

2024 EHPC Hurricane Communication and Information Sharing Exercise Amateur Radio / Auxiliary Communications / SHARES Tasking for outside of North Carolina Stations

THIS IS AN EXERCISE / THIS IS AN EXERCISE

Please read the following summary and instructions

Simplified Instructions:

- **Complete the registration if not done already (link provided below).**
<https://nc.readyop.com/fs/4e5f/b26a8631>

Using the Standard Templates in Winlink Express, go to the **GENERAL MEDICAL** Forms.

- **If you are in the impacted area (map below), submit *Hospital Status txt Report* to:**
NCS862@winlink.org (primary) and COMMEXAUXCOMM@gmail.com (Secondary). If you have a working relationship with your hospital or EMA- feel free to engage them for this information. Otherwise complete the form as pictured. Figure 3 & 4
- **If you are outside the impacted area (map below), submit *a Hospital Bed Report* to:**
NCS862@winlink.org (primary) and COMMEXAUXCOMM@gmail.com (Secondary). Complete form and fill in the values with anything between 1-20. Figure 5

We understand requests like this would most likely come from your AHJ/EMA/EM for assistance with sending this information. We are using exercise artificialities to demonstrate the capability of leveraging WINLINK to send mission critical information. Assume this task has been assigned to you by your agency. If you are not affiliated with an agency, we would like to know. In that case, use examples below and enter any information desired. Please state if information is real or made up in comments (Status Rpt) or notes (Bed Rpt) section on forms.

Detailed Exercise Information:

Exercise Summary:

The Eastern Healthcare Preparedness Coalition is located in Eastern North Carolina and consists of a 29 county coverage area containing 18 hospitals. EHPC conducts communication and information sharing exercises yearly to ensure preparedness ahead of Hurricane season. While the focus is geared towards North Carolina participants, EHPC recognizes that most of these events impact *many states* across the Southeast and Eastern seaboard. EHPC invites all amateur radio & CISA SHARES operators to participate, particularly ones that are engaged with Emergency Management, healthcare agency or government partners. The main goal of the exercise is end user preparedness by exercising equipment and information sharing processes. Stations outside North Carolina are tasked to submit information through the WINLINK system so local, state and federal partners can obtain ground truth and visibility related to hospital impacts across the Southeast and Eastern seaboard (see Map).

Scenario:

Hurricane Marco rapidly progressed to a Category 3 hurricane and slowed in forward speed. Significant coastal storm inundation occurred across Western Florida and the panhandle states. Marco made landfall as a category 3 hurricane with winds estimated at 120 mph near Miami /Southern Florida. The storm slowed due to a frontal boundary approaching from the Northwest of the coming days. This was not good news for inland areas as some models forecast between 10-20 inches of rain. To compound the situation,

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the region was still recovering from heavy rains the week prior. Extreme flooding and life safety concerns were almost certain going forward. Marco has been impacting the region for six days as the system slowly moves towards the Northeast.

Impacts:

As Marco is progressing across the SE region of the US, large areas of severe flooding and infrastructure damage are being reported. Severe damage is reported in the critical infrastructure sector that is causing large areas of the region to be without power or internet. Conditions do not appear to be improving and the estimated time of restoration (ETR) is unknown. The only facilities reporting infrastructure impacts are ones with working satellite telephones. Due to limited information sharing, many partners are not aware of each other's contact numbers, compounding the problem. Federal partners to include the Department of Health and Human Services (DHHS) are requesting status updates on infrastructure impacts across the impacted areas. DHHS has requested state ESF2 sections to disseminate the request to all appropriate amateur radio operators and supporting SHARES stations in the impacted areas.

Detailed task(s) assigned and Instructions:

- All participants complete the exercise sign in form located at:
<https://nc.readyop.com/fs/4e5f/b26a8631>

NOTE: To find the Standard Template Forms in Winlink Express, open a new message. When the New Message Form opens, note the menu on the form, "Select Template." Click on "Select Template," and then "Standard Templates" from the pop-up Template Manager form. Drop down the list to "MAPPING-GIS FORMS." Within that group, you will see both the *Hospital Status report* and the *Medical Bed Report*. Clicking on each will bring up your browser. Fill out report, submit, take the browser down and post message to outbox.

