status	Food	Water	Morgue	Notes

Form submission link:

<https://easternhpc.com/ehpc-essential-elements-of-information-eei/>

## Social Media

**Introduction:** Information sharing by the Eastern Healthcare Preparedness Coalition through the use of social media can provide improved abilities to:

1. Engage in ongoing collaborative communications with community to help better prepare them and our first responders for emergencies; and
2. Gather and analyze real time information provided by the community and first responders to better enhance the regions emergency preparedness efforts.

The following are Social Media information sharing platforms utilized by the Eastern Healthcare Preparedness Coalition.

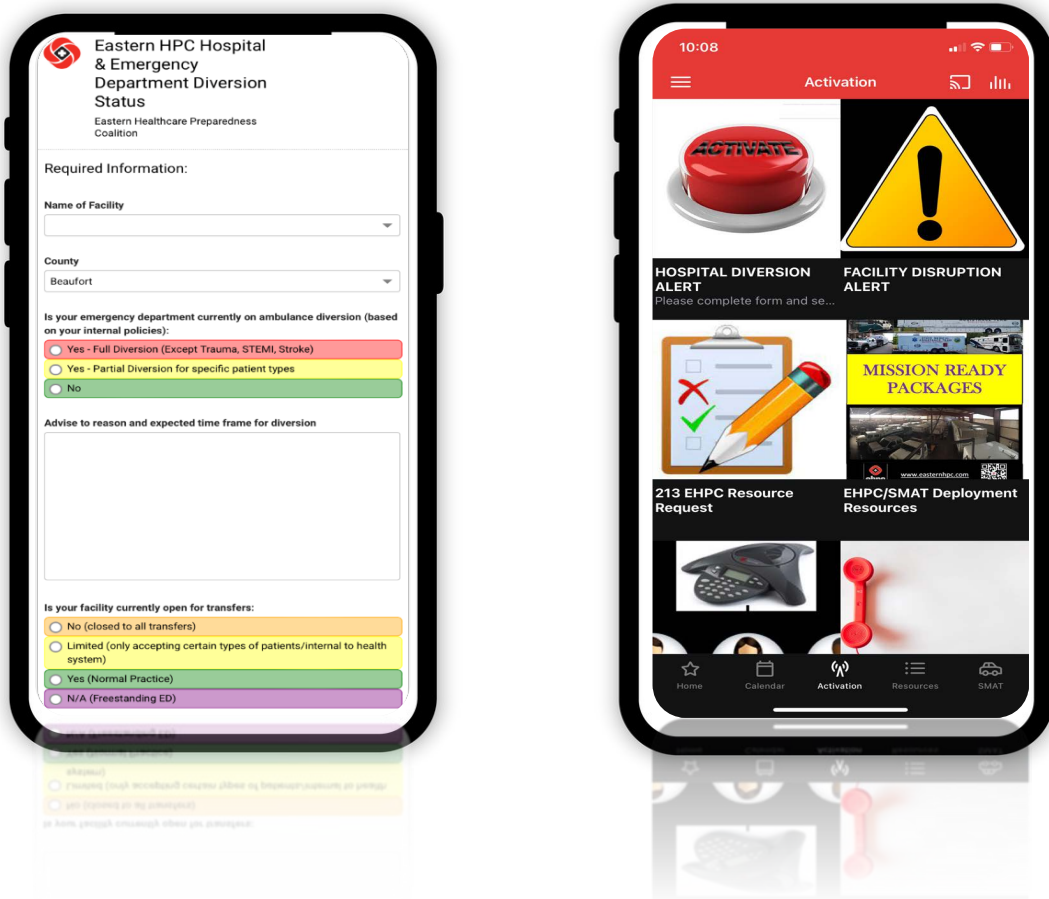
### Website: EasternHPC.com

The EHPC Website is divided into four sections which cater to the four critical actors in Eastern North Carolina. The State Medical Assistance Team 100: Here team members can register for deployments, fill out deployment paperwork, keep current on trends and news, and register for any trainings or events in the region. Healthcare, Public Health, and Emergency Management: Here stakeholders are able to register to be a part of the coalition, gather resources for planning, keep current on any regional events, register for educational offerings, request resources, and understand how regional HPP funds are being allocated. A secure section contains documents, guidelines and controlled information for personnel.