All Stations located inside the impacted area: (Figure 1) are tasked to complete the following:

- Send a WINLINK standard template> MAPPING GIS FORMS> *Hospital Status txt* form (Short HICS251) to NCS862@winlink.org (**primary**) and COMMEXAUXCOMM@gmail.com (**Secondary**) and submit the report indicating any impacts to the hospital. Please select at least two categories as impaired or non-functional. Please ensure the form is completely filled out. A sample is included below in Figures 2-4. Fill the form out as you normally would representing your area or agency. Ensure your coordinates are correct as a map will be produced indicating your location. Fill out the facility name with the closest hospital at your location. This task simulates providing ground truth on hospitals impacted by the Hurricane with major communication infrastructure outages. Simulate the storm impacting your area on 6-13-24 despite the timing in Figure 1.
- In the remarks section- Indicate if you are affiliated with an agency. Enter the name of the local emergency manager and the hospital emergency manager if known. If unknown- document such. Please provide agency contact info if applicable. We are trying to capture the % of participants that have a working relationship with their local EM and/or Hospital.

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All Stations outside the impacted area: (Figure 1) are tasked to complete the following:

- Send a WINLINK standard template>MAPPING GIS FORMS> *Hospital Bed Report txt* to NCS862@winlink.org (primary) and COMMEXAUXCOMM@gmail.com (Secondary) and report the bed availability within the range pictured on the below form (Figure 5). Feel free to include additional information where needed. You will see a range of number in the bed type availability section. Pick any number within that range. Please ensure to fill out the entire form as you normally would representing your area or AHJ. Ensure your coordinates are correct as a

map will be produced indicating your location. Fill out the facility name with the closest hospital at your location. This task simulates providing intel to Local/State/Federal healthcare partners to assist with patient movement to outside the impacted areas. Simulate the storm impacting your area on 6-13-24 despite the storm timing in Figure 1.

- In the Notes section- Indicate if you are affiliated with an agency. Enter the name of the local emergency manager and the hospital emergency manager if known. If unknown- document such. If available, please provide AHJ/EM contact info. We are trying to capture the % of participants that have a working relationship with their local EM and/or Hospital.

Please be sure to fill out the registration form to receive credit. Your information will be included on an After Action Report (AAR) as an exercise participant for the AUXCOMM/SHARES/AR Communications portion.

<https://nc.readyop.com/fs/4e5f/b26a8631>

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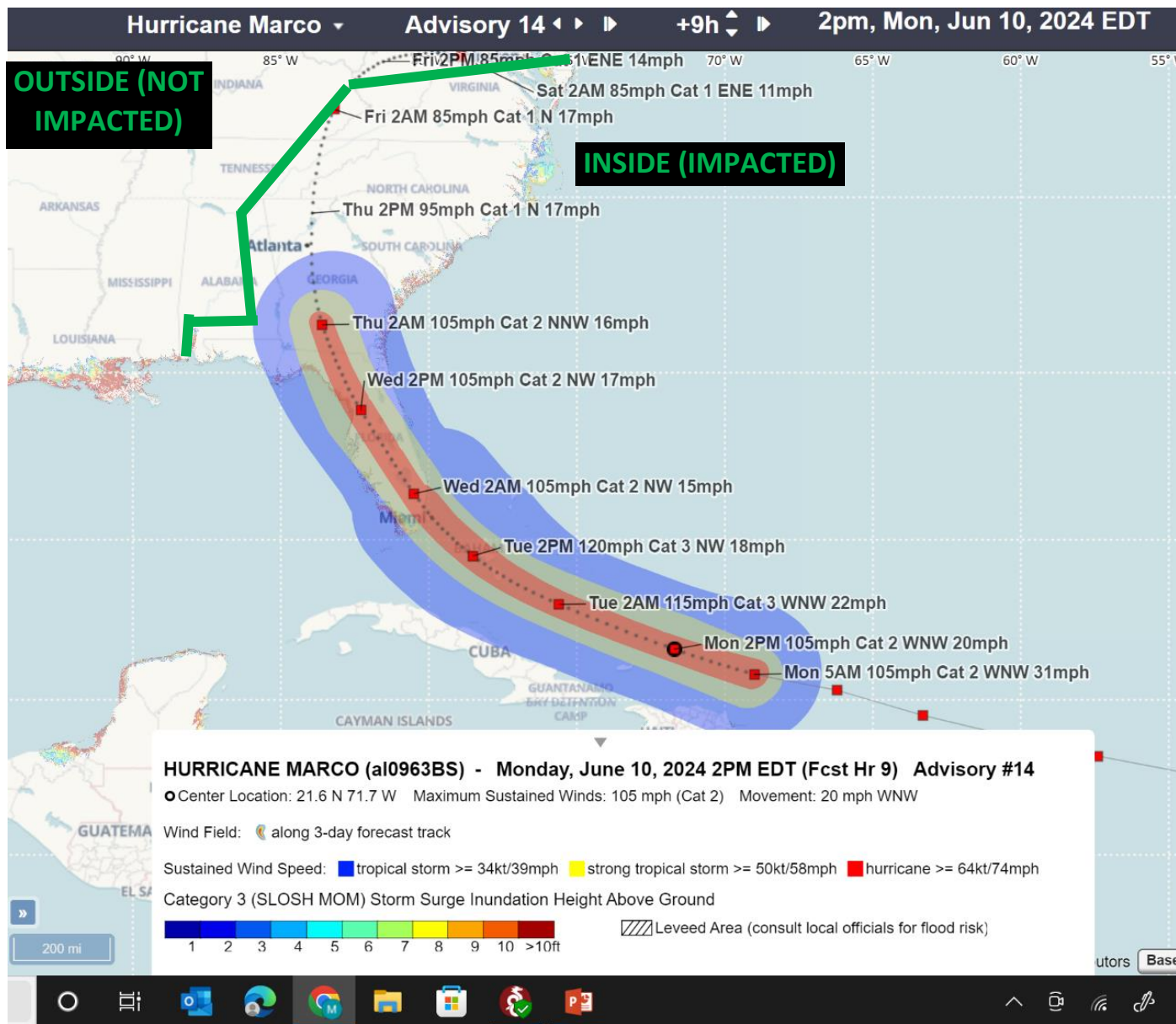