## Eastern HPC app

The EHPC app is one of the most powerful information sharing tools in the HCCs arsenal. The app can be thought of as a traffic director based on the need. If a facility disruption or diversion is needed, the app steers you directly to the ReadyOp forms needed. If you want to reference HCC documents, the app will steer you to the appropriate file sharing repository. References can easily be pulled up such as MRPs (Mission Resource Packages) along with live streaming. The app is also our secondary alerting platform outside of NCTERMS. This alerting process is stand alone and can be initiated from any HCC staff in the field.



Stay up to date with EHPC, obtain documents and needed forms. Monthly calendar and training resources. Request assistance and receive alert notifications on our app:

Apple/iOS:

<https://apps.apple.com/us/app/eastern-hpc/id1465780397>

Android:

[https://play.google.com/store/apps/details?id=com.subsplashconsulting.s\\_F4HMQF&hl=en\\_US](https://play.google.com/store/apps/details?id=com.subsplashconsulting.s_F4HMQF&hl=en_US)

EHPC utilizes our app, website, YouTube, Facebook, Twitter, and Instagram to keep the coalition stakeholders and SMAT team members informed of regional events, trainings, and educational opportunities through which we can improve the overall resilience of Eastern North Carolina.

**Twitter:** [Twitter.com/EasternHPC](https://twitter.com/EasternHPC)

**Facebook:** <http://Facebook.com/EHPCSMAT100>

**Instagram:** [Instagram.com/EasternHPC](https://www.instagram.com/EasternHPC)

**Youtube Channel:** Eastern healthcare Preparedness Coalition

## **NC TERMS – Training & Exercise Registration Management System (Legacy system SERVNC):**

**OVERVIEW:** SERVNC was utilized as the main communication platform to direct communications between Volunteer/Team Members and Team Administrators/Managers for information sharing requests, work details, emergency requests, response, or activations. TERMS was previously utilized for NCEM/NCOEMS statewide training course signups and a transcript history management system. SERVNC has been replaced with the addition of a Team Management module in TERMS. This will allow Team Administrators and Managers to manage aspects of NCEM and NC OEMS incident response teams. All team members will be required to add a Volunteer/Team Member profile in order to record and manage team member information. This data will be stored in the TERMS database under a Volunteer/Team Member profile and accessed when team communications are initiated for information sharing requests, work details, emergency requests, response, or activations. These two systems were merged into a centralized location to enhance cost efficient team communications, trainings, and management of team information.

**PROFILE:** It will be the responsibility of the Volunteer/Team Member to ensure the most up-to-date information is on file for direct communications and response activities. The system will also store and track previous/future trainings completed through the TERMS system. It is the member's responsibility to ensure all required trainings are current in the member's transcript. When it is noticed a particular certificate is missing, please complete a "Transcript Update Form", found under the Document Library tab and send the completed documentation along with a certification copy to the NCEM Training Branch (see TERMS website for specifics).

**COMMUNICATIONS:** The Team Administrator(s) and/or Team Manager(s) will have the capability to generate notifications to Volunteers/Team Members. This notification system will utilize the member's notification preferences under an individual's profile and deliver in their specific order. The system will allow internal email (TERMS), external email (work/personal), phone calls (landline/cell), and text messages. The system will allow for each member to respond to a phone number (POC) or enter a corresponding pre-defined response within the message.

## **ReadyOp**

Is a secure web-based application that integrates multiple databases and a communications platform to support planning, response, and communications for agencies. ReadyOp is designed for fast, efficient access to information, as well as the ability to plan, coordinate, direct and communicate with multiple persons, groups and agencies.

## Additional tools in the Region

### Weather station dashboard

During previous hurricanes, hospitals have lost commercial power and even data. In the absence of real time data feeds, hospitals have had to rely on known information to make critical decisions. EHPC works with high risk hospitals to ensure they have an accurate weather monitoring platform(s). Certain tactical decisions need up to the minute Intel on wind speeds and rain volumes. EHPC has started regional deployments of hardened weather stations a high risk facilities that do not have internal weather monitoring capabilities. If internet and voice connectivity has failed, hospital Emergency Managers can still utilize the technology locally to make critical decisions and ensure mission critical success. The stations have a dashboard and are accessible to HCC staff and others as appropriate. EHPC has a future outlook over the next four years to equip all high risk facilities (coastal and flood risk) with on-site weather monitoring independent from the internet if they do not already have equipment.

EHPC Columbia Orion Weather Regional Dashboard:

<http://ws.columbiaweather.com/Vidant/WeatherStations/>

No Log in required

EHPC CWS (Columbia Weather Station App):

<https://columbiaweather.com/products/weather-monitoring/weather-app/>

Account name: Vidant

### FM Broadcast Band Public Address Capability

EHPC houses a commercial FM Broadcast transmitter that can be deployed for disaster and special purposes. This station serves as an alternative to public information sharing and can range from a small footprint (such as a drive through POD) up to covering a small town size footprint. This stations has strict rule usage in accordance with FCC PART 15 and requires special authorization for usage in most cases. Contact EHPC staff for additional information on this resource.

## Amateur Radio Communication in Region (AUXCOMM)

### Down East Hospital Network:

The Down East Hospital Network is comprised of UHF linked repeaters from Fountain NC to Jacksonville North Carolina. There are additional six repeaters north of US HWY 64 that are linked on demand for emergency communications.

### DHS SHARES HIGH FREQUENCY NETWORK:

PACTOR 3,4 – VIDANT MEDICAL CENTER, GREENVILLE NC CALLSIGN NND4NC

Frequencies are restricted. If you would like more information, please contact us.



<http://www.ncarrl.org/nets/THEN/index.html>

The Tar Heel Emergency Net is a directed net and is the North Carolina HF ARES® net. ARES® is "Amateur Radio Emergency Service," and is part of the ARRL field organization. The purpose this net is to provide communications during emergencies, to provide training in all aspects of net operations, to serve as a forum for discussions and to foster fellowship among radio amateurs. All radio amateurs are invited to participate in the Tar Heel Emergency Net. PRI: **3923.0 KHz LSB SEC: 7232.0 KHz LSB**

### **EHPC Eastern Carolina Hospital Overlay (ECHO) DMR Network**

The Eastern Healthcare Preparedness Coalition AUXCOMM group (NC4ES) obtained a good portion of the decommissioned UHF North Carolina Medical Control Network in late 2018. The robust system consisted of high power Tait T800 II base stations along with supporting hardware. Currently, all EHPC regional hospitals have 2 meter/ 70 centimeter mobile radio go kits for disaster operations. Some hospitals have HF stations in addition to satellite telephones for communication redundancy. With the rapid growth of DMR communications, it was a natural progression to consider how to utilize a large amount of equipment in a modern way. By using a small computer and audio/data processing board, users are able to modify this older equipment to work in the newest digital TDMA (Time division Multiple Access) formats. TDMA digital communication offers numerous benefits to current practices- Double capacity from legacy modes, increased battery life, clearer communications for longer and the addition of data transfer (Text messaging). Equipment will use the preexisting DB408 antenna at each facility that was used for the NC Medical Control Network. Participation in the system is ultimately up to each facility and there is no requirement to install or use the link system.

It is the desire of the NC4ES AUXCOMM group to have a site located at every hospital in the EHPC region. If connectivity is present at the facility, the repeaters will be linked into a "Cluster" that all hospitals are associated with on a talk group. Any user keying up on the talk group will be able to communicate with all 19 hospitals in the region instantaneously. In the event of a network or data backhaul outage, the repeaters will still continue to function in a standalone format. This will ensure a local communication system is available for each local area at a minimum. While we hope that power and data remains intact at all regional healthcare facilities, it is understandable network connectivity failures do occur. In the event of complete network failure, NC ESF2 Communication Unit (FIELDCOMM) support is available to backhaul connectivity over satellite as a last resort. It is important to remember that a total loss of connectivity does not make the system inoperative, it only isolates the radio site into a "LOCAL" only coverage. Each facility will have a variety of local coverage footprints based on system elevation.