FIGURE 1 – AREA OF IMPACT (INSIDE GREEN AREA) FL, GA, SC, NC, EAST TN, WV, VA

If your Station falls on the line, please choose either Impacted or Not Impacted

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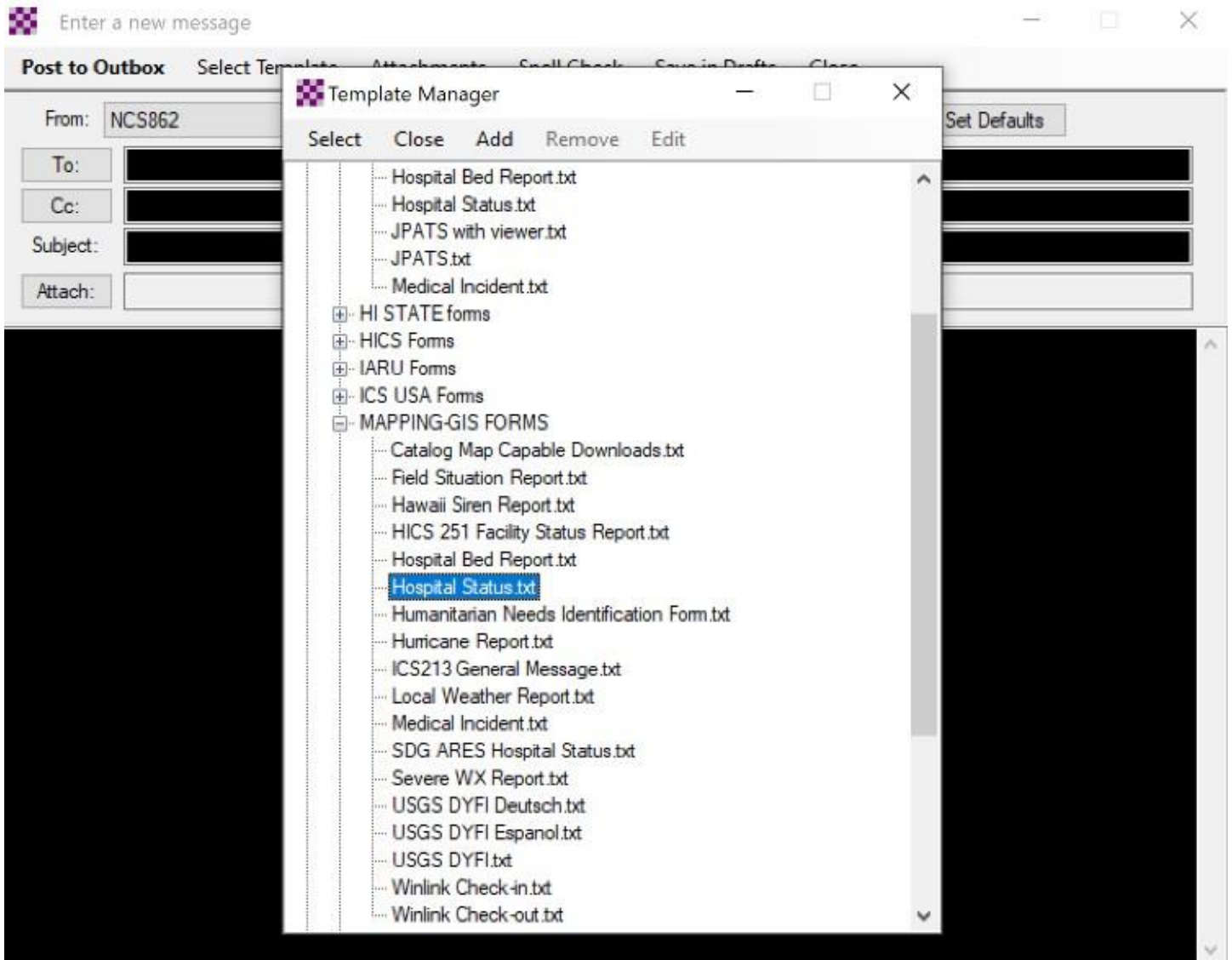


FIGURE 2 (STAs INSIDE IMPACT AREA – HOSPITAL STATUS)