### Hospital Amateur Radio Equipment

Vidant Beaufort Hospital	2M/440
Vidant North	2M/440
Vidant Chowan Hospital	2M/440
CarolinaEast Medical Center	2M/440
Vidant Duplin Hospital	2M/440
Vidant Roanoke-Chowan Hospital	2M/440
UNC Lenoir (Lenoir Memorial) Hospital	2M/440
Martin General Hospital	2M/440
The Outer Banks Hospital, Inc.	2M/440
Sentara Albemarle Healthcare – (Albemarle Hospital)	2M/440
Vidant Medical Center - <b>W4UHS – NND4NC RMS – NC4ES</b>	2M/440/HF
Wilson Medical Center	2M/440
Vidant Edgecombe Hospital	2M/440
UNC Wayne Healthcare – (Wayne Memorial Hospital)	N/A
UNC Nash	2M/440/HF
Carteret Healthcare – (Carteret General Hospital)	HF
Washington County Hospital	2M/440
Vidant Bertie Hospital	2M/440

### Down East Link System Frequencies

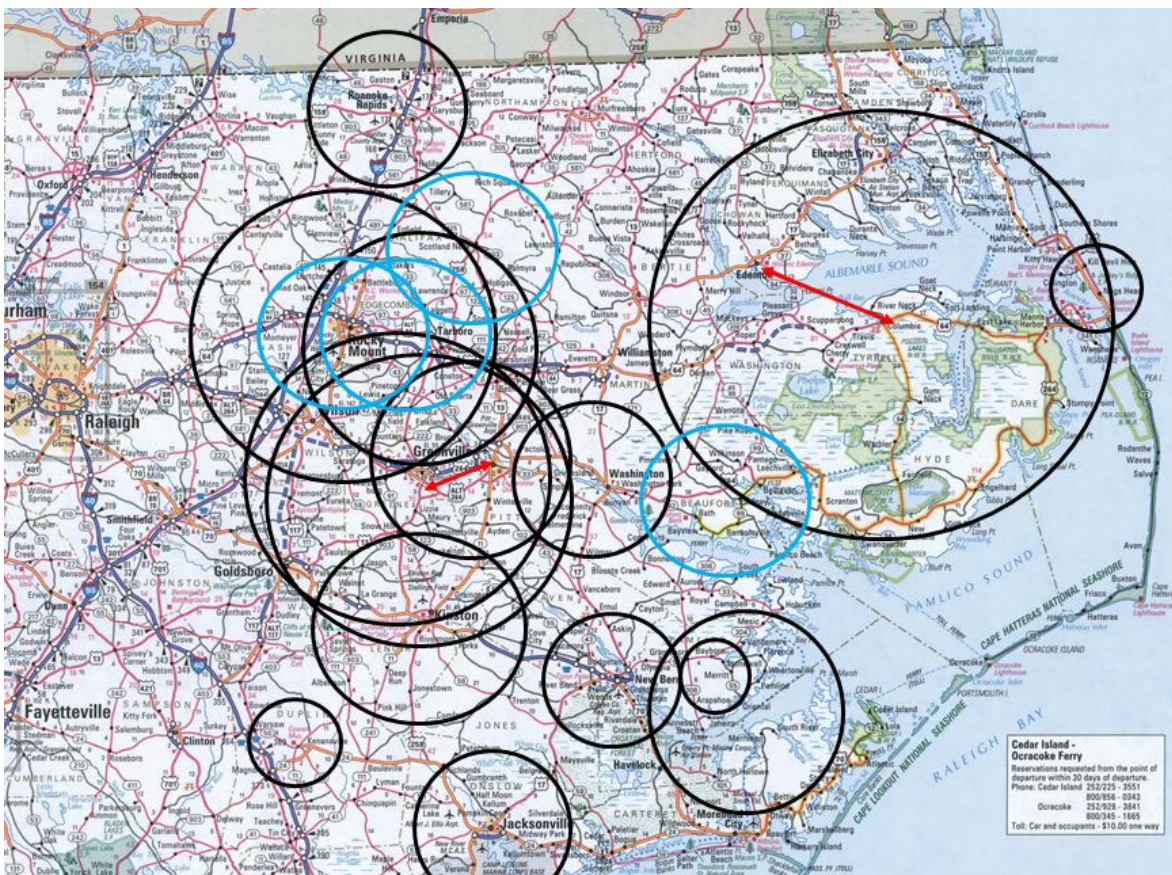
**442.000+ 88.5 PL** N4HAJ, **Kinston, NC** *Down East Hub* (Antenna pattern SE)  
**442.075+ 100 PL** N4HAJ, **New Bern, NC** (Antenna pattern omni)  
**444.000+ 131.8 PL** KD4KTO, **Stacy, NC**  
**444.000+ 100 PL** N4HAJ, **Archers Lodge, NC** (Antenna Pattern South)  
**444.125+ 91.5 PL** N4HAJ, **Kornegay, NC**  
**444.425+ 88.5 PL** N4HAJ, **Fountain, NC** / Farmville  
**444.675+ 88.5 PL** N4HAJ, **Jacksonville/Hubert, NC** (Antenna pattern WSW)  
**444.725+ 91.5 PL** N4HAJ, **Greenville, NC**  
**444.825+ 88.5 PL** N4HAJ, **Newport, NC**