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HOSPITAL STATUS REPORT (Short HICS 251)						
Setup <small>Click to add your agency or group name to title</small>		<input type="button" value="Load Hospital Status"/>			Form Info	
<input checked="" type="checkbox"/> THIS IS AN EXERCISE						
Report Type (check one) <input checked="" type="radio"/> Initial <input type="radio"/> Update # <input type="text"/> <input type="radio"/> Final						
1. Incident Name	<input type="text" value="EHPC HURRICANE COMMEMX"/>			2. Date/time:	<input type="button" value="Click to Add Date/Time"/>	
3a. Facility Name	<input type="text"/>			3b. Facility Type	<input type="radio"/> Hospital <input type="radio"/> Clinic <input type="radio"/> LTCF <input type="radio"/> Other, specify: <input type="text" value="Specify Other"/>	
Latitude	<input type="text" value="ex: 38.5567"/>	Longitude	<input type="text" value="ex: -121.7932"/>	MGRS	<input type="text" value="Ex: 11SNR0184195204"/>	Grid <input type="text"/>
<i>LAT/LON and MGRS default to the center of the grid square listed in Express Settings, unless a GPS is used or Lat/LON or MGRS are entered manually. For accurate mapping you must enter the latitude and longitude.</i>						
4a. Contact Name	<input type="text"/>		4b. Contact Phone	<input type="text"/> X <input type="text"/>		
4c. Cell Phone	<input type="text"/>		4d. Contact Email Address	<input type="text"/>		
5. FACILITY OPERATING STATUS						
<div style="display: flex; justify-content: space-between; font-size: small;"> Normal Modified- partially functional - no assistance needed (explain) Limited- partially functional,- Some assistance needed (explain) </div> <div style="display: flex; justify-content: space-between; font-size: small;"> UNKNOWN Impaired- major assistance needed (explain) Not functional- major assistance needed (explain) </div>						
Check ability to provide essential care services <input type="radio"/> NORMAL <input checked="" type="radio"/> MODIFIED <input type="radio"/> LIMITED <input type="radio"/> IMPAIRED <input type="radio"/> NOT FUNCTIONAL <input type="radio"/> UNKNOWN						
<input type="text" value="ALL SURGERIES CANCELLED. LIMITED O.R. CAPABILITY"/>						
6. COMMUNICATIONS Impacted: <input checked="" type="radio"/> YES <input type="radio"/> NO						
6a. Email	<input type="radio"/> NORMAL	<input type="radio"/> MODIFIED	<input type="radio"/> LIMITED	<input type="radio"/> IMPAIRED	<input checked="" type="radio"/> NOT FUNCTIONAL	<input type="radio"/> UNKNOWN
6b. Landline Phone	<input type="radio"/> NORMAL	<input type="radio"/> MODIFIED	<input checked="" type="radio"/> LIMITED	<input type="radio"/> IMPAIRED	<input type="radio"/> NOT FUNCTIONAL	<input type="radio"/> UNKNOWN
6c. Fax	<input type="radio"/> NORMAL	<input type="radio"/> MODIFIED	<input type="radio"/> LIMITED	<input type="radio"/> IMPAIRED	<input checked="" type="radio"/> NOT FUNCTIONAL	<input type="radio"/> UNKNOWN
6d. Internet	<input type="radio"/> NORMAL	<input type="radio"/> MODIFIED	<input type="radio"/> LIMITED	<input type="radio"/> IMPAIRED	<input checked="" type="radio"/> NOT FUNCTIONAL	<input type="radio"/> UNKNOWN
6e. Cell Phone	<input type="radio"/> NORMAL	<input type="radio"/> MODIFIED	<input type="radio"/> LIMITED	<input type="radio"/> IMPAIRED	<input checked="" type="radio"/> NOT FUNCTIONAL	<input type="radio"/> UNKNOWN
6f. Satellite Phone	<input type="radio"/> NORMAL	<input type="radio"/> MODIFIED	<input type="radio"/> LIMITED	<input type="radio"/> IMPAIRED	<input type="radio"/> NOT FUNCTIONAL	<input checked="" type="radio"/> UNKNOWN