## NC4ES ECHO (Eastern Communication Hospital Overlay)

### ECHO DMR (AUXCOMM) Site Status:

Vidant Beaufort Hospital	DMR LINKED – NPS ON STANDNBY
Vidant North Hospital	BUILT AWAITING INSTALL 2022
CarolinaEast Medical Center	DMR LINKED – NPS ON STANDNBY
Vidant Duplin Hospital	DMR LINKED – NPS ON STANDNBY
The Outer Banks Hospital	DMR LINKED – NPS ON STANDNBY
Vidant Medical Center -	DMR LINKED – NPS ON STANDNBY
Vidant Edgemcombe Hospital	DMR LINKED – NPS ON STANDNBY
UNC Wayne Healthcare	PLANNED
Rocky Mount Master Site (Brown Towers)	DMR LINKED
Onslow Memorial Hospital	DMR LINKED – NPS ON STANDNBY
Farmville UNC (Greene)	DMR LINKED – MED 10 ACTIVE
Columbia UNC	BUILT AWAITING INSTALL 2022
EHPC FIELDCOM1	DMR LINKED - STANDBY

### NC4ES DMR REPEATERS ON THE AIR



ANALOG STAND ALONE

EHPC DMR LINKED SYS

P2P BACKHAUL LINKS



## Communication Related Training Material

*NCMCN/VIPER VMN REFERENCE:*

<http://www.ncdhhs.gov/dhsr/EMS/pdf/dtmfref.pdf>

*National Emergency Communications Plan*

[http://www.dhs.gov/xlibrary/assets/national\\_emergency\\_communications\\_plan.pdf](http://www.dhs.gov/xlibrary/assets/national_emergency_communications_plan.pdf)

*National Interoperability Field Operations Guide*

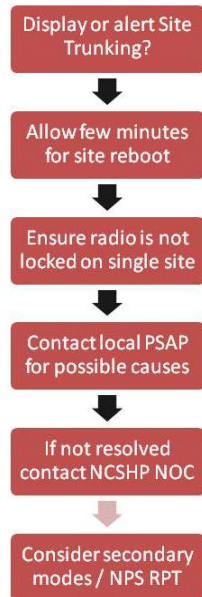
<https://www.dhs.gov/sites/default/files/publications/National%20Interoperability%20Field%20Operations%20Guide%20v1%206%201.pdf>

### NC OEMS Email Groups & List-Servs:

NCOEMS maintains a variety of email groups and list-servs to help ensure continuity of operations during an activation. These email addresses and list-servs hit a group of people to ensure the information is shared even when certain staff are off-duty. Primarily outgoing information is sent via ReadyOp but there are email groups and list-servs that can be utilized to share information with staff and partners:

- [dhsr.ncoems.sdo@dhhs.nc.gov](mailto:dhsr.ncoems.sdo@dhhs.nc.gov) – this email group goes to all NC HPP Shift Duty Officers (SDOs) – anyone can send a message to this group email.
- [dhsr.ems.esf8@dhhs.nc.gov](mailto:dhsr.ems.esf8@dhhs.nc.gov) – this email group goes to all NCOEMS deployable staff – anyone can send a message to this group email.
- [hppsystemssupport@dhhs.nc.gov](mailto:hppsystemssupport@dhhs.nc.gov) – this email group goes to the HPP Systems Support Team and can be used for system support requests (e.g. ReadyOp, WEBEOC, iCAMs etc.) – anyone can send a message to this group email.
- [dhsr.oems.regional.hpp@lists.ncmail.net](mailto:dhsr.oems.regional.hpp@lists.ncmail.net) – this list-serv goes to all Regional Healthcare Preparedness Coalition Staff and Leadership. All NC HPP SDOs have the ability to send messages via this list-serv.
- [OEMSSEOC@dhhs.nc.gov](mailto:OEMSSEOC@dhhs.nc.gov) – this email group is used for any staff working at the State Emergency Operations Center during an activation
- [oemssupportcell@dhhs.nc.gov](mailto:oemssupportcell@dhhs.nc.gov) – this email group is used for any staff working in the OEMS Support Cell during an activation – anyone can send a message to this group email.
- [oemspatientmovement@dhhs.nc.gov](mailto:oemspatientmovement@dhhs.nc.gov) – this email group is used for any staff working as part of the OEMS Patient Movement team during an activation – anyone can send a message to this group email.
- [oemsstaffingsupport@dhhs.nc.gov](mailto:oemsstaffingsupport@dhhs.nc.gov) – this email group is used for any staff working as part of the OEMS Staffing Support team during an activation – anyone can send a message to this group email.
- [oemslogistics@dhhs.nc.gov](mailto:oemslogistics@dhhs.nc.gov) – this email group is used for any staff working as part of the OEMS Logistics team during an activation – anyone can send a message to this group email.

*Communication Difficulty with VIPER*  
**General Site Trunking/Outage situation**



<b>1-888-928-4737</b>	<b>NOC@NCDPS.GOV</b>
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**Frequently Needed Numbers**

NCEOC (Emergency Operations Center)	1-800-858-0368
VIPER Network Operations Center (NOC)	1-888-928-4737
Eastern Branch Office (EBO)	252-520-4923
EHPC SMAT 24hr Contact Number	<b>1-800-672-7828</b>

**EHPC and SMAT Contact Information**

<b>Emergency</b>	Non-Emergency
1-800-672-7828	252-847-7628

Please note that when calling the emergency number, you will reach Vidant EastCare Communications. Report to them the nature of your call and that you need to speak with someone from the State Medical Assistance Team, Disaster Services, or the Eastern Healthcare Preparedness Coalition.

Chris Starbuck, Healthcare Preparedness Coordinator EHPC SMAT [cstarbuc@vidanthealth.com](mailto:cstarbuc@vidanthealth.com)  
 Kip Clemmons, Director, Emergency Management Vidant Medical Center [kcllemmon@vidanthealth.com](mailto:kcllemmon@vidanthealth.com)  
 Stephanie Deals, Disaster Services Specialist/Plans EHPC SMAT [Stephanie.seals@vidanthealth.com](mailto:Stephanie.seals@vidanthealth.com)  
 Matt McMahon, Disaster Services Specialist/ComL EHPC SMAT [matthew.mcmahon@vidanthealth.com](mailto:matthew.mcmahon@vidanthealth.com)  
 Chris Cieszko, Disaster Services Specialist/Logistics EHPC SMAT [christopher.cieszko@vidanthealth.com](mailto:christopher.cieszko@vidanthealth.com)  
 Bryan Kitch, MD EHPC SMAT Medical Director [kitchb@ecu.edu](mailto:kitchb@ecu.edu)

EHPC Email Summary:

EHPCALERT: [ehpcalert@vidanthealth.com](mailto:ehpcalert@vidanthealth.com)

REGIONALMASSCASUALTY: [regionalmasscasualty@vidanthealth.com](mailto:regionalmasscasualty@vidanthealth.com)

COMMUNICATION UNIT (COMU) EMAIL: [SMAT100COMU@gmail.com](mailto:SMAT100COMU@gmail.com)



**TLP GREEN**

	<b>TLP: RED</b>	<b>TLP: AMBER</b>	<b>TLP: GREEN</b>	<b>TLP: WHITE</b>
<b>Information sharing boundaries</b>	<b>Not for disclosure</b> Restricted to participants only	Limited disclosure Participant organisations only	Limited disclosure Restricted to community only	Disclosure is not limited
<b>When to use</b>	Impacts privacy, reputation or operations	Risk to privacy, reputation or operations if shared outside participating organisations	Useful for participating organisations and broader community	Minimal or no foreseeable risk of misuse, suitable for public release
<b>How to share</b>	Participating organisations only	Organisation members only Additional restrictions can be set.	Peer and partner organisations only. Not suitable for public release	No restrictions