FIGURE 3 (STAs INSIDE IMPACT AREA HOSPITAL STATUS – Short HICS251) Sample

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6g. Amateur Radio	<input type="radio"/> NORMAL	<input checked="" type="radio"/> MODIFIED	<input type="radio"/> LIMITED	<input type="radio"/> IMPAIRED	<input type="radio"/> NOT FUNCTIONAL	<input type="radio"/> UNKNOWN
Comments						
7. UTILITIES Impacted: <input type="radio"/> YES <input checked="" type="radio"/> NO						
7a. Power	<input type="radio"/> NORMAL	<input checked="" type="radio"/> MODIFIED	<input type="radio"/> LIMITED	<input type="radio"/> IMPAIRED	<input type="radio"/> NOT FUNCTIONAL	<input type="radio"/> UNKNOWN
7b. Water	<input checked="" type="radio"/> NORMAL	<input type="radio"/> MODIFIED	<input type="radio"/> LIMITED	<input type="radio"/> IMPAIRED	<input type="radio"/> NOT FUNCTIONAL	<input type="radio"/> UNKNOWN
7c. Sanitation	<input checked="" type="radio"/> NORMAL	<input type="radio"/> MODIFIED	<input type="radio"/> LIMITED	<input type="radio"/> IMPAIRED	<input type="radio"/> NOT FUNCTIONAL	<input type="radio"/> UNKNOWN
7d. Heating/Ventilation/AC	<input type="radio"/> NORMAL	<input checked="" type="radio"/> MODIFIED	<input type="radio"/> LIMITED	<input type="radio"/> IMPAIRED	<input type="radio"/> NOT FUNCTIONAL	<input type="radio"/> UNKNOWN
Comments						
8. EVACUATIONS <input type="radio"/> YES <input checked="" type="radio"/> NO						
8a. Evacuating?	<input type="radio"/> YES <input checked="" type="radio"/> NO	IF Yes, it is: <input type="radio"/> Anticipated <input type="radio"/> In progress <input type="radio"/> Completed				
8b. Partial Evacuation	<input type="radio"/> YES <input checked="" type="radio"/> NO	IF Yes, it is: <input type="radio"/> Anticipated <input type="radio"/> In progress <input type="radio"/> Completed				
8c. Total Evacuation	<input type="radio"/> YES <input checked="" type="radio"/> NO	IF Yes, it is: <input type="radio"/> Anticipated <input type="radio"/> In progress <input type="radio"/> Completed				
8d. Shelter in place	<input checked="" type="radio"/> YES <input type="radio"/> NO	IF Yes, it is: <input type="radio"/> Anticipated <input checked="" type="radio"/> In progress <input type="radio"/> Completed				
Comments						
9. CASUALTIES <input type="radio"/> YES <input checked="" type="radio"/> NO						
Immediate injuries = Critical care needed RED	Estimated #	<input type="text" value="0"/>				
Delayed injuries = Moderate care needed YELLOW	Estimated #	<input type="text" value="0"/>				
Minor injuries = Care not needed immediately GREEN	Estimated #	<input type="text" value="0"/>				
Fatalities BLACK = Deceased	Estimated #	<input type="text" value="0"/>				
Comments						
10. ADDITIONAL INFORMATION:						
Internal disaster plan activated?	<input checked="" type="radio"/> YES <input type="radio"/> NO	Facility Command Center activated?	<input checked="" type="radio"/> YES <input type="radio"/> NO			
Emergency generator power in use?	<input checked="" type="radio"/> YES <input type="radio"/> NO	Will you send Resource Request within 4 hours?	<input type="radio"/> YES <input checked="" type="radio"/> NO			
Comments						
Comments						

Version 2.2

**FIGURE 4 (STAs INSIDE IMPACT AREA – Short HICS251 continued)
Sample**

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HOSPITAL BED REPORT

Setup [Click to add your agency or group](#)
Load Hospital Bed Report
[Form info](#)

THIS IS AN EXERCISE

Report Date/Time:

Name of Reporting Facility:

Latitude Longitude MGRS Grid

LAT/LON and MGRS default to the center of the grid square listed in Express Settings, unless a GPS is used or Lat/LON or MGRS are entered manually. For accurate mapping you must enter the latitude and longitude.

Contact Person:

Contact Phone Number:

Contact Email Address:

Type	Available	Notes
Emergency Beds	<input type="text"/>	<input type="text" value="Enter 1-20 in availability to Left - Insert any desired comments here"/>
Pediatrics	<input type="text"/>	<input type="text" value="Enter 1-20 in availability to Left - Insert any desired comments here"/>
Medical / Surgery	<input type="text"/>	<input type="text" value="Enter 1-20 in availability to Left - Insert any desired comments here"/>
Psychiatry	<input type="text"/>	<input type="text" value="Enter 1-20 in availability to Left - Insert any desired comments here"/>
Burn	<input type="text"/>	<input type="text" value="Enter 1-20 in availability to Left - Insert any desired comments here"/>
Critical Care	<input type="text"/>	<input type="text" value="Enter 1-20 in availability to Left - Insert any desired comments here"/>
<input type="text" value="Other Type"/>	<input type="text"/>	<input type="text" value="Enter 1-20 in availability to Left - Insert any desired comments here"/>
<input type="text" value="Other Type"/>	<input type="text"/>	<input type="text" value="Enter 1-20 in availability to Left - Insert any desired comments here"/>
TOTAL:	<input type="text"/>	

DEFINITION: Physical Available Beds = Staffed + Un-staffed Beds

Additional Comments:
Be Brief and Concise

Submit
Save Hospital Bed Report
Reset Form
Version 9.8.2

FIGURE 5 (STAs OUTSIDE IMPACT AREA) Choose any number 1-20 for availability section. Insert any desired notes

General Information:

[Exercise Webpage Link](#)

[EHPC App Exercise Link](#)

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